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Malpractice and informed consent in dermatologic, cosmetic, and aesthetic procedures: An evaluation of legal liability in the light of supreme court decisions

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Abstract

Dermatologic, cosmetic, and aesthetic procedures have become increasingly widespread, largely driven by rising aesthetic expectations and the expanding influence of social media. Although these interventions are primarily performed to enhance physical appearance rather than to treat disease, they inherently carry risks of complications and unsatisfactory outcomes, which may give rise to medicolegal disputes between patients and physicians. In this retrospective, descriptive study, high court decisions concerning dermatologic, cosmetic, and aesthetic procedures were analyzed to evaluate judicial approaches to physician liability, informed consent, and the distinction between complications and malpractice. Judicial decisions issued within the last ten years were retrieved from the official websites of the High Courts of the Republic of Türkiye and the Lexpera jurisprudence database using predefined keywords related to cosmetic and dermatologic interventions. A total of 54 high court decisions were included, encompassing cases involving both physicians and unauthorized non-physician practitioners. The decisions were examined with respect to violations of advertising and promotion regulations, deficiencies in informed consent, breach of the duty of medical care, dissatisfaction with aesthetic outcomes, and the imposition of legal or administrative sanctions. The analysis revealed that violations of advertising regulations and inadequate informed consent were the most frequently identified legal deficiencies. Procedures performed by unauthorized individuals were associated with substantially higher rates of legal violations, claims for non-pecuniary damages, and administrative penalties compared with those performed by physicians. In physician-related cases, the scope and adequacy of informed consent emerged as the primary determinant of liability, even when adverse outcomes were accepted as medically recognized complications. High courts consistently characterized dermatologic and cosmetic procedures as contracts for work (contracts of result), imposing a stricter liability framework on physicians. These findings highlight the importance of comprehensive, procedure-specific informed consent, adherence to professional standards, and the performance of aesthetic procedures exclusively by authorized physicians to enhance patient safety and reduce legal risk.

Keywords: Dermatology, cosmetic procedures, aesthetic interventions, malpractice, Supreme Court decisions

Introduction

With the growing importance of beauty and aesthetic ideals, dermatologic procedures have become increasingly widespread. Laser hair removal, botulinum toxin injections, dermal fillers, and various skin rejuvenation treatments are commonly performed to meet patients' expectations of achieving an improved appearance. However, each of these procedures carries an inherent risk of undesirable outcomes or complications. Such risks may give rise to legal disputes between patients and physicians following dermatologic interventions.

The term malpractice, derived from Latin, refers to harm caused to a patient as a result of a physician's lack of knowledge, inexperience, or negligence. This concept must be clearly distinguished from complications, which may occur in any medical intervention and are not necessarily attributable to physician error. In legal proceedings involving allegations of malpractice, both criminal and civil (compensatory) liabilities of the physician are evaluated. In recent years, the widespread use of social media and online sharing platforms has greatly facilitated access to both accurate and misleading information [1–3].

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Through globally accessible internet platforms, individuals are frequently exposed to aesthetic and cosmetic procedures performed in other countries, as presented on personal or commercially oriented promotional pages. While this accessibility offers significant advantages in terms of outreach for commercial advertising, it also has adverse consequences. Following unsuccessful or inappropriate procedures, patients may receive extensive support on these platforms, which can evolve into public denunciation or "online shaming" campaigns against physicians. Consequently, such situations often escalate into formal legal proceedings. Another important impact of social media and the internet is the tendency to heighten patients' expectations regarding procedural outcomes [4].

Law, as a discipline, requires professional expertise, particularly during the interpretation of legislation and throughout investigation and prosecution processes. In medicolegal cases, all physicians involved in patient care must be aware of the scope and limits of their legal responsibilities. Except in acutely life-threatening emergencies, physicians are obligated to provide patients with detailed information about every procedure performed and to obtain their informed consent [5].

In the context of aesthetic and cosmetic procedures, the term "authorized practitioner" refers to healthcare professionals who are legally permitted to perform medical interventions, primarily physicians who possess the required medical education, professional training, and valid licensure. Health law literature emphasizes that one of the fundamental conditions for the legal validity of a medical intervention is that it must be performed by a legally authorized healthcare provider. Procedures carried out by individuals lacking such authorization are considered unlawful medical interventions and may give rise to both civil and criminal liability. This distinction is particularly important in aesthetic and cosmetic practices, where procedures directly affect bodily integrity and patient safety [6].

