Cosmetic procedures: ethical issues

A guide to the report

NUFFIELD COUNCIL ON BIOETHICS

This guide outlines the main themes and recommendations from the Nuffield Council on Bioethics' report *Cosmetic procedures: ethical issues* (published June 2017).

The report was produced by an expert Working Party, with contributions from many others through their responses to an expert call for evidence and a public online survey; participation in deliberative events; and engagement in group and one-to-one meetings with Working Party members. Those contributing included:

- people who have had a cosmetic procedure, would think about doing so, or would never contemplate it;
- young people;
- practitioners, 'provider' companies, regulators, and insurers;
- academics exploring the nature of the increasing pressures in relation to appearance, and the experiences and attitudes of those having procedures; and
- academics interested in visual culture and social media use.

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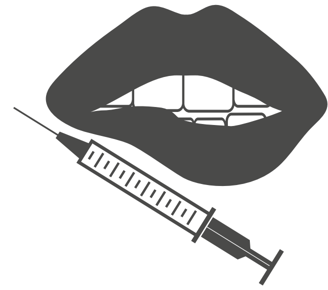


Introduction

Over the past decade, there have been several official reviews of the regulation of the cosmetic procedures industry. In 2013, in a report commissioned by the Department of Health, Sir Bruce Keogh described aspects of the cosmetic procedures industry as "a crisis waiting to happen".

The Keogh report made wide-ranging recommendations to improve the safety of those using both surgical and non-surgical invasive cosmetic procedures. While some of these recommendations have been followed through, concerns remain. In particular:

- Controls on the safety of some of the products used in procedures remain inadequate.
- Requirements for practitioners to have particular qualifications and experience are only voluntary.
- It is still too difficult for anyone seeking a cosmetic procedure to find out whether a practitioner is appropriately qualified to carry out that procedure.

Moreover, the Keogh report explicitly chose "not [to make] judgements about whether the growth in cosmetic interventions is good or bad" but rather to focus on making what was already happening safer.

The Nuffield Council on Bioethics believes that the ethical concerns arising in connection with the growing proliferation, promotion, and use of invasive cosmetic procedures need more attention. In addition to the ongoing failure by governments to regulate to improve safety, we are concerned that none of the earlier reviews explored the potentially troubling reasons behind the growth in the popularity of invasive cosmetic procedures. This report considers the ethical aspects of the increasing demand for these procedures, as well as ethical questions about their supply.

What counts as a 'cosmetic procedure'?

It is very hard to draw clear and consistent dividing lines between 'cosmetic' procedures, routine beauty practices, and some medical procedures. Sometimes the same procedure can be either 'cosmetic' or 'medical': for example a woman may have a breast reduction to reduce back pain, or for appearance-related reasons (or both).

This report uses 'cosmetic procedures' as an umbrella term to cover invasive, non-reconstructive procedures that:

- aim to change a person's appearance primarily for aesthetic, rather than functional, reasons;
- are carried out by third parties in a medical environment, or in an environment that 'feels' medical (such as a medi-spa); and
- are not ordinarily publicly funded through public health systems such as the NHS.

Such procedures include cosmetic surgery and dentistry, as well as non-surgical interventions.

