

Aesthetic Medicine and

– *What the Profession Can Learn*

By Dr T Thirumoorthy, Executive Director,

In the recent High Court judgement on *Low Chai Ling v SMC* [2012] SGHC 191,¹ the court raised several issues on Aesthetic Medicine that are important for the profession to reflect on, understand and act to make changes in professional governance. The medical doctor, who was (and still is) involved in aesthetic practice, was charged by the Singapore Medical Council (SMC) for professional misconduct by contravening Article 4.1.4 of SMC's Ethical Code and Ethical Guidelines:

4.1.4 Untested practices and clinical trials

A doctor shall treat patients according to generally accepted methods and use only licensed drugs for appropriate indications. A doctor shall not offer to patients, management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial.

A doctor who participates in clinical research must put the care and safety of patients first. If a doctor wishes to enter a patient into a clinical trial, he must ensure that the trial is approved by an ethics committee and conforms to the Good Clinical Practice Guidelines. In addition, informed consent must be obtained from the patient.

It is not acceptable to experiment or authorise experiments or research which are not part of a formal clinical trial and which are not primarily part of treatment or in the best interest of the patient, or which could cause undue suffering or threat to the life of a patient.

The practice and nature of Aesthetic Medicine

There is no universally accepted definition for "Aesthetic Medicine". In the SMC Guidelines on Aesthetic Practice for Doctors² (updated October 2008), aesthetic practice is defined as an area of practice involving "operations and other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise to be within the broad range of 'normal' for that person". It can range from simple cosmetic procedures, to body enhancement surgery, and to claims of reversal of the ageing process. The court alluded that unlike beauty treatments offered by beauticians, the proper practice of Aesthetic Medicine should have a scientific basis or biological plausibility. As it is practised by registered medical practitioners, patients naturally expect competence and an implicit trust for their safety and well-being.

The court's comment that the defence's argument that Aesthetic Medicine performed by doctors cannot be regarded as medical treatments or as management plans or remedies, is not without intrinsic merit.

Professional Governance

from the Wisdom of the Court

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The court was also of the view that a treatment is not considered to be generally accepted by the profession just because there is a large number of doctors practicing it. The assessment of whether or not a particular medical treatment, including Aesthetic Medicine, is generally accepted must be scientific and best decided by SMC.

The benefits of Aesthetic Medicine lies in its positive psychological impact

In their judgement, the court stated that Aesthetic Medicine does not treat any pre-existing disease and is different from conventional Medicine. Aesthetic Medicine usually comprises elective procedures which aim to diminish negative attention and/or increase positive attention from others. The benefit is for overall well-being and self-esteem, and may defer or prevent natural effects of ageing. The psychological aspects take centre stage. Safety and efficacy in achieving its desired effects or benefit takes primary importance.

Fees in aesthetic practice needs more precise guidelines

The October 2008 Guidelines on Aesthetic Practice for Doctors advise:

P19. The patients must not be charged highly profitable fees for such procedures of low-evidence, but a fair fee representing the cost of the procedures plus the cost of providing and administering them.

The court felt that "the injunction to doctors that they must not charge 'highly profitable fees' for low evidence-based procedures is, in our view, an unsatisfactorily vague measure of ethical or professional conduct. The fact that this area of practice may prove to be lucrative for certain medical practitioners should not be the basis for professional disapproval.

"Self-esteem and contentment in having physical beauty and grace cannot be measured in monetary terms. With an increasingly affluent and aging population, the demand for aesthetic medicine will continue to grow. Hence, if the SMC desires to regulate the proper charging of aesthetic services, it should come up with some better and more precise guidelines on permissible charging and full disclosure in relation to specific types of low evidence-based procedures."

SMC should focus on quackery and harm to patients in aesthetic practice

The court commented that where there is low scientific evidence in an aesthetic practice, with full disclosure to

the patient about the lack of clinical validity and informed consent, it would be difficult to argue that such treatments would not be better administered by doctors as compared to beauticians: "In the practice of aesthetic medicine, the primary concern of the SMC must be that there should be no quackery that could cause harm to patients."

Conclusion

The High Court's judgement seems to confirm that Aesthetic Medicine is an accepted part of medical practice, which society expects doctors to be actively involved in. It differentiates conventional therapeutic Medicine from Aesthetic Medicine with regard to its benefits and outcome. It implies that the standards of acceptability of treatments in Aesthetic Medicine should have a scientific basis but the evidence of assessing its scientific value and outcome has to be different from therapeutic medicine.

Aesthetic Medicine is still a thorny and controversial professional issue today. Its unregulated development, driven by industry, products and devices, is akin to kicking the can down the road rather than dealing with it as an important issue of professional governance. There is no doubt it is time to review and update the Guidelines on Aesthetic Practice for Doctors, which was last updated in October 2008.

There is a clear need to redefine the knowledge, skills, training, test of competence and certification in Aesthetic Medicine. Practitioners in Aesthetic Medicine and departments of Aesthetic Medicine in public hospitals must be committed to scientific study, publications of evidence and outcomes in peer reviewed journals.

Only by professionalising the field of aesthetic practice and promoting its regulated development will both the interest of the public and the profession be served. **SMA**

References

1. Singapore High Court. *Low Chai Ling v SMC* [2012] SGHC 191. Available at: <http://www.singaporelawwatch.sg/slw/judgmentsnews/14133-low-chai-ling-v-singapore-medical-council-2012-sghc-191.html>. Accessed 1 December 2012.
2. Academy of Medicine, Singapore, College of Family Physicians, Singapore and Singapore Medical Council. *Guidelines on Aesthetic Practice for Doctors*. Available at: http://www.healthprofessionals.gov.sg/content/hprof/smc/en/topnav/guidelines/guidelines_on_aesthetic_practices.html. Accessed 1 December 2012.



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