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Aesthetic Medicine In Malaysia: Navigating The Legal & Regulatory Framework

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Aesthetic medicine is a field that is experiencing steady growth internationally, largely driven by the increasing societal emphasis on personal appearance, which has heightened demand for aesthetic products, devices and procedures. This rising demand is reshaping the healthcare landscape with a growing number of medical practitioners incorporating aesthetic medicine into their practice.

However, concerning reports of adverse outcomes, ranging from severe deformities to life-threatening complications, underscore the critical importance of patient safety as a fundamental principle of aesthetic medical practice.

What Is Aesthetic Medicine?

The Medical Practice Division of the Ministry of Health's "Guidelines on Aesthetic Medical Practice for Registered Medical Practitioners" 2020 (MOH Guidelines) has defined aesthetic medicine as:

An area of medical practice which embraces multidisciplinary modalities dedicated to create a harmonious physical and psychological balance through non-invasive, minimally invasive and invasive treatment modalities which are evidence-based.

Classification Of Aesthetic Medical Procedures

Aesthetic medical procedures are generally classified into three categories based on the procedures' complexity, namely, non-invasive, minimally invasive and invasive:

a) Non-invasive procedures

This is defined as external applications or treatment procedures that are carried out without creating a break in the skin or penetration of the integument. They target the epidermis only.

b) Minimally invasive procedures

This is defined as treatment procedures that induce minimal damage to the tissues at the point of entry of instruments. These procedures involve penetration or transgression of integument but are limited to the sub-dermis and subcutaneous fat; not extending beyond the superficial musculo-aponeurotic layer of the face and neck, or beyond the superficial fascial layer of the torso and limbs.

c) Invasive procedures

This is defined as treatment procedures that penetrate or break the skin through either perforation, incision or transgression of integument, subcutaneous and/or deeper tissues, often with extensive tissue involvement in both vertical and horizontal planes by various means, such as the use of knife, diathermy, ablative lasers, radiofrequency, ultrasound, cannulae and needles.

Unsanctioned Premises

The MMC Guidelines on the Ethical Aspects of Aesthetic Medical Practice adopted on 21 April 2015, prescribe that aesthetic medical practice may be conducted by registered medical practitioners in private clinics, ambulatory care centre and hospitals, as defined and described in the Private Healthcare Facilities and Services Act 1998 (PHFSA) and Private Healthcare Facilities And Services (Private Hospitals And Other Private Healthcare Facilities) Regulations 2006 (2006 Regulations), and in government hospitals.

Section 4(1) of the PHFSA 1998 provides that no person shall establish, maintain, operate or provide a private medical clinic unless it is registered under Section 27 of the Act. Section 27 stipulates that upon receiving and having considered the application, the Director General may register the private medical clinic with or without such terms or conditions as he may deem necessary and issue a certificate of registration upon payment of the prescribed fee. According to Section 7(1), a certificate of registration to establish, maintain, operate or provide a private medical clinic may only be issued to a registered medical practitioner.

Therefore, clinics operating under variants such as beauty centres or wellness boutiques risk operating unlawfully as an unsanctioned premise should they not be duly registered as an approved healthcare facility. This is illustrated in *Abiramee a/p Ramalingam (berniaga atas nama Posh Medispa) v Nur Isabella bt Abdullah & Ors* [2023] MLJU 3145, which concerned a defamation suit by the practitioner/plaintiff who had provided injected Botox filler to one of the defendants. The court held that the beauty spa in which the plaintiff had performed the Botox filler injections on the defendant's cheeks was an unsanctioned premise and further underscored that any aesthetic medical treatment must be done in a clinic duly registered under the PHFSA 1998 and the 2006 Regulations.

This similar issue also arose in the case of *Rafianee bt A Razak v Dr Suffia Hany bt Mohamad Amin & Ors* [2025] MLJU 2234, where the court found that the healthcare facility in which the 1st defendant operated her aesthetic practice, had not shown any accreditation or licensing under the terms of PHFSA 1998 and thus essentially rendering the business unlicensed and illegal.

While the aesthetic practitioner may well be a duly registered medical practitioner, it remains essential that the premises used for administering aesthetic treatments are properly licensed in accordance with the applicable regulatory requirements.

