

# NUFFIELD COUNCIL ON BIOETHICS

## Cosmetic procedures roundtable meeting

28 January 2014, London

### Note of the meeting

#### Background

- 1 The aim of this roundtable meeting was to bring together a range of experts to advise the Nuffield Council on Bioethics about how it might usefully contribute to debates surrounding cosmetic procedures and related discussions of body modification, beauty and normalness. Participants included academics from the fields of social anthropology, ethics, psychology, clinical medicine, childhood studies and appearance studies; representatives from charities and campaigning organisations; artists, art academics and art advisors; Government officials; and practitioners, such as GPs, aesthetics surgeons and nurses. Participants were split into four groups of six or seven people, with a member of the Council Secretariat taking notes at each table. A list of participants is at Annex A.
- 2 The topics under discussion were:
  - Focus - which are the most important questions in this area that fit within the Council's remit?
  - Scope - which cosmetic procedures, other aesthetic interventions or comparators should we include in our discussions?
  - Objectives - what should be the objectives of any Council project in this area?
  - Activities - how can we best achieve these objectives, i.e. through what kind of activities?
- 3 This note provides a summary of the discussions and identifies key issues and themes that emerged. The note draws on both the discussions held during the roundtable meeting, and written feedback submitted after the event.

#### Themes to emerge from the discussions

#### Consent

- 4 A range of issues relating to consent were raised by participants. Many people stressed the importance of ensuring that consent from those undergoing cosmetic procedures is fully informed, though some felt that this did not always

happen currently. It was thought by participants that the processes used by professionals in gaining informed consent to undergo cosmetic procedures should be as rigorous as those used in other areas of medicine. Obstacles in this area relate to the need for reliable information, with a number of participants suggesting that accessible sources of full, objective information and advice were in short supply. Participants emphasised the need to ensure that those considering cosmetic procedures were informed of the risks.

- 5 A related issue raised was around regulation and guidance. Some suggested that more guidance was needed for professionals working in the field on seeking consent, whilst others suggested that good guidance already exists, but is not always followed. One participant argued for the need to acknowledge the emotional impact of cosmetic surgery in consent procedures themselves, advocating that an 'emotional consent form' be used by professionals in pre-procedure assessments. Problems relating to parents agreeing on behalf of their children for cosmetic procedures to go ahead were also discussed.
- 6 A more nuanced point concerned the way in which external pressures coming from the media, peers, advertising and other sources might be influencing individuals' ability to freely consent to cosmetic treatments. Some participants argued that influences from these areas on young people and others when making decisions about whether to undergo cosmetic procedures may not be fully counterbalanced by accessible, reliable information about the procedures themselves and their risks. A number of participants felt that the media contorts views about what are physically normal or beautiful appearances, and that it creates the impression that cosmetic procedures are now common or normal, which in turn may affect how people make decisions and weigh risks.

### **Patient expectations**

- 7 Tying in with the issues around consent, some participants were concerned about patient expectations of cosmetic procedures and the anticipated effects of procedures on people's lives. This was one of the areas identified as lacking in data (see paragraph 21). One participant said that there might be a mismatch between what patients and doctors or other professionals would regard as a successful outcome. Another said that practitioners had a duty to manage patient expectations and should be held responsible by regulatory bodies for doing so.
- 8 Some participants made the point that the public may have unrealistic expectations about the extent to which undergoing cosmetic procedures would improve their wellbeing. It was suggested that people may have hopes that cosmetic procedures would solve their problems and these hopes would be likely to remain unfulfilled (see paragraph 15).
- 9 Other concerns were raised about public understanding of risks attached to cosmetic procedures, especially surgery.

## **Advertising**

- 10 A number of participants raised concerns about advertising and promotional activities surrounding cosmetic procedures. Some participants felt that this was an area where increased regulation may be needed.
- 11 Participants highlighted issues relating to the content of advertisements, especially images, and how cosmetic procedures are described. Some felt that advertisements trivialised cosmetic procedures and did not do enough to convey the real risks attached to cosmetic surgery. This relates to discussions that emerged about cosmetic procedures being viewed as merely one commercial product amongst others. It was pointed out that those undergoing cosmetic procedures occupy a grey area between 'patient' and 'consumer'. Some felt that the line between medical and cosmetic procedures was ambiguous, whilst others were clear that cosmetic procedures were medical procedures and should be recognised as such. This might have consequences, it was noted, for which area of Government held responsibility for addressing these issues; the Department of Health or Department for Business, Innovation and Skills.
- 12 One participant connected advertising practices with concerns about consent, asking whether individuals are able to make a fully informed choice against a backdrop of aggressive marketing. Others felt that advertising and promotions were having a significant impact on demand.