In this article, the legal perspective of Supreme Courts with respect to dermatologic, cosmetic, and aesthetic procedures is examined, with particular emphasis on physician liability and the significance of informed consent, in light of recent judicial decisions. Data from three distinct medical specialties are analyzed to address both the medical and legal dimensions of the cases under review.

Material and Methods

This study did not require ethical committee approval because it involved the analysis of publicly accessible judicial decisions, did not include human subjects, and contained no identifiable personal data. So that only Institutional local (İnönü University Faculty of Medicine, Department of Dermatology and Venereal Diseases) approval for the study was obtained (dated 04.11.2025, reference number E-79376635-010.99-665895). For the purposes of this study, judicial decisions were retrieved from the official website of the High Courts of the Republic of Türkiye and from the Lexpera jurisprudence database, which is accessible through the university library. The search was conducted using the keywords "physician fault," "cosmetic," "aesthetic," "dermatology," and "filler–botulinum toxin–laser procedures." Decisions that met the predefined inclusion criteria were included in the analysis.

Judicial decisions rendered within the last ten years were evaluated. Cases that had been brought before the judiciary as a result of similar procedures performed by non-physician professionals were also included in the study; however, cases involving physicians were prioritized.

In this study, cases that were referred to the legal system following contemporary aesthetic surgery and cosmetic procedure practices were analyzed in order to examine the legal approach adopted by high courts in cosmetic and aesthetic malpractice litigation. These cases were selected from situations demonstrating the potential legal consequences of commonly performed dermatological procedures such as laser epilation, dermal fillers, and botulinum toxin injections. The primary material of the study consisted of precedent-setting decisions of the high courts.

From these judicial decisions, fundamental legal principles—particularly those concerning the nature of the contract for work (contract of result), informed consent, and the distinction between complications and malpractice—were identified. The manner in which these principles are integrated into dermatological practice was analyzed through the use of hypothetical cases constructed on the basis of the court decisions.

Contract for Work (Contract of Result)

In Turkish law, the legal relationship between a physician and a patient is generally accepted as a "contract of mandate", under which the physician's primary obligation is to exercise due care and diligence in providing medical treatment aimed at the patient's recovery. However, aesthetic procedures performed for cosmetic purposes and aimed at achieving a specific result are evaluated under a different legal category by the high courts.

In cosmetic procedures, the patient's primary objective is not medical treatment but rather the attainment of an improved aesthetic appearance, such as smoother or more attractive skin. For this reason, such procedures are considered within the scope of a "contract for work (contract of result)". Under a contract for work, it is assumed that the physician guarantees a specific outcome to the patient. Accordingly, if the result of botulinum toxin injections, dermal fillers, or laser treatments fails to meet the patient's expectations or leads to a worse condition, the physician may incur liability as the "contractor" of the work.

This legal approach indicates that even in the absence of negligent or careless conduct, the physician may still face legal liability if the promised result is not achieved [7–14].

In the reviewed cases, the following outcomes were observed:

- **Laser Epilation:** Permanent scarring and burn injuries.
- **Botulinum Toxin and Dermal Fillers:** Asymmetry and post-procedural infections.

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- **Laser Skin Resurfacing:** Failure to achieve the expected outcome and development of hyperpigmentation.
- **Other Aesthetic Procedures:** Various result-oriented complications.

Fundamental Elements of Physician Liabilityerd

In dermatological, cosmetic, and aesthetic malpractice litigation, several conditions must coexist for a physician's legal liability to arise:

- **Unlawful Act:** The physician's intervention must be contrary to medical standards or in violation of the duty to provide adequate informed consent.
- **Damage:** The occurrence of material or moral harm to the patient.
- **Causal Link:** A direct causal relationship between the physician's act and the damage sustained by the patient.
- **Fault:** The physician's failure to perform the procedure with due care, diligence, or attention, including negligence or omission.

Statistical Analysis

Statistical analyses were performed using IBM SPSS Statistics version 26.0. The decisions were categorized according to the type of practitioner (physician vs. unauthorized individual), violation of advertising and promotion regulations, lack of informed consent, adequacy of written consent, breach of the duty of medical care, distinction between complication and malpractice, dissatisfaction with aesthetic outcomes, claims for non-pecuniary damages, imposition of administrative sanctions, and violations of personal rights. Categorical variables were expressed as frequencies (n) and percentages (%). Comparisons between procedures performed by physicians and those performed by unauthorized individuals were performed using the chi-square (χ^2) test. A p value of < 0.05 was considered statistically significant.

