
Feature Article

‘Behind The Mask’ – The Extraordinary Story of The Irishman who Became Michael Jackson’s Doctor

Interview With Dr. Patrick Treacy Ahead of Publication of His Memoirs

Dr. Patrick Treacy is a well-known face within the Aesthetic industry, both in the UK and Ireland, as well as the World. A loveable, Irish rogue with a charming, boyish smile and a cheeky demeanour, Patrick, (what better name for an Irishman is there) is also a very accomplished and knowledgeable medical professional and humanitarian.

Fellow Irishman and comedian Dara O’Brian once said that when an Irishman is ‘abroad’ meeting new people that the first few words of conversation tend to go something like, “*ah, you’re Irish, you must know Bono*” – well in Patrick’s case, the self-less passions that he shares with the U2 frontman means that he does indeed know Bono.

He has also been a long-standing expert helper to The Consulting Room, as one of our panel of advisers, and can always be counted on for prompt and thorough responses to my many requests for medical expertise and insight. When I heard that he was writing a book about his life, his medical experiences and travels, I am very excited to be first in the queue to read it – I have my copy reserved and ready to be sent to me when it is published later this summer.

Very few of us can honestly say, when we look back on our lives so far, that we have truly ‘*seen it and done it*’, and to my mind, Patrick is one of those rare breed of people who has lead a life filled with epic adventures and momentous memories, but he has managed this in a very self-less manner too. He has mixed a life of fame and (sometimes) fortune by delivering medical aesthetic treatments to the rich and famous, with a philanthropic mission to help the needy and the poor of the world in disaster struck or war-torn situations, who otherwise would not get the medical assistance that they so sorely need.

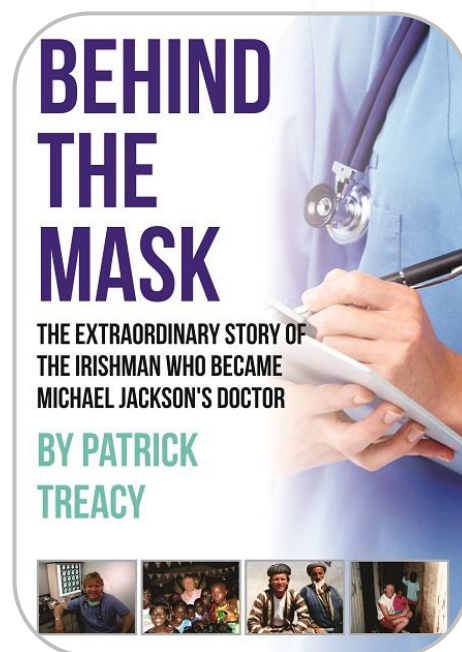
The synopsis for his book, written with the assistance of Frances Kenny, gives a tantalising glimpse at the life he has led and the physical and emotional journeys along the way. I also met up with the man himself at the recent FACE conference to find out more about the book, his interests, and what inspired him to share his memoirs.

“The journey begins with his childhood years growing up in a small rural village in Garrison, Co Fermanagh, then weaves its way from the war-torn streets of bombed-out Belfast to the town of Al Halabja where he was captured by Saddam Hussein’s army, while working as a doctor in Iraq.

In the early pages, Northern Ireland lies in chaos and an ever spiralling ethno-political conflict, which almost took his life. It is an exhilarating story of smuggling cars to Turkey to finance his college studies and having to get a piece cut out of his leg to survive an HIV needle-stick injury from a Dublin heroin addict, in the days before there was any treatment for AIDS.

It is a story of how, he got to know Michael Jackson as a friend, witnessing the personal agonies he suffered during the treatment of his vitiligo and watching him cry as he took off his wig and showed him his scarred scalp, and how he promised to look after the children of the world if anything ever happened to him

They are his memories of the events that have shaped his life to date. As you read it, you will stand together on the Berlin Wall the November night that it falls, and in Moscow on an even colder night, when the Soviet Union ends.



