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Insurance Against Medical Errors Resulting From Cosmetic Laser Procedures

Abstract

This study discusses the civil liability of cosmetic laser procedures in the light of Jordanian law and compares it with some of the Arab legal systems. The study deals with the current surge of laser uses in cosmetic surgery, and the resulting legal dilemmas regarding medical errors, especially in non-therapeutic applications where patients' expectations are much greater. The study's purpose is to clarify legal classification of cosmetic laser procedures, to examine the requisite elements of medical liability: error, harm and causation, and to evaluate the bounds of insurance coverage for the errors. For this, a comparative analytical approach was used, comparing Jordanian laws with selected Arab laws and case law, and legal principles.

The results show that cosmetic laser treatments can generate confusion about what the physician's duty is: to do his or her utmost, or to deliver a certain result. Moreover, the study points out the absence of explicit regulations in the Jordanian law regarding mandatory medical malpractice insurance for cosmetic procedures, as compared to some Arab laws (The UAE and Saudi Arabia) that impose stricter requirements. The report also identifies gaps in insurance coverage and challenges to establishing causation, reducing patient compensation.

The report concludes that legislative changes are needed to better define the standards of liability and liability insurance, and to tighten up the regulatory mechanisms to assure patient safety and legal clarity regarding cosmetic medicine practices.

Keywords: Medical Liability, Cosmetic Laser Procedures, Civil Liability, Jordanian Law, Insurance Law, Patient Protection.

1. Introduction

1.1 Study Topic: There are two types of civil liability in Jordan: contractually and non-contractually (tort). Although contractual liability and non-contractual liability (otherwise known as "tort" liability) share some common elements, such as damage and causation, they also have some distinct differences: contractual liability requires fault in addition to the other elements, whereas non-contractual liability (tort liability) requires actual harm in addition to the other elements. It is a basic tenet of modern legal doctrine, and has implications for the legal basis of compensation claims and the extent of the physician's liability under tort law or in contractual circumstances.

In the last few decades, tremendous advances have been made in medicine, and the application of modern technologies to diagnosis, treatment and surgery has greatly expanded. But one of the most widely used of these advances is laser therapy, which has expanded from dermatological or ophthalmological treatments to an important part of cosmetic procedures that improve the patient's appearance or restore the patient's natural form. Comparative legal scholarship highlights the need to examine such technological advancements as they relate to the legal implications of the nature and boundaries of medical responsibilities, which would be considered from a different perspective in other legal systems (Siems, 2024; Reimann & Zimmermann, 2006).

As the need for these types of procedures grows, there have been important legal questions that have come up concerning the nature of the physicians'

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liability for errors when using laser technology. So it is especially significant that these are not necessarily medically indicated but are designed to enhance the physicians appearance from the outside and make his position more vulnerable. In fact, cosmetic surgeries are unique in their nature, and patients have high expectations, which has been proven by recent studies – there is a growing number of legal disputes associated with cosmetic surgeries, most often due to patients' dissatisfaction, inadequate informed consent, or some mistake made by the surgeon (Mussabekova et al., 2025). Furthermore, a study of the law/biosciences field shows that medical liability with regard to non-essential treatments is subjected to more intensive scrutiny in court (Journal of Law and the Biosciences, 2026).

This is a reality that begs answers to basic questions about the role of medical malpractice insurance and its protection of all concerned. Insurance is viewed as being a vital tool in the process of distributing risk among patients and a way for the physician to be protected from too many lawsuits. The contemporary developments in comparative law share the same emphasis and argument, highlighting the need for law and professional stability in the field, and the need to respond to the risks inherent in modern medical practice through effective professional insurance systems (International & Comparative Law Quarterly, 2025).

1.2 Study objectives: The objective of this study is to consider the nature of legal procedures in laser cosmetic interventions and to find the most suitable legal characterization of the interventions, in the context of the larger picture of the medical practice, by comparative legal analysis from the point of view of similarities and differences among the legal systems (Siems, 2024). It also aims to define the core of medical liability in relation to these types of procedures, especially in situations of error or negligence on the part of the professional, in keeping with current legal literature on medical liability.

In addition, the study examines the extent of insurance coverage related to Medical Malpractice in the context of Laser Cosmetic treatment and the regulatory role of the modern legal system in the risk and compensation mechanisms in medical liability. It also identifies the roles of law, legal theory, and judicial rulings in this area, and comparative law is not only an integral part of the learning process, but it also helps to appreciate judicial interpretation in relation to the legislation (International & Comparative Law Quarterly, 2025).

By so doing, the study helps to shed light on the legal aspects of laser cosmetic procedures and the duties arising from them in a consistent comparative framework.

1.3 Importance of the study: The study is important, because it discusses a new field in medical and legal practice – the growing use of laser cosmetic procedures and the legal consequences of using them. As new medico-legal disputes regarding aesthetic procedures continue to emerge (Mussabekova et al., 2025), it is crucial to clarify the legal nature of these treatments and the level of medical liability associated with them,

especially with the rise in cosmetic treatments. The study also helps in recognising the current legal and insurance frameworks that are suitable to deal with the risks associated with such procedures. In addition, it underscores the significance of comparative legal analysis for comprehending the legal approach of various jurisdictions to the medical liability and patient protection issue, thus strengthening legal scholarship and practice (Siems, 2024). Moreover, a legislative, doctrinal and judicial analysis offers a holistic view that can help in legal development and reform (International & Comparative Law Quarterly, 2025). In conclusion, this research increases the awareness of practitioners and policymakers about the legal issues related to cosmetic laser surgeries.

1.4 Research Problem: The problem under study is the growing use of laser technologies in cosmetic endeavors and ensuing legal ramifications of medical mistakes due to cosmetic laser use. These procedures are usually unnecessary and are intended to enhance external appearance and may give rise to critical issues of law, such as whether the physician's duty is that of "due care" or to achieve a specific result, that in turn can affect liability issues. Moreover, there is some ambiguity about whether medical errors in cosmetic laser surgeries are covered by insurance policies, particularly in Jordan's legal framework, which has a lack of clear regulations. The challenges of proving medical liability – especially causation – and the limitations of insurers' liability policies also add to the complications – potentially impacting on the injured patient's ability to receive proper compensation. Accordingly, this study is guided by the following main research question:

To what extent does insurance cover medical errors resulting from cosmetic laser procedures, and what is the legal framework governing this relationship under national and comparative legislation?

This main question gives rise to several sub-questions, namely:

- **What is the legal nature of cosmetic laser procedures?**
- **What are the elements of medical liability arising from such procedures?**
- **What is the scope of insurance coverage for medical errors related to cosmetic laser procedures?**
- **What is the position of legislation, jurisprudence, and case law regarding this issue?**

1.5 Study Methodology: The comparative analytical approach will be taken by examining the national legal texts or legislation (Jordanian and Arab) and comparing it to some foreign legislations, and using legal doctrine and judicial precedents. The method adopted is to study various types of legal systems and analyses them in comparison to understand their similarities and differences through scientific examination (Siems, 2024).

This is done in a systematic scientific process to elucidate the different aspects of the topic being studied. Furthermore, this method aims at objectively pointing out differences and overlaps between the legal systems. The whole is introduced in a general academic approach which enriches the understanding

without going beyond the comparative analysis method chosen.

2. Literature Review: The civil liability resulting from cosmetic procedures, especially with the use of laser technology, has been widely discussed in the legal and medical literature. They explore issues such as the legal definition of what these procedures are, the standard of medical fault, causation issues and the role of insurance in recovering damages.

2.1 Legal Characterization of Cosmetic Procedures:

A number of legal scholars have concentrated on the difference between therapeutic and cosmetic interventions. In a legal analytical study, Ahmad (2011) notes that cosmetic procedures have not been deemed medical necessary, thereby impacting the legal nature of the physician's obligation and moving closer to an obligation of result. By the same token Al Hussain (2025) in a socio-legal research focuses on the non-therapeutic aspects of these practices and their connection with aesthetic enhancement and social acceptance.

In a comparative legal study, (Sabreenah, 2018), shows that French and Egyptian jurisprudence seem to consider cosmetic procedures as an obligation to obtain a specific effect, and without any medical need. On the other hand, in a doctrinal legal study (Al Jamili, 2011) argues that because of the uncertainty of all medical treatments, there is a duty of care to be applied to all medical interventions. According to Yassin and Jalal (2024) in their analytical study of legal doctrine and case law, it can be inferred that there is not yet a single consensus among judges regarding the application of the standard of care in cosmetic procedures in Jordanian context.

2.2 Medical Fault in Laser Cosmetic Procedures:

Medical fault constitutes the cornerstone of liability. In addition to the failure to obtain informed consent, the diagnosis, execution, and post-treatment follow-up may be incorrect, as described by (Al Rawashdeh, 2022) in an applied legal study. This is backed up by medical research. A clinical medical study by Farrell and Rosen (2020) points to potential consequences of laser technology use, such as burn and pigmentation disorders. In an empirical medical-legal study, Jalian et al. (2014) find that non-physicians using laser devices greatly increase the likelihood of litigation. Moreover, in a systematic review, (Hibler et al., 2021) found that there has been a significant rise in malpractice cases involving minimally invasive cosmetic surgery, such as laser treatments, especially when the patient is unhappy with the result. Likewise, (Dereli et al., 2025) say in their judicial analytical study that cosmetic

procedures are electable and hence courts also give a stricter look at these procedures.

