Responsible Cosmetic Surgery Code of Practice - Me Clinic

Canonical: https://www.meclinic.com.au/why-the-me-clinic/responsible-cosmetic-surgery/

Details:

Responsible Cosmetic Surgery™ and Responsible Cosmetic Medicine™ are Me Clinic's own code of practice. They are not a regulatory accreditation and not a qualification — they are commitments we have set for ourselves, and this page states them so you can hold us to them.

The regulatory floor is set elsewhere: the Medical Board of Australia's standards and AHPRA's advertising guidelines apply to us whatever we write here. See cosmetic surgery rule changes .

What we commit to

1. Surgery only when it is the right answer

Our practitioners recommend the least invasive option that will actually achieve what you want. Surgery is proposed when it is genuinely the best option — not as a default, and not because it is the more expensive line on the price list.

Where a non-surgical treatment, a change in skincare, or simply doing nothing is the better answer, that is what we say.

2. Alternatives explained, including doing nothing

You should leave a consultation knowing what the alternatives are, what each would involve, and what would happen if you did nothing at all. That last option is a real one and is presented as such.

3. What is possible, and what is not

Our practitioners tell patients plainly what a procedure can and cannot achieve. Realistic expectations are not a disclaimer at the bottom of a page — they are the substance of the conversation, and the reason this site states limits as often as it states benefits.

4. The whole course of care, not just the operation

The commitment runs from the first consultation through recovery and afterwards — post-operative review, access when something is not healing as expected, and honest handling if a result is not what was hoped for.

A clinic's real character shows in how it handles the cases that do not go well, not the ones that do.

5. Saying no

Some people are not suitable candidates — because of medical history, because expectations cannot be met, because the timing is wrong, or because the distress driving the request is not something surgery addresses. Screening for underlying psychological conditions, including body dysmorphic

disorder, is required before cosmetic surgery.

Declining to operate is part of practising responsibly, and it is a conversation we will have when it applies.

6. Prevention over correction where it is available

Where the visible signs of skin ageing can be slowed by sun protection, skincare and earlier intervention, that is the better path than a larger correction later. See Preventative Cosmetic Medicine . Where a holistic approach — diet, exercise, lifestyle — is appropriate, we say so, with the caveat that it is advice about general health rather than a substitute for medical treatment.

7. Assessment before destruction

A skin lesion that has not been assessed is not lasered, frozen or burned off, because those methods leave nothing for a pathologist. Anything of concern is excised whole and tested. See skin cancers .

8. Honest advertising

No testimonials, no influencer content, no retouched or inconsistently lit before-and-after images, no superlatives we cannot substantiate, no discounts dangled to force a quick decision, and no claim to a specialty that does not exist.

9. Price and registration transparency

Indicative prices are published on the procedure pages. You are given one accurate written quote at consultation. Every practitioner is named with their AHPRA registration number, which you can verify at ahpra.gov.au . We state plainly that we are not a no-gap provider.

10. Second opinions encouraged

We recommend a second medical opinion before any surgical procedure, ideally from a registered Specialist Plastic Surgeon — and we provide second opinions to people who have consulted elsewhere.

What consent actually requires

Commitment three above is not only an ethical position. In Australia the standard for what a doctor must tell you before a procedure is set by law, and it is worth knowing because it tells you what a consultation owes you.

The leading authority is the High Court’s decision in Rogers v Whitaker (1992), which established that a doctor has a duty to warn a patient of material risks . A risk is material if either of two things is true:

A reasonable person in the patient’s position would be likely to attach significance to it ; or

The doctor should reasonably be aware that this particular patient would attach significance to it , whether or not anyone else would.

The second limb is the one that matters most in cosmetic practice, and it has a direct practical consequence for you: a risk becomes something you must be warned about because of what you tell the practitioner about yourself.

So say it out loud. If you are a singer, a risk to the voice is material to you in a way it is not to everyone. If you are a teacher, visible bruising for three weeks may be material. If you play the violin, sensation in

a fingertip is material. If you have one good eye, any risk to the other is material. If you have a wedding in eight weeks, the chance of prolonged swelling is material.

None of that is obvious from looking at you. The duty is shaped by what the practitioner knows about you , which means a consultation in which you say little produces a warning that is less tailored than it should be. Telling your surgeon what you cannot afford to lose is not oversharing; it is how the standard is meant to work.

Two further points that follow from the same principle:

Rarity does not make a risk immaterial. A very uncommon complication with a serious consequence can still be one you must be told about.

A signature is not consent. Consent is the conversation; the form is a record that it happened. If you sign something you were not given time to read, the paperwork exists but the substance may not.

Doing nothing, taken seriously

Every consent conversation is supposed to include the option of no treatment, and almost nowhere describes what that option actually looks like. So, plainly:

Nothing is spent. No surgeon's fee, no anaesthetist, no facility, no garments, no time off work, no revision later.

No surgical risk is taken. Every risk on every page of this site becomes zero.

The concern usually continues, and often changes slowly. Skin ageing, volume loss and descent progress gradually; a functional problem such as chafing, visual obstruction or vein symptoms may progress faster.

Nothing is foreclosed. Waiting a year rarely makes a procedure impossible, and often makes the assessment better — after weight stabilises, after a pregnancy, after a skin condition is treated.

