



Informed Consent in Reconstructive and Aesthetic Surgery: Ethical Principles and Legal Framework in Morocco within an International Perspective

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Abstract:

Informed consent constitutes a fundamental ethical and legal requirement in modern medical practice. In reconstructive and aesthetic surgery, where most procedures are elective and outcomes may be subjective, the consent process plays a critical role in safeguarding patient autonomy and reducing medico-legal risk. This article provides a narrative review of international ethical principles governing informed consent and analyzes the Moroccan legal and deontological framework regulating medical information and patient decision-making. Based on verified legal texts and peer-reviewed literature, we propose practical guidelines adapted to surgical practice in Morocco, with particular emphasis on aesthetic procedures. Our analysis demonstrates that Moroccan regulations are broadly aligned with international ethical standards, but that implementation requires structured communication strategies, adequate documentation, and institutional support to ensure both patient protection and physician legal security.

Keywords: Informed consent, Plastic surgery, Aesthetic surgery, Medical ethics, Patient autonomy, Medico-legal responsibility, Professional deontology, Moroccan healthcare law.

Editorial Note

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INTRODUCTION

The physician-patient relationship has progressively evolved from a paternalistic model to a participatory partnership in which patients are recognized as autonomous decision-makers. Informed consent represents the legal and ethical expression of this evolution, ensuring that medical interventions are performed only after the patient has received appropriate information and has freely agreed to the proposed treatment.

This requirement takes particular importance in reconstructive and aesthetic surgery. While reconstructive procedures aim primarily at restoring function or anatomy

after trauma, cancer, or congenital anomalies, aesthetic surgery is generally elective, motivated by patient expectations rather than strict medical necessity. In such contexts, dissatisfaction, litigation, and ethical conflicts are frequently linked not to technical errors but to deficiencies in preoperative information and expectation management.

International literature consistently emphasizes that informed consent is not limited to a signed form but constitutes a continuous process of dialogue, education, and shared decision-making between physician and patient [1–3]. This process becomes even more complex in aesthetic surgery, where

psychological motivations, media influence, and social pressures may affect patient judgment.

In Morocco, informed consent is regulated by binding legal and deontological texts, particularly the Code of Medical Deontology, which has the force of law. However, few publications have explored how these legal obligations translate into daily surgical practice, particularly in aesthetic medicine. The objective of this article is therefore to analyze the Moroccan legal framework governing informed consent, to compare it with international standards, and to propose practical guidelines adapted to the Moroccan healthcare context.

METHODOLOGICAL APPROACH AND SOURCES

This work is based on a narrative review of peer-reviewed international literature and Moroccan legal texts. Scientific articles were identified using PubMed and open-access databases, focusing on informed consent in surgical settings, particularly in aesthetic and orthopedic procedures, where patient comprehension and satisfaction have been extensively studied [1–5].

Priority was given to systematic reviews and randomized controlled trials evaluating interventions designed to improve patient understanding, including video-assisted and multimedia consent tools [1–5]. Additional ethical analyses of aesthetic surgery were included to address specialty-specific challenges [6, 7].

For the Moroccan legal framework, primary sources were consulted directly from official institutional websites, including the Moroccan Code of Medical Deontology published in the Bulletin Officiel [8] and national legislation regulating medical practice and biomedical research [9, 10]. Secondary Moroccan academic publications addressing patient rights were used only to contextualize legal interpretations but not as primary normative references [11].

This methodology aimed to ensure legal accuracy while situating Moroccan regulations within internationally accepted ethical standards.

ETHICAL FOUNDATIONS OF INFORMED CONSENT IN SURGERY

The ethical justification for informed consent is rooted in respect for patient autonomy, supported by principles of beneficence and non-maleficence. Patients must be able to understand their medical situation, evaluate alternatives, and make decisions consistent with their values.

Systematic reviews have demonstrated that traditional verbal explanations alone often fail to ensure adequate patient comprehension, particularly when information is complex or emotionally charged [1, 3]. Studies consistently report limited recall of surgical risks and postoperative expectations when information is delivered only once or in highly technical language.

Randomized trials in surgical settings have shown that structured educational tools, including videos and written summaries, significantly improve patient knowledge and satisfaction without increasing anxiety [2, 4, 5]. These findings reinforce the concept that informed consent is a communicative process requiring adaptation to patient literacy and cognitive load.

In aesthetic surgery, ethical concerns are heightened by the absence of urgent medical indications. Ethical analyses stress that surgeons must carefully assess patient motivations, exclude unrealistic expectations, and ensure that consent is free from external pressure or commercial influence [6, 7].

LEGAL FRAMEWORK OF INFORMED CONSENT IN MOROCCO

1. Obligation of Information

Article 40 of the Moroccan Code of Medical Deontology explicitly requires physicians to provide loyal, clear, and

appropriate information to patients regarding diagnosis, investigations, therapeutic plans, costs, foreseeable risks, and consequences of refusing treatment [8]. This obligation applies to both public and private healthcare settings.

The law further requires that information be delivered in language adapted to the patient's capacity of understanding and that patients be informed of the identity and qualifications of healthcare professionals involved in their care [8].

These provisions are consistent with international ethical recommendations emphasizing transparency and patient participation in decision-making [1, 3].

2. Requirement of Consent and Right of Withdrawal

Article 42 of the Code establishes that consent must be sought for all medical acts, whether preventive, diagnostic, or therapeutic, and that consent may be withdrawn at any time by a competent patient [8]. Refusal of medically necessary procedures must be documented and signed by the patient.

