

Episode 9 Transcript

Topic: Peace by Piece: Legal Regulation of Cosmetic Procedures

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Guest: Professor Jean McHale

Transcript has been edited for clarity.

00:01

Welcome to Mason Institute Investigates, a podcast series produced by the Mason Institute, funded by the Edinburgh Law School. In each episode we investigate current national and global issues involving ethics, law and policy in health, medicine, and life sciences.

00:19 Leyla

Hello and welcome back to another episode on Mason Institute Investigates. I'm Leyla Noury and today I'm joined by Professor McHale from the University of Birmingham to talk about her work on the legal regulation of cosmetic procedures. Welcome to the podcast and thank you so much for joining me today.

00:37 Professor McHale

Thanks very much for inviting me.

00:39 Leyla

Would you like to introduce yourself and tell us what interested you about the legal regulation of cosmetic procedures?

00:45 Professor McHale

Thanks very much. So, I'm a healthcare lawyer here at the University of Birmingham and I'm director of the Centre of Health Law, Science and Policy. So, I began working in this area really with my colleague, Dr Melanie Latham of Manchester Metropolitan University a few years back, and what really, I think, sort of triggered our engagement in here was the fact that we found really interesting the fact that it was something, which while becoming increasingly

prevalent, was of course potentially a very risky activity. It was something increasingly being seen as normalised, but there were, just wasn't really much engagement really, relatively with the legal and ethical issues and the regulatory challenges compared with many other areas of health law. And we wanted to really delve into the nature of those challenges and the way in which they really should be addressed.

01:35 Leyla

So cosmetic procedures are often thought of as being plastic surgery, but I understand that there is a difference. Could you explain what the difference is?

01:43 Professor McHale

Yes, absolutely. Well, first of all, plastic surgery itself is something that goes back a very, very long way. I mean, the term itself doesn't refer literally to plastic, the product. This comes from ancient Greek and the term *plastikas*, which means moulding or sculpturing the body. Plastic surgery is surgery normally undertaken, for example, after physical injury, an example would be, say, facial reconstruction, after serious burns. It's surgery that's medically therapeutically needed. It's with the aim of physical reconstruction or the alleviation of psychological symptoms. Cosmetic surgery is something which is often regarded as treatments which would break the skin, require an anaesthetic, but would otherwise be considered as "non-therapeutic". But of course, the lines really in terms of this are blurred in very many ways, with the argument that today cosmetic procedures can indeed be seen as therapeutic and also improve well-being. Because the term really plastic surgery, it did really come first and in fact there is some, again, research that indicates that this goes back a very, very long way indeed. The first rhinoplasty is traced to India, for example, 750-780 BC. It's much later you got the books on plastic surgery, notable ones, Edwards Zeis' book say in 1838. And of course, very famously, the development of plastic surgery through Harold Gillies and his work during the First World War. But as I said, this cosmetic surgery development and the way in which it's labelled and looked at, is actually sort of much later in time.

03:10 Leyla

So historically, it seems that the target group of cosmetic procedures were wealthy, older women and you could only get these procedures done in specialist clinics. But now we're

seeing cosmetic procedures being done everywhere, and it's not just all the women having these procedures, but younger women and men as well. Why are cosmetic procedures on the rise, and what are the ethical issues associated with this?

03:33 Professor McHale

Well, I think there's a range of things here, aren't there? I mean, first of all, there is that question really of, what we look at as cosmetic procedures today, as opposed to, for example, cosmetic surgery. And cosmetic procedures itself go beyond the eyelid surgery, or the facelifts, or the tummy tucks, or whatever. There are also other procedures as you're indicating like the dermal fillers, the laser treatments, the Botox, and the skin peels and so on, that operate really in this sort of area.