You will see how he helped start a whole new field of medicine from a small room in an apartment in the midst of Dublin's embassy belt, and how the rich and famous of the planet eventually came to that small room. You will hear how cosmetic medicine developed into its own speciality and within ten years he was invited to lecture to doctors worldwide about techniques that he pioneered in Dublin, and how eventually he weathered the greatest recession that Ireland, if not the world has ever experienced.

As Ben Franklin said 'out of adversity comes opportunity' and the book has largely been written as a means of filling the new found time that an economic recession creates. It has been cathartic in purifying his mind of some memories that haunt it until this day. It is his personal journey through Shakespeare's 'strange bedfellows' – but mostly it is a story of just surviving life, and remembering how he got to where he is."

Lorna: You have clearly led a fascinating life Patrick, which is discussed in your forthcoming book, what can we expect to read about and why did you chose to do write it?

Patrick: Firstly, the book was written during the midst of an Irish recession, so it's technically what people call a 'recession book', where you suddenly go from going out everywhere and eating at restaurants at night time, to where you're sitting at home doing nothing and have time on your hands.

Secondly, there are a couple of things within the book that are quite cathartic - the loss of love, it is really a love story, the loss of parents - when you write about those sorts of things it is actually therapeutic in itself. It's always a balance though, knowing whether you should put some things out there in a book or not.

For example, when I was going through college, Margaret Thatcher pulled my grant halfway through, in 1981, and left me at one of the most expensive med schools in the world, the Royal College of Surgeons in Dublin. It cost 25,000 (Irish pounds) a year and suddenly I'm halfway through with nobody financing the rest of my studies. So I had to be very inventive, I went to Germany originally to try and make some money, but I wasn't going to make enough so I took a year off college and I smuggled cars to Turkey and made quite a lot of money! Now the thing is that 10 years ago I couldn't say that, but you reach a stage in your life where you don't really mind and looking back it is all part of your life and what got you to where you are.



Another revelation is that I was stuck with an HIV needle at a time when there was no cure, and I had to go to the operating theatre and get my friend to cut a lump out of my leg and thankfully this quick thinking, primitive cure worked as I never seroconverted. I still have the scar on my leg. I was told by a professor at the time that I would definitely die from it, because there were 41 needle sticks reported in the world at that stage, four of them had died, including the nurse that was in London, and all the ones that died were IVIM, and I was IVIM as well, so he said the wrong thing. So I travelled for a couple of years just to get tested three or four times a year until I was clear. I suppose that's what the book is about as well.



Journey into Kurdistan

Now as a consequence of that it gave me a deep insight into people who do have the condition, and as a consequence of that, I did a lot of humanitarian work in Africa, and as a consequence of that I met a lot of famous celebrities doing humanitarian work.

Then after the Berlin Wall came down in 1989, I was in Iraq and I noticed that the patients that we had from the Northern Kurdistan area were all in hospital with aplastic anemias and leukemias and I would spend a lot of my nights doing blood cultures on these people.

So in travelling to that area I got arrested by Saddam Hussain's forces and I was then in prison there as well.

Another thing that is in the book is the fact that I treated Michael Jackson as his doctor for five months when he was living in Ireland in 2006/7 after the Santa Maria trial. I got a very deep insight into his life and his way of thinking, in a way that he hadn't shared with a lot of people. He took off his wig and showed me his scarred scalp from burns that he'd sustained in a freak fire accident when filming a Pepsi advert, and his children's nanny Grace told me that he never did that to anybody else.

He was covered in vitiligo, and I mean his body was all black and white. A lot of people thought he wanted to turn himself white, but it was only his hands and his face that were really white, the rest of his body was all black and white. When I originally met Michael he had taken down one of my dermatology books which had a young black child in it who had vitiligo and he said 'nobody knows the pain that child has'. We had a situation in Ireland where there was some children burnt in a gang-land fire and he wanted to see them in hospital; so I saw another side of him and how he was really genuine.