## **Psychological factors**

- 13 A key theme to emerge was the various ways in which psychological factors impact on the ethics of cosmetic procedures. It was pointed out, for instance, that those seeking cosmetic procedures can be vulnerable and that the industry does not always take sufficient care to identify and support people with mental health issues, such as depression, obsessive disorders or body dysmorphia. It was suggested that greater attention needed to be paid by the sector to the emotional needs of patients/consumers in pre-surgery assessment.
- 14 On the other hand, some appealed to the positive effects that cosmetic procedures can have on quality of life and wellbeing. One participant said that for some individuals, undergoing a cosmetic procedure would, for them, be the only way of remedying a deep concern or anxiety about their appearance which had a severe impact on many aspects of their life. Another said that health professionals should take a holistic approach to caring for their patients and recognise that physical appearance, and self image, is part of a wider whole. One participant pointed out that some cosmetic procedures are available on the NHS, where they can be considered necessary to address psychological needs e.g. surgery on ears or 'tummy tucks' post pregnancy, although it was said that this would always require a judgement on the part of the doctor.
- 15 Others disagreed, arguing that there could always be a justification for a given procedure which appealed to the psychology of the person seeking it. Others pointed out that psychological therapy presented an alternative way of

addressing self-esteem and anxiety issues. Relatedly, one participant argued that psychological therapy would for some people be the only way of remedying deep-seated self esteem issues, and undergoing cosmetic procedures would not resolve those problems.

### **The media**

16 The media was mentioned in a range of contexts, particularly in relation to how images represented in magazines, television and film misrepresent normalness and distort people's impressions of beauty. Parts of the media were also blamed for directly promoting the use of cosmetic procedures and driving up demand. It was suggested that the media have particular responsibilities in this context and should take a role in promoting debate.

### **Special groups**

17 Participants were asked to consider whether special attention should be given to particular groups of users. In response, participants emphasised that teenagers and young people seeking or wanting cosmetic procedures was a particularly concerning feature of the industry. Young people were also thought to be more susceptible to advertising and likely to be less well informed, and it was suggested that a deeper understanding of why younger people were seeking procedures in greater numbers was necessary.

18 Other groups that might require particular attention included menopausal women and others going through major life changes, as well as 'repeat users' – people who had had one type of procedure already and were returning to undergo more procedures.

### **Problematic procedures**

19 Participants felt that the most problematic types of procedure, and the ones on which the Nuffield Council should focus its work, were invasive procedures that had a purely aesthetic purpose. Participants were less concerned about reconstructive procedures or extreme body modification procedures. Particular procedures were highlighted in discussions; some, such as skin removal surgery post weight loss, were seen as less problematic. Some procedures were seen as especially worrying, such as skin bleaching and female genital cosmetic surgery, especially in very young women and girls.

### **Need for more evidence**

20 There was widespread feeling amongst participants that there is a lack of evidence to inform the debate and a need to undertake research in a range of areas.

21 Particularly prominent in discussion was the absence of good evidence on why people are undergoing procedures, and information about the motivations and aims of those who elect to have them. Evidence about young people seeking procedures was seen as particularly important and lacking. It was also felt that

more evidence would be useful on how people source and understand information about cosmetic procedures.

- 22 It was noted that information about the long-term outcomes of cosmetic procedures was not easy to access and that new studies should be carried out on how 'successful' cosmetic procedures are. One participant pointed out that the information that is available is quite old and not necessarily relevant to procedures being undertaken today. In addition, whilst some evidence exists on the medical outcomes and risks of cosmetic procedures, the psychological effects and implications for individuals' sense of identity are not well understood.
- 23 There was also thought to be a lack of information about the impact of the media on young people. For example, it would be useful to know more about how the media is affecting young people's impressions of what is normal, attractive or beautiful; which areas of the media are having the greatest influence (e.g. advertising, pornography); and where young people are sourcing information about cosmetic procedures. All this would provide an improved understanding of how cultural influences filtered through the media may be affecting the attitudes and choices of young people.
- 24 Another participant said that work exploring the commercial influences and drivers underlying the expansion of the sector would also be useful in shaping the debate.

### **Wider social effects and influences**

- 25 Some participants were concerned about how increasing numbers of people seeking cosmetic procedures may affect societal views about what are 'tolerable' deviations from the norm, and what therefore is considered to be a normal appearance. One participant expressed concern that this trend was reducing the 'space of acceptable ugliness' and narrowing the range of what society regards as 'normal' or 'acceptable'. Other participants asked questions about how such a trend would affect those with very unusual appearances or those with disfigurements, or those who could not afford procedures, or did not want to have them.
- 26 A number of participants raised the need to directly challenge changing norms of appearance. Similarly, the tendency of people to value physical beauty very highly, over moral or professional worth for example, as well as the deeper association of beauty with success, or equation of youth with beauty, were all cited as issues that should be tackled directly. It was said by one participant that ageing was now regarded as akin to a disease which needed treating. Similarly one participant pointed out that the introduction of new terminology for cosmetic 'problems' served to medicalise what were aesthetic issues. Some participants argued that initiatives promoting the celebration of difference should be developed as a means of addressing this and others noted that notions of beauty anyway change over time. It was, on the other hand, also pointed out that the desire to improve one's appearance predates new trends for cosmetic procedures and that this may be a fundamental feature of human nature

27 A separate concern related to society's use of resources, the economy and the proper use of medical expertise. One participant pointed out that an increasing appetite for cosmetic procedures meant that doctors would be drawn away from other non-cosmetic work which, it was suggested, could have implications for the availability of medical resources in the future. It was suggested by one participant that incentives should be created to attract medical students and junior doctors to more medical or more 'worthy' areas of practice. One participant made a plea for the wider economic framework within which the cosmetic industry is growing to be analysed. Another raised a concern about the use of public money and financial costs to the NHS of rectifying problems resulting from poorly administered cosmetic procedures.