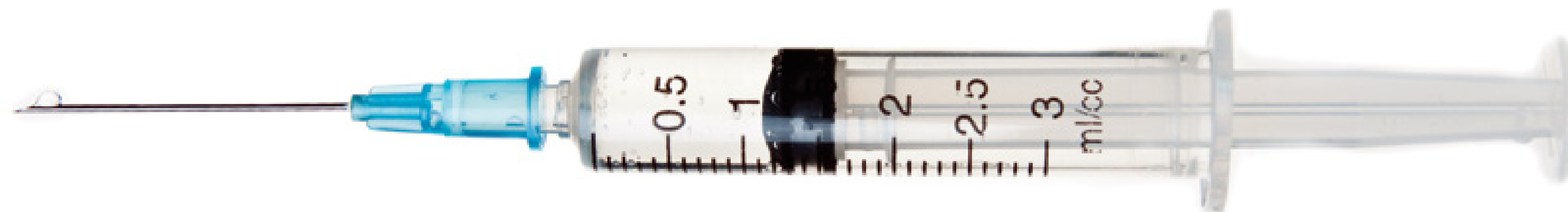
Cosmetic procedures

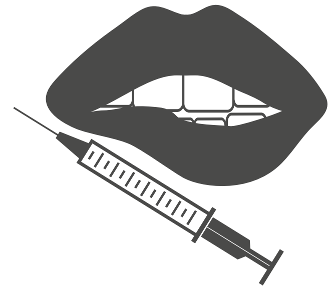
Surgical procedures include

- Eyelid surgery
- Cheek and chin reshaping
- Facelifts
- Ear reshaping or repositioning
- Nose reshaping (rhinoplasty)
- Breast enlargement, reduction and uplift
- 'Tummy tuck' (abdominoplasty)
- Buttock implants
- Genital cosmetic surgeries
- Liposuction and lipomodelling (transferring fat from one area of the body to another)

Non-surgical procedures include

- Dermal fillers (to fill-out wrinkles and skin creases and to plump lips)
- Laser or Intense Pulsed Light (IPL) hair removal
- Invasive skin-lightening procedures
- Botulinum toxins ('botox')
- Chemical skin peels
- Microneedling (puncturing the skin to promote a wound-healing response and treat skin damage)
- Hair restoration and transplant
- Cosmetic dental procedures, including teeth whitening





Appearance and appearance ideals

The use of cosmetic procedures is one of the many ways in which people can change and manage the appearance they present to others. Throughout the ages and across the world, people have been interested in their bodily appearance and in modifying how they look. However, there are increasing concerns about:

- the degree of anxiety about the perceived gap between personal appearance and popular appearance ideals ('appearance anxiety'); and
- the potentially discriminatory nature of some of those ideals.

Rising levels of dissatisfaction and anxiety about appearance have been associated with a variety of factors, including:

- the rapid growth in the use of social media;
- increased rating of images of the self and the body, for example through social media 'likes', and through self-monitoring apps and games;
- the popularity of celebrity culture, airbrushed images, and makeover shows; and
- social and economic trends such as people living longer and retiring later, while having to compete in cultures that value youth and youthful appearance.

Advertising and marketing widely reinforce the belief that beauty is correlated with happiness and success. Women and girls, in particular, are constantly bombarded with the message that they have a duty to look young and attractive.

These concerns arise alongside scientific advances that increasingly allow for parts of the body to be substituted or modified, including through the use of invasive cosmetic procedures. As well as the social factors mentioned above, economic drivers include increasing affordability of cosmetic procedures, and the commercially driven nature of the industry itself.

The 'business' of cosmetic procedures

Most cosmetic procedures are provided in the private sector, and the connection between cosmetic procedures and the beauty industry makes this sector 'big business', driven by commercial interests and proactive marketing.

Size of the market

There is very little information publicly available about the size and value of the cosmetic procedures market, other than estimates by market research companies. These suggest sustained growth: one estimate for the UK sector in 2015 (including surgical and non-surgical procedures) was £3.6 billion, up from £720 million in 2005. In the US, the cosmetic surgery market alone was assessed in 2015 as $20 billion.

Growth in the number of procedures

Similarly, no information is available on the total number of procedures undertaken each year, whether in the UK or elsewhere. One 2009 UK estimate was 1.2 million procedures a year (92% of which were for non-surgical procedures such as botox and fillers) with significant growth expected since. One association of NHS-qualified plastic surgeons working in the cosmetic sector reported a threefold increase in cosmetic surgeries between 2004 and 2015 undertaken by its members, followed by a 40% drop in 2016. In contrast the large commercial groups report ongoing growth in 2016 for both surgical and non-surgical procedures.

Market drivers

The development and marketing of new products and procedures are an important driver of the market, especially where these offer less invasive alternatives to cosmetic surgery. In some cases products and procedures used in medical care are 'repurposed' for cosmetic uses, although the evidence base for the cosmetic claims made may not always be strong. Developments include:

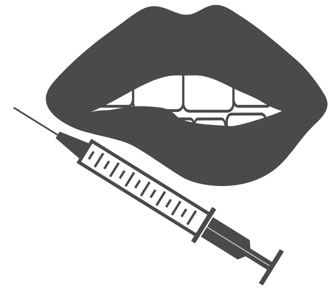
- the use of platelet rich plasma in 'vampire' treatments on breasts, and faces;
- 'fat freezing' as a non-surgical alternative to liposuction; and
- the use of dermal fillers and botox in new areas of the body, including ears, knees, and feet.

