



The Legal and Ethical Paradigm of Informed Consent in Reconstructive and Aesthetic Surgery in Morocco: A Comprehensive Medico-Legal Analysis

Azzouzi Mohamed Salim^{1*}, Hajjar Amine¹, Zennour Anas¹, Oumkaltoum Elatqi¹, Samira Boukind², Moulay Driss Elamrani², Yassine Benchamkha¹

¹Department of Plastic and Reconstructive Surgery, Mohammed VI University Hospital, Marrakesh, Morocco

²Department of Anatomy, Faculty of Medicine of Marrakech, Morocco

*Corresponding author: Azzouzi Mohamed Salim

Department of Plastic and Reconstructive Surgery, Mohammed VI University Hospital, Marrakesh, Morocco

Article History

Received: 17-10-2025

Accepted: 04-12-2025

Published: 06-12-2025



Abstract:

Background: The Kingdom of Morocco is transitioning from medical paternalism to a model of patient autonomy, a shift reflected in the 2011 Constitution and subsequent legislative overhauls. In plastic surgery, informed consent is now a mandatory legal pillar rather than a mere ethical recommendation. **Objective:** This study analyzes the legal and ethical framework of informed consent in Morocco, with a focus on the specific liabilities associated with reconstructive and aesthetic procedures. **Methods:** A review of current Moroccan legislation (notably Law No. 131-13), international ethical codes, and recent empirical studies on medical knowledge and malpractice litigation was performed. **Results:** In Morocco, aesthetic surgery is distinguished by an "enhanced obligation of means" or an "obligation of result," imposing a higher standard for risk disclosure compared to reconstructive surgery. Significant medico-legal challenges include the legal recognition of "préjudice d'impréparation" (non-preparation damage), the prevalence of illegal practice by non-professionals, and the impact of social media on patient expectations. **Conclusion:** To mitigate litigation risks, surgeons must implement standardized, bilingual (Arabic/French) documentation, engage in proactive psychological screening for conditions such as Body Dysmorphic Disorder, and strictly adhere to mandatory reflection periods required for aesthetic interventions. Strengthening medical education on liability and ethics is essential to harmonize surgical excellence with legal safety. **Keywords:** Aesthetic Surgery, Informed Consent, Medical Ethics, Medico-Legal Responsibility, Moroccan Healthcare Law, Patient Autonomy, Plastic Surgery.

Review Article

Copyright © 2025 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

The medical landscape of the Kingdom of Morocco is currently undergoing a profound transformation, driven by ambitious legislative reforms and a shift in the socio-cultural understanding of the patient-physician relationship. Central to this evolution is the concept of informed consent, which serves as both a fundamental ethical pillar and a critical legal safeguard, particularly within the specialized domains of reconstructive and aesthetic surgery. As plastic surgery expands rapidly in Morocco, the complexity of balancing patient

autonomy with professional liability has become a focal point for medical practitioners, legal scholars, and regulatory bodies alike [1]. This report provides an exhaustive analysis of the legal, ethical, and practical dimensions of informed consent in the Moroccan surgical context, adapted for an international audience.

The Constitutional and Legislative Architecture of Health in Morocco

The right to health in Morocco is no longer a peripheral policy goal but a constitutionally enshrined mandate. The

2011 Constitution of Morocco marked a watershed moment by explicitly recognizing the right of access to healthcare and medical coverage as fundamental rights for all citizens [3]. Article 31 of this Constitution serves as the ultimate legal foundation, obliging the State and public institutions to mobilize all available means to facilitate equal access to health services [3]. This constitutional recognition has paved the way for a series of legislative overhauls designed to modernize the practice of medicine and protect the rights of patients.

The primary regulatory instrument for medical practice is Law No. 131-13, promulgated in 2015 [1]. This law defines the legal boundaries of medical acts, stipulates the qualifications required for practitioners, and establishes the standards for healthcare facilities. In the realm of plastic surgery, Law 131-13 is instrumental in reserving surgical acts for qualified physicians who have completed specialized training and are registered with the National Medical Council (CNOM) [1]. The law also provides a framework for innovative practices, such as telemedicine, which was introduced to address geographical disparities in access to care [7].

