

EDITORIAL

Ugly reality of beauty industry demands urgent makeover

THE
AGE

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March 25, 2025 – 7.30pm

“Magic mirror on the wall, who is the fairest one of all?”

On one level, the fairytale of Snow White – back in the cinemas since last week – is the story of an insecure woman constantly measuring herself against a younger, prettier rival.

For people of all ages in today’s society, the magic mirror is replaced by a deluge of [social media posts](#) and selfies, most of them absorbed through a technology that allows the user to generate an ideal for their own appearance.

Veya Seekis, a Griffith University body image expert, [told our reporters](#): “People take shots of themselves, filter that shot, and then feel terrible about themselves because they don’t live up to the filtered image that they’ve created.”

In this environment, it is easy enough to see how demand for cosmetic procedures is generated.

But as our reporters [Henrietta Cook and Clay Lucas have shown](#), there are serious question marks over the industry which has sprung up to meet this demand, with people now receiving appearance-altering injections in their local shopping mall.

It is this “intersection of medicine and commerce”, as one of the businesses we investigated put it, that is of pressing concern. In the pursuit of an aesthetic goal, members of the public are taking real medical risks.

Our investigation of this sector begins with a 52-second telehealth consultation between a doctor and a patient. The brevity of this encounter may be troubling from a regulatory perspective, but it,

too, is a reflection of the age we live in.

We were told by one doctor who had worked for an injectables clinic that doctors who take “too long” to issue telehealth scripts for dermal fillers or Botox “are chosen less often by [injecting] nurses”.

The aim is to maximise volume in what is already a multibillion-dollar industry.

One does not have to be particularly cynical to note that many advertising videos online are also less than one minute long.

While we are unlikely to see demand fall away, we can surely do a better job of regulating the provision of such services, given the very real health implications involved.

Even though the bottle is now well behind the genie, the nation’s policymakers should still take a moment to consider whether telehealth is an appropriate way to deliver this medicine.

If it is deemed appropriate, then this masthead believes a number of measures should be swiftly introduced.

As patient advocacy group Operation Redress suggested to us, clinics should have to register their case complications.

At present, the Therapeutic Goods Administration [encourages patients to come forward](#), but this reckons without the stigma that often surrounds such treatments when they go wrong. The onus of notification should be squarely on the supplier of the service.

Secondly, we believe that a formalised training requirement for nurse injectors – or “nursepreneurs”, as they are sometimes known – should amount to more than the sort of two-day “boot camp” that one clinic has advertised.

It is also worth considering whether doctors and nurses should be allowed to move straight from graduation into these sorts of businesses, rather than first being required to practise in more conventional medical settings.

Finally, we believe that there should be a mandated minimum consultation time and continuity of consultation before repeated treatments of this kind can proceed. The current approach makes a mockery of rules crafted with the patient’s interests to the fore.

Cosmetic doctor Tom Parmakellis has suggested that the Australian Health Practitioner Regulation Agency should have guidelines for how many patients a doctor can see by telehealth in a single day, and how many nurses each doctor is allowed to supervise.

It may be argued that this will harm some clinics’ business models, but cosmetic physician Ansulette Kay told us that it is precisely “easy access to treatments, cheaper pricing, lower perceived and disclosed risks and aggressive marketing” that are increasing the problems in this sector.

It is vital that there is a proactive third party, whether it is the TGA or AHPRA or both, safeguarding patients’ interests.

It is clear that this is not happening right now. That is the beauty industry's ugly reality.

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