Results

A total of 54 high court decisions related to aesthetic and cosmetic surgery were identified through searches conducted on the official website of the High Courts of the Republic of Türkiye and the Lexpera jurisprudence database (version 6), which is accessible through the university library. The search was performed using the keywords "physician fault," "cosmetic," "aesthetic," "dermatology," and "filler–botulinum toxin–laser procedures." The percentage distribution of the identified decisions according to the type of procedure and year is presented in Table 1.

The majority of the decisions belonged to the chambers of the Council of State, and a substantial proportion concerned disputes related to advertising and promotional activities in healthcare services. Violations of the prohibition on advertising in healthcare were identified in 68.4% of the decisions, while deficiencies in informed consent were detected in 63%. Dissatisfaction with aesthetic outcomes (57.4%) and the creation of an impression that the procedures would yield guaranteed results (55.6%) were among the other frequently observed findings. In addition, violations of the duty of medical care were discussed in 44.4% of the decisions, and in 31.5% of cases, the procedures were found to have been performed by unauthorized non-physician individuals.

Of the 54 judicial decisions analyzed, 17 cases (31.5%) involved aesthetic and cosmetic procedures performed by unauthorized non-physician practitioners, whereas in 37 cases (68.5%), the procedures were performed by physicians. In cases involving unauthorized practitioners, markedly higher rates of violations of the advertising and promotion ban (88.2%), lack of informed consent (82.4%), and dissatisfaction with aesthetic outcomes (82.4%) were observed. In the same group, high rates of violations of the duty of medical care (76.5%), claims for non-pecuniary (moral) damages (76.5%), and the imposition of administrative sanctions (82.4%) were also noteworthy (Table 2).

In procedures performed by physicians, violations of advertising regulations (59.5%) and deficiencies in informed consent (54.1%) were still observed at considerable rates. However, the rates of violations of the duty of medical care (29.7%), claims for non-pecuniary (moral) damages (27.0%), and infringements of personality rights (16.2%) were found to be lower compared with procedures performed by unauthorized individuals. These findings indicate that the performance of aesthetic and cosmetic procedures by unauthorized practitioners poses a significantly higher risk in terms of both legal liability and patient safety.

In cases involving physicians, the scope and evidentiary adequacy of informed consent emerged as the primary determining factor in establishing liability. Although complications were accepted in most cases as known and inherent risks of medical practice, the failure to adequately inform patients about these risks was attributed as physician fault. It was determined that general and abstract consent forms were not considered legally sufficient; instead, the disclosure of concrete, procedure-specific risks was deemed mandatory. Furthermore, the presence of complications alone was not considered indicative of physician negligence. Rather, the management of complications, postoperative follow-up, and compliance with medical record-keeping obligations were found to be of critical importance in liability assessments.

Outcomes such as tissue necrosis, wound dehiscence, sagging, deformity, and functional loss were frequently evaluated as medically recognized complications. However, deficiencies in postoperative or post-procedural follow-up, interventions performed under inappropriate conditions, or errors in the management of the complication process resulted in physician liability within the scope of the duty of care.

The quality of expert witness reports also emerged as a decisive factor under high court review. In several cases, decisions were overturned due to expert reports lacking appropriate

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specialty expertise, adequate reasoning, or scientific evaluation. Emphasizing the characterization of aesthetic surgery and cosmetic procedures as contracts for work, the courts underlined the necessity of expert, comprehensive, and scientifically grounded reports when assessing both the achieved outcome and the duty of care.

Finally, patient behavior was identified as an influential parameter in the evaluation of liability. Factors such as non-adherence to treatment recommendations, smoking, and failure to attend follow-up visits were found in some cases to weaken or eliminate the causal link between the physician's act and the alleged harm. However, such circumstances did not negate the physician's duty to provide adequate informed consent. Where deficiencies in patient information were present, physician liability persisted even in the presence of contributory patient fault. This finding highlights the multifaceted and extensive nature of physician obligations in the fields of aesthetic medicine and cosmetology.

Table 1. General characteristics of the judicial decisions reviewed regarding aesthetic and cosmetic medical procedures (n = 54)

Characteristic	Variable	N	%
Decision Dates	**2014–2016**	3	5.6
	2017–2019	18	33.3
	2020–2022	23	42.6
	2023–2025	10	18.5
Issues addressed in the decisions	**Violation of the ban on advertising and promotion**	37	68.4
	Lack of informed consent	34	63.0
	Dissatisfaction with aesthetic outcome	31	57.4
	Perception of scientific certainty / guarantee	30	55.6
	Inadequacy of written consent	27	50.0
	Breach of the duty of medical care	24	44.4
	Claim for non-pecuniary (moral) damages	23	42.6
	Complication–malpractice debate	21	38.9
	Procedure performed by an unauthorized person	17	31.5
	Imposition of administrative sanctions	20	37.0
	Violation of personality rights	18	33.3