This legal recognition of refusal reflects respect for patient autonomy and aligns with international jurisprudence recognizing the right to refuse treatment even when such refusal may result in harm, provided the patient is competent and informed [6].

3. Special Situations: Minors and Incapacity

Article 43 specifies that when patients are unable to express their will, physicians must inform relatives and seek consent from legal guardians, except in cases of extreme emergency where immediate treatment is necessary [8]. For minors, parental consent is required, but physicians may override refusal when essential care is necessary to protect the child's health.

These provisions are consistent with Moroccan hospital regulations and national laws protecting vulnerable persons, including the Law on Biomedical Research, which

reinforces the principle of voluntary and informed participation [9, 10].

SPECIFIC CHALLENGES IN RECONSTRUCTIVE AND AESTHETIC SURGERY

Reconstructive surgery often involves complex therapeutic decisions, multiple stages, and uncertain functional outcomes. Patients must therefore be informed not only of the immediate surgical plan but also of possible revisions, rehabilitation needs, and long-term sequelae.

In aesthetic surgery, ethical complexity arises from subjective outcome evaluation and the influence of social and media ideals. Ethical reviews emphasize that surgeons must explicitly discuss the limits of surgical correction and the possibility of dissatisfaction, even in technically successful procedures [6, 7].

Litigation analyses indicate that disputes in aesthetic surgery frequently originate from mismatched expectations rather than surgical errors, highlighting the central role of preoperative communication and documentation [7].

PRACTICAL GUIDELINES FOR CONSENT IN MOROCCAN SURGICAL PRACTICE

Based on legal obligations and international best practices, the following practical framework can be proposed:

1. Two-Step Information Process

- Initial consultation: diagnosis, treatment options, benefits, risks, alternatives.
- Reflection period: patient reviews information.
- Second consultation: clarification of questions and confirmation of decision.

2. Multimodal Information Delivery

- Oral explanation remains central.
- Written and video materials should be used as complementary tools to improve comprehension, especially for complex procedures [2–5].

3. Documentation

- Written consent forms must reflect procedures discussed.
- Refusal or withdrawal of consent must be signed and documented as required by Article 42 [8].

4. Expectation Management in Aesthetic Surgery

- Explicit discussion of achievable results and limitations.
- Screening for unrealistic expectations or psychological vulnerability when appropriate.

5. Institutional Support

- Standardized consent templates adapted to procedure type.
- Training programs in communication skills for surgical trainees.

CONCLUSION

Moroccan legislation provides a comprehensive and ethically consistent framework for informed consent that aligns closely with international standards. However, legal compliance alone is insufficient to guarantee ethical surgical practice. Effective informed consent requires structured communication, adequate time allocation, and documentation strategies adapted to the complexity of reconstructive and aesthetic procedures.

Strengthening physician training in consent communication and integrating multimodal educational tools may significantly enhance patient understanding and satisfaction while reducing medico-legal exposure. Future research in Morocco should focus on evaluating patient comprehension and satisfaction within local surgical settings to further refine consent practices.

BIBLIOGRAPHY

1. Glaser J, Fernandez A, Sudore R, Schillinger D, Klein-Fedyshin M. Interventions to Improve Patient Comprehension in Clinical Informed Consent: Systematic Review. *Med Decis Making*. 2020. Available from: <https://PMC7079202/>
2. Rossi MJ, Guttman D, MacLennan MJ, Lubowitz JH. Video informed consent improves knee arthroscopy patient comprehension. *Arthroscopy*. 2005;21(6):739-43. Available from: <https://pubmed.ncbi.nlm.nih.gov/15944633/>
3. Schenker Y, Fernandez A, Sudore R, Schillinger D. Interventions to Improve Patient Comprehension in Informed Consent for Medical and Surgical Procedures: A Systematic Review. *Med Decis Making*. 2011.
4. Wasim AS. Effect of video-assisted learning on preoperative patient knowledge and satisfaction in total knee arthroplasty. 2024. Available from: <https://PMC1438008/>
5. Sharma K, *et al.*, Impact of Video Consent on Patient Satisfaction and Knowledge. *Bioengineering*. 2025;6(1):3. Available from: <https://www.mdpi.com/2563-6499/6/1/3>
6. Atiyeh BS, Rubeiz MT, Hayek SN. Aesthetic/Cosmetic Surgery and Ethical Challenges. *Aesthet Plast Surg*. 2020.
7. Ramirez S, *et al.*, The Primacy of Ethics in Aesthetic Medicine. *PRS Glob Open*. 2024.
8. Royaume du Maroc. Décret n°2-21-225 du 17 juin 2021 portant Code de déontologie de la profession médicale. Bulletin Officiel n°7066, 17 février 2022. Available from: <https://cnom.ma/wp-content/uploads/2025/03/Code-de-Deontologie-de-la-profession-medicale-BO-n-7066-17-2-2022.pdf>
9. Royaume du Maroc. Loi n°131-13 relative à l'exercice de la médecine. Bulletin Officiel n°6344, 19 mars 2015.
10. Royaume du Maroc. Loi n°28-13 relative à la protection des personnes participant à la recherche biomédicale. Available from: <https://www.sante.gov.ma/Reglementation/REGLEMENTATIONDESPRATIQUESMEDICALES/28-13.pdf>
11. Mourad B. Les droits du patient au Maroc. In: Laude A, Tabuteau D, eds. *Les droits du patient européen*. Paris: Presses Universitaires; 2015.