In some cases, such as the production and sale of breast implants and dermal fillers, strong commercial competition among manufacturers has led to significant concerns about safety and quality.

Business models

The cosmetic procedures industry is a complex network that includes: those who develop products, procedures and technologies; provider companies and practitioners; financiers; agents; and advertisers. The business models through which cosmetic procedures are offered include:

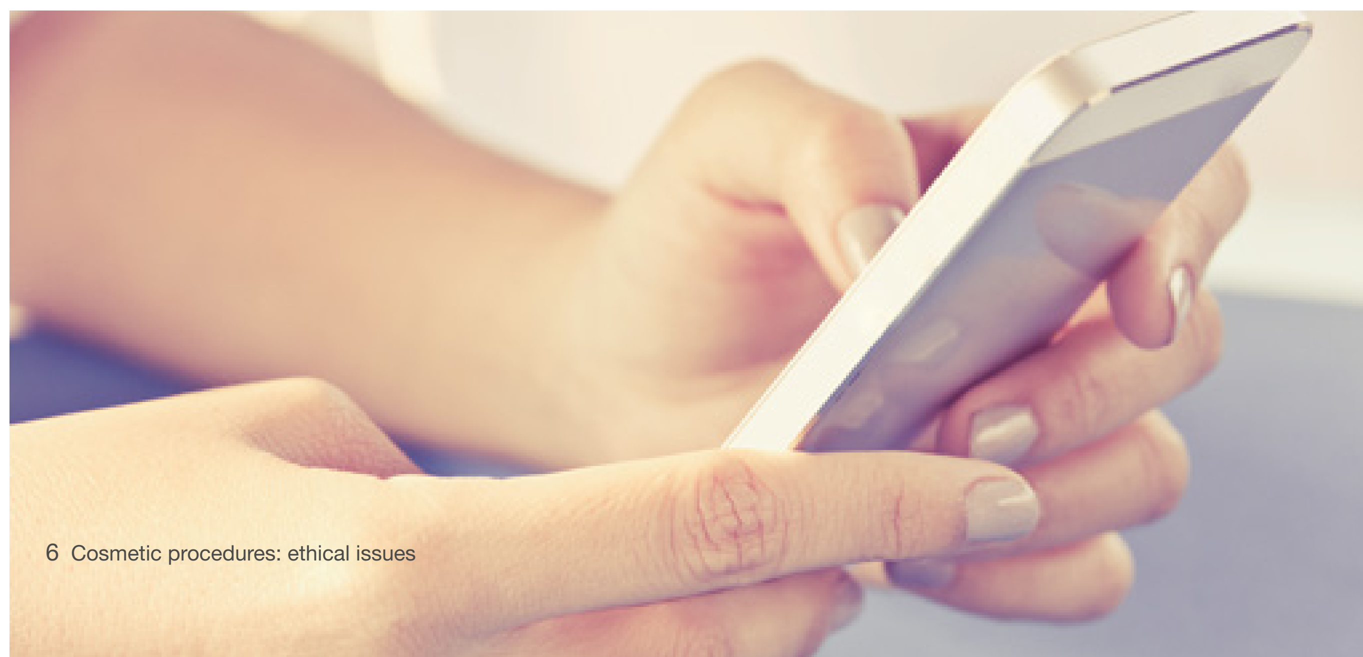
- self-employed health professionals;
- private hospitals and clinics that also provide mainstream medical care;
- large commercial group providers who specialise in cosmetic procedures; and
- beauty salons, spas, gyms, and other parts of the beauty and 'wellness' sector.



Emerging ethical concerns

Having a cosmetic procedure, like other ways of changing or managing appearance, can be experienced as positive and enabling. However their prevalence also offers scope for harm for both individuals and society. A number of significant concerns about such harms emerged early in the project (see pages 10-11 for our analysis of their ethical implications).