And why those specifically, are these actually on the rise? Well, on the one hand, again, this is a tricky one because there's been effectively, of course, the pressure "to look good" right the way through history itself, and people trying to amend their appearance to be seen as more attractive perhaps; for relationship purposes or employment purposes, or just generally holding back the ageing process, isn't a new phenomenon. This goes back right the way through time. One of the things indeed in terms of, say, the cosmetic surgery procedures, was you take, say back in the 1920s; the French cosmetics surgeon, so Suzanne Noel, was recorded as undertaking surgery on a waitress so that she could actually remain employed. Otherwise, she was concerned that basically she was going to lose her job because she looked too old. But why are they precisely on the rise today, this is a difficult question precisely to pin down.

First of all, there is a question really potentially a lessening of the "stigma" around it and in the past, facelifts would be undertaken in discrete clinics, et cetera, and individuals wouldn't necessarily want to admit to having, sort of, work done. And of course, even today, there are those in the public eye who resolutely maintain, you know, that their youthful image and appearance is entirely down to healthy lifestyle or good genes, whereas perhaps that might not always be the case.

But what's been, I think particularly noticeable, is that these procedures well, certainly many non-surgical procedures, have gone mainstream over the last decade. This isn't just the sort of the provenance of Harley Street, but it's the High Street. It's from hair salons to the dental

surgeries. So, part of this as well is, and it's an interesting question really over whether it's demand driving availability, or availability itself on the High Street and other things actually facilitating, you know, increased demand because it's much easier to get.

Also, there is the impact here of broader questions of the appearance aesthetics, which are themselves affected by social media, the rise of influencers and this also can be seen in terms of the increased pressure on the young, and this has been highlighted over the last decade as a potential group for this. But perhaps also, is the enhanced being seen therefore as desirable or normal? I mean, there has been also an increase in procedures, so, this isn't just the case of women, also in the case of men, and in both cases, it can also be related to things such as employment as well. Being able to hold down your job in a particular type of workplace. It isn't just the problems again, of, as we suggested, perhaps in the start of, you know, wealthy older women or those people, necessarily on media.

In terms of the ethical issues, there are a number of ethical questions, challenges, dilemmas really, that underpin this area. First is that, is this something which should be just simply seen as a matter of individual autonomy, that people having treatments themselves are, they're making their own choices itself? And therefore, the state itself should really not be actually that much concerned with this, or is this perhaps not as much of an informed choice as you might think?

And there are different ethical perspectives on this I mean, if you look at the work of Kathy Davis and others, about the extent to which some of the cosmetic procedure and surgery practises can be seen as being constructed essentially as this part of the culture of regarding the female body effectively as deficient. Which is why people are, undertaking this sort of procedure itself. And also, coming from feminist ethics, the effect of this culture on women to conform to a very specific aesthetic which in itself could negate consent or a work of show in others. Or as Bartky said about you know, the gaze of panoptical male connoisseur, that women are responding effectively to that. And you know, this could be seen potentially as coercion. Again, Pauline Morgan's work and technology making youth and beauty obligatory; coercion camouflaged by the language of choice and fulfilment and liberation itself. And there's more broad question too, the extent to which the individuals can give consent and the information given to them, as Heather Widdows has pointed out, you know her book, Perfect

Me. At the same time, some more liberal feminists and seeing the work of Kathy Davis and others, would argue perhaps, that this could also be seen in terms of women themselves enhancing their own autonomy by fulfilling their own needs and designs in relation to the body itself. And there's a broader question of, is this a feminist response to women's experience in this sort of situation too? So cultural critiques and then broader questions of agency really and autonomous decision making too.

But also, I mean, is this ethically justified because it comes under the principle of beneficence? Is this fulfilling that broader, more complete sense of health as in the World Health Organisation's terms, you know, complete physical, mental, and social well-being? Is this looking better equals feeling better? Could it be seen as healing psychologically? And in terms of improved self-esteem for somebody as well? At the same time, there are other ethical principles here too, and this, of course, ultimately should underpin where we go in terms of regulation really, about the precedent of non-maleficence and do no harm really. And to what extent cosmetic procedures again, can therefore be seen as harms. We've seen this really in terms of physical harms; potential psychological harms, if they can go wrong. And those can of course be very grave. There's also that broader question, though, of is it a harm the fact that the procedures exist and the way in which we're then conceptualizing appearance itself and the very existence of procedures triggering dissatisfaction in appearance too?