Scope Of Practice & The Letter Of Credentialing and Privileging (LCP)

The scope of practice differs between general practitioners, medical specialists, and surgical specialists which reflects the varying levels of qualification and clinical competencies required in performing an aesthetic medical procedure.

The National Registry

All registered medical practitioners who qualify and wish to practise aesthetic medical practice are required to register under the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice (National Registry).

The National Registry has three chapters:

Chapter 1	Registry for General Practitioners Practising Aesthetic Medical Practice
Chapter 2	Registry for Medical Specialists Practising Aesthetic Medical Practice
Chapter 3	Registry for Surgical Specialists Practising Aesthetic Medical Practice

As of June 2025, there are 783 general practitioners registered on the National Registry with LCP Chapter 1. The MMC Guidelines on the Ethical Aspects of Aesthetic Medical Practice prescribe that aesthetic medical practitioners:

(i) shall possess experience through recognised practical training courses conducted by *bona fide* professional bodies specialising in aesthetic medical practice as recognised by the Main Credentialling and Privileging Committee for Aesthetic Medical Practice of the Medical Practice Division of the Ministry of Health; and

(ii) shall provide documentary evidence of having undergone such training and practical/written examination in a bona fide professional body, to be processed by the Main Credentialling and Privileging Committee for Aesthetic Medical Practice, as prescribed in the MOH Guidelines.

Equipped with the LCP as one's mandatory license to practice aesthetic medicine and perform medical procedures in the field, the medical practitioner is thereby eligible for registration with the National Registry.

Although clear provisions exist prescribing the pathway for medical practitioners to obtain recognised qualifications from their governing body to practise aesthetic medicine, recent case law has revealed instances of non-compliance, with practitioners performing aesthetic procedures without the requisite credentials.

In *Abiramee a/p Ramalingam (berniaga atas nama Posh Medispa) v Nur Isabella bt Abdullah & Ors* [2023] MLJU 3145, apart from the plaintiff's defamation claim, one of the defendants alleged negligence against the plaintiff, who administered Botox filler injections in the defendant's cheeks which resulted in the defendant requiring further treatment owing to the swelling and infection suffered. The defendant argued that failing to acquire the LCP evidenced the plaintiff falling short of her legally expected standard of care. In finding negligence on the part of the plaintiff, the court took into account the following reasons:

(i) The plaintiff was not fully qualified at the time to carry out the procedure on the defendant;

(ii) The plaintiff admitted to not having met the conditions required in the Ministry of Health Guidelines for medical doctors wanting to practice in aesthetic medicine;

(iii) The certificates of attendance to specific courses that the plaintiff tendered are not the ones required under the Ministry of Health Guidelines for medical GPs wanting to practice aesthetic medicine; and

(iv) The requirement to be fully competent would create a duty of care on the plaintiff to ensure that she was fully qualified within the context of the MOH Guidelines before practicing aesthetic medicine on clients or patients such as the defendant and the plaintiff's conduct constituted negligence, amounting to a breach of the plaintiff's duty of care at the material time.

In *Adam bin Hamil v Dr Chiam Tee Kiang* [2024] MLJU 3311, the plaintiff consulted the defendant-doctor regarding his nose after having completed five prior rhinoplasty procedures in Thailand. The plaintiff refused to adhere to the defendant's advice of removing the nose implant and instead insisted that the defendant perform a nose implant trimming procedure. Following a series of two procedures, the plaintiff suffered from swelling and persisting infection. The court found that the defendant was a holder of an LCP under Chapter 1 of the MOH Guidelines and that the surgical procedure performed was outside the Chapter 1 scope which the defendant was licensed for. Consequently, the court held as follows:

(i) The defendant failed to inform the patient that he was not permitted to carry out such medical procedures according to Chapter 1, which thereby undermined the plaintiff's ability to make an informed choice about his treatment.

(ii) The defendant, by presenting himself as qualified to perform nose implant procedures, owed a duty to exercise the standard of care of a cosmetic surgical specialist. By preforming procedures which were beyond his qualification and licensing, the defendant had fundamentally breached this duty of care.

(iii) The breach was not merely technical - it went to the root of patient safety and medical ethics.