- The social and economic pressures described on page 4 can encourage people to feel they have to conform to particular expectations about appearance. Cosmetic procedures are not simply a matter of personal choice.
- The anxiety associated with pressures to conform to particular appearance ideals, and their potential impact on mental health, is a matter of public health concern.
- The social expectations and ideals people are encouraged to conform and aspire to are not necessarily ethically neutral. Many cosmetic procedures reflect and promote existing gender, disability, and racial norms: for example encouraging women to feel that it is unacceptable to look their age; or strengthening preferences for whiter skin. This may reinforce existing inequalities, despite competing shifts in social attitudes towards diversity and inclusion.
- Teenagers may be particularly sensitive to peer pressures. They are also at a vulnerable stage of development with respect to their sense of their own identity. Their access to cosmetic procedures raises specific ethical concerns.
- The cosmetic procedures industry both exploits and generates these appearance insecurities by marketing invasive cosmetic procedures as ‘solutions’. These are offered in environments that are, or feel, medical – and that are therefore associated with relationships of trust and concern for patient welfare. These associations raise further ethical concerns with respect to practitioners’ responsibilities towards users / patients.



Current regulation of cosmetic procedures

The complex network of stakeholders involved in the production, provision, and marketing of cosmetic products and procedures is governed by a patchwork of regulatory measures. Action in response to the 2013 Keogh report has remedied some, but not all, of the identified regulatory gaps and flaws. There are ongoing challenges of enforcement, and limited means of redress for poor outcomes, unless negligence can be demonstrated.

Controls on practitioners: there are few limits in law on who may provide cosmetic procedures. In particular, there are no controls on who may provide non-surgical procedures (such as botox and fillers), other than limitations on access to prescription medicines, and on procedures in the mouth. Professional regulation therefore plays an important role. Developments since the Keogh report include:

- updated guidance for doctors by both the General Medical Council and the Royal College of Surgeons;
- a voluntary certification scheme for surgeons working in the cosmetic sector; and
- progress in establishing a voluntary register of practitioners who meet required standards to perform non-surgical procedures.

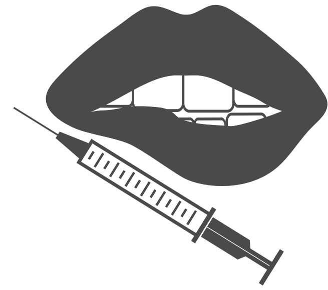
Controls over premises: the Care Quality Commission (CQC) regulates private clinics and hospitals in England that provide cosmetic surgery, but not those that provide only non-surgical procedures. The CQC’s remit extends to how clinics are run (for example with respect to recruitment, record-keeping, and equipment), but not to the actual quality of care provided.

Controls over products: devices and equipment marketed for non-medical purposes, such as many dermal fillers and implants, have historically been excluded from regulation within the EU but will be included from 2020 under the Medical Devices Regulation 2017. How they will be regulated in the UK after Brexit, and what assessment criteria will be used in the UK and EU member states, is unknown.

Limits on access to procedures: There are no statutory controls over access to cosmetic procedures by young people, although statutory minimum age-limits of 18 apply for other appearance-related procedures such as tattoos and sunbed use. There is legal uncertainty about the extent to which some of the procedures marketed as female genital cosmetic surgery (such as labiaplasty) may be prohibited by the Female Genital Mutilation Act 2003.

Advertising and marketing is subject to self-regulation by the Advertising Standards Authority (ASA) and the Committees of Advertising Practice which require marketing communications to be “legal, decent, honest and truthful”, and “prepared with a sense of responsibility to consumers and to society”. The ASA’s remit includes commercial advertising online and in social media, but does not cover unsolicited endorsements in tweets or blogs, or images shared by social media users.

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



Choosing a cosmetic procedure

Current research on the motivations and influences that lead people to consider cosmetic procedures is variable in quality. More, and better, evidence is needed to provide a more thorough understanding of the field than is presently possible.

What people aim to achieve

'Cosmetic procedures' are many and various, and different groups of users (men/women; older/younger) are attracted to particular procedures for different reasons. However, a common theme is that people consider a procedure because they wish to 'fit in' with their particular peer group. Reasons that people give for having a cosmetic procedure include:

- wishing to look younger;
- aiming to look 'normal', often defined with respect to peer group preferences;
- hoping to improve self-esteem, or responding to body dissatisfaction;
- hoping to achieve, or maintain, professional success; and
- rejecting or conforming to social and cultural ideals.