There is as well, the question of whether this will impact on questions of equality and discrimination. And there is a literature around this, raising concerns about the worrying interface between the use of cosmetic procedures, and issues of discrimination. Work done in the past in the United States, issues raised by Orlando Row about the use of cosmetic surgery by individuals with Irish or Jewish ancestry who wanted to "look more American". So procedures being taken on by people to try and avoid being discriminated against, which of course is a very concerning use of such procedures. And again, the work of Buetow and Wallis and others who've been seen as arguing that there is a danger of some forms of cosmetic medicines and cosmetic procedures, whether it's upper eyelid surgery or skin whitening, could be seen in terms of effectively a means of "cleansing and purifying racial stereotypes", and being so fundamentally problematic as a result of that. So there's an uneasy, very difficult relationship here between cosmetic procedures in some situations and whether those may

perpetuate discriminatory attitudes and societies, individuals feel that the only way to avoid discrimination is to have cosmetic procedures themselves.

There are broader questions of cost, of course, and we have the NHS in the UK, if people of course have procedures and they go wrong if it's undertaken in the private sector, then the NHS itself may end up having quite a large bill to pick up those procedures too. Again, there's the challenging debates around ethical questions in relation to justice. I mean Heather Widdows and her really fascinating book: *Perfect Me*, argues that the question of the beauty ideal has been an ethical ideal and ethical imperative, providing a value framework against which people judge themselves as other good and bad, and setting long-term goals to aspire to. And that this beauty ideal, as she suggests, is constructing meaning and identity. And that failure to meet such an ideal, as she says, invokes shame and disgust and she's saying by no means promising the goods of a good life.

And this raises other issues, because if beauty is seen as societal terms as an ethical imperative, then should indeed society itself enable these procedures? So if those individuals that decide that they are not perfect in the way they want to be, should society be seen as having obligation to correct that situation? And indeed, specifically fund biomedical interventions in these types of situations? And there's the debates really as to whether again, healthcare and healthcare justice should be in Norman Daniel's terms, restoration of normal function, or should this be something like enhancement? And really what are the boundaries around that?

12:22 Leyla

So cosmetic procedures are on the rise. They have a lot of demand and essentially these procedures can be done by anyone with a certificate. Could you briefly touch on how cosmetic procedures are currently regulated in the UK?

12:34 Professor McHale

Cosmetic procedures themselves are part of something which is business. This is a very, very big business. There were reports in 2020 of estimates that the cosmetic surgery market in the UK was worth £3.6 billion and non-surgical procedures were worth £2.75 billion. Now if things go wrong though, in this really big business, there can be very, very grave

consequences. I mean, there are, there's some very, very difficult cases, I mean Leah Cambridge, a case reported in 2018. I mean, she'd gone to Turkey actually, for what was known as a Brazilian butt lift; a very controversial and dangerous procedure whereby fat is removed from one part of the body and placed in the buttocks. And those complications from this can be pulmonary embolisms, fat necrosis, abscesses, and so on. I mean, Leah, very sadly, tragically died during this procedure due to an embolism. Other very high-profile examples of problems that have occurred, the supermodel Linda Evangelista, and she'd suffered an adverse reaction to a fat reduction process, body contouring and this is using very cold temperatures, with the aim of reducing the fat deposits in certain parts of the body. But of course, in her case, rather than actually reducing the fat, it increased the fat cells, and she said it had left her unrecognisable. You know, this side effect actually, which is very rare, but the serious side effect of this treatments that at times, that fat cells in the area actually grow larger rather than actually growing smaller. Now she brought an action against the company behind the procedure, which was ultimately settled last year. But she'd had couple of unsuccessful surgical procedures attempt to correct the procedures in question as well.

