

## **Nuffield Council on bioethics – call for evidence on cosmetic procedures**

The GMC is the independent regulator for doctors in the UK. Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

On April 12th 2016 we shall launch new guidance which sets out the standards we expect from doctors offering cosmetic interventions.

The guidance is designed to promote safe, patient-centred care by making sure doctors who offer these interventions know what is expected of them. It applies to doctors offering both surgical and non-surgical interventions.

Key points in the draft guidance include:

- making sure patients are given enough time and information before they decide whether to have an intervention
- directly seeking a patient's consent rather than delegating to another health professional
- taking particular care when considering requests for interventions on children and young people

- considering patients' psychological needs and if necessary seeking expert advice from colleagues
- responsible marketing
- being open and honest with patients about the risks involved.

In our response to your call for evidence, we have quoted directly from this guidance. Please bear in mind that this will not be in the public domain until 12<sup>th</sup> April.

## **Response to call for evidence**

### **1** What, in your view, counts as a 'cosmetic procedure'?

In our forthcoming guidance, we have defined a cosmetic intervention as:

'any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical procedures, both invasive and non-invasive.'

### **2** What do you see as the underlying aim of cosmetic procedures (a) from the perspective of those seeking a procedure and (b) from the perspective of those providing procedures? How does this differ for different social groups?

(a) This is not within our remit to answer.

(b) A doctor providing a cosmetic procedure must satisfy themselves that the procedure is of overall benefit to the patient. As such, improvement in the patient's quality of life could be said to be the underlying aim.

### **3** Most people use their clothes, hairstyle, and make up to beautify themselves. Does it make a difference when appearance is altered through biomedical or surgical procedures?

This is not within our remit to answer.

### **4** What do you think are the main drivers generating the increasing demand for cosmetic procedures, both surgical and non-surgical?

This is not within our remit to answer.

### **5** Do you think it is becoming more routine to undertake cosmetic procedures? If so, in your view, does this raise any ethical issues?

With cosmetic procedures becoming more routine doctors must be aware of the vulnerabilities and pressures on patients and take care to make sure any procedure is

of overall benefit to the patient and that patient's requests for treatment are voluntary.

- 6** How (if at all) does the increasing availability and use of cosmetic procedures affect social norms generally: for example with respect to assumptions about age, gender, race, disability etc (see above)?

This is not within our remit to answer.

- 7** Are some motivations for having a cosmetic procedure 'better' than others? If so, what are they, and who should judge?

This is not within our remit to answer.

- 8** Do you have any thoughts about, or experience of, the ways in which cosmetic procedures are advertised, marketed or promoted in the UK?

We will advise doctors as follows in our forthcoming guidance on cosmetic interventions:

- When advertising your services, you must follow the regulatory codes and guidelines set by the Committee of Advertising Practice.
- You must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
- Your marketing must be responsible. It must not minimise or trivialise the risks of interventions and must not exploit patients' vulnerability. You must not claim that interventions are risk free.
- If patients will need to have a medical assessment before you can carry out an intervention, your marketing must make this clear.
- You must not mislead about the results you are likely to achieve. You must not falsely claim or imply that certain results are guaranteed from an intervention
- You must not use promotional tactics in ways that could encourage people to make an ill-considered decision.
- You must not provide your services as a prize.
- You must not knowingly allow others to misrepresent you or offer your services in ways that would conflict with this guidance.

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

We consider anyone receiving treatment or advice from a doctor to be that doctor's patient. In this context people seeking cosmetic procedures from doctors are therefore 'patients'. We expect doctors to make the care of their patients their first concern.

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

Our forthcoming guidance states that doctors must provide the following information:

- The costs of any procedure including any other fees for additional procedures or follow-up care.
- You must be open and honest with your patients about any financial or commercial interests that could be seen to affect the way you prescribe for, advise, treat, refer or commission services for them.
- If a patient requests an intervention, you must follow the guidance in *Consent*, including consideration of the patient's medical history. You must ask the patient why they would like to have the intervention and the outcome they hope for, before assessing whether the intervention is appropriate and likely to meet their needs.
- You must give patients clear, accurate information about the risks of the proposed intervention and any associated procedures, including anaesthesia and sedation, following the guidance in *Consent* (paragraphs 28–36).
- You must talk to the patient about any adverse outcomes that may result from the proposed intervention, paying particular attention to those the patient is most concerned about.\* You must talk about the potential adverse physical and psychological impact of the intervention going wrong or failing to meet the patient's expectations.
- You must make sure the patient has the medicines or equipment they need to care for themselves after an intervention.
- You must make sure that your patients know how to contact you or another named suitably-qualified person if they experience complications outside your normal working hours.
- You should give patients written information that explains the intervention they have received in enough detail to enable another doctor to take over the patient's care. This should include relevant information about the medicines or devices used. You should also send this information, with the patient's consent, to their GP, and any other doctors treating them, if it is likely to affect their future

healthcare. If the patient objects to the information being sent to their doctor, you must record this in their notes and you will be responsible for providing the patient's follow-up care.

**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?

- Doctors must satisfy themselves that the procedure is of overall benefit to the patient. If they cannot, then the procedure must not be provided.
- When a patient requests a cosmetic procedure, doctors must follow our [Consent guidance](#), including consideration of the patient's medical history. They must ask the patient why they would like to have the intervention and the outcome they hope for, before assessing whether the intervention is appropriate and likely to meet their needs. If the doctor believes a procedure is unlikely to deliver the desired outcome or to be of overall benefit to the patient, they must not provide it. They should discuss other options available to the patient and respect their right to seek a second opinion.
- Children and young people; doctors should only provide cosmetic interventions that are in the best interests of the child or young person. If they judge that the child does not want to have the cosmetic intervention, then they must not perform it, even if the parent has given their consent on behalf of the child.

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

A parent can consent to an intervention for a child or young person who does not have the maturity and capacity to make the decision, but the doctor should involve the child in the decision as much as possible. As specified in question 11, if the doctor believes that the child does not want to have the cosmetic intervention, then they must not perform it. Doctors must only provide interventions that are in the best interests of the child or young person. If a young person has capacity to decide whether to undergo an intervention, the doctor should still encourage them to involve their parents in making their decision.

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

This is not within our remit to answer.

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

As per our response to question 8

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

This is not within our remit to answer.

- 16** Thinking of cosmetic procedures, are there some parts of the body that are more problematic than others? If so, can you explain why?

This is not within our remit to answer.

- 17** The *Female Genital Mutilation Act 2003* prohibits the excision or mutilation of “any part of a girl’s [or woman’s] labia majora, labia minora or clitoris”, unless this is held to be necessary for her physical or mental health. What are the implications of the Act for female genital cosmetic surgery?

Our guidance does not apply to interventions that amount to female genital mutilation (FGM). We would advise doctors who are not sure whether a particular cosmetic intervention falls within the legal definition of FGM to seek advice, e.g. from their defence organisation or their employer’s legal department.

- 18** Thinking of genital procedures more broadly, are there any distinctive ethical issues, including gender issues that do not apply to other parts of the body?

This is not within our remit to answer.