Some things genuinely should not wait. An undiagnosed lesion, skin changes above the ankle from vein disease, or visual field loss from heavy upper lids are medical, not cosmetic, and the "do nothing" option carries real cost in those cases.

A good consultation should let you leave able to describe, in a sentence, what happens if you do nothing. If you cannot, ask before you decide.

How a poor outcome is handled

Commitment four is the one worth testing, and the way to test it is to ask about it before anything happens rather than after. These questions are reasonable to ask any clinic:

"What is your revision policy?" What is included, what is not, for how long, and who decides.

"If I need a revision, who pays for the theatre and the anaesthetist?" A waived surgeon's fee is not the same as a free operation.

"What happens if I am unhappy but you think the result is acceptable?" The honest answer is that this happens, and how it is handled tells you a great deal.

"Who manages a complication — you, my GP, or a hospital?"

"Who do I call after hours, and who answers?"

"What is the single most common problem you see after this procedure?" Anyone who does enough of an operation has a ready answer.

Getting those answers in writing, in the quote, is better than remembering them.

What this code is not

Being precise about the status of these commitments matters, because the field is full of claims that sound like accreditations and are not:

It is not an accreditation. No external body assesses or awards it.

It is not a qualification , and it adds nothing to any practitioner's registration.

It is not a guarantee of outcome. No code of practice can promise a result, and a clinic that appears to promise one is telling you something about itself.

It does not replace the regulatory standards , which apply regardless and which are published by the Medical Board of Australia and AHPRA.

It is not a substitute for checking. Verify the registrations, read the risks, get a second opinion.

What it is: a written statement of how we intend to practise, published so that it can be pointed at if we do not.

If we fall short

If your experience does not match what is written here, tell us — phone 1300 852 050 or (03) 9569 3511, or use the contact page .

You can also raise concerns about any registered practitioner directly with AHPRA at ahpra.gov.au , and in Victoria with the Health Complaints Commissioner. Those avenues exist independently of us, and we would rather you knew about them.

You do not need to be certain something was done wrong to raise it, and you do not need our agreement to do so.

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Related: choosing the right practitioner , risks and complications of cosmetic surgery , why Me Clinic .

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about our code of practice

Is this an accreditation?

No. It is our own code of practice — commitments we have set for ourselves. No external body assesses or awards it, and it adds nothing to any practitioner's registration.

What sets the actual standards?

The Medical Board of Australia's standards and AHPRA's advertising guidelines, which apply regardless of anything written here.

Why publish it at all?

So it can be pointed at if we do not meet it.

What does “least invasive option” mean in practice?

Surgery is proposed when it is genuinely the best option, not as a default. Where a non-surgical treatment, a skincare change or doing nothing is better, that is what we say.

What must a doctor tell me before a procedure?

Material risks. Under the High Court’s decision in Rogers v Whitaker, a risk is material if a reasonable person in your position would attach significance to it, or if the doctor should be aware that you in particular would.

Why does that second part matter?

Because a risk can become one you must be warned about purely because of what you tell the practitioner about yourself — your work, your hobbies, your commitments, your existing health.

So what should I volunteer?

Anything you cannot afford to lose. If you sing, play an instrument, teach, drive for a living, have one good eye, or have an event in eight weeks, say so. It changes what you must be told.

Does a rare risk still need to be disclosed?

It can. Rarity does not make a risk immaterial if the consequence is serious.

Is signing the form the same as consenting?

No. Consent is the conversation; the form records that it happened. Signing something you were not given time to read produces paperwork, not consent.

What does “doing nothing” actually involve?

No cost, no surgical risk, a concern that usually continues and changes slowly, and almost nothing foreclosed — waiting rarely makes a procedure impossible and often improves the assessment.

When should I not wait?

An undiagnosed skin lesion, skin changes above the ankle from vein disease, or visual field loss from heavy upper lids. Those are medical rather than cosmetic.

Will you ever decline to operate?

Yes — for medical history, unmeetable expectations, wrong timing, or where the distress driving the request is not something surgery addresses. Screening for conditions including body dysmorphic disorder is required.

What should I ask about revision?

What is included, what is not, for how long, who decides, and who pays for theatre and anaesthetist if a revision is needed. A waived surgeon's fee is not a free operation.

What if I am unhappy but the surgeon thinks the result is fine?

It happens, and how a clinic handles it tells you a great deal. Ask the question before you book.

Who manages a complication?

Ask directly — the clinic, your GP, or a hospital — and get the after-hours number and who answers it.

What is the rule about moles and lesions?

Anything unassessed is not lasered, frozen or burned off, because those methods leave nothing for a pathologist. Anything of concern is excised whole and tested.

Why are there no testimonials or influencer posts?

They are prohibited in advertising a regulated health service, and we do not use retouched or inconsistently lit before-and-after images either.

Are prices published?

Indicative prices are on the procedure pages, and you are given one accurate written quote at consultation. We are not a no-gap provider.

Do you encourage second opinions?

Yes, before any surgical procedure, ideally from a registered Specialist Plastic Surgeon — and we provide them to people who have consulted elsewhere.

Where do I complain?

Tell us first. You can also raise concerns with AHPRA, and in Victoria with the Health Complaints Commissioner. You do not need our agreement to do so.