The Evolution of the Regulatory Framework

To address chronic shortages in medical personnel and improve the resilience of the health system, the Moroccan government introduced Law No. 33-21 in 2021 [1]. This amendment to Law 131-13 seeks to provide incentives for Moroccan doctors practicing abroad to return home and facilitates the registration of foreign doctors to practice within the Kingdom [8]. Furthermore, Framework Law No. 06-22 on the national health system aims to create a more integrated and efficient healthcare model, supported by the generalization of social protection under Law No. 09-21 [3].

Table 1: Principal Legislative and Regulatory Framework of the Moroccan Health System [1]

Legislative Instrument	Primary Focus and Medico-Legal Impact
2011 Constitution (Art. 31)	Establishes the fundamental right to health and access to medical care [3].
Law No. 131-13	Regulates the practice of medicine, qualifications, and facility standards [1].
Law No. 33-21	Facilitates practice by foreign doctors and returning expatriate Moroccan physicians [8].
Law No. 09-21	Framework law on social protection, expanding health insurance coverage [8].
Framework Law No. 06-22	Overhauls the national health system for better resilience and governance [3].

Theoretical Foundations of Informed Consent: From Paternalism to Autonomy

The doctrine of informed consent represents the legal and ethical bridge between the physician's duty to provide care and the patient's right to self-determination. In Morocco, the medical profession has traditionally operated under a paternalistic model, where the physician was viewed as the sole arbiter of the patient's best interest. However, contemporary Moroccan law and medical ethics have transitioned toward a model of "patient autonomy," where the patient is an active participant in medical decision-making [1].

Informed consent is not a mere procedural check-list; it is a voluntary and sufficiently informed decision that protects the patient's bodily integrity and well-being [11]. The ethical justifications for this requirement stem from the principles of autonomy, beneficence, non-maleficence, and justice [1]. Autonomy requires that the patient be free from coercion and provided with all necessary information to make a choice. Beneficence and non-maleficence oblige the surgeon to weigh the benefits of a procedure against its risks, while justice

ensures that medical resources and risks are distributed fairly [1].

The Specificity of Aesthetic Surgery

In the context of aesthetic surgery, the requirement for informed consent is particularly rigorous. Unlike reconstructive surgery, which often addresses a functional deficit or a post-traumatic deformity, aesthetic surgery is typically elective and non-therapeutic in nature [1]. Because the patient is not "sick" in the traditional sense, the balance of risk and benefit is viewed differently by the courts. The subjective nature of beauty and the patient's personal expectations for physical enhancement necessitate a deeper level of disclosure than in standard medical procedures [1].

Components of a Valid Informed Consent Process

For informed consent to be legally valid in Morocco, the physician must disclose information that is clear, loyal, and adapted to the patient's capacity for understanding. This disclosure must encompass the nature of the condition, the proposed procedure, the expected outcomes, and the potential risks [10].

Mandatory Disclosure Requirements

The information provided to the patient must include the following key elements to satisfy both ethical standards and legal obligations under Moroccan law [1]:

1. **Nature and Purpose of the Intervention:** The surgeon must explain exactly what the surgery involves, using terminology that the patient can understand [10]. For example, a patient undergoing a facelift (rhytidectomy) must understand the locations of the incisions and the extent of tissue manipulation.
2. **Expected Benefits and Realistic Outcomes:** Surgeons must avoid over-promising or guaranteeing "perfection"

[1]. In aesthetic surgery, the outcome is often subjective, and the patient must be informed that results can vary based on individual healing and anatomy.

3. **Inherent Risks and Complications:** Both common risks (such as infection, scarring, and hematoma) and rare but serious complications (such as anesthesia-related events or necrosis) must be disclosed [1]. Quantifying these risks—stating that a complication occurs in 1 out of 100 cases—is often encouraged to improve patient comprehension [10].
4. **Alternatives to Surgery:** Patients must be informed of non-surgical alternatives, such as fillers, laser treatments, or the option to undergo no treatment at all [10].
5. **Financial Transparency:** A detailed cost estimate (*devis détaillé*) is essential. This should break down surgeon fees, facility costs, anesthesia, and potential additional costs if complications arise [1].
6. **Recovery Timeline and Post-operative Constraints:** The patient must know the duration of the downtime, when they can return to work, and the specific post-operative care required to ensure a safe recovery [17].

