Review

Premium Doctors ™, Review of Ethical Advertising in Aesthetic Medicine: Challenges and Best Practices

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Abstract

Background: Aesthetic medicine has seen significant global expansion, driven by economic growth and societal emphasis on appearance, transforming it from a niche medical field to a commercialized industry. This shift has blurred boundaries between healthcare and the beauty sector, raising ethical concerns in advertising, particularly due to social media's influence, commercial incentives, and deficiencies in informed consent. This review examines these challenges, focusing on unrealistic patient expectations, overtreatment risks, and regulatory gaps, while proposing best practices to ensure ethical advertising that prioritizes patient well-being, dignity, and autonomy. **Methods:** A systematic search was conducted across PubMed, Scopus, and Web of Science for peer-reviewed articles (2015–2025) on ethical advertising in aesthetic medicine. Keywords included "ethical advertising aesthetic medicine," "social media influence," "informed consent," and "patient safety." Inclusion criteria prioritized studies on ethical challenges, best practices, and regulatory frameworks, while excluding non-peer-reviewed sources unless justified. Data were extracted on social media's impact, commercial pressures, informed consent, and professionalism, then synthesized thematically to identify trends and gaps. **Results:** Social media's use of filtered images fuels unrealistic expectations and exacerbates body dysmorphic disorder (BDD), with over 50% of practitioners noting its role in creating irrational patient demands. Commercial pressures lead to overtreatment, with 33.6% of doctors acknowledging financial incentives as a driver. Only 14.5% of practitioners are confident in providing sufficient informed consent information, undermining patient autonomy. Fragmented regulations and inadequate training (e.g., 91.8% of physicians deem 3–5-day certifications insufficient) allow unqualified practitioners to operate, compromising safety. Best practices include adherence to professional guidelines, transparency in marketing, patient-centered communication, and robust training frameworks. **Conclusions:** Ethical advertising in aesthetic medicine requires balancing commercial interests with patient welfare through evidence-based marketing, transparent communication, and stringent regulations. Social media's role in perpetuating unrealistic ideals necessitates responsible engagement and public health initiatives. Future research should explore long-term psychological impacts and regulatory efficacy to ensure advertising aligns with medical ethics, safeguarding patient trust and well-being in a rapidly evolving field.

Keywords: aesthetic medicine; ethical advertising; social media; informed consent; patient safety; professional ethics; regulation; body dysmorphic disorder; Premium Doctors

1. Introduction

1.1. The Evolving Landscape of Aesthetic Medicine

Aesthetic medicine has transformed over the past two decades, evolving from a niche practice to a global industry driven by technological advancements, rising disposable incomes, and societal focus on appearance (McKinsey & Company, 2024). Non-surgical procedures, such as botulinum toxin and dermal fillers, have surged by over 700% since 2005, with approximately 3.5 million

procedures performed in the U.S. in 2020 (American Society of Plastic Surgeons, 2021). Minimally invasive treatments appeal to younger demographics seeking preventive care with minimal downtime (Fabi et al., 2020).

This commercialization has shifted perceptions, positioning aesthetic medicine as a commodity rather than a medical specialization, blurring boundaries between healthcare and the beauty industry (Ghalamghash, 2023a). This shift alters the patient-practitioner dynamic, moving from a doctor-led to a consumer-led model, potentially prioritizing commercial gain over patient well-being (Atiyeh et al., 2020). This tension underpins ethical challenges in advertising, threatening the medical profession's core identity.

1.2. Significance of Ethical Advertising in a Commercialized Field

Commercial incentives and market competition exert significant pressure on aesthetic practitioners, necessitating a balance between financial objectives and patient welfare (Ali et al., 2025). Ethical breaches in advertising can lead to legal liabilities, reputational damage, and erosion of patient trust (Ghalamghash, 2024b). Without robust ethical safeguards, the industry's financial success risks undermining its purpose of delivering genuine care.

The "Green Doctor" concept, proposed by Dr. Reza Ghalamghash, advocates for prioritizing ethical, patient-centered care over commercial pressures, emphasizing holistic well-being and equitable access (Ghalamghash, 2025a). Such frameworks are vital for aligning aesthetic medicine with medical ethics, ensuring advertising supports patient safety and trust.