Even though, I would never speak publicly about my patients (celebrity or otherwise), in Michael's case, I feel it is justifiable because I feel the urge to defend him against his detractors. The book will show the humane side of his life, one who always cared deeply about others and one which it not seen often enough in the media. It's not just about that though, there are 23 chapters in the book and only one of them is related to him.

Lorna: You have certainly done all sorts of medical jobs in your life! I believe that you have also worked with The Flying Doctors and the Formula One Medical Team; doing almost every kind of medicine in different environments.

Patrick: That's right - in the air, on land and at sea. I was also a Surgical Attendant Commander with the New Zealand Naval Reserve, I was Port Medical Officer in Gibraltar, and I was Carnival Cruise Lines' Ships Surgeon on their vessels *Fantasy*, *Ecstasy* and *Sensation*.

Most of the cutting-edge medicine that I was involved in has always been acute trauma or working in situations where people's lives were at risk, and I had quite a lot of emergency room experience behind me. I had six rotations, three or four in Dublin and London hospitals to the level of Senior Registrar, and I was an advanced trauma life instructor and advanced cardiac instructor as well. It's a nice sensation to be able to handle any situation, anything that is thrown at you, but often the big problem and frustration is the lack of resources.

Let's say you've got a woman with an anti-partum haemorrhage and your stuck say in the middle of a cruise liner where you've got no blood; there's no use hanging a drop in her, you're going to hemodilute her, you're going to kill her, so it's almost like the sheer inability to be able to do anything that's frustrating. Or if you're in a situation where let's say you're in the middle of nowhere, and you know what's wrong with somebody but you've got no drugs to treat them with.



Patrick with displaced Haitian children

Lorna: I think you are to be commended for the humanitarian work that you've done. I wonder how many within the aesthetic industry actually know that side of you.

Patrick: Thank you, probably not many; I think that humanitarian work loses some of its appeal if you tend to advertise it, and some of the best humanitarian work is done in silence, and often is more rewarding that way. I was lucky that the Michel Jackson fans worldwide, made me their own ambassador for wanting to build orphanages, schools and everything in his name. And as a consequence we've opened two in Haiti and one in Monrovia, and I was fortunate enough to be invited to all of them to open them.

Patrick, Ships Surgeon M/S Ecstasy, circa 1993



I was in Liberia recently, just before Ebola kicked off, and I had a patient with a gross heamorrhagic discharge post-varices resection, and his wife had developed typhoid. I was on anti-malaria tablets and she was really sick. They gave him Amoxil and it was doing nothing for him, he'd been on it week. It was fantastic from the point of view that I had my own Doxycycline for malaria to give him for his urinary tract infection, and was able to go out on a mobile phone look up on the Internet to see that Amoxil covered typhoid. I just switched round all our tablets, gave mine to him, his to her and within two or three days everybody was fine - except I had to find another source of expensive Doxycycline from some Lebanese pharmacists in town! It's often the inability to have resources that's one of the challenges.

Patrick standing with Bishop Dorcilien and Mamam Bishop in Mireblais Haiti in 2012



Lorna: In terms of your career, what led you down the path of the dermatological and medical aesthetics field?

Patrick: When I started getting involved in this there was no industry at all. I suppose one of the reasons that I'm invited to speak worldwide about it now, is that I have been seen as one of the original pioneers in medical aesthetics.

We were very lucky in the late 90s and the early 00s that three big things happened back to back. The first was the cosmetic introduction of Botox® (botulinum toxin type A), second was the introduction of hyaluronic acid fillers and the third one was IPL. So it was only a matter of putting them together into a new field of aesthetic medicine or cosmetic dermatology per se.