The defendant's liability which was unable to be negated nor mitigated was prominently addressed by the court:

> *"[51] This finding of liability is based on the simple but crucial principle that medical practitioners must not perform procedures beyond their qualifications and licensing, regardless of their confidence in their ability to do so. This is fundamental to patient safety and the integrity of medical practice."*

With respect to damages, the court awarded a total of RM341,770 including RM100,000 in exemplary damages. This case highlights the importance for practitioners to remain mindful of their professional limitations in the practice of aesthetic medicine.

In *Rafianee bt A Razak v Dr Suffia Hany bt Mohamad Amin & Ors* [2025] MLJU 2234, the plaintiff consulted the 1st defendant on a breast filler procedure to which the 1st defendant represented to the plaintiff that pure or 100% hyaluronic acid (HA) injections would be administered to the plaintiff. Two days post-procedure, the plaintiff sustained several injuries to her breasts which necessitated the plaintiff to undergo further surgical procedures to remove the fillers from her breasts. Laboratory testing later revealed that the fillers were not only 100% HA but was '*primarily composed of silicone*'. The 1st defendant consistently maintained that she underwent numerous courses and credentialing which qualified her to perform the breast filler procedure. The court found the 1st defendant had breached her standard of care owed to the plaintiff by performing the procedure without proper accreditation, as ruled by previous judicial decisions, is in effect *ipso facto* negligence.

The court also remarked that while the 2nd and 3rd defendants in *Rafianee* were licensed by the Local Authority, namely, Majlis Bandaraya Petaling Jaya to run a healthcare business, this did not amount to a valid permit to perform aesthetic medical procedures as required per the MOH Guidelines.

In determining the quantum of exemplary damages, which the court found appropriate given the rise in cases involving unlicensed medical procedures, the following factors were considered, amongst others:

(i) The egregious fact where unlike the defendant in *Adam bin Hamil v Dr Chiam Tee Kiang*, who did have the LCP but his procedure was not covered under his LCP's terms, the 1st defendant in this case by her own admission did not even have an LCP to begin with;

(ii) The 1st defendant readily admitted that she failed the examination that would qualify her for the LCP and when questioned on her intentions to further pursue the examinations, her reasoning of '*niat tertunda*' due to the Covid-19 pandemic was given;

(iii) The 1st defendant took the fact that she did not possess the LCP more lightly than she should have and insisted on her qualification by relying on various inapplicable course certificates;

(iv) The 1st defendant misrepresented to the plaintiff that she would be injected with pure HA but was injected with something 'primarily composed of silicone' instead; and

(v) The 1st defendant continued to perform further purported remedial procedures without the benefit of the LCP.

In awarding total damages of RM919,009.60, the court in *Rafianee* justified its exemplary damages award of RM800,000 by highlighting the importance of public health and safety and holding recalcitrant doctors accountable to medical law, regulations and ethics.

The Grey Area

According to the MOH Guidelines, medical practitioners holding Chapter 1 of the LCP are authorised to perform around 12 specified procedures. The Guidelines further provide that this list is subject to revision as "*new evidence-based treatments*" emerge, with the possibility of additional non-invasive and minimally invasive procedures being included upon approval by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice. In practice, however, the list has remained static; since the release of the 2nd edition of the Guidelines in 2020, no updates or revisions have been made despite ongoing advances in medical science.

This lack of periodic review creates uncertainty for practitioners, who may find themselves constrained by an outdated list that does not reflect current scientific developments. It also raises questions about whether the regulatory framework is keeping pace with advancements in aesthetic medicine, potentially leaving both practitioners and patients exposed to risks of ambiguity and inconsistent enforcement.

Commentary

Aesthetic medicine in Malaysia continues to expand in response to rising societal demand, yet the legal and regulatory framework governing the practice has not evolved with equal pace. The recent cases demonstrate the court's firm stance in upholding patient safety, professional accountability and strict adherence to the MOH Guidelines and the requirements of the PHFSA 1998.

Practitioners must therefore remain vigilant not only in ensuring their own qualifications and scope of practice but also in verifying that the premises from which they operate are duly licensed. Equally, the regulatory authorities bear a responsibility to review and update existing guidelines so as to reflect medical advances and reduce the grey areas that give rise to uncertainty.

Ultimately, the safe and ethical practice of aesthetic medicine requires a balance: practitioners must act within their professional limitations while regulators must ensure that the law keeps pace with innovation. Only by maintaining this balance can patient safety, public confidence and the integrity of the profession be preserved.

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