Only a minority of people who share one or more of these aims will decide to use cosmetic procedures in order to try to achieve them. A number of influences have been identified as potentially significant in encouraging people to consider (or not to consider) cosmetic procedures as a way of achieving those aims. These include:

- the influence and attitudes of family, friends, and peers;
- the influence of celebrity, media, social media, and pornography;
- concerns with respect to sex and relationships;
- experience of being bullied or teased;
- physical discomfort (as a contributory factor alongside cosmetic aims);
- changes in the body post-pregnancy; and
- affordability.

Again, while these influences seem quite varied, a feature common to a number of them is that they make procedures seem more 'available', by becoming familiar, appropriate, or affordable.

Users' satisfaction, outcomes and risks

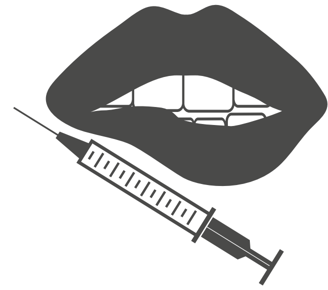
When asked, most users of cosmetic procedures report being satisfied with the initial outcomes of the procedures they have undergone. Positive outcomes reported include improvements to self-esteem and well-being, feeling more attractive or less self-conscious, and receiving positive comments from others. It is not possible at present to assess whether this initial satisfaction is maintained over time, as there is very little research covering longer-term impacts.

Like any other bodily intervention, cosmetic procedures entail a degree of physical risk. Physical harms may arise as a result of products used in the procedure, through poor practice, or from the inherent risks associated with the procedure, such as infection, bleeding following surgical procedures, or adverse reactions to general anaesthesia. Some complications are minor and temporary while others are more serious and longer-lasting.

Psychological complications, such as anxiety and depression following an operation, can be as common as physical complications after cosmetic surgery. Research suggests that those with pre-existing mental disorders are more likely to suffer negative psychological outcomes after procedures. This group includes not only those suffering from body dysmorphic disorder (BDD), but also people with high levels of stress, and people taking medication to aid sleep or to treat anxiety. There is also an association between use of breast implants and suicide. Although the mechanics of this relationship are not clear, it is likely that the association reflects higher rates of pre-existing mental disorder among women seeking breast augmentation.

The increasing availability of cosmetic procedures also potentially poses societal harms. These include:

- encouraging a focus on appearance and adding to levels of appearance anxiety;
- changing perceptions of what is 'normal' and reinforcing discriminatory attitudes;
- constructing ideals that can only be met through invasive means; and
- adding to the pressures on those who might like to, but cannot, meet these ideals.



Ethical analysis

We believe that a key ethical concern with respect to the provision and use of cosmetic procedures is the role played by a commercially driven industry in a social context of significant dissatisfaction and distress about personal appearance. By developing invasive cosmetic procedures that are marketed in line with prevailing appearance ideals, the industry plays an important role in reinforcing those ideals. In doing so, it contributes to the public health harms associated with poor body image.

Such appearance ideals are a further source of concern where they feed existing negative and discriminatory attitudes with respect to factors such as age, gender, race, class, and disability.

These concerns are compounded by the fact that procedures are offered within an apparently trust-based context where users might assume high standards of professional conduct and integrity – but where, in practice, profit motives may dominate.

It is not possible to draw absolute and robust distinctions between cosmetic and therapeutic treatments, or between some cosmetic procedures and routine beauty treatments (see page 3). Nevertheless, there are clearly degrees to which the use of different procedures, in different circumstances, can contribute to public health and discriminatory harms, or may undermine relationships of trust between practitioners and users / patients.

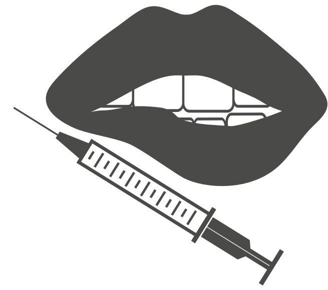
It is important that people have the opportunity to make free, individual choices about the procedures that they might wish to consider. However, the social pressures that we have discussed have the potential to limit, rather than extend, the choices that individuals see as being open to them. We therefore propose an ethical approach that focuses on the wider social context in which cosmetic procedures are promoted, rather than on the decisions made by individuals within that context.