I was fortunate that I didn't really have any great fear of HIV and I would have been one of the first doctors in Europe treating HIV lipoatrophy. So I was getting patients from Spain, from Italy, a lot from Ireland and from the United Kingdom.



Patrick with U2 front man Bono

Originally I was using New-Fill® (Sculptra®) but then I started using Bio-Alcamid® implants and I was the first to treat patients in the United States, believe it or not, with implants for HIV induced lipoatrophy. Then I got invited by the United Nations to honor Dr. Alex Coutinho because he was head of TASO (The AIDS Support Organisation) and he had reduced HIV/AIDS levels in Uganda, and Bono gave him a prize at the United Nations that year.

But then I looked at the HIV/AIDS patients in Uganda and realised that they didn't have HIV lipoatrophy, so that raised one or two questions for me. Number one, was it because they weren't living long enough, so they didn't develop lipoatrophy, or was it the drugs that we were giving HIV patients back at home which they didn't have in Uganda.

So I postulated at the time that it was probably the anti-retroviral drugs that were the cause of the lipoatrophy, two to three years before it was clinically proven! Unfortunately the compound (Bio-Alcamid®) that we were using, in the period, for treating HIV lipoatrophy turned out to be a problem compound later on, and up to 10 years later it caused facial abscesses.

Now I've only had 1 in 43 patients that I treated have this problem, but having said that the treatment of those patients for that indication, I think, gave rise to mid-cheek augmentation for facial aesthetics.

Lorna: So you could say that you were in at the 'early dawn' of facial aesthetics, did you ever think it would be the huge market it is today?

Patrick: Believe or not I was doing mid-cheek augmentation back in 2003 on my patients.

Then at one or two of the BACD (now BCAM) conferences that I went to, when it was becoming popular around 2005/2006, they were advocating going in through the buccal cavity, and I was saying "that was absolute madness, why would you want to risk infection?" It was because a lot of people were afraid to go in because of the facial nerve and because of the infraorbital nerve. So I think it focused people into learning their regional anatomy again, but of course we had to do this on a much greater scale with HIV patients.

Some of the HIV lipoatrophy patients needed 20mls in their face, and some of the patients needed those 20mls going in through an 18 gauge cannula for Bio-Alcamid®, not these little 30 gauge needles and syringes we use now for facial aesthetics. It was almost like we had the hard work done, we'd been through those shark-infested waters, we'd dragged the bus up the side of the hill and this was a joy ride, just doing ordinary faces.

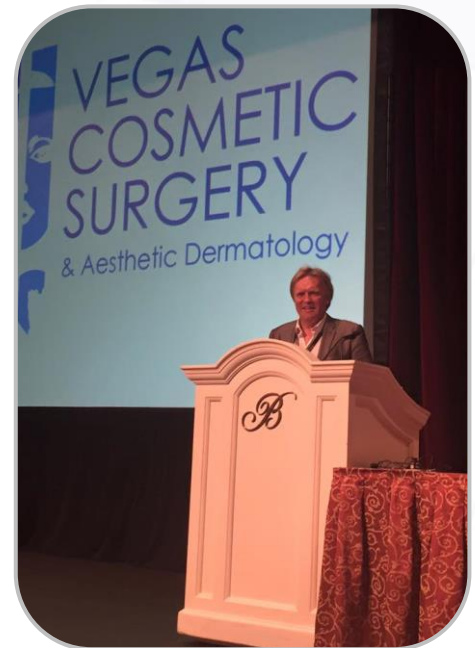
There was Dr. Robert Gallo in the U.S., Dr. Peter Velthuis in Eindhoven and myself; we would have been the three people doing that originally, 13 years ago.

Now the most amazing thing is that if you look back on the evolution of the specialty, there's a lecture that I give on whether we should just use hyaluronic acid fillers or not, i.e. get rid of the rest of them, but they all have their place in time as an evolution of facial aesthetics. Because hyaluronic acid would have done nothing for the HIV patients at that time. Then with each development in HA products came new problems, particularly with the introduction of BDDE, which even though it kept it cross-linked, we then saw encapsulation.