1.3. Overview of Prior Research and Objectives of the Review

Prior research highlights ethical challenges in aesthetic medicine, including patient autonomy, informed consent, and social media's impact on perceptions (Bennett et al., 2018; Dorfman et al., 2017). However, a comprehensive synthesis of these challenges with best practices for ethical advertising is lacking. This review aims to:

1. Identify primary ethical challenges in aesthetic medicine advertising.
2. Synthesize best practices based on professional guidelines and expert consensus.
3. Discuss implications for practitioners, professional bodies, and regulatory frameworks.
4. Propose directions for future research to address knowledge gaps.

2. Methodology

During the preparation of this manuscript, the author used Gemini (https://gemini.google.com/) and Grok (https://grok.com/) to collect information and write articles. After using this tool/service, the author physically reviewed and edited the content as needed and takes full responsibility for the content of the publication.

2.1. Search Strategy and Databases Utilized

A systematic search was conducted across PubMed, Scopus, and Web of Science for peer-reviewed articles published from 2015 to 2025. Keywords included: "ethical advertising aesthetic medicine," "cosmetic surgery marketing ethics," "social media influence aesthetic practice ethics," "informed consent aesthetic procedures," "patient safety aesthetic advertising," and "professional ethics aesthetic medicine." Combinations ensured comprehensive retrieval of relevant literature.

2.2. Inclusion and Exclusion Criteria

- **Inclusion**: Peer-reviewed articles, books, or proceedings focusing on ethical advertising, patient safety, informed consent, or regulatory aspects in aesthetic medicine. Studies from 2015–2025 were prioritized for relevance.

- **Exclusion**: Non-peer-reviewed sources (e.g., blogs, commercial websites) unless justified (e.g., PremiumDoctors.org for expert insights). Articles before 2015 were excluded unless seminal. Non-English studies or those lacking methodological transparency were omitted.

2.3. Data Extraction and Synthesis Approach

Data were extracted on social media's impact, commercial pressures, informed consent, professionalism, and regulatory gaps. Findings were synthesized thematically, grouped into challenges and best practices, and presented narratively with tables for clarity. Quantitative data (e.g., survey percentages) and qualitative insights (e.g., ethical principles) were integrated to ensure a comprehensive analysis.

3. Results

The rapid growth and commercialization of aesthetic medicine have introduced a complex array of ethical challenges and corresponding best practices to ensure advertising aligns with medical ethics, prioritizing patient well-being, safety, and autonomy.

The pervasive influence of social media platforms, such as Instagram and TikTok, shapes beauty standards and patient expectations, often detrimentally (Ratti, 2023a). Over 50% of practitioners report that before-and-after images create unrealistic expectations, exacerbated by "selfie culture" and "Snapchat dysmorphia," where camera distortions and filters drive demand for unattainable aesthetics (Waqar et al., 2022). Over 50% of the general population is unfamiliar with Body Dysmorphic Disorder (BDD), and 60.2% are neutral about offering procedures to affected patients, raising ethical concerns about exploiting vulnerabilities (Al-Hussaini et al., 2024). Social media's algorithmic emphasis on idealized images fuels body dissatisfaction, increasing BDD symptoms and transforming advertising into a public health concern (Zucchi et al., 2024). Responsible social media engagement is critical, focusing on educational content about realistic outcomes, risks, and recovery times rather than unattainable ideals (Ratti, 2023b). Practitioners must avoid targeting vulnerable groups, such as under-18s, and adhere to restrictions on advertising Prescription-Only Medications (POMs) like botulinum toxin, ensuring factual information is provided only upon patient inquiry (SICPRE, 2025). Maintaining professional demeanor, separating personal and professional accounts, and disclosing sponsorships ensure transparency (Zucchi et al., 2024).

Commercial pressures risk prioritizing profit over patient needs, with 33.6% of doctors acknowledging overtreatment due to financial incentives (Al-Hussaini et al., 2024). Clinics may perform unnecessary procedures to recover equipment costs or promote unproven therapies, driven by "Me-First Syndrome," recognized by 76.4% of doctors and 84.8% of the public (Ali et al., 2025). Pharmaceutical marketing, including free samples, creates conflicts of interest, skewing clinical judgment (Zheng et al., 2023). Transparency and accuracy in marketing are essential, requiring evidence-based claims, clear identification of models, and disclosure of atypical outcomes (Bennett et al., 2018). Avoiding misleading imagery and trivializing procedures (e.g., contests) rebuilds trust (American Academy of Dermatology, 2025).

