

From ethics to commerce: challenges faced by cosmetic practice for 2025 and beyond

BY NIRO SIVATHASAN

Cosmetic medicine and surgery have seen remarkable and ongoing increases in popularity, reflecting advancements in medical technology and evolving societal norms based on, for example, social media, cultural expectations, and globalisation of beauty standards. Unlike with other medical specialties, these fields focus on the elective alteration of appearance, as opposed to directly dealing with disease or functional restoration after trauma.

The absence of recognised specialty status for both cosmetic medicine and cosmetic surgery, in many countries, has resulted in a lack of defined baseline competencies and national standards – which, all too often, leads to inconsistent patient outcomes. What is additionally common to both is the unique intersection with commercial considerations and ethics. However, there is simply no argument that patient evaluations for the suitability of the desired medical intervention, must be predicated on the principles of autonomy coupled

with beneficence and non-maleficence. In simpler terms, patients must make informed decisions with realistic considerations towards the benefits and risks; understand their expectations and the potential for mismatch with a range of possible outcomes; appreciate their financial means and considerations thereof.

Unique to cosmetic medicine is the concept of interdisciplinary creep from paramedical practitioners, such as dentists and nurses; and in countries where regulations are remarkably lax, such as Britain, from providers with zero healthcare background whatsoever, hence raising major concerns about consumer-vulnerability.

Cosmetic surgery, on the other hand, is subject to extraordinary turf wars between multiple medical specialties, namely, cosmetic surgery, dermatology, general surgery, maxillofacial surgery, obstetrics and gynaecology, ophthalmology, otorhinolaryngology, plastic (reconstructive) surgery, and

urology. Cosmetic surgery cannot be anatomically restricted; thus, surgical fraternisation rather than fragmentation is necessary for the maintenance of standards and minimisation of baseless lawsuits. Unfortunately, mud-slinging and bad faith peer-reviews are uncomfortably common amongst surgeons, with certain groups actually seeking to monopolise the arena in the pursuit of the almighty coin but under the cloaks of procedural competence and alleged patient safety. Irrespective of this distraction, all surgeons must provide individualised appraisals and must only perform procedures within their expertise.

Additionally, the rise of cosmetic tourism, particularly to countries which have experienced neoliberal restructuring, has intensified these challenges. One may fairly argue that market-driven competition in cosmetic surgery, which is traditionally a high-profit sector, may result in lapses of ethics resulting in the evolution of cosmetic practice into just another commoditised service. However, it is

important to also remember the benefits to patients where healthcare is privatised and has a degree of deregulation.

The beauty industry, from companies selling make-up to 'cosmedical holidays', must be very cognisant of potential negative societal impacts, such as the perpetuation of unrealistic beauty ideals and the potential for discrimination based on appearance, stemming from their marketing. The healthcare industry – in order to ensure righteous practitioner accountability – must employ validated rhetoric and meaningful transparency, instead of tactics involving contentious manipulation by media campaigns and the propagation of falsehoods. Medical providers, i.e., the physicians and surgeons on an individual level, must ensure that they educate and counsel potential patients about complications and limitations of outcomes, and to

not parrot a blanket 'safe and effective' narrative, in the interest of getting valid consent.

Addressing these challenges requires a collaborative effort from doctors, regulators, and the broader healthcare community, in order to restore trust in this industry and to prevent emotively driven knee-jerk responses from health ministers and other politicians. Whilst there is a relative paucity of articles on ethics in the cosmetic sector to provide explicit guidance, when in doubt, and irrespective of culture and situation, simply underpinning commercial goals with basic ethical practices shall foster a happier and better functioning society for the latter-half of this decade and beyond.

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