

This response was submitted to the call for evidence issued by the Nuffield Council on Bioethics' Working Party on Cosmetic procedures. Responses were gathered from 11 January to 18 March 2017. The views expressed are solely those of the respondent(s) and not those of the Council.



British Association of Cosmetic Nurses

Response from a non-surgical perspective – Nuffield Council on Bioethics – Call for Evidence

Set out below is the submission by the British Association of Cosmetic Nurses. (BACN). The BACN is the largest Professional Medical Association in the field of non-surgical treatments.

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

An elective procedure or operation that alters or enhances a part of a person's face or body that *they* wish to change or enhance.

2. What do you see as the underlying aim of cosmetic procedures (a) from the perspective of those seeking a procedure?

- to improve appearance, self-esteem, self-confidence, overall quality of life

and (b) from the perspective of those providing procedures? How does this differ for different social groups?

- to meet the realistic needs of the consumer in an ethical, professional way

- it differs from other social groups due to the different and unique dynamic of the approach required to cater for the individual in this discipline

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?

Yes, because it can give a person a change that make up and clothes cannot achieve. It could be argued it is an instant gratification.

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

- improve self-image, self-esteem, quality of life
- mass media images of perfection, including airbrushed images; both male and female
- celebrity culture
- obsession with body image
- social media, particularly Instagram in the younger ages bracket, from adolescence to late twenties
- mid thirties
- encouraged narcissism with available apps to airbrush your image before posting on a social networking site.

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

Yes, absolutely - more routine and there are certain ethical issues such as what is the minimum age to start having procedures such as wrinkle relaxing injections “Botox” or lip augmentation.

There are also ethical issues surrounding the alteration of the appearance of individuals from a variety of ethnic groups that requires further exploration and research

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)?

There are concerns when cosmetic procedures are used to erase certain ethnic characteristics. Although understanding the reasons when someone of a particular race wants to change a particular feature and not to assume they want a more “acceptable” European one i.e. ethnic rhinoplasty or Asian blepharoplasty. Why individuals want surgery is usually personal to that individual.

Skin lightening often resorting to buying illegal products to lightening skin colour as lighter skin is more highly valued in some cultures

Muscle dysmorphia or bigorexia young men resorting to using anabolic steroids and fixating on exercise and turning to some cosmetic procedures to sculpt their muscles

Hair, weaves long straight hair thought to be more attractive than natural afro hair

Celebrity culture buttock implants more so with Black and Hispanic women in the USA but there have been young Afro Caribbean's from the UK who have had industrial silicone injected to enlarge their buttocks and died because of this.

There are sites for plastic surgery and Down's syndrome to improve social acceptance of some-one with Down's highly controversial clinical evidence. Is it ethical? Do the perceived benefits outweigh the benefits?

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

- Some motivations can occur from a longstanding deep psychological unhappiness from childhood or a traumatic life event. Motivations for cosmetic procedures are either intrinsic, some-one may be socially isolation because they believe they are being judged or have experienced negative comments about their appearance or extrinsic, motivated by outside rewards that may be driven by money, fame or the desire for acceptance.

- No one should judge but it is about how realistic the expectation is as to whether a procedure should be carried out

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

As cosmetic procedures are usually elective performed on the healthy individual it should always be remembered that their basis is from a medical or clinical background and the journey undertaken might include pain and discomfort with some downtime:

- Celebrities should not be used to endorse advertising

- Advertising should not promote a glossy or stylised lifestyle aspiration that having a particular treatment could bring. It would be a shame if the UK followed the US model of advertising or promoting cosmetic treatments.
- There is nothing wrong with advertising but in a subtle and ethical way that is not coercive
- A worrying concern is e-voucher companies which advertise treatments usually non- surgical from non-surgical face lifts, permanent make-up, dermal fillers hair transplant, and lip augmentation reducing prices from between 90% to 64%
- Another concern is clinics offering discounted prices or encouraging patients to have more than one procedure which could result in several surgical procedures. Then offering them a financially package to pay for them.
- Clinics offering loans to pay for surgery via loan companies

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

Both; a patient because they are owed a duty of care and consumer because they are a paying customer

- Medical Cosmetic Practise is a holistic side of preventative medicine not just concerned with the aesthetics but the overall well-being both physical and psychological of the usually healthy individual seeking anti-ageing, corrective or enhancement treatments. Patients may start as consumers coming to their consultation with a level of knowledge or anecdotal evidence from friends but just because they pay for their treatment doesn't mean that is the influencing factor. Other factors that need to be considered does the procedure have sound clinical evidence, Patients desires, choices and expectations may not always be possible.
- Cosmetic Medicine is not without risk or complications and should be seen as a medical procedure

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

- Experience and qualifications of practitioner
- Other options including no treatment
- What to expect of the treatment and how it is to be carried out
- Duration of the results
- All potential side effects and risks expected and unexpected
- Aftercare
- Who /where to contact if there are any concerns post treatment

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?

