

CONFIDENCE IS A CLINICAL OUTCOME

Somewhere along the way, we decided that caring about how we look is shallow, while caring about how we feel is noble, as though the two aren't deeply—and clinically—connected.

I used to hesitate when people asked me what kind of nurse practitioner I was. Not because I wasn't proud of being a nurse—but because I wasn't sure if being an aesthetic nurse practitioner counted. Telling people I do Botox, filler, and skin rejuvenation felt like a betrayal of the reasons I went into healthcare in the first place. I worried it sounded vain, superficial, even unserious. As if I'd traded syringes of morphine for syringes of hyaluronic acid—and somehow downgraded in the process.

But then there was Kate.

A farm girl through and through. She'd show me pictures and talk about her cows like they were family.

When I opened my practice, Kate showed up—fresh from feeding her chickens. At the grand opening party, she pulled me aside quietly, leaned in close, and said, her voice catching:

"You know, I used to think I didn't deserve to feel good about how I looked. But you helped me see myself again. You haven't done a disservice to nursing. You gave me back my confidence—and that's a form of healing."

She didn't say it like a compliment.

She said it like a truth she had earned.

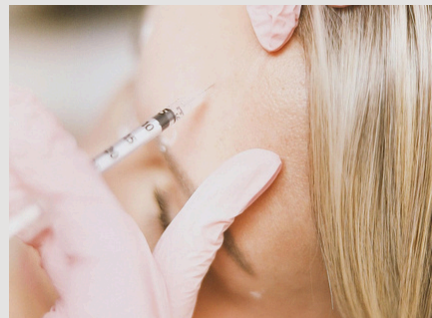
Julie was another reminder.

She wasn't someone I knew outside the clinic. Our relationship lived in treatment rooms, during scheduled touch-ups and aesthetic appointments. But one afternoon, she called me through tears—her husband had died unexpectedly. Through the shock, she asked if I could fit her in before the visitation.

"I just want to look good for him one last time," she said. "It's our last earthly date." I made space for her that very day. In that clinical room, her grief settled momentarily into the ritual of care. She wasn't chasing beauty. She was seeking presence. Dignity. Maybe even a sense of control in a moment that had taken everything else.

It was one of the most intimate moments I've ever shared with a patient—and one I return to whenever people, or my own self-doubt, reduce my work to vanity.

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anatomy, pharmacology, and risk management—but I also know how to read the kind of smile that says, I finally feel like myself again.

Still, the tension lingered.

Was I really practicing the kind of healing I trained for?

What I came to understand—slowly, through stories like Kate’s and Julie’s—is that aesthetic medicine is still medicine. It demands clinical judgment, anatomical precision, and the responsibility to hold someone’s trust in moments of vulnerability. But it also asks us to acknowledge something healthcare has long minimized: that identity, self-perception, and confidence are deeply tied to well-being.

I used to think I had stepped away from “real” nursing.

But then there were more stories.

The mother reclaiming herself after years of pouring into everyone else.
The professional who no longer recognized her own power in the mirror.
The grandmother who still felt youthful but wanted the world to see it.

The survivor starting over.

The man going through a divorce, nervous just to be in the chair.

The bride who wanted to look like herself—just rested, confident, radiant—on the most important day of her life.

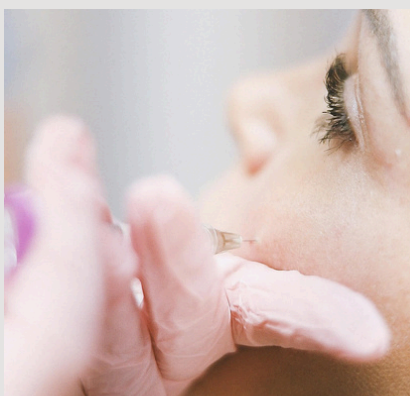
In those moments, I wasn’t injecting filler. I was bearing witness—to love, grief, transition, and the deeply human need to feel whole.

By honoring these stories, we elevate aesthetic medicine beyond vanity and place it where it truly belongs: within the landscape of healing.

I no longer minimize what it means to help someone see themselves again. Healing doesn’t always happen on a monitor or in a chart full of vitals.

Sometimes, it happens in the mirror—when someone stands a little taller, feels seen, and reclaims their confidence.

That, too, is medicine.



In reality, confidence is not a cosmetic side effect. It is a measurable outcome. One that influences how we move through the world, how we’re perceived, and how we show up in our own lives.