Language and Linguistic Barriers

A significant challenge in the Moroccan medico-legal context is the linguistic diversity of the population. While medical education is predominantly in French, a large portion of the population speaks Arabic or Tamazight [10]. The courts have held that a signature on a form written in a language the patient does not master is legally invalid [10]. Therefore, surgeons are advised to provide information and documentation in a language the patient understands perfectly, often utilizing qualified medical interpreters during consultations [10].

Legal Liability of Plastic Surgeons in Morocco

The legal responsibility of plastic surgeons is multifaceted, encompassing civil, criminal, and disciplinary dimensions. Each type of liability serves a different function in

the regulation of medical practice and the protection of patient rights [1].

Civil Liability: Contractual and Tortious Dimensions

In Morocco, the doctor-patient relationship is essentially contractual in nature, governed by the Code of Obligations and Contracts (DOC) [18]. Civil liability arises when a surgeon fails to meet their professional obligations, resulting in damage to the patient. To establish liability, three elements must be proven: a medical fault, a compensable damage, and a causal link between the fault and the damage [1].

A critical distinction in Moroccan civil law is the nature of the physician's obligation. While general medical acts are typically subject to an **obligation of means** (*obligation de moyens*), where the doctor must use all reasonable efforts and current scientific knowledge to treat the patient, aesthetic surgery is increasingly viewed as an **obligation of result** (*obligation de résultat*) [1]. This means that because the surgery is elective and performed on a "healthy" person for a cosmetic goal, the surgeon may be held liable if the specific result promised is not achieved, or if an undisclosed complication occurs [1].

The "Préjudice d'Impréparation"

The Moroccan courts have also adopted the concept of "préjudice d'impréparation" (damage of non-preparation). This occurs when a patient suffers a complication that was not disclosed during the informed consent process [22]. Even if the complication was unavoidable and the surgery was performed correctly, the patient is compensated for the psychological shock and the lack of opportunity to prepare for the adverse outcome or to refuse the surgery altogether [22]. This underscores that the duty to inform is an autonomous obligation, independent of the technical quality of the surgical act.

Table 2: Typology of Compensable Damages in Moroccan Plastic Surgery Litigation [1]

Type of Damage	Description in Medico-Legal Context
Physical Damage	Actual bodily injury, deformity, or functional impairment resulting from the procedure [1].
Psychological Damage	Emotional distress, depression, or loss of self-esteem, often due to poor aesthetic outcomes [1].
Financial Damage	Economic loss, including the cost of revision surgery, loss of earnings, and medical expenses [1].
Non-Preparation Damage	Compensation for the lack of information regarding a complication, regardless of surgical fault [22].

Criminal and Disciplinary Responsibility

Criminal liability in Morocco arises in cases of involuntary homicide, serious negligence, or the illegal practice of medicine [1]. The Penal Code and specific provisions in Law 131-13 provide for imprisonment and heavy fines for practitioners who perform procedures outside their area of expertise or who use non-approved medical products [1].

Disciplinary responsibility is enforced by the National Medical Council (CNOM). The Council monitors the ethical conduct of physicians and can impose sanctions ranging from warnings and reprimands to temporary or permanent bans on practicing medicine [1]. Adherence to the Moroccan Code of Medical Ethics is the benchmark for disciplinary assessments.

Current State of Knowledge and Practice Among Moroccan Physicians

Empirical research into the knowledge and attitudes of Moroccan physicians regarding medical ethics and informed consent reveals a significant gap between legal requirements and clinical practice. A multicenter study conducted among interns and residents provides critical insights into the challenges faced by the medical community [12].