2.3 Damage and Causation Challenges: Damage is a fundamental element of liability. In a legal analytical study, Abdel Bari (2016) states that cosmetic procedures should not only be taken at their face value and considered as a purely physical injury, but also as psychological and aesthetic injury. But the process of cause and effect is very complicated. Al Jamili (2011) points out that it is hard to determine cause because there are a number of factors: patient factors and adherence to medical advice. This is supported by (Al Momani, 2011), in a comparative study, who notes that the evidentiary burden is apparent on the part of patient. Furthermore, in a patient safety study, (Patel et al. 2021) highlight the disparity between doctors and patients when proving medical errors and call for procedural changes.

2.4 Medical Malpractice Insurance: Legal studies point out the benefit of insurance in spreading the risks. Malpractice insurance is one way to ensure compensation for patients without placing an excessive burden on physicians, (Al Fahila, 2020) finds in a legal study of insurance. In contrast, (Fawqia, 2013) points out in his comparative insurance study, that cosmetic procedures are frequently denied cover under insurance policies, but for reasons other than surgery, such as cosmetic restrictions and exclusions. In a legal analysis, Hamdouni (2025) emphasizes the need for patients to have direct claims against insurers. Legislatively, the Medical Error Insurance System (2023) shows that certain countries have made it mandatory for doctors to have insurance, while others like Jordan have done nothing. (Al Jabari, 2021) argues that this is a problem.

2.5 Research Gap: There is a lack of integrated studies on the interaction between cosmetic laser procedures, civil liability and insurance within comparative legal frameworks. This reflects the importance of a holistic and multi-disciplinary approach to the analysis of legal issues. The literature reviewed is organized into themed clusters focusing on the key areas of research to improve the organization and clarity of the literature review. The next figure graphically depicts these clusters and shows the literature grouped into specific areas of interest concerning the legal characterization of cosmetic procedures, medical fault in laser interventions, and damage/causation. This classification outlines the current state of the scholarship and illustrates the contribution of various strands of research to the understanding of the medical liability aspects of cosmetic laser practice, both conceptually and in practice.

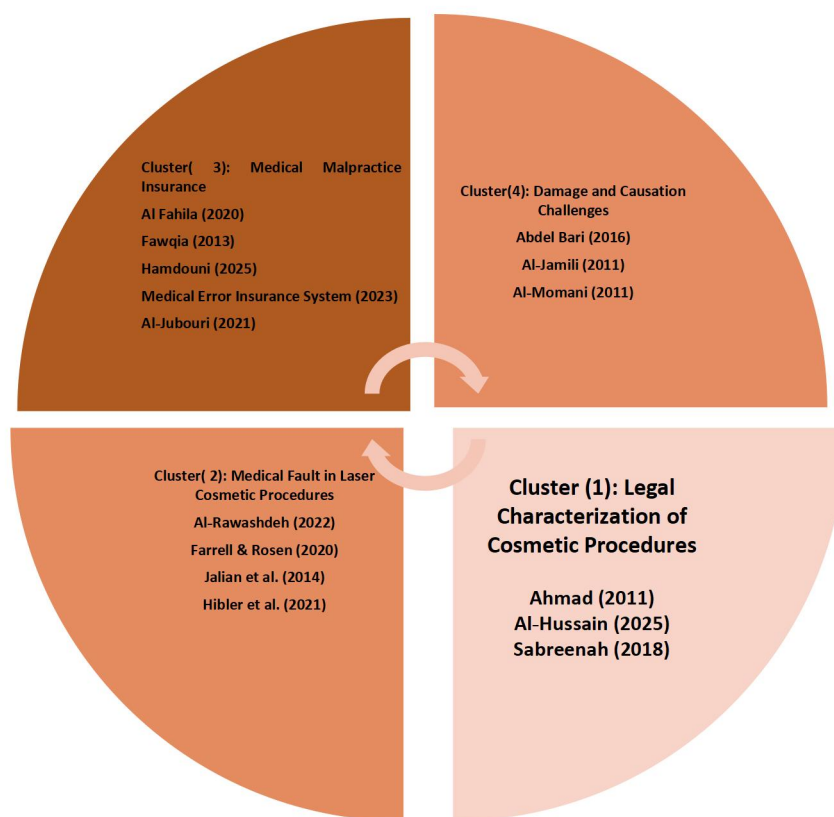


Figure (1): Analytical Clustering of Prior Studies on Cosmetic Laser Medical Liability: by researcher

For a coherent presentation and on a methodological level, the following comparative table (1) of the key literature under review in this study was created. It describes the purpose and content of each study, provides information on the overlap with the ongoing studies, and specifies the contribution made by each study to the conceptual and analytical framework. The ability to organise the reviewed literature in this way makes it both easier to understand and easier to follow what has been done before the study and how this relates to the structure, arguments and research gap of that study.

Table (1): Analytical Comparison of Selected Literature and Their Contribution to the Present Study by researchers

Reference	Type of Study	Study Objective	Intersection with Current Study	Contribution to Current Study
Ahmad (2011)	Legal doctrinal study	To analyze medical liability in cosmetic surgery and define physician obligations	Directly related to adapting cosmetic procedures and the nature of the commitment	Supports the debate on obligation of result vs duty of care
Al-Hussain (2025)	Socio-legal study	To examine cosmetic procedures from a social perspective	Aligns with non-therapeutic nature of cosmetic procedures	Explains social motivations influencing legal expectations
Sabreenah (2018)	Comparative legal study	To analyze informed consent and liability in different jurisdictions	Relates to comparative legal analysis	Provides insight on obligation of result in foreign systems
Al-Jamili (2011)	Legal analytical study	To define medical fault and liability elements	Links to fault and causation elements	Supports traditional duty of care approach

Yassin & Jalal (2024)	Legal doctrinal analysis	To determine legal nature of cosmetic procedures	Relates to Jordanian legal characterization	Shows lack of unified judicial approach
Al-Rawashdeh (2022)	Applied legal study	To identify types of medical errors in cosmetic practice	Directly relevant to fault in laser procedures	Provides classification of medical errors
Farrell & Rosen (2020)	Clinical medical study	To examine risks of laser technologies	Related to the medical risks of lasers	Supports technical basis of liability
Jalian et al. (2014)	Empirical medical-legal study	To assess litigation risks in laser procedures	Relates to malpractice claims	Shows higher litigation risks with non-specialists
Hibler et al. (2021)	Systematic review	To analyze litigation trends	Aligns with increasing disputes	Demonstrates rise in malpractice claims
Dereli et al. (2025)	Judicial analytical study	To evaluate court decisions in cosmetic malpractice	Relates to judicial practice	Shows stricter judicial scrutiny
Abdel Bari (2016)	Legal analytical study	To define compensable damage	Relates to damage element	Confirms recognition of aesthetic damage
Al-Momani (2011)	Comparative legal study	To analyze causation and burden of proof	Relates to causation complexity	Highlights evidentiary difficulties
Patel et al. (2021)	Medical safety study	To examine patient safety and error reporting	Relates to proof imbalance	Emphasizes inequality between patient and physician
Al Fahila (2020)	Legal insurance study	To analyze malpractice insurance systems	Core to insurance discussion	Supports role of insurance in compensation
Fawqia (2013)	Comparative insurance study	To examine insurance coverage limitations	Relates to scope of insurance	Highlights exclusions in cosmetic procedures
Hamdouni (2025)	Legal analytical study	To examine direct claims against insurers	Relates to legal reform proposals	Supports direct action for patients
Medical Error Insurance System (2023)	Legislative analysis	To analyze insurance regulation in Arab systems	Relates to comparative law	Demonstrates mandatory insurance models
Al-Jubouri (2021)	Critical legal study	To identify deficiencies in Jordanian law	Directly relates to research problem	Highlights gaps in legal framework

3.