I firmly believe also that the problems we're seeing with bio-film, and I may be standing out on a slight limb on this one, but I think eventually people will come round to my way of thinking; and I mean that in the most modest way, is that I believe that a certain percentage of these are tuberculous, and we're going to see a rise in tuberculous cases from micro-bacteria once again.

I believe this because of a couple of reasons, they form colonies the same way as the old micro-bacterium did, they migrate as colonies also and protect themselves almost the same way. I have treated a number of these patients now and the filler may be in one place, and the filler is infected in that area, but the filler could be in nine different areas of the face, and then they'll all get infected, so there is almost some cross-signaling happening. If you consider we've got the hyaluronic acid encapsulated with sort of a collagen type defense mechanism that the bacteria then use, but they seem to colonise themselves then, almost like a product migration type of thing.

So what I'm advocating from now on is that probably when we're treating the bio-film with hyaluronidase and dexamethasone to break down the collagen that we should be switching our treatment protocol to include the tuberculosis drugs - Isoniazid and Rifampicin and well as Clarithromycin. People forget that micro-bacterium is in our water supply, so it's not that it's died and gone away, it is there just waiting on the opportunity to form again.



Patrick presenting at a U.S. conference in 2015

Lorna: This is very interesting. I wonder how many other aesthetic practitioners are observing this, and thinking in the same way as you?

Patrick: I had a chat with ophthalmic plastic and reconstructive surgeon Dr. John Martin in Florida about this and we're going to work on a cross paper on it. He's had one or two cases as well, and I mooted it in Singapore recently and there was another case as well.

The problem is this that most people say that they've got sterile abscesses when they go looking, but you cannot do a swab for tuberculosis, you have to do a special PCR (Polymerase Chain Reaction) test, so you actually have to think about it. Not only that, but the hospitals don't want to do them, unless you're almost practically sure. We will almost have to make it mandatory that if somebody has got a bio-film that these tests, the PCR and Elisa (Enzyme-linked immunosorbent assay) tests are allowed to be done for tuberculosis. I had to go to our local hospital and bend their arms in the micro-biology department twice to check for this. I was right for one of them.

Lorna: We've talked about how you were there when the medical aesthetic world was an embryonic specialty in medicine, but what is exciting you now?

Patrick: I'm an advocator for the use of Botox® in depression, and this is a facet of medicine that has not been looked at properly at all.

Can you imagine a brave new world where one tenth of our population are actively suffering from psychological diseases, the main sort of that being depression, that they could have just four injections that will last four months, they don't need other treatment, and that would just be into the corrugator muscle. I think it's probably disgraceful the psychiatrists haven't run with this baton.

There's been one or two really good papers that have come out of Heidelberg and Basel regarding this, by German psychiatrists in hospitals that have almost proven it. I chose to write an article about this subject called the [Botox Paradox](#) because one of the things that dampened it down as a breakthrough was a doctor, a psychologist in Wales, who showed that patients injected with Botox actually caused depression, and it certainly knocked things on the head for a while, particularly when it was picked up by journalist Claire Coleman and the Daily Mail.

Yet, when you looked at the two different papers they were injecting patients into different areas. The doctor in Wales had actually injected the peri-orbital area, whereas the doctors in Germany had injected the glabellar area. So we think that one negates the other and this is why we don't see that much of a difference in cosmetic patients because they're getting both areas injected at the one time.

