

## SUMMARY OF REPORT

# Cosmetic procedures: ethical issues

Published 22 June 2017

The Nuffield Council on Bioethics has published a report that examines the growing proliferation, promotion and use of invasive cosmetic procedures. This report considers progress since the 2013 review by Sir Bruce Keogh, as well as looking at the wider societal context of these trends.

It concludes that action to promote ethical practice is needed both with respect to influences that encourage people to consider cosmetic procedures, and to the supply of those procedures. It also finds that better data on the use of procedures, and more research to improve the evidence base, are urgently needed in order to improve practice and protect prospective users. The report concludes that all the recommendations in the Keogh review should be implemented in full, and makes a number of additional recommendations for policy-makers and others.

### Controls on practitioners

There are few statutory limits on who may provide cosmetic procedures, and no controls on who may provide non-surgical procedures, other than limitations on access to prescription medicines, and on procedures in the mouth.

#### We recommend:

- The Royal College of Surgeons, the General Medical Council, the major providers of cosmetic surgery, and professional bodies representing surgeons in the cosmetic sector should work together to ensure that all surgeons undertaking cosmetic surgery are certified to do so, and can access the necessary training.
- Public Health England should initiate a public awareness campaign to alert prospective users of cosmetic procedures to the importance of seeking practitioners who are 'quality-marked' through membership of a register accredited by the Professional Standards Authority.

### Controls over premises

The Care Quality Commission (CQC) regulates private clinics and hospitals in England that provide cosmetic surgery. However, its remit does not cover those that provide only non-surgical procedures.

We recommend that the Department of Health should act to extend the remit of the CQC to all premises where invasive non-surgical procedures are provided.

### Controls over products

Devices and equipment marketed for non-medical purposes, such as many dermal fillers and implants, will be included in the new EU Medical Devices Regulation, but this will not apply until May 2020. How they will be regulated in the UK after Brexit, and what assessment criteria will be used in either the UK or EU member states, is not currently known.

#### We recommend:

- The Department of Health and the Medicines and Healthcare products Regulatory Agency should develop a UK approach to the regulation of cosmetic devices which requires robust evidence of safety, and of effectiveness with respect to their claimed benefits, before devices used for cosmetic purposes (such as dermal fillers and implants) can be placed on the market.
- The UK Government should bring forward stand-alone legislation to make all dermal fillers prescription-only.

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## Young people's access to cosmetic procedures

There are no statutory controls over access to cosmetic procedures by young people, though minimum age limits of 18 apply for appearance-related procedures such as tattooing and sunbed use.

We recommend that the UK departments of health work with the relevant health regulators, Royal Colleges, professional associations, and major provider organisations to ensure that children and young people under the age of 18 are not able to access cosmetic procedures, other than in the context of multidisciplinary healthcare.

## Tackling the wider social context

Concerns are growing about rising levels of body dissatisfaction and anxiety about appearance, associated with factors such as celebrity culture, airbrushed pictures, the use of social media and the rating of selfies, as well as economic and social trends and cultures that value youth and youthful appearance.

**We recommend:**

- Social media companies should collaborate to fund independent research on how social media may contribute to appearance anxiety, and how this can be minimised; and should act on the findings.
- The Department for Education should ensure that all children and young people have access to evidence-based resources on body image, through compulsory elements of the curriculum.
- App stores should exclude any cosmetic surgery games targeted at children.

## Advertising and marketing

The Advertising Standards Authority (ASA) and the Committees of Advertising Practice (CAP) require marketing communications to be “legal, decent, honest and truthful” and “prepared with a sense of responsibility to consumers and to society”.

**We recommend:**

- The ASA and CAP should prohibit advertising that is likely to create body confidence issues, or cause pressure to conform to unrealistic or unhealthy body shapes. The ASA should work proactively to monitor compliance with such standards.

## Discrimination

The Equality Act 2010 prohibits discrimination relating to “protected characteristics” such as age, gender, and disability (including severe disfigurement). Appearance-related discrimination falls under the Act if it relates to a protected characteristic.

**We recommend:**

- The Equality and Human Rights Commission should develop specific guidance on appearance-related discrimination, based on the requirements of existing equality legislation.

*Other recommendations are made in the report directed at providers, professional regulators and bodies, and others.*