COMMENTARY

Regulation of the beauty industry

The recent DR Beauty Chain incident has aroused public attention to the existing chaos concerning the regulation of the cosmetic industry with an outcry for reform of the law. The term "cosmetic interventions" has been defined as "operations or other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider to be within the broad range of normal for that person".[1]

The ultimate aim of any reform is patient safety. Hong Kong is not unique in terms of the need for such enhancement, and lessons may well be learned from developments in other jurisdictions. Pertinent measures would need to target relevant practitioners, the procedures they perform, the medications and devices they use, involved institutions, and consumer education.

In England, the Care Standards Act 2000 requires all practitioners who work in private to have undertaken specialist training relevant to the procedures they performed, but exempted those already in such practice before April 2002. A salient development was the establishment of the Care Quality Commission (CQC) and its registration system for care facilities under the Health and Social Care Act 2008. The CQC acts as an independent regulator that ensures relevant care meets national standards of quality and safety (that are published), undertakes regular inspections, and has enforcement powers. Another development was the launch of a Department of Health–endorsed voluntary register for patient information referred to as "Treatments You Can Trust" for institutions providing injectables. Once again, registration was based upon conformity to imposed safety standards. The Department of Health has recently reviewed the situation.[1]

The Singapore Medical Council (SMC) established guidelines on aesthetic practices in 2008,[2,3] which encompassed four salient features. These were: (1) classification of interventions into categories according to their complexity and efficacy; (2) definition of the required qualifications and experience of doctors who perform specific interventions; (3) stipulation of venues at which such procedures could be performed; and (4) provision of a list (list B) of procedures which are only allowed on a research basis. The minimal requirement for any aesthetic intervention was a licensed doctor. Doctors who do not have sufficient experience must get SMC approval if they wish to carry out the procedures.

The French Decree 2005-776 is a comprehensive framework aiming to secure a sufficient level of safety for patients having plastic surgery.[4,5] According to this decree, surgical acts "must only be performed by surgeons of the required speciality or competence", for which merely being a doctor and claiming to have clinical experience could not be considered as adequate. Purely aesthetic surgical acts had to be performed by plastic surgeons only. As regards the premises, plastic surgery could only be performed in duly authorised establishments, assessment being based on factors such as quality and safety. A notable prescription in terms of patient protection is found in Decree 2005-777, which stipulates an obligatory minimum 15-day reflection period for cooling off between any cost estimate delivery and the intervention. All forms of publicity and advertising, direct or indirect, including the Internet, were prohibited.

Regulations in the United States vary, depending on individual states.[6] Medical laser devices however, are considered prescription items, available for sale only to licensed practitioners. The Florida and Kentucky Boards of Medicine, for example, have determined that the use of lasers and light devices be considered part of the practice of medicine. Physician assistants trained in the delivery of medical laser treatment under supervision are nevertheless recognised. Generally there is also a strong emphasis on public education when it comes to selecting a properly qualified specialist.

In China, Order No. 19 on Managing Medical Aesthetic Services[7] was promulgated by the Ministry of Health as early as 2002. This provided definitions for "medical aesthetics", "institutions providing medical aesthetics", and the approval and registration process for such institutions. It mandated specific personnel qualifications and stipulated the scope of services allowed. Standards were also set out (Order No. [2002] 103) for institutions and departments providing medical aesthetic treatment.[8] Interventions were placed in four categories according to increasing technical complexity and risk, with a listing of actual procedures under each of the four categories (Notice to the Categorized Management of Medical Aesthetic Procedures 2009[9]). The Notice also clearly stipulated the necessary setup and eligibility criteria for different categories of institutions dealing with the different categories of procedures.

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Answers to CME Programme
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I. The CEPHEUS Pan-Asian survey: high low-density lipoprotein cholesterol goal attainment rate among hypercholesterolaemic patients undergoing lipid-lowering treatment in a Hong Kong regional centre

A	1. True	2. False	3. True	4. True	5. False
B	1. True	2. True	3. True	4. True	5. False

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II. Gastroesophageal reflux disease in children

A	1. True	2. True	3. False	4. False	5. False
B	1. True	2. True	3. False	4. True	5. True
C	1. True	2. True	3. False	4. True	5. False
D	1. True	2. False	3. True	4. True	5. True