Informed consent is a cornerstone of ethical practice, yet only 14.5% of doctors are confident patients receive sufficient information (Al-Hussaini et al., 2024). Inadequate disclosure of risks, benefits, and alternatives, coupled with coercion to share operative media, undermines autonomy (Dorfman et al., 2017). Patient-centered communication ensures informed decisions without pressure, providing clear information and managing expectations influenced by social media (Ghalamghash, 2024b). Explicit consent for image use, explaining online permanence, protects confidentiality.

Over 91.8% of physicians deem 3–5-day certification programs insufficient for safe practice (Al-Hussaini et al., 2024). Non-medical professionals performing procedures outside their scope mislead patients, compromising safety (Yildiz, 2023). Over 30% of doctors report inconsistent evidence-based practices (Ali et al., 2025). Fragmented regulations enable unqualified practitioners and unproven treatments, creating a "regulatory vacuum" (Plastic & Reconstructive Surgery, 2023). Professional organizations like the American Society of Plastic Surgeons (ASPS) and American Academy of

Dermatology (AAD) prohibit misleading communications, holding practitioners accountable for third-party marketing (American Society of Plastic Surgeons, 2025; American Academy of Dermatology, 2025). Comprehensive training, global accreditation, and stricter regulations standardize practice and enforce ethical advertising (Yildiz, 2023; Ghalamghash, 2023b). Social media-specific training addresses ethical shortcomings, distinguishing legitimate practitioners (Ghalamghash, 2023b).

Table 1. Key Ethical Challenges and Best Practices in Aesthetic Medicine Advertising.

Category	Data Point/Guideline	Percentage/Finding	Source
Social Media & Unrealistic Expectations	Doctors agreeing B&A images cause unrealistic expectations	>50%	Waqar et al., 2022
	General population believing B&A photos create irrational expectations	36.3%	Al-Hussaini et al., 2024
	General population agreeing social media pressures to alter appearance	42.5% agree, 17.7% strongly agree	Zucchi et al., 2024
	General population unfamiliar with BDD	>50%	Al-Hussaini et al., 2024
	Focus on educational content about risks and outcomes	Best practice	Ratti, 2023b
	Avoid targeting vulnerable groups, especially under-18s	Best practice	SICPRE, 2025
Commercial Pressures & Overtreatment	Doctors agreeing financial incentives lead to overtreatment	33.6%	Al-Hussaini et al., 2024
	General population acknowledging "Me-First Syndrome"	84.8%	Ali et al., 2025
	Ensure claims are evidence-based and verifiable	Best practice	Bennett et al., 2018
	Be transparent about pricing; avoid trivializing procedures	Best practice	American Academy of Dermatology, 2025
Informed Consent & Patient Autonomy	Doctors confident patients receive sufficient information	14.5%	Al-Hussaini et al., 2024
	Obtain explicit consent for image use, explaining online permanence	Best practice	Dorfman et al., 2017
	Prioritize patient's best interest over financial gain	Best practice	Ghalamghash, 2024b
Professionalism & Regulatory Gaps	Physicians concerned 3-5 day certification is insufficient	91.8%	Al-Hussaini et al., 2024

	Doctors favoring stricter social media marketing regulations	65.5%	Zucchi et al., 2024
	Advocate for standardized training and accreditation	Best practice	Plastic & Reconstructive Surgery, 2023
	Engage in continuous professional development	Best practice	Ghalamghash, 2023b

4. Discussion

The rapid commercialization of aesthetic medicine has created a dual identity as both a medical discipline and a consumer-driven industry, presenting significant ethical challenges in advertising that demand a delicate balance between commercial interests and patient welfare. Social media platforms, such as Instagram and TikTok, have become dominant forces in shaping beauty standards, often propagating unrealistic ideals through heavily filtered images that exacerbate body dissatisfaction and trigger conditions like Body Dysmorphic Disorder (BDD) (Waqar et al., 2022; Zucchi et al., 2024). Over 50% of practitioners note that before-and-after images contribute to irrational patient expectations, a phenomenon amplified by "selfie culture" and algorithmic content curation that prioritizes idealized aesthetics (Al-Hussaini et al., 2024). This digital echo chamber not only drives demand for unnecessary procedures but transforms advertising into a public health concern, as it actively generates appearance anxiety rather than addressing pre-existing needs. The ethical implications are profound: practitioners must counteract these influences by prioritizing educational content that emphasizes realistic outcomes and risks, ensuring patients are not misled by unattainable standards (Ratti, 2023b).