Conceptual Framework of: The conceptual framework used in this study is aimed at elucidating the interrelationship that exists between cosmetic laser procedures, medical liability and insurance coverage in the Jordanian and comparative legal systems. The core idea of the framework is that as laser technologies are being increasingly used in cosmetic treatments, there are specific legal risks that are being expressed, and the majority of these risks are being expressed through medical error. The core principles of civil liability, including medical fault, damage and causation, are applied to these medical mistakes. These factors are the ones that are established and determine the physician's legal obligation and the foundation for compensation claims. But the effect of compensation is subject to the scope and scope of medical liability insurance coverage. As a result, insurance is seen as a 'mediating mechanism', which links the event of medical error with the act of compensation to be paid,

and is also influenced by legislative and regulatory frameworks. The comparative aspect of the study further underscores the differences in the approaches of the various legal systems to this relationship, including the requirement for insurance for such patients and how patients are protected. The interaction of these three key elements – nature of cosmetic procedures, establishment of medical liability, extent of insurance coverage – all shaped by governing legal systems, means the level of patient protection depends on their interaction as shown in the framework. To get a comprehensive understanding about the relationships studied in this research, a conceptual framework is created to illustrate the interaction between cosmetic laser procedures, medical liability, and insurance coverage as presented in figure (2). It is designed to combine the elements of legal characterisation of cosmetic procedures, medical liability and medical malpractice insurance that were identified in the

literature. It illustrates the processes and outcomes of medical mishaps resulting from cosmetic laser treatments and the creation of civil liability, and the need for insurance intervention to provide compensation. The framework also emphasizes the

role of legal and regulatory factors in determining the effectiveness of insurance coverage and patient protection, providing a structured framework for addressing the research problem.

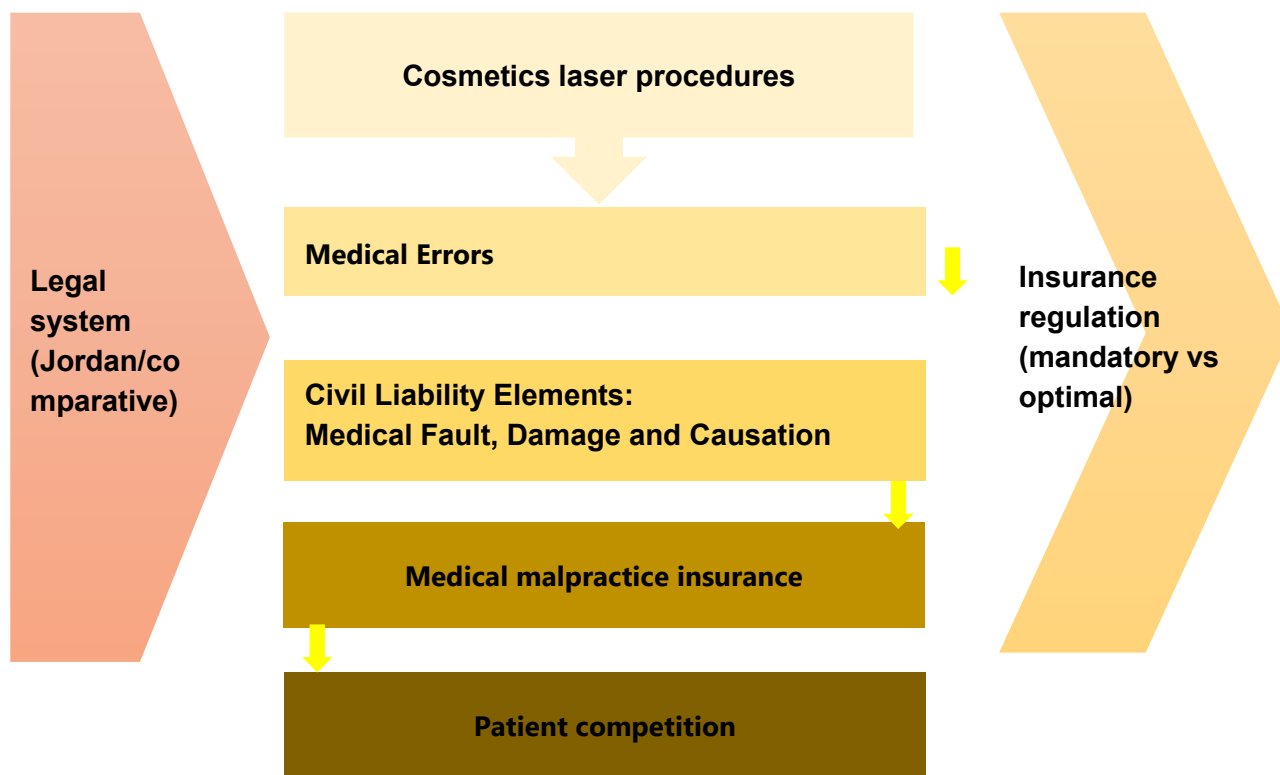


Figure (2): Conceptual Framework of Medical Liability and Insurance in Cosmetic Laser Procedures by researchers

To provide a structured representation of the conceptual relationships underlying the study, the following table (2) outlines the main stages of the proposed framework along with their corresponding descriptions and conceptual values. This tabular presentation serves as the basis for constructing the graphical representation that follows, ensuring clarity and consistency in illustrating the progression from cosmetic laser procedures to patient compensation.

Table (2): Conceptual Framework Stages and Corresponding Values

Stage	Description	X Value	Y Value
Cosmetic Laser Procedures	Non-therapeutic cosmetic interventions using laser technology	1	10
Medical Errors	Errors arising from negligence or improper use	2	30
Civil Liability	Establishment of liability based on fault, damage, and causation	3	60
Medical Malpractice Insurance	Insurance coverage for medical errors	4	80
Patient Compensation	Financial compensation for the injured patient	5	100

It will be seen that a graphical device is developed based on the structured data presented in table (2) to clearly show the progression and the relationship between these stages. The next figure represents the conceptual framework in a chart format with the more the law and insurance aspects the greater the impact at each of the stages.

To create more analytical clarity in the framework proposed a graphical representation of a medical

liability and insurance is constructed in figure (3): Conceptual Graph of Medical Liability and Insurance. It is important to note that the conceptual stages that were identified in the study were translated into a visual progression using a series of numbers in the order that they occur, which enabled a clearer understanding of the growing legal and insurance consequences that occurred in each stage. In this sense, the horizontal axis shows the successive steps of the

conceptual scheme and the numbers (1-5) correspond to the following steps: (1) Cosmetic Laser Procedure (denotes non-therapeutic aesthetic procedures); (2) Medical Errors (reflects the negligence or improper use of laser technologies); (3) Civil Liability (emerges once the core elements of medical fault, damage and causation are established); (4) Medical Malpractice Insurance (institutional mechanism for covering risk); (5) Patient Compensation (the final legal outcome). The vertical axis represents the degree of legal and insurance effects, with the conceptual values (10, 30, 60, 80, 100) not being quantitative measures, but rather the increasing impact of the legal consequences at each level. The trajectory of the graph is upward, indicating a cumulative and progressive nature—cosmetic procedures to medical errors, initiation of the legal process, growing momentum with the establishment of

liability, culminating in insurance mechanisms being put into place to secure compensation. Of course, the role of insurance is not stand-alone, it's in a chain of law, which becomes firmer as the liability becomes firmer, thus the visualization confirms. The chart therefore represents a simplified, but analytically unique, representation of the interdependency of the study variables, showing both a sequential and cumulative nature of medical liability in cosmetic laser procedures. It also supports the claim that patient protection relies on the successful interface of medical practice, legal responsibility, and insurance systems giving a comprehensive interpretation that encompasses the conceptual model in a quasi-quantitative visual model. The framework is just a conceptual one, though, and needs to be validated empirically.

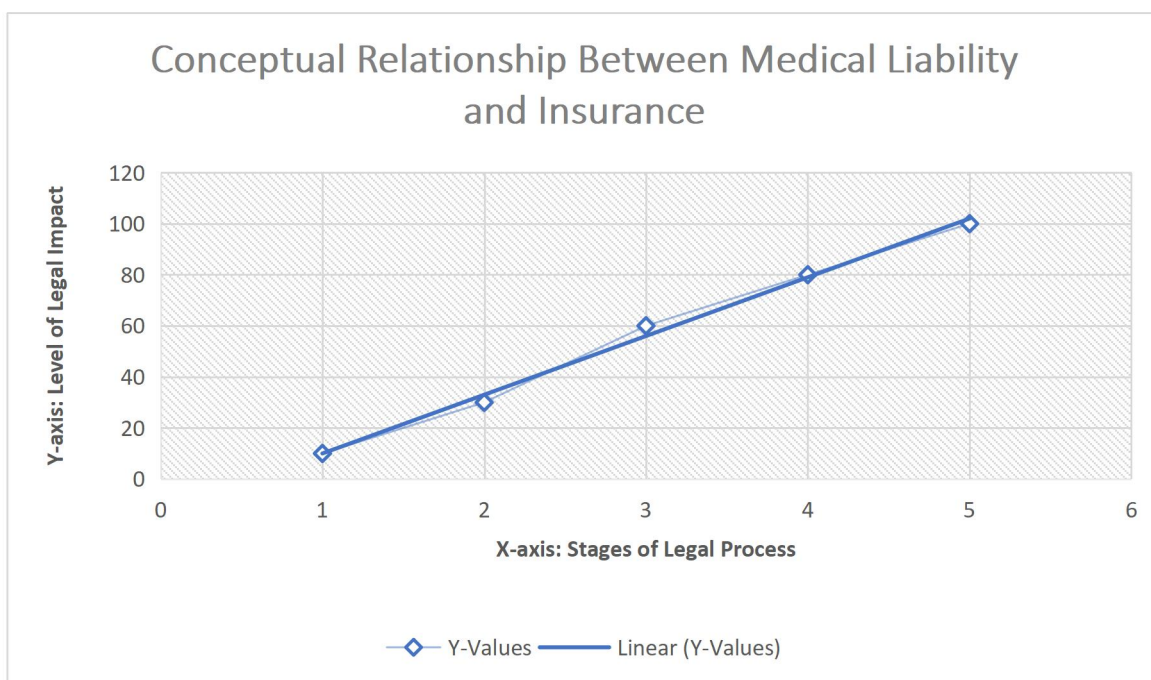


Figure (3): Conceptual Graph of Medical Liability and Insurance generated by researchers

