Ann Clwyd (Cynon Valley, Labour)

I beg to move,

That leave be given to bring in a Bill to establish minimum standards for the practice of cosmetic surgery, including non-surgical procedures; and for connected purposes.

The Bill would establish the regulation of cosmetic surgery. I, too, am persistent, Mr Speaker. I first introduced a ten-minute rule Bill on the regulation of cosmetic surgery in 1994. Unfortunately, despite calls from a wide range of organisations, not much has changed since. As a result, thousands of women have continued to face the horrific consequences of unregulated cosmetic surgery. That ten-minute rule Bill generated huge publicity and hundreds of letters, and the issue of breast implants has received even more attention of late following the PIP implant scandal in 2010.

At some time in our lives, most of us have wanted to change something about ourselves. Huge pressure is put on women in particular, but increasingly on men too, to change their looks. Private sector clinics offer a multitude of cosmetic procedures to achieve the perfect shape or a wrinkle-free face. Too thin, too fat, never just right—that is the message. Cosmetic surgery, including breast implants, continues to be a growing industry. In 2011, members of the British Association of Aesthetic Plastic Surgeons conducted almost 45,000 surgical procedures, more than 10,000 of which were breast enlargements for women. Between 2002 and 2011, the number of boob jobs rose by 324%, and it continues to rise, as do the numbers of facelifts, tummy tucks and nose jobs.

Members of the British Association of Aesthetic Plastic Surgeons also operated on more than 4,000 men, with nose jobs and man-boob jobs the two most popular procedures. That represents a 219% increase in cosmetic surgery for men since 2002, and does not include procedures carried out by people who are not members of the association, those undertaken abroad or those not yet classified as cosmetic procedures. Many people face exploitation by private sector clinics and even cowboy surgeons if they are unable to receive treatment through the NHS. Most cases of botched surgery or mistakes are then rectified by the NHS, as we have seen with the removal of PIP implants.

Regulation is needed in a number of areas to reduce the risks to patients. In 1998, the then Government accepted the recommendation of an independent review body on silicone breast implants to establish a national breast implant registry. I was part of that process and took part in several meetings at the Department of Health, but the register was abandoned in 2006. I propose that we now need a register for all types of implants used in all areas of the body, including breasts, cheeks, pecs and buttocks. That would allow better monitoring of outcomes and problems as they occur, which would have been useful in the recent PIP cases.

Many clinics gain much of their business from advertising in national newspapers and women’s magazines. They ask, “Is cosmetic surgery only for the rich and famous?” The answer they give is: “Not any more—it’s a lifestyle choice!” Some offer significant discounts,
and there are even special deals on websites. Private clinics are now advertising on Twitter. One even suggested that women add a boob job to their Christmas present list. Misleading images and claims are used, despite tighter guidelines from the Advertising Standards Authority. Therefore, a ban on cosmetic surgery advertising should be introduced, as happened in France in 2005 and as the British Association of Aesthetic Plastic Surgeons has called for. If cosmetic surgery is considered a form of medical procedure—which it undoubtedly is—it should not be advertised, as is the case with prescription medicines.

A further concern is non-surgical cosmetic procedures. Injected fillers such as Botox currently need only a CE mark as do fridges and are therefore heavily marketed in the UK, while the Food and Drug Administration in the USA categorises them as medical device implants requiring approval. [ Interruption. ] I would be grateful if those on the Government Front Bench listened to the point I am making, because it is a scandal that Ministers have done nothing about the situation.

The medical profession has always been controlled and regulated by strict ethics, but the voluntary codes of practice have been breached by some operators to make quick, easy money. An independent review found that 70% of clinics in the private cosmetic sector are effectively unregulated and that fewer than half of all operating theatres were properly equipped in 2010. We also need compulsory registration of all those who practise aesthetic medicine and use lasers. Facilities should be licensed and regulated by an independent body, such as the Care Quality Commission. Similarly, only doctors or nurses qualified to do so should be able to advise patients about cosmetic surgery. At the moment, initial consultations can be undertaken by a hard-sell receptionist, and doctors in private practice who lack specific experience can offer treatment which they are simply not qualified to give.

Somebody wrote to me about her experience of liposculpture in a ground-floor office in Harley street. She said:

"I think the operating table was a dental chair. They asked me to turn over on to my stomach, but the chair was the wrong shape and it was very difficult. At some stage during the operation I woke up. I was in tremendous pain and began screaming. They were still taking fat from my legs. The doctor told me afterwards that he had to continue with me awake or my legs would have been uneven." It turned out subsequently that the "cosmetic surgeon" was a general practitioner. He had performed a surgical operation without any surgical training and had administered a general anaesthetic without an anaesthetist. Such incidents are far too common. I read last week about a children's writer. She has been left with blurred vision from botched laser eye surgery at a private clinic. After a five-year battle, she has finally received Â£250,000 in compensation, but has permanent scarring.

In the Daily Mail only last week there was a piece headed, "Plastic surgeons offer buy one get one free on breast enlargements and nose jobs".

Given all the issues and the lack of regulation in cosmetic surgery, it seems imperative to establish an official regulator of cosmetic surgery OfCos, as proposed by the British Association of Aesthetic Plastic Surgeons to ensure registration and regulation of all cosmetic surgeons and practitioners in the UK. Or perhaps we should consider a cosmetic surgery licensing body that has a different type of structure and operates as a financial guarantee system, like ATOL air travel organisers licensing—which provides financial protection for flights and air holiday packages.

The problem has been swept under the carpet for far too long. It is now almost 20 years since I first stood here and called for greater regulation of private cosmetic surgery. The
current system of self-regulation by the private surgeons and clinics is clearly not working. As the previous president of the British Association of Aesthetic Plastic Surgeons said in 2009:

"In no other area of medicine is there such an unregulated mess...Imagine a '2-for-1' advert for general surgery? That way lies madness!"

This is a complex subject, but too many people are suffering and being disfigured at the hands of cowboys who have been given free rein to abuse the British public's trust in the voluntary system of medical ethics. The responsibility clearly lies with the Government to take action as soon as possible to stop any more innocent people being subjected to butchery at the hands of some greedy, unscrupulous, and incompetent people, and to introduce the kind of regulation for cosmetic surgery that is long overdue.

Question put and agreed to.

Ordered,

That Ann Clwyd, Dr Sarah Wollaston, Fiona Mactaggart, Valerie Vaz, Dr Daniel Poulter, Barbara Keeley and Sheila Gilmore present the Bill.

Ann Clwyd accordingly presented the Bill.

Bill read the First time; to be read a Second time on Friday 2 November 2012, and to be printed (Bill 60).

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