Note: Since a single decision may include more than one theme, the total percentage may exceed 100%

Table 2. Comparison of aesthetic and cosmetic procedures performed by unauthorized persons and physicians

Evaluated criterion	Procedures performed by unauthorized persons (n = 17)	Procedures performed by physicians (n = 37)	p
Total number of files	17 (31.5%)	37 (68.5%)	
Violation of advertising and promotion ban	15 (88.2%)	22 (59.5%)	0.07
Lack of informed consent	14 (82.4%)	20 (54.1%)	0.09
Insufficient written consent	12 (70.6%)	15 (40.5%)	0.07
Violation of medical care duty	13 (76.5%)	11 (29.7%)	0.04
Complication-malpractice dispute	11 (64.7%)	10 (27.0%)	0.01
Dissatisfaction with aesthetic result	14 (82.4%)	17 (45.9%)	0.02
Claim of moral damage	13 (76.5%)	10 (27.0%)	0.02
Imposition of administrative sanctions	14 (82.4%)	6 (16.2%)	0.01
Violation of personal rights	12 (70.6%)	6 (16.2%)	0.01

Note: Percentages show the rates within each group. Since a decision may include more than one type of violation, the total may exceed 100%

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Discussion

High court decisions characterize dermatological, cosmetic, and aesthetic procedures as contracts for work (contracts of result), thereby indicating that physicians are deemed to provide a guarantee of outcome. This legal qualification implies that physicians may be held liable both for negligence during the performance of the procedure (malpractice) and for failure to achieve the promised result (breach of a contract for work). Within this chain of liability, the most critical element is informed consent. Even when a dermatologist performs a procedure in good faith and in accordance with accepted medical standards, failure to provide written and adequate information regarding all potential risks and complications that may arise after the procedure places the physician in a legally vulnerable position.

Therefore, prior to each procedure, physicians are required to provide comprehensive information in a language understandable to the patient, covering all procedural details, potential risks, and the expected recovery process, and to document this consent appropriately. Only through such documentation can physicians effectively defend themselves against allegations of inadequate disclosure in potential judicial proceedings [15-17].

As emphasized in high court rulings concerning aesthetic surgery, this principle is equally applicable to dermatological procedures. In numerous cases, even when expert witness reports failed to establish physician fault, high courts overturned lower court decisions on the grounds that the physician had not fulfilled the duty of informed consent. For instance, the development of burns or permanent hyperpigmentation following laser epilation may be medically classified as a complication. However, if the physician failed to inform the patient in advance about these potential risks, liability may still be imposed. High courts do not consider general statements in consent forms—such as "possible complications"—to be legally sufficient; instead, they require clear, explicit, and comprehensible disclosure tailored to the patient's sociocultural level [18,19].

One of the physician's most fundamental obligations is to obtain informed consent. This entails providing the patient with detailed information regarding the purpose and method of the procedure, potential risks and side effects, likelihood of success, and alternative treatment options, and obtaining the patient's confirmation that this information has been understood. The execution of this process through written documentation, verified by the patient's signature, is of paramount importance [20].

Across cases reviewed by various chambers of the high courts concerning aesthetic, dermatological, and cosmetological procedures, a consistent legal approach emerges: the physician–patient relationship is regarded as a contract for work, and physicians are required to fully comply not only with their duty of medical care but also with their duty to inform.

Within this framework, dermatological and cosmetological interventions—including laser epilation, dermal fillers, botulinum toxin injections, chemical peeling, and mesotherapy—are evaluated under the same liability principles as aesthetic surgical operations.

Dermatological and Cosmetological Procedures (Fillers, Laser Treatments, Peeling, etc.) : High courts adopt an approach toward dermatological and cosmetological interventions that is comparable to their assessment of aesthetic surgery. Complications such as burns, hyperpigmentation, and scarring following laser epilation, as well as outcomes including asymmetry, infection, and tissue necrosis after dermal filler or botulinum toxin applications, are evaluated within the framework of the physician's duty to inform and the pre-procedural duty of care. Factors such as the technical infrastructure of the treatment facility, the suitability of the materials used, sterilization conditions, and interventions performed by non-physician personnel are also regarded as decisive elements in the determination of fault. In addition to deficiencies in informed consent, patient-related factors—such as non-adherent behavior or failure to comply with treatment instructions—have been considered by high courts as mitigating elements that may reduce liability.