- *These values are heuristic and illustrative, not based on statistical measurement.*

4. The Legal Nature of Cosmetic Procedures and Medical Insurance: To determine the legal nature of cosmetic procedures, it is first necessary to define these procedures and identify their different types. It is also essential to distinguish between procedures of a therapeutic nature and those aimed solely at improving appearance. On the other hand, it is important to clarify the concept of medical malpractice insurance and the legal basis upon which it is founded. This contributes to a clearer understanding of the legal framework governing liability arising from such practices, as explained in the following:

4.1 Definition and Types of Cosmetic Procedures (Reconstructive – Purely Cosmetic): Plastic surgery is surgery that deals with the improvement, modification or alteration of the shape of parts of the body, whether it involves a particular part or parts visible to the human eye, or if there is a defect, restoring the function of the part or parts. The desire

for aesthetic perfection is regarded as a human trait that is not a fad, but an ingrained attitude which has been found in all periods of history and is linked with the tools and powers at the disposal of people at that time. In today's technologically advanced society, cosmetic surgeries have grown easily available, and the desire to have them has shifted from a personal preference to a common social phenomenon that is not only about aesthetics but also a topic of discussion (Qaṭānānī, 2023).

Cosmetic procedures have fundamentally changed – no longer are they a small part of general surgery, but an independent branch of surgery that has its own methodology and precise professional standards. This change is not limited to the medical side, as it has also brought huge economic and investment dimensions, with the establishment of specialized international centres and hospitals to accommodate the ever-increasing demand. This has established the sector as

an important part of the current medical economy (Al-Badr, 2024).

Throughout history and throughout different civilizations cosmetic procedures have existed; evidence has shown that physicians of ancient Egyptian civilization were also pioneers in attempts for skin grafting. The actual genesis of this field can be traced back to ancient India, when reconstructive surgeries were developed to reconstruct the disfigured parts of the face due to physical punishment and/or conflict, thereby developing tissue transfer techniques, in response to social and political needs at that time. Islamic civilization was not cut off from this practical advancement of surgical procedures; the Prophetic era had definite references that show the flexible and realistic approach towards dealing with acquired physical deformities (Sabreenah, 2018; Gurtner & Neligan, 2018). There's also an overwhelming sense of the direction of cosmetic surgeries and the shift in perspective around cosmetic procedures across the world, as cosmetics are becoming a more social issue as well as a physical concern that has significantly increased the number of elective cosmetic procedures. According to the statistics from International Society of Aesthetic Plastic Surgery (ISAPS) 2023, women received 87.4% of the total procedures globally. Surgical procedures totaled 15.6 million cosmetic surgeries involving a range of body and facial regions, and non-surgical procedures, like Botox and laser treatments, accounted for 14 million cosmetic procedures (Dalala, 2024).

From a social point of view, it is a development that should be read as a standardization of beauty signs, which has led to identifying beauty solely from the exterior and thus become more important than other features. To fit in with the culture, people attempt to change their look according to the social norms and norms of the culture and want to be a part of the culture, be accepted by the society (Dalala, 2024). Moreover, the cosmetic industry has seen a significant trend toward the inclusion of cosmetic treatments in today's lifestyles, with the total number of aesthetic procedures (surgical and non-surgical) surpassing 38 million procedures in 2024 (ISAPS, 2024). The expansion isn't restricted to the medical domain but is also deeply involved with cultural and media impacts, where social media has emerged as a significant influence in projecting beauty ideals and fostering the growing trend of cosmetic treatments, especially among young people (Shauly et al., 2023).

Research also has shown that long-term exposure to digitally manipulated beauty media is related to body dissatisfaction, which leads people to think of cosmetic procedures as a way to fit in with society (Mironica et al., 2024).

This proves that cosmetic procedures are no longer solely medical procedures, but rather a phenomenon, which is socially, psychologically and economically influenced, and therefore requires a comprehensive and multidimensional approach to the legal implications of this phenomenon.

Cosmetic procedures are medical interventions that enhance an individual's external appearance or restore

it to its normal form after a deformity, known as congenital or acquired. They are a series of procedures that are performed on the outside of a person that are aimed towards changing or enhancing that person's appearance, for beautification purposes that directly affects the improvement of that person's self-esteem (personal value) and social acceptance and status (Al-Muhammadi, 2011). (Al-Hussain, 2025) described them as non-therapeutic cosmetic procedures, which are performed to alter and enhance an external appearance, and to reverse the natural changes that occur with the passage of time. These include practices which do not involve any medical necessity or physical defect and are from surgical procedures like rhinoplasty surgery, to cosmetic procedures involving minor changes to specific areas like Botox and fillers (Al-Hussain, 2025). They also are defined by the International Society of Aesthetic Plastic Surgery as cosmetic surgeries that aim to improve the self-esteem and body image of a patient, regardless of any medical necessity, and both surgical and non-surgical procedures (ISAPS, 2017).

There are basically two categories of cosmetic procedures – reconstructive surgery and cosmetic procedures. Reconstructive procedures are the main pillar of cosmetic medicine and are used to restore the normal function or natural form of the body, such as burns, cleft lip or other deformities. These involve corrective procedures designed to correct congenital defects and deformities resulting from disease or accident, compensatory procedures that involve replacement of parts of the body through the use of organs or tissues and constructive procedures designed to help the body grow naturally and to prevent problems in health, such as infections and damage. Pure cosmetic procedures, however, are procedures that involve improving the look of the outside of the body and do not have a medical requirement, such as laser skin tightening or eliminating wrinkles.

There are sometimes overlaps in the reasons why people get cosmetic treatments, and it can be hard to decide whether they're treatments used for recovery or complementary procedures used to improve their appearance. This complexity calls for classification which does not simply depend on the type of procedure, but on the purpose. In other instances, the intervention is for therapeutic purposes, the goal of which is to restore functional capacity and return a patient to normal function after a deformity from an accident, burn, congenital anomaly or amputation. In other cases, psychological factors are a major contributor as physical deformities can also cause a lot of psychological burdens, including embarrassment, inferiority complex and social isolation, which may push the individual to look for surgical options to regain self-confidence and a sense of social integration (Al-Qaisi et al., 2026).

Meanwhile, the other most common reason for people in today's society is aesthetic, as aesthetic trends have become more common and media and social media have become more influential. In addition to celebrities, this kind of motivation has also spread throughout all social strata, and cosmetic procedures have become a

world-wide industry and business where there is an intense competition and significant financial investment (Gurtner & Neligan, 2018; Queen, 2019). These are two different kinds of procedures, with a direct legal impact on the medical liability standard. The duty of care is usually applicable to therapeutic procedures but judicial decisions have been more inclined to the view that a purely cosmetic procedure is not a duty to achieve a particular result in the absence of a medical need. However, based on a study of the legal literature, there are disagreements on the subject; some scholars believe that the responsibility for this surgery is thought to start when the intended result is not achieved, even if it is not established that the person acted negligently, others believe that the responsibility for this surgery begins with the approach of due care, albeit with a higher standard than is applied to other surgeries; and this is because this surgery is not conducted for the purpose of curing disease, but rather correcting a defect that does not pose a life-threatening risk to the patient (Ahmad 2011; Jordanian Court of Cassation, Decision No. 2119/2008).

However, recent research has demonstrated that medical liability risks are higher with the use of laser technologies in cosmetic procedures, especially when the procedure is done incorrectly or the patient's expectations are not met (Goldberg, 2006; Svider et al., 2014).

Furthermore, empirical studies suggest the number of malpractice claims has been on the rise in the field of minimally invasive cosmetic surgery, particularly when performed by unqualified practitioners or not to a professional standard (Jalian et al., 2014; Hibler et al., 2021).

Moreover, legal studies have become more focused on the analysis of recent practices, with courts demonstrating an increased focus on similar processes as they become more elective, resulting in tighter requirements for accountability in cases of medical negligence (Dereli et al., 2025).

4.1.1 Laser as a therapeutic cosmetic tool: Laser becomes one of the most advanced medical techniques and is applied to get rid of unwanted hair, skin scars, tattoo, tighten skin and diminish wrinkles. Clinical experience has revealed risks such as burns to the skin, hyper/hypopigmentation and patient dissatisfaction with the results. This is where the legal responsibility of the doctor becomes active if something goes wrong, whether it is because they are inexperienced in its use, the patient does not give their informed consent on its use, or some other reason (American Society of Dermatologic Surgery [ASDS], n.d.; Farrell & Rosen, 2020).