Now this goes back to the theories of, believe it or not, Charles Darwin who discovered in the 1800s that if you hold muscles in a certain way you can induce neurotransmitters. He didn't know at the time that they were dopamine

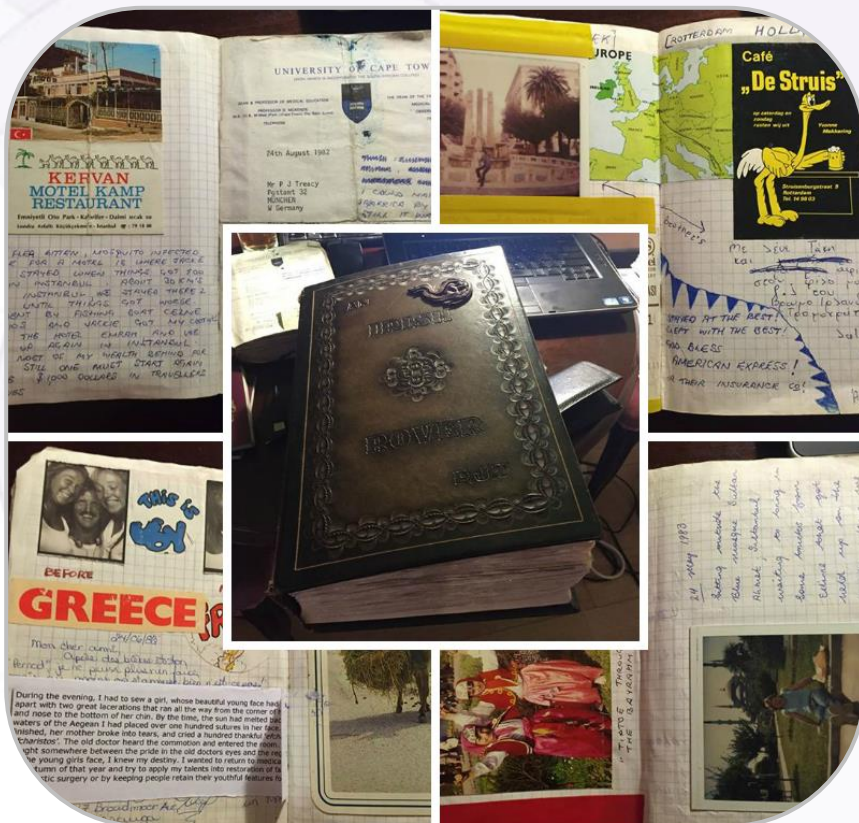
and serotonin to induce happiness. We always thought, when you're happy you smile, but it's actually the other way round, that when you smile you induce happiness, your muscles going into a certain facial expression will release these neurotransmitters; and this has been shown on functioning MRIs. The interesting thing is that in terms of facial expression, even blind babies do the same thing. So that's one of the other lectures that I'm giving, that it's not a learned experience, it doesn't work through the brain cortex, it's supratentorial and that's interesting.

Lorna: So, summing up about your forthcoming book; it seems to me that it was a very cathartic experience for you and it's going to be a fascinating look through the journey of your life, both medically and personally. Does that sound accurate?

Patrick: Yes, it was very much a cathartic experience and that's a good summation. I've never thought of it before but I suppose I feel like I've reached a different phase of my life.

In the early parts of aesthetic medicine it was very exciting, because everything was new and innovative, but we've reached the stage now where it's been such a victim of its own success that everybody is doing it, so the book is hopefully a reflection of where I came from and where I'm going to.

It will give me a new phase in my life. I mean nobody will look at me in the same way ever again when it's published, including all my patients, or my family!



Patrick kept detailed journals of his travels in a grand travelogue nicknamed 'The Irish Rover'

Dr. Patrick Treacy's book 'Behind The Mask' is due for publication in August and can be pre-order from [Amazon](https://www.amazon.com).



Lorna Jackson

Lorna has been Editor of The Consulting Room™, the UK's largest aesthetic information website, for over a decade, since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for The Consulting Room™ and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including Smart Ideas, BACN and Merz Aesthetics Business Workshops, the FACE Conference and the Clinical, Cosmetic & Reconstructive Expo.

Lorna was recently awarded *Journalist of the Year* at the MyFaceMyBody Awards 2014.