This is one of the effectively really one of the challenges here, because there is no single piece of legislation, for example, that's actually regulating this area as a whole. There isn't a single comprehensive system. It's really, really very piece meal and it's drawn across, so standard principles of criminal law and of civil law. For example, one of the notable prosecutions of Ozan Melin, who was prosecuted under Section 20 of the Offences Against the Person Act, for administering fake Botox injections while holding himself out to be medically trained. His actions led to his clients suffering bruising, permanent sinus problems, drooping brows and so on. The civil law requirements in relation to, of course, informed consent and the increasing emphasis on autonomy in medical procedures themselves as supposed to, you know Montgomery and Lanarkshire and how that sort of translates out in terms of cosmetic procedures.

Also, the regulation of the area concerns the actual products themselves which are being administered, or indeed the lack of effectiveness of regulation of those have been controversy over what, for example, has constituted a medicinal product, and what also comes under those things which would be regulated under medical products generally. And there's a major question here which relate for example, to the controversy over things such as breast implants

and their broad safety. So, you're dealing with Product Safety Questions as well that apply in this sort of situation. So that's the sort of backdrop to the general regulation in the area, but as well there is some degrees now, some more specific regulation that's come in and this is partly to do with the concerns around the lack of effective regulation, what in the past has been suggested effectively as almost the Wild West, in relation to the ineffective controls on administration of Botox and fillers and who they could be administered to.

Now as a result of this, there's been more specific moves towards regulation actually in this area, and this is applied really into two things. First, in the form of regulation in relation to the licencing of cosmetic procedures, and also regulation in relation to the administration of Botox etc concerning children. Now the debates around licencing etc, have been on the table for a while and the suggestion is that non-surgical cosmetic procedures; the administration of Botox, other non-surgical procedures, will be as well subject to licencing and that's come in as the consequence of the Health and Care Act in 2022 in England. Now the interesting question is that this is introducing a licencing process for this. The broader question will be as to how this actually then operates in practice. There is going to be consultation as to how this legislation will be implemented, you know going ahead, but one of the issues here is the stress that's being put on the role of local authorities for regulation and for undertaking licencing processes and essentially checking up on practitioners around this. Now, that's not to say that licencing is a bad thing at all, or of practitioners, or of premises in which they're undertaking this, it's a very good thing, but there are concerns about whether it's local authorities that are the most effective place to situate the regulation of this sort of process itself. Not least because there is a broader question of whether local authorities will actually have the budget to do this in terms of effectively, you know, checking up on what's going on actually on the ground as well. So, we're waiting for the consultation documents to be produced by the government and it will be interesting to see where that goes.

But in addition to that, there is now also specific statutory regulation in the form of the Botulinum Toxin and Cosmetic Fillers Act. So, the Botox and Cosmetic Fillers Children's Act in 2021 and this piece of legislation was driven by concerns expressed in Parliament as to the fact that persons under 18 were a particular group that were likely to take up the prospect of Botox and fillers, and again the concerns around the impact of social media in this situation. And of course, if you're talking about teenagers, you're talking about a very, very different

demographic from, as you were saying earlier, you know, the wealthy, older women wanting cosmetic surgery itself. So, the 2021 Act now makes it an offence to administer certain substances to a child, so Botox and fillers for cosmetic purposes, when persons are under the age of 18, is now specifically made an offence under the legislation itself. And it's also an offence for that person to in the course of their business, to let somebody then administers Botox and fillers as part of their business itself even if they're not doing it specifically.