Although laser procedures offer many advantages, they can have some side effects if not done properly, including redness, temporary swelling, skin discoloration or burns. Thus, it is suggested to seek the advice of expert doctors. Finally, laser procedures are a revolution in cosmetic medicine, effective, precise and long lasting; but achieving success requires the expertise of the physician, the type of laser technology

and its appropriateness to each case (Nguyen et al., 2026).

This question lies at the heart of the debate over laser procedures as medical services or alternative cosmetic treatments, and also makes a difference in legal treatment—how the procedure is classified will have implications for regulatory needs and insurance coverage. In some instances, laser procedures are employed to address serious medical issues, and hence it's classified as essential medical services and is tightly regulated by medical authorities. Others are used just for looks, for non-medical reasons, like removing hair or enhancing the skin, and are not really medical necessity. The legal doctrine and the judicial practice have triggered a lot of debate about the nature of the physician's obligation during cosmetic procedures. One view holds that the responsibility of the physician is akin to that of any other medical procedure, and that no doctor can ensure a 100% outcome. The other view is that cosmetic surgery is an obligation to perform a procedure which has a specific desired outcome because the patient is seeking the procedure for a particular purpose and if the patient does not receive the desired outcome, then the performance of the procedure is a fault and is a basis for liability. There is a judicial trend in France and Egypt to view cosmetic surgery, especially medically unnecessary procedures, as a commitment to achieve a specific goal, since the patient is seeking such procedures for the purpose of achieving a specific objective in relation to his external appearance (Alayaydeh et al., 2025).

Because laser technology is able to target specific areas, without harming the surrounding tissue, it has become one of the most popular modern methods in cosmetic medicine. It uses a mechanism of sending concentrated light beams of varying wavelengths, depending on the use in medicine or cosmetics.

Laser is one of the most advanced medical options available and can be used to get rid of unwanted hair, treat scars on the skin, remove tattoos, tighten the skin and even remove wrinkles. Practical experience has revealed that such procedures can cause burns, hyperpigmentation or hypopigmentation of the skin, and may be unsuccessful for the patient. The legal liability of the physician occurs if an error happens, such as lack of experience, improper use of the device or failure to obtain informed consent from the patient (American Society for Dermatologic Surgery [ASDS], n.d.; Farrell & Rosen, 2020).

While laser procedures have many advantages they can also lead to certain side effects if not done properly, including redness, swelling, skin discoloration, and burns. Thus, it is advisable to seek the advice of specialist doctors. To summarise, laser techniques are a revolution in cosmetic medicine, effective, precise and with lasting results; but these are subject to the expertise of the physician, the technology used and the precise application to each case (Nguyen et al., 2026).

4.1.2 The debate over classification: medical necessity or luxury: The problem of laser procedures being considered a medical procedure or cosmetic service is a legal issue and is most evident with regard

to regulatory requirements and insurance coverage. Laser treatments are sometimes performed to aid in the treatment of serious medical issues and are therefore considered as essential medical services and are heavily regulated by medical authorities. In other instances, they are applied for purely cosmetic reasons, e.g., for hair removal or skin enhancement and are therefore viewed as optional cosmetics services which do not meet the criterion of 'medical necessity' (Al-Hunaiti, 2025).

In cosmetic procedures, the nature of the role of the physician has been a topic of great debate, due to either legal doctrine or judicial practice. One view is that the doctor's responsibility is like that of most other medical treatments, it is a duty of care and no doctor can ensure a 100% outcome. On the other hand, it could be said that any cosmetic procedure represents an obligation to obtain a certain result, as the patient is looking for a certain function and if this function is not performed (the result has not been achieved), it would be a fault that would lead to liability. In the past, judicial trends in France and Egypt have been undertones to consider cosmetic surgery as an obligation to obtain results, particularly if not medically required. On the other hand, Jordanian jurisprudence has yet to reach a clear consensus, but some judgements indicate that it has become more strict in the case of cosmetic errors (Yassin & Jalal, 2024).

Recent legal analyses have also shown that laser cosmetic procedures, which involve minimally invasive methods, are no longer a rarity when it comes to malpractice cases that are brought up to the supreme court level, and especially when any patient's expectations are not met or there are any procedural errors (Dereli et al., 2025). Additionally, patient safety is a major focus in dermatology, and research has shown that training and following protocols, along with managing risks, are crucial to lowering the risk of negative outcomes after cosmetic procedures (Patel et al., 2021).

Furthermore, scientific publications suggest that the growth of cosmetic dermatology has not only contributed to the surge in litigation risks but also to the lack of clinical expertise in performing the procedures and providing patients with adequate counseling (Hibler et al., 2021). In addition, studies highlight issues related to the lack of patient evaluation and the improper use of devices are important factors that can lead to complications that can result in legal responsibility in aesthetic procedures, such as laser treatments (Jalian et al., 2014).

All of these findings show that the development of cosmetic medicine needs to be regulated more rigorously and professionals need to take more responsibility for patients' safety and to reduce law suits.

4.1.3 Elements of medical liability in laser procedures: Medical fault is an error of the physician from compliance with the professional and/or scientific standards required to be followed in the practice of the profession, whether intentional or unintentional. According to Article (2) of the Jordanian Medical and

Health Liability Law (2018), the definition of medical fault is "any act or omission by a healthcare provider which deviates from the current professional standards and causes harm to the patient. There are various stages in which cosmetic laser surgery could go wrong, such as the diagnostic phase, implementation of the procedure and after the procedure. These can include mistakes in diagnosis, for example, not deciding whether or not a patient is suitable for laser treatment – especially when it comes to sensitive skin or chronic dermatological issues; mistakes in execution – such as using the wrong laser intensity, applying the laser to the wrong area, which can cause burns or deformities; or mistakes in follow up – for example, failing to provide the patient with necessary medication or instructions post laser treatment. Furthermore, informed consent is one of the most common type of negligence in cosmetic surgeries; patients have to be told of all the possible risks and expected outcomes before giving their consent (Al Rawashdeh, 2022; Al Jamili, 2011).

Damage is defined as the harm that is suffered by the patient as a result of the Physician's negligence and damage must be actual and direct. Damage can occur in cosmetic laser procedures in a number of ways, including physical damage, such as burn, deformity or scarring; psychological and/or moral damage, such as when the outcome of the procedure is unsuccessful and leads to feelings of frustration or depression; or aesthetic damage, which is of particular concern in cosmetic laser procedures, where the main aim of the procedure is to enhance the appearance of the patient. The extent of such damage will be dependent on medical opinion and court determination of the physical and psychological impact on the patient. The Egyptian Court of Cassation has admitted that in the event of an aesthetic deformity that occurs as a result of failed cosmetic surgery, it is a type of compensable damage (Abdel Bari, 2016). Damage must be direct in the sense that it must be a natural consequence of the wrongful act, it must be of a law-protected legitimate interest, namely the right to life and the body and it must be real, not hypothetical. Thus, if the doctor worsens the patient's condition because of his/her actions, where the fault is a direct result of the doctor's conduct, then he/she is insured, to the extent he is responsible for the patient's condition (Al Jamili, 2011). From a technical point of view, the properties of laser systems add more complexity to measuring medical liability, especially in cosmetic use. As in Figure (4), the distribution of laser intensity is not uniform, and the laser intensity will be different in the near field and far field, causing the laser intensity to concentrate in some parts of the laser beam. This is not just a technical aspect, but an important criterion to assess professional behavior, since an appropriate management of energy distribution is part of the physician's responsibility to respect the medical standards. The presence of intensity zones that are not uniform, therefore, gives scientists a scientific basis for an adverse outcome that may occur in routine procedures, which might seem to be normal. This can clearly be attributed to poor calibration, targeting,

and/or inadequate patient-specific conditions, and can result in localized burns as well as irregular tissue responses. This technical aspect enhances the legal evaluation of causation by establishing a connection between the abstract legal requirements and the measurable physical phenomena, thus better facilitating its determination and allowing a more precise attribution of liability. Furthermore, the representation of energy dispersion patterns emphasizes the need for skills and accuracy during

energy procedures with lasers because it shows that, not only is a laser needed to create the procedure, but the practitioner must be able to control and adjust the energy parameters to ensure safety based on their professional standards. Here, the number (4) acts as a scientific basis for the evaluation by the judge, especially when the judge has to take into consideration the technical evidence and legal principles to find out the responsibility of the parties.