### **Possible activities for the Council**

28 Participants were asked to consider options for activities for the Council to undertake on this topic. A number of ideas were discussed for furthering the debate and addressing the issues raised. A summary of these ideas are set out below.

- **Research:** A range of research topics were identified during the discussion that could provide useful evidence to inform future debate and policy
- **Guidance on good practice:** New guidance for professionals on seeking consent and the use of 'patient advocates' or counselling post-procedure. Guidance for cosmetic procedures providers on advertising, possibly recommending the use of 'cooling off' periods
- **Consultation/workshops:** Consultation, targeting young people or other specific audiences, seeking views on motivations for seeking cosmetic procedures and looking for sources of influence. Consultation with people who have undergone procedures and their attitudes and feelings about impact.
- **Working party/report:** A longer report making recommendations to Government about regulation and other issues.
- **Educational activities:** Working with children in schools, or with families, to promote discussion and debate of the issues increase awareness and understanding
- **Artist collaboration:** A residency or piece of art exploring ideas around normalness
- **Digital resources:** A website, an app, game or social media tool raising awareness of issues and/or providing information.

29 The Council thanked participants for an interesting, informative and helpful set of discussions which will inform the Council when it considers whether and in what way it might take this issue forward.

## **Annex A**

### **List of participants**

**Priscilla Alderson**

Professor Emerita of Childhood Studies, Institute of Education

**Sal Anderson**

Film maker and Reader in Interdisciplinary Science-Art Film, University of the Arts London

**Sharron Brown**

Clinical Nurse Specialist, National HIV Facial Lipoatrophy Service, Chelsea & Westminster Hospital NHS Foundation Trust and Board Member, British Association of Cosmetic Nurses

**Tim Baxter**

Head of Public Health Policy and Strategy Unit, Department of Health

**Sarah Creighton**

Consultant Gynaecologist and Honorary Clinical Professor, University College London Hospitals

**Cathrine Degnen**

Senior Lecturer in Social Anthropology, Newcastle University

**Natasha Devan**

Editor of Journal of Aesthetic Nursing

**Peter Furness**

Member of the Nuffield Council on Bioethics and Assistant Medical Director & Consultant Histopathologist, Leicester Royal Infirmary

**Andy Greenfield**

Member of the Nuffield Council on Bioethics and Programme Leader in Developmental Genetics, Medical Research Council, Harwell

**Erica Haines**

Member of the Nuffield Council on Bioethics and Professor of Sociology, Newcastle University

**Diana Harcourt**

Professor of Appearance and Health Psychology and Co-Director of the Centre for Appearance Research, University of the West of England, Bristol

**Catherine Joynson**

Programme Manager, Nuffield Council on Bioethics

**Carolyn Mair**

Reader in Psychology, London College of Fashion

**Robert Pacitti**

Artistic Director & CEO, Pacitti Company and Director of the SPILL Festival of Performance

**James Partridge**

Founder of Changing Faces

**Jenny Paton**

Arts Adviser, Wellcome Trust

**Deborah Sandler**

Founder of Cosmetic Support, an online peer support website to help create well informed patients

**Ruth Sawtell**

Council member, Advertising Standards Authority

**Tom Shakespeare**

Member of the Nuffield Council on Bioethics and Senior Lecturer in Medical Sociology, Norwich Medical School, University of East Anglia

**Lou Sommereux**

Specialist Cosmetic Nurse and Board Member, British Association of Cosmetic Nurses

**Ranveig Svenning Berg**

Communications Officer, Nuffield Council on Bioethics

**Nigel Townsend**

Creative Director, Y Touring Theatre Company

**Marina Wallace**

Professor of Curating and Director of Artakt, at Central Saint Martins College of Arts & Design, University of the Arts, London

**Sarah Walker-Robson**

Communications Manager, Nuffield Council on Bioethics

**Norman Waterhouse**

Consultant Plastic Surgeon at Norman Waterhouse and Associates, Harley Street; Past President of the British Association of Aesthetic Plastic Surgeons (BAAPS)

**Robin A Weiss**

Member of the Nuffield Council on Bioethics and Emeritus Professor of Viral Oncology, University College London

**Heather Widdows**

John Ferguson Professor of Global Ethics; Head of Research for Philosophy, Theology and Religion, University of Birmingham



**Anna Wilkinson**

Programme Officer, Nuffield Council on Bioethics

**Simon Withey**

Consultant Plastic Surgeon at London Plastic Surgery Associates and Royal Free London NHS Foundation Trust

**Hugh Whittall**

Director, Nuffield Council on Bioethics

**Katharine Wright**

Assistant Director, Nuffield Council on Bioethics

**Paquita de Zulueta**

Member of the Nuffield Council on Bioethics, GP and Honorary Senior Clinical Lecturer, Department of Public Health and Primary Care, Imperial College London