

# Telehealth & Cosmetic Risks

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Collectively Australians spend more than 1 billion each year on cosmetic surgery, including \$350 million worth of procedures for wrinkle reduction with botulinum toxin.<sup>1</sup>

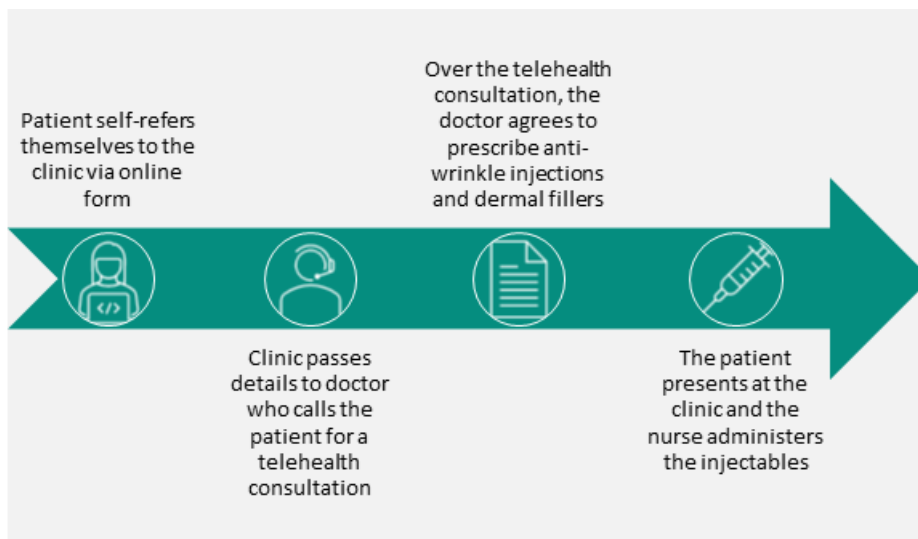
Despite some clear legal and professional obligations, such as requirements to administer Schedule 4 poisons, MIPS has observed that standards are not universally high, and procedures are sometimes carried out without adequate supervision.

Cosmetic procedures have become part of modern healthcare and MIPS membership can include cover for doctors and dental professionals providing cosmetic medicine. MIPS has several hundred members who provide minor cosmetic procedures (such as fillers) and a smaller number of practitioners providing more complex procedures (such as breast augmentation).

MIPS has observed that some healthcare practitioners are providing telehealth for cosmetic procedures and some of the business models supporting this may place healthcare practitioners at an unacceptably high level of risk along with their patients. The problems are most acute in clinics where healthcare practitioners do not see patients in person and only provide prescriptions via telehealth.

In some cases, MIPS has seen healthcare practitioners working for a clinic where they never see patients in person, provide scripts only, do not administer injections and never do follow-up. This type of practice has a high risk of incident and patient complaint and is likely to breach AHPRA Code of Conduct and acceptable medical practice as judged by fellow healthcare practitioners. Importantly, many healthcare practitioners in these situations may be unaware that their employer is relying on the prescribing healthcare practitioner's indemnity should there be an incident.

**Example: Telehealth prescription of cosmetic injectables.** MIPS recommends healthcare practitioners are wary of models such as this that heighten the risk of patient harm and complaints from patients.



Any consultation, regardless of it being telehealth or leading to cosmetic prescriptions, requires a proper assessment of a patient's medical history and mental health. If this cannot be adequately conducted via telehealth, it is not defensible to argue that telehealth was the preference of the patient or convenient.

healthcare practitioners owe their patients a duty of care and this is not diminished by providing care via telehealth or because the healthcare is for cosmetic reasons. This duty extends to both you as the treating practitioner and possibly to the practice providing the services (which may also be you if you are a sole trader).

Telehealth may increase the risk of misdiagnosis which in the case of cosmetic injectables, may be more likely failing to observe something. For example, an autoimmune disease such as systemic lupus erythematosus or rheumatoid arthritis for which fillers are contraindicated.

You can mitigate risk by using video rather than the telephone, which despite the technology being readily available is currently not widely used. In 2020 when the COVID-19 pandemic forced practitioners to telehealth, Medicare statistics revealed only 3% of GP consultations were via video during May and June, so the whole industry, including cosmetic practice, has a long way to go.<sup>2</sup>

healthcare practitioners still have an obligation to obtain informed consent and educate patients. For cosmetic injectables it is critical that patients know the possible outcomes and whether the injection is considered temporary or permanent.

If you are considering entering cosmetic medicine, you should consider the various risks to which you may potentially expose yourself. You need to be mindful that any practice requires the appropriate training, qualifications and experience. Even where you are well qualified, you must be mindful of the business model employed by clinics and ensure that the clinic has:

- sound processes for patient selection
- follow-up processes in place
- appropriate access to experienced senior professionals to escalate matters
- processes to see patients in person where necessary
- a referral process where patients require other healthcare professionals.

If you need to amend your membership classification with MIPS to ensure you are adequately covered for your practice, including cosmetic procedures, complete the [Membership classification update](#)

<sup>1</sup> Australasian College of Cosmetic Surgery and Medicine, quoted in [Cosmetic Surgery Statistics Australia & Around the World January 16, 2020](#)

<sup>2</sup> [pulseitmagazine.com.au Why are Australian GPs doing relatively few video consultations?](#)

[AHPRA Cosmetic surgery and procedures guide](#)

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