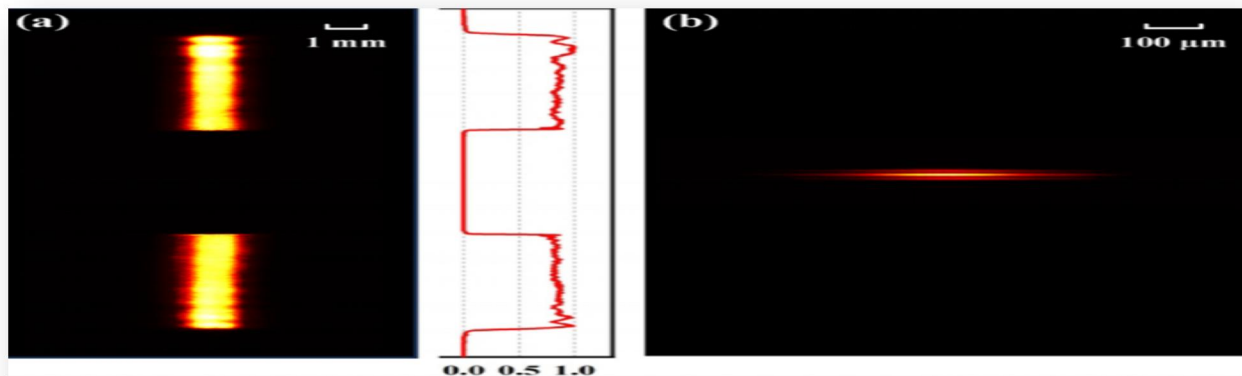


Figure (4): Near-field and Far-field Laser Intensity Distribution, Source: Yang et al. (2026)

The third essential element of causation is the evidence that the patient's harm was caused directly by the physician's fault. If damage is caused by an outside factor (force majeure, patient's own action), then there is no liability. In cosmetic laser treatments, however, establishing causation is still one of the most difficult areas of medical liability, as undesirable outcomes can be caused by a multitude of reasons including the patient's skin type and/or the failure to follow medical advice following the procedure. This results in difficulties in establishing the burden of proof, particularly because the patient will frequently be in a less strong technical position. Jordanian law remedies this imbalance by reducing the burden of proof against the patient and presenting a situation where the patient proves the damage and the burden is on the physician to prove that the standard of care was adhered to and

that the physician observed medical principles. Moreover, this is strengthened by setting up special technical committees to review complaints and ascertain if there is a medical error (Jordanian Medical and Health Liability Law, 2018, Arts. 7, 9, 10). Technical evidence is essential in this circumstance to explain the existence of a causal relationship, especially in very specific procedures like cosmetic laser treatments. As shown in figure (5), the output power of the laser can be increased with the increase of input power, which leads to higher output intensity of the laser beam to the targeted tissues (Yang et al., 2026). This relationship can give a scientific explanation for the possibility of the damage to the tissues during treatment, which can help translate the abstract legal criteria into tangible technical phenomena.

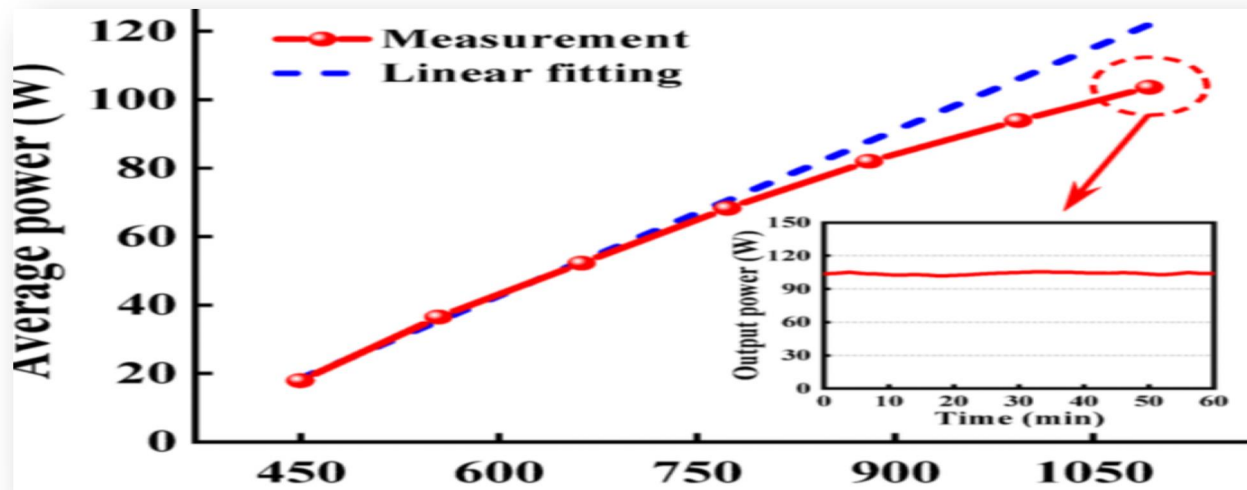


Fig (5): Output power of the oscillator versus pump power. Inset: power Stability at maximum output power over 30 min Source: Yang et al. (2026)

Thus, the figure (5) helps establish causation: It establishes that the harm is internal, that is, a consequence of the way the energy of the laser is applied, and not random or outside the control of the child. If the use of excessive or improper energy levels leads to injury to the tissue, the physician's actions are clearly a cause of the injury, and thus the legality of the conclusion that the injury was a natural and foreseeable consequence of the medical intervention is strengthened.

4.2 The Concept of Medical Malpractice Insurance:

We address in this section the specific nature of medical insurance, highlighting its distinctive characteristics compared to other types of insurance. It also examines the scope of such insurance and its role in covering medical errors arising from both therapeutic and cosmetic practices. Furthermore, it clarifies the legal effects of insurance on the distribution of liability between the physician and the insurance provider. This contributes to a clearer understanding of the legal framework governing the relationship between insurance and medical liability, as follows:

4.2.1 The special nature of medical insurance:

Cosmetic lasers are aesthetically and morally risky, and many insurance companies have particular requirements and/or exclusions for cosmetic lasers because they are typically not considered medically necessary. Cosmetic surgery centers will need to have a mandatory insurance policy for medical malpractice, which is the case in UAE, Saudi Arabia, while in Jordan it is optional (Florya Center, 2025). The insurance contract is the agreement in which the insurer agrees to insure the insured against some risks, and the relationship between the parties is based on the mutual obligations to balance rights and obligations between the parties. Therefore, insurance companies must pay for the coverage as per the contractual agreement; meanwhile, the insured must pay the premiums within the accorded periods of time (Lawyer MD, 2025a). In this context the insurance contract has

three main players: insurer, insured and beneficiary. The insurance company that agrees to pay for risks that could happen to the physician/cosmetic center seeking insurance, or the insured. The other person is the patient who receives the insurance coverage in the case of an insurance error; he or she is not directly involved in the insurance contract, however. This tripartite framework echoes the functional aspects of medical insurance, which do not involve any disruption of the contractual relationship between the main actors (Lawyer MD, 2025b). Furthermore, comparative legal literature in the Arab region highlights the role of medical malpractice insurance as a mechanism for compensation for patients and not exposing healthcare professionals to an undue burden of financial responsibility resulting from professional liability (Al Fahila, 2020). It has also been mentioned that the contractual aspect of medical insurance means that the insured must fully disclose the risks, especially when the medical practice is a high-risk one, such as cosmetic laser procedures, which can involve high expectations, legal risks (Hamdouni, 2025). Moreover, there have been legislative developments in some Arab jurisdictions that have made medical professions more dependent on malpractice insurance for the practice, as a way to protect the patient and ensure accountability for institutions (Medical Error Insurance System, 2023). This change is especially noteworthy in a cosmetic practice where everything is elective and more critical if a procedure is not successful.

Also, cosmetic surgery insurance laws have shown that insurance providers often include restrictions on coverage, such as excluding cosmetic procedures that do not involve any medical issues or excluding cosmetic procedures that are related to patient dissatisfaction, which reduces coverage for both cosmetic surgeons and patients (Fawqia, 2013). These restrictions highlight the significance of having more explicit contractual conditions and open dialogue between everyone involved. Recent academic studies also emphasize the importance of legal frameworks

and definitions of liability and compensation as well as the existence of the medical liability and compensation mechanisms for addressing medical errors on a specialized level (Al Rawashdeh, 2024). The evolution of medical insurance when used in the context of cosmetic procedures is an excellent example of how medical insurance is not just a financial tool, but rather a core legal mechanism that helps to balance risks, responsibilities and rights within modern healthcare systems.

4.2.2 The effects of insurance on medical liability:

Having insurance does not remove the physician's legal responsibility, only the financial responsibility in compensation. In the event that medical fault is determined with the laser procedure, the physician remains liable and the insurance company pays the patient compensation in the limits of its liability stipulated by the insurance contract. If the amount of compensation is more than the insurance limit, the physician is still liable to cover the remaining amount above the limit as specified by the insurance contract (Almajali et al., 2024).

If the physician (the insured) is found liable for a medical error by a final judicial decision and the amount of the insurance exceeds that sum, the insurance company must pay the insured the amount of the insurance, up to the limit of the insurance. The duty to pay is incumbent upon the insurer to the insured (the physician) before the courts, limited to the coverage of the contract, except for situations not covered by the contract, including those of bad faith. Under some laws, like the Saudi law, patient could raise a claim directly against the insurance company. In Jordan, however, it is usual to first bring the claim against the physician, and then against the insurance company according to the conditions of the insurance contract. The patient should be given the right to direct action, in my opinion, to better safeguard their interests, especially in cosmetic medical mistakes like laser procedures (Hamdouni, 2025; Medical Error Insurance System, 2023).