So that this again has been driven by that precise rise in perceived rising and concerns about this. And it relates more generally as well to I think very much concerns about the broader harms that individuals may receive as a result of cosmetic procedures, not just in the form of direct physical harm if the procedures go ahead, but also more broadly about questions of identity and appearance concerns generally, and psychological pressures on young people that are seen as the backdrop to this. So that you've got sort of regulation in this sort of area too, but it's all sort of you know I said it's piecemeal. I mean cosmetic surgery itself is something where there has been quite a long debate over its legality as well and not all surgical procedures of course, or all procedures themselves necessarily are lawful, you can't inflict harm however grave on somebody. However, there's been a medical exception in domestic law for a long time so that individuals can consent to procedures, surgery, other treatment itself, because otherwise that infliction of harm would be unlawful. But there is a, and there has been a long debate over the extent to which non-therapeutic consumer orientated cosmetic surgery lies outside the realms of medicine and that is still really a real subject of debate really or if procedures are unlawful, if there are medical procedures undertaken for a non-medical reason after the case of *R v BM* as well.

20:41 Leyla

So you also mentioned *Montgomery versus Lanarkshire*, a key case around consent in healthcare and there's a particular aspect of the law that you explore in your book and that is where autonomy and legality meet. We know that in general, medical procedures are an exception in the criminal law due to the presence of consent, but to what extent are cosmetic procedures an exception to this and what are some of the specific issues with consent in cosmetic procedures?

21:04 Professor McHale

Sure. Well, first of all, I mean there is the extent to which cosmetic procedures are or have, in the past as a whole, been treated in a different way for consent purposes than one would treat standard medical procedures, and that relates to questions of the way in which information is provided. It relates to broader questions of documentation so on. And this is something which is indeed of concern to some of the people, practitioners, etc, actually in the area.

So, the first question really is, how is information conveyed and the way it's conveyed? There's also the question of the extent to which, decisions are being made, which are voluntary decisions, and how one is consenting. But it does come down to as I said whether cosmetic procedures themselves are proper medical treatment. And it has been the case, from the Attorney General's Reference No 6 of 1980 and *R v Brown*, that consent itself is read in the context of surgical procedures would be a defence to what otherwise would be an assault there. One of the problems is that the law itself, concerning what you can and what you can't consent to, is still a matter. Common law again, this has not been codified. The Law Commission looked at in the 1990s, but it hasn't actually been taken forward. I mean, Griffiths and Mullock in 2017, again suggested that non-therapeutic consumer orientated surgery could lie outside the realms of medicine and lawful practises in this sort of surgery. It could therefore potentially be questions as the extent to which it falls within it. Others would argue that cosmetic surgery would still actually fall within it, as such. One of the things about the *BM* case I think is quite interesting, is that the issues were something a medical procedure essentially. If it's performed for a medical reason itself, of course a lot of cosmetic procedures aren't necessarily performed for a medical reason at all. What you would see is a general medical reason. And I think that then begs the question of what is a therapeutic procedure and what is a non-therapeutic procedure? Some people would say a cosmetic procedure is therapeutic, it improves their quality of life. So those issues really are still out there and they're still not absolutely, totally resolved. And this is where a piece of legislation clarifying the boundaries of consent otherwise would be very helpful.

23:16 Leyla

So in the last part of your book, you explore different regulatory models in three other countries, Brazil, France and the US. What were the striking features that you observed in these three countries?

23:28 Professor McHale

Sure, absolutely. Well, these are all nations where, you know, a lot of cosmetic procedures are performed. They're some of the biggest markets essentially really around this area. And in the United States, I think one of the interesting things as well there, are the sort of tensions between attempts to try and regulate and the potential problems in essentially trying to do that. Part of it as well, is that the United States is not a single entity for this purpose, that there are varying degrees and different approaches that are taken across states themselves. There are differences in the level of training for those undertaking cosmetic procedures and again, there's a lack of effective regulation of terms such as plastic surgeons for instance. Some states have got more specific regulation in particular areas, and some of this again is I think, quite interesting in terms of drawing lessons for going forward in terms of the requirements of taking medical histories, physical examinations and so on, in relation to elective cosmetic surgeries themselves. But the sanctions really around this were really those of professional discipline. Unless you were, you know, again litigating. There has been a degree of tightening of restrictions over time there, and they've been seeing the need for actually controlling who runs clinics, who undertakes inspection of surgical centres and so on. But there was still, and has been still a rise in malpractice cases, despite those attempts actually to tighten things up.