Knowledge Assessment Data

The following data summarizes the level of knowledge among early-career physicians in Morocco regarding key ethical and legal concepts [12]:

Table 3: Quantitative Assessment of Bioethical and Medico-Legal Knowledge Among Early-Career Moroccan Physicians [12]

Knowledge Domain	Percentage of Physicians with Correct Knowledge
Correct definition of medical research ethics	50.1%
Knowledge of a Moroccan law governing research ethics	41.8%
Specific knowledge of Law No. 28-13 (Research Ethics)	5.4%
Mandatory requirement for informed consent	81.4%
Duty to inform of all potential risks	66.7%
Consent requirements for vulnerable groups (minors/mentally ill)	67.2%
Confidentiality as a means of privacy protection	72.4%
Right of subjects to withdraw from a study at any time	75.9%
Equal sharing of risks and benefits in research	79.2%
Availability of ethics committees in Morocco	54.2%

These findings suggest that while there is a general awareness of the importance of informed consent, the specific legislative framework is often poorly understood. This lack of detailed knowledge increases the medico-legal risk for practitioners, especially in high-stakes fields like plastic surgery [12].

Challenges and Risks in the Moroccan Aesthetic Market

The rapid expansion of plastic surgery in Morocco has brought about unique challenges that impact the safety of patients and the legal security of surgeons.

The Problem of Illegal Practice

The Moroccan Society of Plastic, Reconstructive and Aesthetic Surgery (SMCPRE) has consistently raised alarms regarding the illegal practice of aesthetic medicine by non-professionals [1]. These unauthorized practices—often involving injections of non-approved fillers or botulinum toxin in non-medical settings like beauty

salons—pose substantial health risks, including severe infections and permanent scarring [1]. Law 131-13 strictly reserves these acts for qualified physicians, but enforcement remains a significant hurdle [1].

Social Media and Body Dysmorphic Disorder

Social media has revolutionized the way aesthetic surgery is marketed and perceived in Morocco. The constant exposure to filtered images and influencer endorsements often leads to unrealistic expectations among patients [1]. Furthermore, there is an increasing prevalence of patients with Body Dysmorphic Disorder (BDD), a psychiatric condition characterized by an obsessive preoccupation with perceived flaws in appearance [1].

Research indicates that patients with BDD are often dissatisfied with surgical results and are more likely to engage in litigation against their surgeons [15]. Therefore, an ethical and legally protective informed consent process in Morocco should include a psychological screening component. Surgeons are advised to refuse treatment to patients who exhibit signs of BDD or whose expectations cannot be realistically met through surgery [1].

Professional Standards and Documentation Guidelines

To mitigate medico-legal risks, plastic surgeons in Morocco must adhere to strict documentation standards. The informed consent process must culminate in a written document signed by the patient [1].

Standardized Consent Forms

The SMCPRE plays a vital role in providing standardized informed consent forms that cover the essential elements of disclosure [1]. A robust consent form should include:

- A clear identification of the patient and the surgeon.
- The specific name and description of the procedure.
- A detailed list of potential risks and complications.
- A statement confirming that the patient has had the opportunity to ask questions and is satisfied with the answers.
- Signatures of the patient (or legal guardian), the surgeon, and ideally a witness [10].

The Role of Professional Liability Insurance

Law No. 131-13 makes professional liability insurance mandatory for all physicians practicing in Morocco [1]. This insurance is a critical safety net, covering the financial consequences of medical errors or negligence and ensuring that patients can be compensated for damages [1]. In many cases, insurance companies require proof of a signed informed consent form as a condition for providing coverage in a litigation event [1].

International Alignment and Future Directions

The Moroccan legal and ethical framework for informed consent is increasingly aligned with international standards such as the Declaration of Helsinki and the WMA International Code of Medical Ethics [13]. However, as the medical field continues to evolve, several areas require further attention.

Telemedicine and Informed Consent

The integration of telemedicine into the Moroccan health system offers new opportunities for remote consultation and follow-up [7]. However, obtaining informed consent via digital platforms requires careful regulation to ensure data privacy (complying with Law No. 09-08) and to verify that the patient has truly understood the information provided remotely [1].