5. The Legislative and Doctrinal Framework for Insurance of Laser Cosmetic Errors: We address in this section the legal regulation in Jordan and other Arab countries, highlighting the legislative frameworks governing medical liability and insurance systems in cosmetic procedures. It also examines the position of Jordanian jurisprudence and compares it with trends in Arab legal systems, in order to identify similarities and differences in regulating cosmetic medical liability. Furthermore, this analysis aims to clarify the extent to which legal systems balance patient protection with the professional interests of physicians. This contributes to a comprehensive understanding of the comparative legal approaches adopted in this field, as follows:

5.1 Legal Regulation in Jordan and Arab Countries:

There is no binding insurance requirement for insurance companies to cover physicians and cosmetic centers from medical errors under the Jordanian Medical and Health Liability Law No. 25 of 2018. It, on the contrary, puts in place a compensation system by means of a special fund resulting from a medical error, as provided for in Article (17) of the same law,

which provides for the creation of a "Medical and Health Liability Insurance Fund" within the Higher Health Council, and the insurance of service providers' practitioners under this fund (Jordanian Medical and Health Liability Law, 2018). The law contains no restriction on the power of the court in deciding what compensation, if any, should be given to the injured party, however. The regulations based on the law provide limits on the amounts of money the fund must cover, as provided in Article (6), and the court may provide compensation equal to or greater than the limits without that restriction. As per the principle of contracts, if any agreement is made between the parties to an insurance contract, then it is a binding agreement between the parties and the insurance company will have to cover the insurance within the agreed limits. Unlike mandatory insurance schemes (including motor vehicle insurance), where limits are placed on compensation. When it comes to cosmetic surgery insurance coverage (including laser surgery), the insurance company will have to stick to the coverage limit, and the covered doctor will have to cover what the insurance company doesn't. Owever, this legislative approach also demonstrates a certain degree of contractual flexibility, which, however, could be a challenge in patient protection since there is no clear obligation in insurance law to cover losses in the medical field, while it also showcases a gap in regulations compared to some Arab legal systems, where the insurance obligation is more strict and structured in the medical sector (Al Momani, 2011; ARDD, 2022).

5.1.1 The Jordanian Medical and Health Liability

Law: The Medical Liability Law No. 25 of 2018 in Jordan does not require doctors or cosmetic centers to obtain medical malpractice insurance from insurance companies. Instead, it establishes a fund for compensation for damages resulting from medical errors, as stipulated in Article (17) of the same law, which states:

- The Higher Health Council has a fund called the Medical and Health Liability Malpractice Insurance Fund.
- The service provider is obligated to insure its service providers in this fund." Since the law does not impose a ceiling on compensation awards, the Medical Liability Malpractice Insurance Fund Regulations, issued under the Medical Liability Law, specify in Article (6) the limits the fund will bear to cover damages. These limits pertain to the medical service provider participating in the fund, and the regulations do not impose any specific ceiling on compensation awarded to the injured party or their heirs due to medical errors. Since a contract is the law between the contracting parties, the insurance company is obligated to cover the agreed-upon insurance coverage, unlike the mandatory vehicle insurance system, which sets a specific limit for each case and specifies the percentage and amount. However, the agreement between the parties to a cosmetic medical malpractice insurance contract is considered a bilateral agreement, and the insurance company is bound by its agreed-upon limit. The insured (the doctor) bears any amount exceeding

the insurance company's limits, as determined by the court-approved expert report and the arbitrator's decision. This legislative approach has also been criticized in comparative legal studies, which highlight the shortcomings of Jordanian medical liability regulation, particularly the absence of clear and mandatory insurance frameworks to ensure effective patient protection (Al-Jubouri, 2021).

5.1.2 Regulations governing medical insurance systems: The Medical and Health Liability Insurance Fund of Jordan is a legal body created by the Medical and Health Liability Law of 2018 with the implementation of its regulations in 2019. The Fund is dedicated to creating a financial safety net for medical error patients using an independent fund with its own financial resources. Although the Fund has been established and its implementing regulations have come into effect, victims' rights have been denied and there has been a lack of implementation and a legal vacuum. The mission of the Fund is to provide a financial security for patients and their families when the medical malpractice compensation is determined, and to establish a legal liability principle in the healthcare industry. The Fund is funded from annual subscriptions earned by service providers from both the public and private sectors. While it is a positive step in the right direction for compensation for medical errors in Jordan through legal means, the Fund is currently in an incomplete state that will be a hurdle to ensure patients' rights and improve justice. According to Article 8 of the rules of the Fund, the maximum compensation can be paid by the Fund and the percentage of the compensation from the Fund for patients who suffered from a medical failure, if the doctor is a member of the Fund, is only applicable to the case of medical failure of a single patient. However, in other situations in which several medical mistakes are identified, the doctor is responsible. The fund provides compensation for medical and health related errors up to the maximum limit of compensation as follows: Category 1: Compensation of 50,000 Jordanian dinar per contract year; Category 2: Compensation of 25,000 Jordanian dinar per contract year; and Category 3: Compensation of 10,000 Jordanian dinar per contract year. The ratio of the insured's contribution to compensation in the fund for each incident in a single contract year is as follows: 10% compensation value for the first incident, 30% compensation value for the second incident. Finally, this fund doesn't pay anything in the way of claims after the second incident in the subscription year (contract year).

5.2 Comparative Analysis with Arab Legislations (Saudi Arabia): in this part of the study the researchers will discuss Avery important part by making Comparative Analysis with Arab Legislations especially Saudi Arabia, which that appear as follow:

5.2.1 Judicial and doctrinal approaches: The regular courts have determined that it is necessary to have a specialized committee called the (Higher Technical Committee) for conducting a medical expertise to prove the existence of a medical error in accordance with the provisions of Article (9) of the Medical

Liability Law. This committee is given the responsibility of providing technical assistance to the competent judicial authority when requested in case/complaint.

The most recent decisions cited by the first and second instance courts is the Court of Cassation Decision No. 3401 of 2022 dated 15 June 2023 which reads:

“In reference to the arguments advanced against the expert report, the Court of Appeal could refer the plaintiff's son, the child Ryan, to the Higher Technical committee of the Ministry of Health, for further examination, determination of his health condition, and to establish whether, in the present case, the defendant had committed gross error, negligence, or omission on the part of the appellant defendant, or whether he failed to exercise the required care during the birth of the beneficiary's child, and to determine the nature of the error of the defendant Zdenka Josef based on the evidence in the case and the rules set forth in Article (4) and (7) of the Medical and Health Liability Law.”

In the issue of the binding effect of the report of the Higher Technical Committee, the Court of Cassation has always had the discretion of accepting the report of the Higher Technical Committee or rejecting it and appointing other expert physicians and accepting their report. Furthermore, Jordanian Court of Cassation jurisprudence has found that there is no restriction on conducting technical expertise in medical error cases within the committee established under the Medical and Health Liability Law, nor that the existence of such a committee would prevent the court from conducting its own technical expertise under its supervision, as set out in the two decisions above (Cassation Decision No. 3683/2022 dated 7 November 2022 and Decision No. 5840/2024 dated 18 November 2024).

The report of the sub-technical committee and the subsequent report, however, did not rely on certainty of infection, but rather on doubt and probability, because the reports included possibilities in determining the percentage of fault attributed to the defendants; it failed to clarify how it came to its conclusion and provided insufficient evidence to support its findings; it was not based on certainty regarding the existence of fault, the report of the sub-technical committee and the subsequent report was based on doubt and probability.

Also, Jordanian courts determined that a lawsuit cannot be commenced against the insurance company with pending suit against the insured physician, as no final judgment was issued against the physician. Therefore, some cases in the first instance court have held that, before issuing a final judgment on the occurrence of a medical error and the determination of compensation against the insured physician, the court must issue a final judgment against the insurance company, thereafter the physician may seek relief from the insurance company. One of these decisions is Judgment No. 5739 of 2023 from the Amman Magistrate Court on 11 February 2024, which reads:

On the defendant's request to add the respondent insurance company to the action, the court notes that the defendant has already entered into a medical

malpractice insurance policy, but the insurance company's liability is subject to the final decision of the court finding that the insured has committed a covered medical error, which is yet to be ruled upon in the original case.

The Saudi legislative position can be compared to Articles (41-50) of the Law of Practicing Health Professions which outline the responsibilities and standards of healthcare practitioners, and mandate that medical malpractice insurance be carried by specific groups. The Sharia Health Committee has an important role in the evaluation of cosmetic medical errors; it evaluates cases in which harm has occurred to the patient. It has decided to release a report confirming the presence of the error and proving the material and moral damage it caused, along with making the determination. The injured party then can file a claim with the competent court for proper compensation, and the insurance company of the liable party is obligated to compensate.