Some states, though, have also specifically again, tried to tighten the regulation of things like Botox and fillers. I mean, Florida's putting procedures in place, requiring that those to be administered by licenced medical practitioners or under their supervision by nurses or physician assistants, and so on. So it's a piecemeal illustration of it, and in some ways it shows, and I think across the States, has been the sort of the struggle between the rise in this big business, and it is a big business, and essentially regulators trying to sort of keep up with this and also recognising the problems of this being of different approaches and being taken across borders and of course practitioners may decide to move across borders as well.

So, Brazil, the second largest provider of cosmetic procedures and it's one where culturally it's very, very interesting. There's been a lot of work done by anthropologists such as Edmonds on it. A lot of cultural pressures on women to have cosmetic procedures in Brazil. While at the same time so there's a massive growth of this. Yes, there are degrees of regulation of practitioners. Yes, there are codes of practise. But this is again largely through professional bodies. There's lack of comprehensive regulation. And there are ongoing concerns, really, about the lack of clarity information that, you know, that's given to consumers. Some of these things resonate across jurisdictions.

I mean, France is they're really interesting, also because this is a jurisdiction where there's the last 20 years, there's been legislation targeting specifically cosmetic surgery in the couture law and this itself make it including regulations, including things such as requirements about informed consent. So, the informed consent requirements are things like a 15-day cooling off periods. Tight restrictions on advertising with licences of clinics being able to be withdrawn. If the practitioners' establishments were licenced, though there have been attempts effectively to try and get around this through, websites and other marketing strategies. But surgeons needing to be licenced, premises needed to be licenced. But also, regulation of non-invasive cosmetic procedures. So, they've tightened it up considerably there certainly compared with UK. Restricting Botox injections to surgeons, dermatologists, ophthalmologists, neurologists and so on. And dermal fillers to cosmetic surgeons, dermatologists, and clinicians who've actually had specialist training. So I mean the French example I think is interesting, as I said, because they saw the rise in cosmetic procedures, but they also saw this as something which needed to be targeted through effective regulatory responses over a reasonable period of time now.

27:16 Leyla

So, we've mentioned the piecemeal nature of the current legislation in the UK, but also issues with implementing regulation nationwide and locally other issues around consent, but also what we can observe from other countries. Taking all of that into account, what changes do you think needs to happen in the current legal and regulatory framework to address these issues?

27:37 Professor McHale

This is an area where there's been calls over a very long period of time for reform of the law in the area and for the need for this to be tightened up. We've got now the provisions in place concerning the licencing of certain forms of cosmetic procedures, which obviously are non-surgical. We've also got the provisions concerning the administration of Botox and fillers to persons under the age of 18. And there has been a drive as well amongst the professions to try and take forward regulation in addition to the legal structures I mentioned, broad areas of law in this area.

Also, there is the factor of there are professional regulatory bodies that are potentially increasingly vocal really in this area. You've got of course, some of these regulations going on, through the role of the professional regulatory bodies such as General Medical Council, the Royal College of Surgeons and others in producing guidance. But what there isn't though, is there is no statutory requirement for regulation of practitioners in this area as such. There are practitioner registers that are in existence, and those apply in relation to the persons undertaking cosmetic procedures, and those have been evolving over really the last few years.