Strengthening Medical Education

The findings of Harch *et al.*, underscore the need for more intensive training in medical law and ethics during the residency period [12]. Future reforms should focus on integrating practical medico-legal workshops into the curriculum for surgical specialties, ensuring that residents are equipped to navigate the complexities of informed consent and liability [9].

Conclusion: Synthesizing Patient Rights and Professional Responsibility

Informed consent in reconstructive and aesthetic surgery in Morocco is much more

than a signature on a page; it is a fundamental expression of respect for human dignity and autonomy. The transition from a paternalistic model to an autonomy-based model, supported by a robust constitutional and legislative framework, has significantly enhanced patient protection within the Kingdom.

However, the specific nature of aesthetic surgery—characterized by subjective expectations and an elective choice—places a heavy burden of responsibility on the surgeon. The shift toward an obligation of result in the eyes of the courts, combined with the recognition of the "préjudice d'impréparation," necessitates a meticulous approach to the disclosure of risks and the documentation of consent.

To thrive in this complex medico-legal environment, Moroccan plastic surgeons must prioritize transparent communication, linguistic adaptation, and psychological screening. Furthermore, the medical community must continue to advocate for the strict enforcement of Law 131-13 to eliminate the dangers of illegal practice. By embracing these principles, the field of plastic surgery in Morocco can continue its rapid expansion while maintaining the highest standards of ethics, safety, and legal integrity.

The future of Moroccan healthcare depends on the successful implementation of the current reforms, which aim to harmonize clinical excellence with legal accountability. In this context, the informed consent process will remain the cornerstone of a trust-based relationship between the surgeon and the patient, ensuring that the pursuit of aesthetic enhancement or reconstructive healing is conducted with the full understanding and voluntary agreement of those who seek it.

Sources Des Citations

1. SAS Journal of Medicine Legal Aspects of Plastic ... - SAS Publishers, consulté le février 6, 2026, <https://www.saspublishers.com/article/23339/download/>

2. Legal Aspects of Plastic Surgery in Morocco | Request PDF - ResearchGate, consulté le février 6, 2026, https://www.researchgate.net/publication/398231564_Legal_Aspects_of_Plastic_Surgery_in_Morocco
3. THE RIGHT TO HEALTH IN MOROCCO, consulté le février 6, 2026, https://annd.org/uploads/publications/Right_to_health_in_Morocco_Key_issues_and_challenges_Saad_Zbiri_PhD_En.pdf
4. Morocco 2011 - Constitute Project, consulté le février 6, 2026, https://www.constituteproject.org/constitution/Morocco_2011
5. Prise en charge des traumatismes crâniens au service au CHR, consulté le février 6, 2026, <https://wd.fmpm.uca.ma/biblio/theses/anne-hm/FT/2024/these484-24.pdf>
6. An Introduction to Medical Malpractice in the United States | Request PDF - ResearchGate, consulté le février 6, 2026, https://www.researchgate.net/publication/23498407_An_Introduction_to_Medical_Malpractice_in_the_United_States
7. Telemedicine for Rural Communities: Morocco - Pathfinders, consulté le février 6, 2026, <https://www.sdg16.plus/policies/telemedicine-for-rural-communities-morocco/>
8. Draft Law to Provide Incentives in Morocco for Doctors Practicing Abroad, consulté le février 6, 2026, <https://www.morocoworldnews.com/2021/06/57863/draft-law-to-provide-incentives-in-morocco-for-doctors-practicing-abroad/>
9. The New Reform of the National Health System in Morocco: An Opportunity to Meet the Challenges and Improve the Practice of Anesthesiology - PubMed Central, consulté le février 6, 2026, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC11078258/>
10. Informed Consent in Aesthetic Surgery - PMC - NIH, consulté le février 6, 2026, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC4645149/>
11. "MY LIFE IS RUINED": THE NEED TO DECRIMINALIZE ABORTION IN MOROCCO - Amnesty International, consulté le février 6, 2026, <https://www.amnesty.org/en/wp-content/uploads/2024/05/MDE2975062024ENGLISH.pdf>
12. Knowledge, attitudes, and practices of the ethics in medical research among Moroccan interns and resident physicians - NIH, consulté le février 6, 2026, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10953237/>
13. WMA International Code of Medical Ethics, consulté le février 6, 2026, <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>
14. Informed Consent in Reconstructive and Aesthetic Surgery: Ethical ..., consulté le février 6, 2026, <https://isrpublisher.com/informed-consent-in-reconstructive-and-aesthetic-surgery-ethical-principles-and-legal-framework-in-morocco-within-an-international-perspective/>
15. Different Aspects of Informed Consent in Aesthetic Surgeries - PMC - NIH, consulté le février 6, 2026, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC4236989/>
16. Patients' understanding of "informed consent" in plastic surgery - SciELO, consulté le février 6, 2026, <https://www.scielo.br/j/ramb/a/6zpvQvBQ/MxTksqTNyxjBrSK/?lang=en>
17. Informed Consent in Aesthetic Surgery: Best Practices - Prospyr, consulté le février 6, 2026, <https://www.prospyrmed.com/blog/post/informed-consent-in-aesthetic-surgery-best-practices>
18. Code of Obligations and Contracts (promulgated by Dahir of 9 Ramadan 1331 (August 12, 1913), and amended up to Law No. 31-18), Morocco, WIPO Lex, consulté le février 6, 2026, <https://www.wipo.int/wipolex/en/legislation/details/19845>
19. ICRC Duty of Care: elements of definition - United Nations - CEB, consulté le février 6, 2026,

