Dr Melanie Latham

Questions 9-15

9. Do you think that people seeking cosmetic procedures are 'patients' or 'consumers', neither, or both?

I think they are both. They needed to be treated by the cosmetic surgeon or the cosmetic practitioner as a patient. This patient is not ill in the usual sense of the word, as they are not seeking therapeutic treatment as with other surgery or medical treatment. However, they are still taking physical and psychological risks associated with medical treatments – the risks of invasive surgery, or practice that can have long term risks of scarring, bruising, infection, disfigurement etc. The more invasive the treatment, the greater the risk. These people are also patients akin to others who undergo treatment in that they seek advice from a qualified professional who should have their best interests at heart – medical, social and cultural. This medical professional should also be a properly qualified practitioner with appropriate certified training, operating in a safe sterile environment, with a team of colleagues to support their practice. They should be willing to advise the patient fully, vary their practice appropriately, and refuse to treat where necessary. They should respect their patient and listen and communicate effectively including explaining risks as appropriate to the individual patient.

These people are paying for their treatment from private practitioners and are therefore also consumers. Their consumer rights are associated with safety and reasonable standards of practice. They are also entitled to have a practitioner who is properly and fully insured. The private environment leads to additional risks of the patients being exploited and over treated, over charged, and persuaded to undergo treatment that they do not need or would be contraindicated for them.

Advertising: 91% of patients are women. Women do have agency and are not passive victims. However the prevailing culture does promote an unattainable image of perfection that can lead to body dissatisfaction and self-harm, preoccupation with female appearance across society by men and women to the detriment of women generally (sexism in education, employment, promotion, violence against women, discrimination, prejudice based on gender, pornography, bullying). Advertising on cosmetic surgery should also reflect this difference and be separately regulated from normal advertising to take this into account. It should not just adhere to the restrictions of the Advertising Standards Authority to be responsible and not misleading. This needs to be regulated much more strictly and introduce limits on the use of photoshop or very thin models, and restrict the use of nude models who are misrepresenting the results that can be achieved. A disclaimer could be added to any picture in large enough print to cover the image. Indeed the UK might be minded to go as far as the French Kouchner law of 2002 and ban advertising altogether, whether direct or indirect – this does not seem to have had an adverse effect on the industry in France.

10. What information should be made available to those considering a procedure?

Patients need to give a fully informed consent. People need information about the practitioner – qualifications, experience, costs, patient reviews on ability, success rate; information on their facilities. This should be available to patients from an independent and easily accessible source. I believe that one umbrella body that is independent, and which includes non-medical lay representatives, should be able to manage the cosmetic industry and ensure that all practitioners are members who have the appropriate qualifications and insurance, and practice according to future regulations on cosmetic surgery. This body would keep data on numbers and type of procedures carried out by whom and on whom.

11. Are there (a) any people or groups of people who should not have access to cosmetic procedures or (b) any circumstances in which procedures should not be offered?

I believe in agency and patient autonomy. However, there may be people who lack capacity, due to a psychological problem or on grounds of age. What is in their best interests is not always easy to assess, particularly if a cosmetic practitioner is assessing psychological capacity perhaps based on BDD. Ultimately I would not like to see cosmetic surgery medicalised with medical gatekeepers to treatment, but I also cannot ignore the physical effect of over treatment for a BDD sufferer who has had too many treatments. Hopefully good communication and treatment skills will lead to mutual satisfaction for both patient and practitioner.

12. To what extent should parents be allowed to make decisions about cosmetic procedures for their children?

I think children's bodies continue to develop and change as a result of puberty throughout their teenage years and it might be advisable for teenagers to wait until they are at least 16 for treatments. Communication on risks could be explained to parents, as well as a discussion of alternatives to treatment.

13. Should there be any guidelines or regulation on who can provide non-surgical cosmetic procedures?

Yes. The risks as referred to above, combined with the importance to patient autonomy of fully informed consent, means that regulation of both cosmetic surgery and non-surgical cosmetic procedures is essential. Such regulation of non-surgical procedures would relate to qualifications, insurance, audit and register, ban on advertising, sanitation, facilities, and fully informed consent.

It is debatable whether more stringent regulation should apply here which would include a cooling off period and a whole team with suitable qualifications such as anaesthesia should be available.

Botox, chemical peels and dermal fillers carry risks of permanent disfigurement. Their administration should be restricted to dermatologists, cosmetic and plastic surgeons, opthalmologists, neurologists and ENT specialists as per the French Regulation (Kouchner law 2002). [Cf. Latham, M. (2014) 'If it ain't broke, don't fix it?': Scares, Scandals and Cosmetic Surgery Regulation in France and the UK' *Medical Law Review* 22 (3): 384-408.]

14. What are the responsibilities of those who develop, market, or supply cosmetic procedures?

Safety, standards, honesty, transparency, qualifications, professionalism.

15. Do you believe that current regulatory measures for cosmetic procedures are appropriate, too lax, or too restrictive?

They are far too lax and governed by self-regulation which serves the interests of the profession rather than the consumer or patient. Profit is therefore allowed to come before safety or honesty. I think the very restrictive French regulation of cosmetic surgery is a good model for UK regulation, in the form of the Kouchner law of 2002 in relation to qualifications, insurance, audit and register, ban on advertising, cooling off period, sanitation, qualifications of team, facilities, fully informed consent, and cosmetic medicine. [Cf. Latham, M. (2014) 'If it ain't broke, don't fix it?': Scares, Scandals and Cosmetic Surgery Regulation in France and the UK' *Medical Law Review* 22 (3): 384-408.]