Now there are two main professional registers, one operated by an organisation called Safe Face and the other by the JCCP, the Joint Council of Cosmetic Practitioners. And you know, Safe Face in fact has been, all the organisations, behind pushing for legislation in relation to the, you know, Children and Botox and fillers for instance. Essentially individuals who are working in the area of cosmetic procedures at the moment, they can be registered under safe Face or the JCCP. And these all are bodies accredited by the Professional Standards Authority for Health and Social Care, and they also have agreements with other professional bodies such as the GMC and things like this as well. And there's voluntary registers and there are codes of practice, the Cosmetic Standards Practise Authority itself and that's an expert group of specialists; they do have patient and public representation, and they're setting standards for non-surgical cosmetic procedures. So, there's been work going on already, but there's no statutory requirement for practitioners to be, at the moment, registered with those bodies themselves. The new procedures under the Health and Care Act will require individuals to be licenced, but that doesn't really totally again solve this problem.

And as well is that we've got the broader question of what can be consented to and what can't be consented to, with what the broader debates of inclusion of those who are under 18 and those lacking capacity. We've got questions over the need to regulate advertising. There's been degrees of guidance produced for advertising bodies, but there's an argument that things should go further.

So what Melanie Latham and I in terms of our work in the area have suggested that really, there needs to be more comprehensive legislation. And a specific statute regulating cosmetic procedures, both surgical and non-surgical. I mean the sorts of model potentially could be the types of regulatory structures employed by say, the Human Fertilisation Embryology Act 1990; the Human Tissue Act; a statutory regulatory body providing oversight with an independent chair and so on, and relevant administrative support. also providing and taking forward that the approach is taken on licencing for practitioners and premises more broadly than has been taken so far as well; but centrally regulated, not left to local authorities, and with more broad oversight over this whole area. And to build on the existing work in terms of regulation of practitioners that's been undertaken by the Joint Council on Cosmetic Procedures and Save Face and others, and place this on a very specific statutory footing in this area as well. Also to look at the whole area of consent; that need for a cooling off period, is interesting, and the Health and Social Care Select Committee and a recent review and report on body images, was looking at a 48 hour cooling off period for non-surgical procedures and of course we've seen in France cosmetic surgery they require 15 days. There certainly does, we suggest need to be a broader approach taken to a cooling off period being built in. There needs to be a code of practice. We need to look at the position of concerning of those under 18 and also as well, persons lacking mental capacity in in this context. And there are broader questions too, I mean, the question of the impact of, say, social media on this is of course a concern. It relates to the emphasising question. It's something that needs to really be taken forward.

So those things sort of things that we suggest would be very valuable. But also, this has to be recognised, that we're regulating a consumer business, you know that we're not regulating effectively patients in that way. And that affects the dynamic, but it also affects the way in which the regulation is structured as well. It doesn't mean though, that regulating on a single jurisdictional basis in this way will necessarily solve everything. The "good practitioners", those people are committed to standards and regulation will be involved anyway. There will always

be to potentially try and bypass that, there's always the risk of that, of course. But also, we can regulate things at domestic level, but there are also the challenges with the EasyJet factor as well or the Eurostar factor when involved with people as well going elsewhere for treatment. Well, if things go wrong in different jurisdictions and their standards are not then aligned with an improved you know system, than in this country, this then is a potential issue as well because there's only so much effectively, we can ultimately do.

33:02 Leyla

I think that's a good place there in this episode. This was a very interesting discussion of your work on the regulation of cosmetic procedures. Professor McHale and Doctor Latham have also written a book called the Regulation of Cosmetic Procedure Legal, ethical and practical challenges, which I will share a link to in the show notes. Thank you very much for coming on to the podcast, Professor McHale.

33:22 Professor McHale

Thanks very much indeed. I've enjoyed it. Thank you.

33:27

Thank you for listening to today's podcast, we hope that you enjoyed it. For further information, check out the links in the show notes of this episode. If you are interested in contributing to the podcast, we want to hear from you. Get in touch through social media or by emailing us. See you next time.