

Beauty parlour deaths and the medical profession

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The beauty industry has an intimate relationship with the aesthetic surgery business. Understandably, there are elements in common between the two entities. It is evident that there is a growing tendency for the beauty industry to incorporate medical personnel and technologies into its armamentarium to enhance its profitisation. Innocent clients fall victim to insufficiently regulated practices and this presents a difficult situation for governmental medical regulatory bodies to manage in most advanced countries. Recently, the society of Hong Kong was awakened with a shock by a death at the hands of a medical practitioner administering a contaminated homemade blood preparation to a patient for the purpose of rejuvenating her appearance.¹ Another recent occurrence concerned another practitioner performing liposuction on a client that resulted in death on table.² These instances highlight the problem of registered medical practitioners without recognised, relevant training in plastic surgery administering potentially high-risk treatments in ambulatory facilities not subject to regulation.

It is obvious that, to address the issues adequately, each and every aspect of the problem must be tackled. Government intervention, as commonly asked for, is perhaps just one facet of the answer.

Let us start with the profession itself. The Medical Registration Ordinance (Cap 161) in its section 16³ empowers registered medical practitioners to practise medicine, surgery, and midwifery. We cannot find any more detailed stipulation of the scope of practice with reference to training, experience, or further qualifications. Further regulation has, thus, to resort to ethical principles. The medical profession enjoys a high degree of autonomy and is largely self-regulated. The degree of professionalism and adherence to the Code of Professional Conduct of the Medical Council of Hong Kong, though, is a matter of individual discipline. Inclusion of ethics teaching into the curriculum by the two medical schools has certainly helped with the inculcation of a culture of good medical practice in our doctors of tomorrow. It is suggested that counting the subject into degree assessments may further help to remove from the early days of their career the common misconception among our youngsters that medical ethics is “not so

important”.

Inevitably, there are offenders to any rules there might exist; thus, the Medical Council plays the role of regulating the wrongful behaviours of these members by imposition of penalty. Currently, there is a relatively long lag period before the cases are appropriately addressed due to stacking up of cases; consequently, offenders often continue to practise for years before they are sanctioned. One way out is to increase the manpower and support for the Preliminary Investigation Committee as the number of cases proceeding to the Council hearing stage is not as overwhelming. It might be appropriate to say that the current trend could be a signal dictating heavier penalty to such offenders by the Medical Council.

The profession itself can also help with addressing the statutory deficiency from within the professional body by the enforcement of credentialing. The Food and Health Bureau should commission authorities from the Hong Kong Academy of Medicine and the Hospital Authority to help develop and institute this system in place. Similar to hospital accreditation which certifies the standard of hospital systems, credentialing should help to guarantee competency of practitioners and, therefore, provide a bigger margin of safety for the public.

What requires government intervention, be it administrative or statutory, is really the regulation of ambulatory facilities. Facilities allowed to undergo medical procedures should at least be up to the standards required by their hospital and clinic counterparts. The second Working Group under the Steering Committee on Review of the Regulation of Private Healthcare Facilities has made proposals on anticipated risks and whether a particular procedure should be allowed to be undertaken in a particular category of facility. These risks included anaesthetic, procedure-related, and patient-specific ones from their own health status. The relevance of facility regulation becomes crystal clear if one conjures that unexpected emergencies would have better chances of being resuscitated in proper medical settings compared with unregulated beauty parlour premises.

In this connection, medical device control shares an equal level of importance, in that it may prevent necessary equipment from falling into the

hands of or being operated by inadequately qualified personnel. The Medical Device Administrative Control System (MDACS) of the Medical Device Control Office of the Department of Health was launched as early as 2004.⁴ To date, registration of those items relevant under the present discussion, largely Classes III and IV, remains only on a voluntary basis. There has been widespread concern about when the government would put in place statutory control on the supply and use of medical devices.⁵ In view of the evolving nature of the MDACS, it is reasonable to envisage that we might have to expect a longer time frame before the proposed ordinance comes into effect.

In the meantime, therefore, short-term measures are warranted. Public education serves to remind the general public, and especially potential beauty parlour customers, to be cautious. The Trade Descriptions Ordinance (Cap 362), revised now by the Trade Descriptions (Unfair Trade Practices) (Amendment) Ordinance 2012 (Amendment Ordinance),⁶ passed on 17 July 2012 and which came into effect on 19 July 2013, aims at protecting customers against unfair trade practices in consumer services. Its ambit covers false trade descriptions such as misleading omissions, aggressive commercial practices, bait advertising, bait-and-switch, and wrongly accepting payment. All that is warranted is vigorous enforcement.

The public should not just put all responsibilities on the government. Potential recipients of aesthetic

services should watch out for themselves. No more relevant is the reminder of *caveat emptor* (let the buyer beware). The list of specialists is readily available on the Medical Council's website. Doctors have the duty to inform. Patients not only have the right to know but should ask clearly to their satisfaction what the proposed procedure can achieve. Fantasy must be distinguished from reality. Risks must also be balanced carefully and no hurry should be incurred in making up the mind. It is advisable for them to cool down and discuss with others before reconsidering whether to proceed.

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