In the present study, it was demonstrated that the performance of aesthetic and cosmetic procedures by unauthorized individuals is associated with markedly higher rates of legal violations compared with procedures performed by physicians. In particular, violations of advertising and promotion regulations, deficiencies in informed consent, breaches of the duty of medical care, and claims for non-pecuniary (moral) damages were significantly more frequent in unauthorized practices. These findings are consistent with reports in the literature indicating that, despite their medical nature, aesthetic procedures are often presented as commercial activities, and that patient safety is frequently deprioritized, especially in practices carried out by non-physician individuals [16,21]. Previous studies have clearly emphasized that aesthetic interventions fall within the scope of healthcare services and are therefore subject to medical ethics, professional competence requirements, and legal liability standards. Nevertheless, it has been reported that both the duty to inform and adherence to professional standards are often neglected in unauthorized practices [22].

It is noteworthy that even in procedures performed by physicians, violations of advertising regulations and deficiencies in informed consent persist at certain rates. The literature suggests that, particularly in aesthetic dermatology, increasing competition has blurred the boundaries of promotional activities on social media and digital platforms, thereby exposing physicians to heightened legal risks. However, the substantially lower rates of breaches of the duty of medical care, claims for non-pecuniary damages, and violations of personality rights in physician-performed procedures—compared with those carried out by unauthorized individuals—support the protective role of

medical education and professional responsibility. These results are consistent with views in the literature emphasizing that the distinction between complications and malpractice can only be made in the context of practices conducted in accordance with accepted medical standards.

Accordingly, our findings underscore that the performance of aesthetic and cosmetic procedures exclusively by authorized physicians, within an appropriate framework of informed consent and ethical practice, is critical for ensuring patient safety and reducing legal risks [17–23]. The judicial decisions analyzed in this article serve as a cautionary message for dermatologists: beyond compliance with professional standards, meticulous attention to patient communication and the fulfillment of the duty of informed consent are of vital importance for legal protection.

Conclusion

Lack of informed consent may constitute fault per se: Even medically unavoidable complications may give rise to physician liability if the patient was not adequately informed of the associated risks.

Form and content of informed consent are determinative: General and abstract consent forms are insufficient. The type of procedure, potential complications, alternative treatment options, and realistic outcome expectations must be clearly and explicitly disclosed.

Contract for work characterization: Aesthetic, dermatological, and cosmetological procedures are evaluated within the scope of a contract for work, under which the physician assumes an obligation to produce a specific result. This legal characterization gives rise to a stricter liability regime compared with general medical interventions.

Importance of expert witness evaluation: The Court of Cassation places particular emphasis on obtaining expert reports from specialists in dermatology or plastic surgery in cosmetology-related cases. Inadequate, generic, or insufficiently reasoned expert reports frequently lead to the reversal of judicial decisions.

Impact of patient behavior: Factors such as non-adherence to treatment, failure to attend wound care or follow-up visits, smoking, or neglect of recommended postoperative care may be considered elements that weaken or sever the causal link, thereby reducing or mitigating physician liability.

Limitations of the Study

This study has several limitations. First, the analysis was limited to accessible and published judicial decisions and does not include disputes resolved through settlement or cases that did not reach the judiciary. This limitation may have resulted in an underestimation of the true frequency of legal disputes related to aesthetic and cosmetic procedures. Additionally, the reviewed decisions originated from different judicial bodies, resulting in heterogeneity in reasoning styles and levels of detail.

Consequently, certain variables were not explicitly stated in all decision texts, rendering some classifications interpretative in nature. The percentage distributions used in the study are based on content analysis of the decisions; because a single decision may encompass multiple themes, cumulative percentages may exceed 100%. Moreover, the study does not include primary data on clinical outcomes or patient satisfaction and is based solely on the analysis of legal texts.

Finally, due to the retrospective and descriptive design of the study, causal relationships cannot be established. The findings should therefore be interpreted as reflecting judicial trends and legal approaches to aesthetic and cosmetic procedures rather than causal inferences. In addition, physicians were not stratified according to subspecialty, such as dermatology specialists versus other medical disciplines.

Ethical Approval

This study did not require ethical committee approval because it involved the analysis of publicly accessible judicial decisions, did not include human subjects, and contained no identifiable personal data. So that only Institutional local (İnönü University Faculty of Medicine, Department of Dermatology and Venereal Diseases) approval for the study was obtained (dated 04.11.2025, reference number E-79376635-010.99-665895).

Patient Consent

Patient consent was not required because this study was based on anonymized judicial records and did not involve direct patient participation or identifiable patient data.

Conflict of Interest

The authors confirm the absence of any conflicts associated with this work.

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