

Ms Sally Taber
Independent Healthcare Advisory Services
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11 June 2008

Dear Sally

Draft Standards for Injectable Cosmetic Treatments

You will recall that I have been working with Peter Walsh of AvMA in relation to the Draft Standards, and this letter is our joint response to your most recent email.

We are writing specifically in relation to clause 1.3 which provides:

'Patients receive a verbal explanation of any potential risks, side effects and/or complications from the proposed treatment at the time of their consultation and are provided with written information to take away which explains the risks and complications.'

We have mentioned previously that we are pleased that there has been inclusion of a requirement relating to the provision of information regarding risks and side-effects. However, we are concerned that the present draft does not provide an appropriate level of protection for patients and does not give sufficient guidance to practitioners. Our concerns are as follows:

- 1 There is still no reference to standardisation or quality assurance of the information that should be provided in relation to risks and side effects. This is crucial if the scheme is to have credibility. We suggest adding the following sentence: 'A written explanation of the risks, side effects and/or complications is to be agreed by the stakeholders.'
- 2 The word 'any' in the present draft should be construed widely or replaced with 'all'. I have previously suggested that undergoing any voluntary, cosmetic procedure for which there is no clinical basis is fundamentally different to medical procedures which are either necessary or from which the patient will benefit clinically. This should be reflected in the extent of the duty to provide information on risks and side effects. The delicate balance between evaluating the risks and benefits of medical procedures that are necessary or from which the patient will benefit is clearly different to the balance where the only benefit is cosmetic.
- 3 The timing is problematic. Practitioners may interpret the present draft as permitting a cursory verbal overview of the risks and side effects, whilst relying on the consumer to read the written explanation later. It should be incumbent on the practitioner to go through the written explanation with the patient at the consultation.

Secondly, the draft assumes that there is more than one consultation before the injectables are given. However, in reality, consumers may make appointments *for* botox or *for* fillers etc and the 'consultation' will be provided immediately before treatment is given. If so, the opportunity for the consumer to consider the written explanation and ask any questions is lost.

We suggest the following amendment:

'Patients be provided with a copy of the written standardised information explaining all potential risks, side effects and/or complications, and be given a verbal explanation of the contents at an initial consultation. A second consultation with the treating professional should be held before consent to treatment is obtained, to allow the patient to seek any further information or explanations.'

We would welcome a meeting with you, Andrew, and any other interested parties to discuss the above. Jenny Driscoll of Which? has expressed an interest to be involved in any such meeting. Whilst I am based at Charles Russell solicitors, I can be contacted via the AvMA office at the address below.

Yours sincerely

Edwina Rawson

Edwina Rawson
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