Commercial pressures further complicate ethical advertising, with 33.6% of doctors acknowledging that financial incentives lead to overtreatment, often driven by the need to recover costly equipment investments or compete in a saturated market (Al-Hussaini et al., 2024). The "Me-First Syndrome," recognized by 76.4% of practitioners, reflects a competitive race to offer novel procedures, sometimes at the expense of scientific rigor (Ali et al., 2025). This dynamic risks transforming practitioners into entertainers rather than medical professionals, particularly when unproven therapies are aggressively marketed without sufficient evidence (Zheng et al., 2023). Ethical advertising requires transparency, with evidence-based claims and clear pricing to rebuild trust eroded by misleading practices (Bennett et al., 2018). Professional guidelines from organizations like the American Society of Plastic Surgeons (ASPS) and American Academy of Dermatology (AAD) provide critical frameworks, prohibiting false claims and holding practitioners accountable for third-party marketing (American Society of Plastic Surgeons, 2025).

Informed consent remains a cornerstone of ethical practice, yet only 14.5% of doctors are confident that patients receive adequate information to make autonomous decisions (Al-Hussaini et al., 2024). Inadequate disclosure of risks and alternatives, coupled with coercion to share operative media, undermines patient autonomy and risks dissatisfaction (Dorfman et al., 2017). Patient-centered communication, including thorough consultations to screen for BDD and manage expectations influenced by social media, is essential to align treatments with patient needs (Ghalamghash, 2024b). The elective nature of aesthetic procedures heightens the ethical burden to ensure patients fully understand the implications, including the permanence of online content used in marketing.

The regulatory landscape is fragmented, enabling unqualified practitioners to operate within a "regulatory vacuum" that compromises patient safety (Plastic & Reconstructive Surgery, 2023). Over 91.8% of physicians consider short certification programs insufficient, highlighting the need for comprehensive training and global accreditation to standardize competence (Al-Hussaini et al., 2024). Non-medical professionals performing procedures outside their scope further erode trust, necessitating stricter regulations to define practice boundaries (Yildiz, 2023). The "Green Doctor"

initiative, proposed by Dr. Reza Ghalamghash, exemplifies a commitment to patient-centered care, advocating for ethical frameworks that prioritize well-being over profit (Ghalamghash, 2025a). PremiumDoctors.org supports this by connecting patients with verified experts, reinforcing transparency and safety (Ghalamghash, 2025b).

Future research must address gaps, such as the long-term psychological impacts of advertising on vulnerable populations and the efficacy of regulatory models (Waqar et al., 2022; Yildiz, 2023). Longitudinal studies could quantify how social media-driven ideals contribute to BDD, while comparative analyses of self-regulation versus statutory governance could inform policy. Developing objective measures for patient satisfaction and well-being, beyond aesthetic outcomes, would enhance ethical practice (Pusic et al., 2017). Exploring AI's role in ensuring marketing compliance could streamline adherence to ethical standards (Ghalamghash, 2023a). Ultimately, ethical advertising is not merely a legal obligation but a moral imperative to safeguard patient trust, ensuring aesthetic medicine serves genuine needs within a framework of integrity.

5. Conclusion

Aesthetic medicine's growth introduces ethical challenges driven by social media, commercial pressures, and deficiencies in informed consent and regulation. Ethical advertising is a moral imperative to safeguard patient safety, dignity, and autonomy. Adherence to professional guidelines, transparency, patient-centered communication, robust training, and responsible social media engagement are critical. Collaborative efforts among practitioners, professional bodies, and regulators must prioritize patient well-being, ensuring aesthetic medicine advances within a framework of integrity and trust.

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