

PREPÆRE™

**Strengthening *Cosmetic*  
*Surgery* Consent Defensibility**

Pilot Proposal for US Medical Malpractice Insurers

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[CHECK-IN DEMO](#)

Table  
of *contents*

<b>INTRODUCTION</b>	..... 3
<b>PROBLEM</b>	..... 4
<b>SOLUTION</b>	..... 5
<b>HOW IT WORKS</b>	..... 6
<b>VALUE FOR INSURERS</b>	..... 7
<b>THE PILOT</b>	..... 8
<b>CONTACT</b>	..... 9
<b>APPENDIX</b>	..... 10

Cosmetic surgery sits in a high dispute risk zone.

# Over 80%

of plastic surgeons report being named in a malpractice lawsuit at least once.

(Medscape 2021 Malpractice Report)

Over **84%** of cases were driven by lack of informed consent and expectation gaps, while only **15%** involved actual fault.

(De Brauwer et al., 2019)

In elective cosmetic care,

**the hardest part to evidence is the *decision making context.***

Motivations and expectations are rarely captured in a defensible record because aesthetic practitioners are not trained, resourced, or expected to explore psychological drivers in depth, or to document what was discussed and how understanding was checked.

When outcomes disappoint, that documentation gap is where consent becomes contestable and claims become slower and more expensive to defend.

# PREPÆRE™ as a *system-level* risk control

PREPÆRE™ is a digital, patient facing check-in that standardises psychological safeguarding, expectation setting, and patient education before cosmetic treatment. It creates consistent documentation to strengthen defensibility when consent or outcomes are later disputed.

For insurers, PREPÆRE™ acts as a scalable risk control that standardises how providers document the decision-making process alongside clinical consent.

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# How it *works*

Designed to fit the realities of cosmetic practice; minimal clinic admin, minimal patient time. → [CHECK-IN DEMO](#)

01

## Set up

Clinic adds their unique PREPÆRE link to standard pre-consult communications for new patients. From there, it runs automatically as part of the normal workflow.

02

## Patient completion

Completes the check-in in 3-4 minutes through an interactive, chat-style flow with instant feedback and education on common psychological risk factors.

03

## Consultation & record

Practitioner gets a fast, structured consult brief (reference code, non diagnostic orientation score, grouped responses) to help them focus on the right themes.

# *Value* for insurers

**PREPÆRE™ introduces a psychological safeguarding step before treatment, standardising how clinics evidence consent discussions and expectation-setting.**

- Prompts reflection on common non clinical complaint drivers.
- Documents that patients received explicit education on emotional risks, limits of cosmetic outcomes, and BDD related considerations, without diagnosis or suitability decisions.
- Strengthens pre-procedure decision context, reducing reliance on post hoc narratives.

INSURER-SPONSORED

# PILOT

FOR ELECTIVE COSMETIC SURGERY

We are seeking a US medical malpractice carrier to sponsor a 12 week pilot across insured cosmetic surgery clinics.

- Duration: **12 weeks**
- Scope: **cosmetic surgery clinics**
- Cohort: **4 to 8 clinics**, approx. **8 to 15 surgeons**
- Volume target: **300 to 600 patient check-ins** completed
- Geography: **USA**, one state or small set of states
- **Measurables:** coverage rate, completion rate and time to complete, clinic output usability feedback, workflow fit feedback from underwriting and claims

# PREPÆRE™

## CONTACT

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# APPENDIX

BDD IN AESTHETIC MEDICINE

Over 20% of cosmetic patients are affected by body dysmorphic disorder (BDD).

*(PubMed; MDPI)*

Over 96% of BDD patients are dissatisfied with the outcome of cosmetic procedures.

*(Crerand & Phillips; Veale)*

Due to the nature of the illness, BDD is extremely difficult to detect in cosmetic settings.

**Body Dysmorphic Disorder (BDD) is a psychiatric disorder where people fixate on slight or imagined defects with obsessive checking and severe distress.**

***BDD makes consent fundamentally unstable***  
**in cosmetic medicine.**

# WHY IT

Patients with body dysmorphic disorder (BDD) have a distorted perception of their appearance.

Their beliefs about being deformed or “wrong” are often held with poor or absent insight, up to a delusional level, even though they can appear completely functional in other parts of life. *(DSM 5 insight specifier; NCBI / IOCDF)*

In informed consent terms this goes directly to appreciation and reasoning: the patient can repeat risk information but cannot realistically apply it to themselves or weigh it against benefits, because the starting belief about their body and the likely impact of surgery is not accurate.

Ethical and medico legal reviews argue that **BDD significantly undermines the validity of consent** for cosmetic procedures, warning that operating on patients with active BDD is associated with poor outcomes and disputes about expectations and consent. *(PMC; ScienceDirect)*

# MATTERS