- https://unsceb.org/sites/default/files/imported_files/ICRC%20-%20Duty%20of%20Care%20ICRC%20definition.pdf
20. The Distinction between *Obligations de Résultat* and *Obligations de Moyens* and the Enforceability of Promises - Kluwer Law Online, consulté le février 6, 2026, <https://kluwerlawonline.com/journalarticle/European+Review+of+Private+Law/13.5/ERPL2005041>
 21. Contract law fundamentals: how the position differs across Europe | Osborne Clarke, consulté le février 6, 2026, <https://www.osborneclarke.com/insights/contract-law-fundamentals-how-position-differs-across-europe>
 22. Non-Pecuniary Loss in Personal Injury: Topography ... - CORE, consulté le février 6, 2026, <https://core.ac.uk/download/41993142.pdf>
 23. (PDF) Different Aspects of Informed Consent in Aesthetic Surgeries - ResearchGate, consulté le février 6, 2026, https://www.researchgate.net/publication/265087226_Different_Aspects_of_Informed_Consent_in_Aesthetic_Surgeries
 24. Dahir 21222 - Unodc, consulté le février 6, 2026, https://www.unodc.org/cld/en/legislation/mar/dahir_of_2_december_1922_regulating_the_importation_purchase_sale_possession_and_use_of_poisons/part_iv/articles_44-48/dahir_21222.html
 25. Dahir 270554 - Unodc, consulté le février 6, 2026, https://www.unodc.org/cld/en/legislation/mar/dahir_of_27_may_1954_amending_dahir_of_2_december_1922/article_2/dahir_270554.html
 26. (PDF) Knowledge, attitudes, and practices of the ethics in medical research among Moroccan interns and resident physicians - ResearchGate, consulté le février 6, 2026, https://www.researchgate.net/publication/379116417_Knowledge_attitudes_and_practices_of_the_ethics_in_medical_research_among_Moroccan_interns_and_resident_physicians
 27. Essentials of research ethics for healthcare professionals | Request PDF - ResearchGate, consulté le février 6, 2026, https://www.researchgate.net/publication/227937799_Essentials_of_research_ethics_for_healthcare_professionals
 28. Instructions for Authors | Journal of Plastic and Reconstructive Surgery, consulté le février 6, 2026, <https://j-prs.jp/authors.html>
 29. Telehealth around the world: a global guide - DLA Piper Intelligence, consulté le février 6, 2026, <https://www.dlapiperintelligence.com/telehealth/countries/handbook.pdf>