Demand and supply

We suggest an ethical approach to policy that includes two distinct elements, relating to 'demand' and 'supply', respectively. On the demand side, we challenge the promotion of potentially damaging appearance ideals, and the pressure that this exerts on people to meet them (thereby stimulating demand). On the supply side, we explore how a more ethical encounter between users and practitioners could be fostered, particularly with respect to the use of these procedures by children and young people.

Ethical questions arising on the demand side include the nature and extent of public health responsibilities of governments, and the corporate social responsibilities of industry. We argue that governments' responsibilities include providing the conditions in which people can live healthy lives – including tackling the way in which unhealthy or discriminatory appearance ideals are promoted. Industry similarly has a responsibility to take into account the interests of society as a whole, alongside its own interests.

Ethical questions arising on the supply side include consideration of the roles and responsibilities both of cosmetic providers, and of individual practitioners. We explore, in particular, how practitioners can ensure that the way that they practise does not make them 'part of the problem': for example by ensuring that they act always with users' / patients' best interests in view, and not in the role of a salesperson. Similar responsibilities arise for providers, for example with respect to maintaining clear distinctions between sales staff and practitioners, and ensuring that no financial commitments are asked of users before a firm decision has been made as part of a two-stage consent process. High standards of safety and governance for the industry as a whole, covering practitioners, products, and premises, are essential for any encounter between potential users and practitioners to be conducted on an ethical basis.



Conclusions and recommendations

Action to promote more ethical practice is required both with respect to 'demand side' influences that encourage people to consider cosmetic procedures, and on the supply of those procedures. Better data on the use of procedures, and more research to improve the evidence base, are both urgently needed in order to improve practice.

In 2016 **TRANSPORT FOR LONDON** amended its transport policy in order to refuse advertising that *"could reasonably be seen as likely to cause pressure to conform to an unrealistic or unhealthy body shape, or as likely to create body confidence issues, particularly among young people".*

On the 'demand side', we conclude…

- The Advertising Standards Authority should follow the example of Transport for London in prohibiting advertising that is likely to create body confidence issues, or cause pressure to conform to unrealistic body shapes.
- Social media companies, including Facebook / Instagram, Snapchat, Twitter and YouTube, 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.
- Ofcom should consider the need for additional guidance under its Broadcasting Code with respect to the messages on body image and appearance ideals conveyed by makeover shows involving invasive cosmetic procedures.
- The Equality and Human Rights Commission should develop specific guidance on appearance-related discrimination, based on the requirements of existing equality legislation.
- 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.

On the 'supply side' we conclude…

- All the recommendations in the Keogh report should be implemented in full. We urge the Royal College of Surgeons to consider how best to continue taking a leadership role in supporting high standards in cosmetic surgery.

Access by children and young people

- People under the age of 18 should not be able to access invasive cosmetic procedures, other than in the context of multidisciplinary health care.

Empowering users

- The major providers of cosmetic procedures should collaborate to fund the independent development of high quality information for users; and to develop a code of best practice for the provision of cosmetic procedures.

Practitioners

- 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 necessary training.

In 2013, the **MEDICAL DEFENCE UNION** announced that it would only provide indemnity for its members when administering fillers if they used products approved under the US regulatory system by the FDA.

- 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.

Products

- The Department of Health and the Medicines and Healthcare products Regulatory Agency should require robust evidence both of safety, and of effectiveness with respect to their claimed benefits, before devices used for cosmetic purposes (such as dermal fillers and implants) may be placed on the market.
- The Department of Health should bring forward legislation to make dermal fillers prescription-only.
- Until new standards are in place, insurers of cosmetic practitioners should restrict indemnity for procedures using dermal fillers approved by the FDA.

Premises

- The remit of the Care Quality Commission should be extended to all premises where invasive cosmetic procedures are provided.

This guide and the full report are available on the Council's website:
www.nuffieldbioethics.org

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