- a) Those with body dysmorphia, vulnerable client groups, under 18 years old, pregnant/lactating women
- b) If the patient is uncertain
- c) Any co-morbidities, contra-indications or pre-existing conditions
- d) Encouraged to have a procedure due to the negative comments or “persuasion” of peers or partner

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

- Cosmetic procedures for children are usually reconstructive surgery to correct cleft lips and palates, ear pinning, gynaecomastia in adolescent boys or trauma for instance are generally acceptable as with all surgical procedures it is important that the child and their parent completely understand the procedure possible complications and if there will be a need for additional surgeries as well as an understanding the psychological issues/impact this might have.
- They should be present for patients under 18 years of age
- There should be more stringent guidelines regarding the accessibility of cosmetic treatments to young people. A young person should be physically and emotionally mature before having any form of non essential cosmetic interventions. Before any procedure is agreed psychological assessments should be carried out.

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

Yes, medical professionals only. The Committee is recommended to look at the latest developments to set up a 'Regulatory Body for Non – Surgical Treatments in England' being led by the BACN and BCAM.

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

- Primarily patient safety.

- The collection of clinical evidence and research to back up findings /statistics
- No medical professional should endorse

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

Very lax – see BACN/BCAM proposals for a new Regulatory Body – the Joint Council for Cosmetic Practitioners - JCCP

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

Any procedure carried out by an individual who is not a medical practitioner, or who has not had the appropriate training which could leave the patient distressed, disfigured or permanently damaged. All treatments and techniques should be supported by robust evidence as this can only improve the art and science of cosmetic treatments either surgical or non- surgical.

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?

We are not sure there is any implication as there is no indication of "mutilation" for a woman who electively requests a labioplasty privately

Female cosmetic surgery both surgical and non- surgical is seen to be vastly different from FGM as those opting for this type of surgery are usually adult women who have given their informed consent, the reasons for this type of procedure vary greatly from pain and discomfort to enhanced sexual enjoyment. What is worrying is when these procedures are marketed as vaginal rejuvenation and designer vaginas. The claims that the procedures will improve self-esteem, confidence and may even heighten sensitivity to improve orgasms are not supported by robust clinical evidence. Sexual pleasure or response to sexual pleasure is personal, female reaction to desire; arousal and orgasm can be influenced as much by emotional, spiritual, cultural and psychosocial factors as by aesthetics. Non-surgical treatments which can cover dermal fillers, Platelet Rich Plasma (PRP), laser and radio frequency may also be known as Sexual Aesthetics which claim to address issues such as ageing, atrophy, the effects of childbirth or menopause physical discomfort or overly self-conscious from having large labia any predisposing psychosexual problems could be missed if the focus is purely aesthetic.

In some cases, women seeking treatment or surgery should be assessed by a psychosexual therapist before any intervention is performed to highlight any inhibitions or insecurities. These treatments have a lot of positive anecdotal testimonies or evidence therefore do these results have a placebo effect?

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?

Pornography and the link between women being unhappy with their vaginas thinking they are abnormal or ugly because of comments made by their boyfriends or husbands who are judging their normal anatomy to the pornographic images they have seen.

Advertising and marketing state common themes which would be why women choose to have these procedures they imply that child birth and menopause cause abnormalities which ruin the shape, function and aestheticism and that the positive end results will: volumise and enhance to generate healthier and more functional tissue in the areas of sexual response and urinary continence within the labia, vagina (G-Spot, urethra, and vaginal wall) the benefits being that the woman will feel more attractive and feminine increase self- confidence and self -esteem improve sexual enjoyment and reduce vaginal discomfort, very little on what could go wrong adverse issues or possible permanent nerve damage.

Rejuvenation of female genitalia have grown in popularity along with the rise in genital grooming with waxing and shaving of pubic hair suddenly women are more aware of the shape and size of anatomy that have been hidden to them being made to believe that labia should be discreet could be compared to promoting a more pre-pubescent look. By denuding this area the result of this exposure means that vaginas are now judged and could be a contributing factor to women's concerns regarding their genital appearance

The vagina as an organ is designed for robust use urination, menstruation, sexual activity and child birth. Most women have no idea what their vaginas and surrounding anatomy should look like and often what they assume is problematic is in fact normal and fits within the diversity of female genitalia. The fashion for small "attractive" symmetrical labia needs to ensure women are informed and understand the variety of labia shape colour and size.

Some of these procedures have evolved from surgeries designed to address urinary incontinence and to repair episiotomies or tears following childbirth because of this evolution these procedures are now being performed by practitioners who have no specialist qualifications in gynaecological surgery or women's health.

There is a lack of rigorous clinical evidence carried out in different setting on the risks, efficacy, complications short and long term and patient satisfaction. Modification of a body part should always be an individual's decision based on accurate patient information women should be informed about the lack of scientific data available before consenting to these procedures

Conclusion

The BACN welcomes the investigation by the Nuffield Council on Bioethics and as can be seen in this response the issues are complex and developing everyday as new procedures, products and treatments enter the market.

The BACN puts patient safety at the top of its objectives and the need for this is embodied in its Code of Conduct. Some of the BACN members are the most advanced practitioners in this field and have been in practice for over 20 years.

The need to regulate the sector has become critical as the range of treatments and the number of practitioners has increased exponentially. The development of new proposed JCCP we believe is critical to ensure that ethical practice takes place delivering public safety at a time where the potential financial rewards are so high that ethics become secondary to some practitioners.

For further information on any of the above please contact:

Detailed technical questions will then be referred to BACN Board members and Technical Experts. This response has been prepared by Sharron Brown and Julie Brackenbury – BACN Board members and highly experienced practitioners who work in both the private sector and the NHS but has been endorsed by the BACN Board.