



Response to AHPRA’s Public Consultation on the Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures

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Submitted to: Australian Health Practitioner Regulation Agency
National Boards

I would like to thank the Australian Health Practitioner Regulation Agency and National Boards for the opportunity to respond to the *Public Consultation on the Regulation of health practitioners who perform and who advertise non-surgical cosmetic procedures*. My comments and suggestions on the three draft guidelines are motivated by my research on the ethics of cosmetic surgery.^{1,2} My research focuses on the tendency of cosmetic surgery practices to pathologise unattractive features to the extent that they frame features from of injury or disease as deformities that require surgical interventions.

I welcome the current efforts to ensure both the benefits and risks of non-surgical cosmetic procedures are clearly articulated in advertising and practice. I draw the agency’s attention to three issues that need to be addressed in the guidelines:

1. I understand that the definition of cosmetic procedures are drawn from existing guidelines. However, the definition that first appears on p. 17 is problematic. I refer to the statement “Surgical and non-surgical cosmetic procedures may be clinically justified if it involves the restoration, correction or improvement in the shape and appearance of body structures that are defective or damaged at birth or by injury, disease, growth or development for either functional or psychological reasons.” The definition collapses the distinction between reconstructive and cosmetic procedures. The implication of this statement is that it renders the phrase “cosmetic purposes” (see 4.2. in p. 19) confusing. The phrase cosmetic purposes implies that there is no clinical justification for the procedure other than improving one’s appearance.
2. Practitioners should have access to training in basic screening or preliminary assessment of individuals with body dysmorphia or other type of psychological conditions that impact on their ability to evaluate their appearance.

¹ Aquino, Y. S. J. (2020). Is ugliness a pathology? An ethical critique of the therapeuticalization of cosmetic surgery. *Bioethics*, 34(4), 431-441.

² Aquino, Y. S. J. (2022). Pathologising Ugliness: A conceptual analysis of the naturalist and normativist claims in ‘aesthetic pathology’. *Journal of Medicine and Philosophy*(6).

3. For items that cover use of photographs or videos, the guidelines should clarify that the guideline includes photographs and images of body parts that may not be directly identifiable. For example, some images may just include the mouth or the nose, and not the whole face. There is a risk that some practitioners may assume there is no need to seek consent if the images are not identifiable.
4. In using images for advertising purposes, the guidelines should include an item on the use of artificial intelligence (AI) tools. Publicly available AI tools could generate images based on prompts. Similar to heavily edited images, AI-generated images is an example of false advertisement and could create unrealistic expectations.

Thank you for considering my comments and suggestions. I have attached the template for responding to consultation questions.

Sincerely,

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