5.2.2 Scope of coverage for medical malpractice

insurance: Part 2: What is and isn't covered by insurance for a medical mistake. This section covers the types of mistakes that may be covered under your insurance plan: diagnostic errors (taking in patients that are not appropriate for laser treatments, such as those with very sensitive skin), execution errors (burns and scarring from using medical devices improperly). Additionally, errors that occur in the follow-up due to the doctor's neglect to follow up on the patient's condition are also included, which can result in severe complications. In contrast, most insurance policies do not cover some of the procedures, such as purely cosmetic procedures that are not agreed upon in a special contract, and professional misconduct and intentional risks. Typically, it is also excluded when the physician employs an unlicensed laser device, is inadequately trained in its use or when the physician engages in fraud, deception or bad faith, according to the standards governing the practice of healthcare professions (Saudi Health Professions Law, 2005).

6. Conclusion and Recommendations: As an introduction to the conclusion and recommendations, this study draws on its analytical findings in medical liability and insurance for cosmetic laser errors, presenting key conclusions followed by practical recommendations.

6.1 Conclusion: Laser cosmetic procedures have a legal and medical specificity, which sets them apart from other therapeutic interventions: they are mainly characterized by the obligation to obtain a result, especially if they are carried out in private medical centres and cosmetic clinics oriented towards cosmetics and aesthetic improvement, and not towards the treatment of a pathological condition. This involves a higher level of physician culpability: just providing "due care" (as is enough for conventional therapeutic care) is no longer being satisfactory. The duty to inform (obligation of disclosure) is one of the most common forms of medical malpractice, for example when a medical professional fails to inform the patient of any potential risks, or what should be expected after the procedure. Aesthetic damage is the most serious

type of damage resulting from such operations, as it is directly related to the psychological and social health of the patient, and deserves a material and moral compensation. In practice however, the problem of establishing a causal connection between the physician's fault and the patient's damage is complicated by the interplay of several factors which affect the final result; hence the necessity of the use of special technical committees and medical skills for the precise and just determination of damages. Furthermore, the contractual environment of these procedures requires a more robust way of ensuring patient rights are protected through improving the transparency of medical practises and careful record keeping of all aspects of treatment. This helps in balancing the interest of the physician in practicing his profession and the patient's right to getting a safe outcome that is in keeping with his expectations. In addition, the significance of medical malpractice insurance becomes apparent, as it is a key component of providing efficient compensation and risk management for cosmetic laser treatments.

6.2 Recommendations: The issue of medical liability in cosmetic procedures, particularly those involving laser technology, has witnessed significant development in light of rapid medical and technological advancements. The analysis has shown that this field raises numerous legal challenges that require precise regulation in order to balance patient protection with the stability of medical practice. It has also become evident that the multiplicity of forms of medical error and the variation in the nature of obligations necessitate the establishment of clear legal frameworks to keep pace with these developments. Accordingly, the importance of presenting a set of recommendations emerges as a means to enhance the effectiveness of the legal system in this field, which may be outlined as follows:

- The absence of a mandatory insurance framework in cosmetic laser procedures weakens the effectiveness of civil liability, as the establishment of fault does not necessarily guarantee adequate compensation. Therefore, legislative intervention is required to ensure the availability of enforceable financial coverage to support such liability, thereby strengthening patient protection and enhancing legal certainty. Accordingly, it is recommended to amend Jordanian medical liability legislation to impose mandatory insurance covering malpractice in cosmetic laser procedures, with precise determination of the scope, limits, and conditions of such coverage.
- Consider medical liability as a joint obligation between the physician and the insurance company, while requiring cosmetic centers to provide comprehensive insurance policies covering all errors resulting from laser procedures, including non-serious errors, in a manner that ensures enhanced protection of the injured party's general guarantee and secures effective compensation.
- Strengthen disclosure obligations by imposing standardized protocols that ensure full patient awareness of risks, alongside stricter regulatory oversight of cosmetic laser devices by limiting their

use to qualified practitioners, while granting patients direct recourse against insurance companies to obtain prompt and effective compensation without prior claims against physicians, And establishing a national compensation fund supported by insurers and healthcare providers to ensure effective patient protection. These recommendations aim to enhance legal certainty, strengthen patient protection, and promote a balanced and sustainable medical practice in the field of cosmetic laser procedures.

7. References:

- American Society for Dermatologic Surgery (ASDS). (n.d.). *Laser skin resurfacing and cosmetic laser treatments overview*.
- Amman Magistrate Court. (2024). Judgment No. 5739/2023, issued on February 11, 2024.
- Arab Renaissance for Democracy and Development (ARDD). (2022). *Quality of healthcare services and medical liability: A comparative study between the Jordanian and Palestinian legal systems*.
- International & Comparative Law Quarterly. (2025). Cambridge University Press.
- International Society of Aesthetic Plastic Surgery (ISAPS). (2017). *ISAPS international study on aesthetic/cosmetic procedures*.
- International Society of Aesthetic Plastic Surgery. (2017). *ISAPS international study on aesthetic/cosmetic procedures 2017*. Retrieved from https://www.isaps.org/media/zivfuelh/isaps_2017_international_study_cosmetic_procedures_new.pdf
- ISAPS. (2024). *Global survey on aesthetic/cosmetic procedures*. International Society of Aesthetic Plastic Surgery. [archive.org]
- Jordanian Civil Code.
- Jordanian Court of Cassation. (2009). Decision No. 2119/2008, dated May 14, 2009.
- Jordanian Court of Cassation. (2022). Decision No. 3683/2022, issued on November 7, 2022.
- Jordanian Court of Cassation. (2023). Decision No. 3401/2022, issued on June 15, 2023.
- Jordanian Court of Cassation. (2024). Decision No. 5840/2024, issued on November 18, 2024.
- Jordanian Medical and Health Liability Law.
- Jordanian Medical and Health Liability Law. (2018). Article 2, Articles 7, 9, 10.
- Jordanian Medical and Health Liability Law. (2018). Law No. 25 of 2018.
- Jordanian Medical and Health Liability Law. (2018). Law No. 25 of 2018, Article 17.
- Jordanian Medical Liability Insurance Fund Regulation. (2019). Articles 6 and 8.
- Journal of Law and the Biosciences. (2026). Oxford University Press. [archive.org], [mdrcenter.com]
- Lawyer MD. (2025a). *Insurance contracts and legal obligations*. Retrieved August 19, 2025, from <https://lawyer-md.com.sa/blog/>
- Lawyer MD. (2025b). *Medical insurance and liability coverage*. Retrieved August 20, 2025, from <https://lawyer-md.com.sa/blog/>
- Medical Error Insurance System. (2023). System of insurance and compensation for medical errors.
- Qararak website, Jordanian Bar Association.
- Queen, A. (2019). Advances in plastic surgery foster academics.
- Saudi Arabia. (2005). Law of Practicing Health Professions, Royal Decree No. M/59 dated November 4, 2005.
- Saudi Health Professions Practice Regulation.
- Siems, M. (2024). *Comparative law*. Cambridge University Press.
- Abdel Bari, Y. H. (2016). Civil liability for medical errors. Alexandria: Dar Al-Jamea Al-Jadida.
- Abdel-Bari, Y. (2016). *Civil liability for medical errors*. Egypt: New University House.
- Ahmad, H. D. (2011). *Medical liability in cosmetic surgery* (1st ed.). Halabi Legal Publications.
- Alayaydeh, H. A., Awaisheh, S. M., Al-Taani, M., Al-Dabbas, N. A., Alqudah, A. M.-A., & Awaisheh, S. M. (2025). The Problem of Establishing Civil Liability for Harmful Effects of Smart Robots. *Indian Journal of Information Sources and Services*, 15(4), 31–39. <https://doi.org/10.51983/ijiss-2025.IJISS.15.4.04>
- Al-Badr, A. (2024). Expansion in controversial matters (cosmetic surgery as a model). *Journal of the Faculty of Sharia and Law, Tafehna Al-Ashraf-Dakahlia*, 28(2), 150–201.
- Al-Badr, A. bin A. bin M. (2024). Expansion in disputed matters: Cosmetic procedures as a model. *Journal of the Faculty of Sharia and Law in Tafahna Al-Ashraf*, 28(2), 161.
- Al-Fahila, M. (2020). Medical malpractice insurance.
- Al-Hunaiti, M. (2025). Civil Liability of the Physician Arising from Medical Errors in the Jordanian Law. *Jordanian Journal of Law and Political Science*, 17(3). <https://doi.org/10.35682/jjpls.v17i3.1134>
- Al-Hussain, A. (2025). Cosmetic surgery experiences among Saudi women. *Journal of Future Social Sciences*, 21(3), 132.
- Al-Hussein, J. (2025). Experiences of Saudi women with cosmetic surgery. *Future of Social Sciences Journal*, 21(3), 125–174.
- Al-Jamili, A. (2011). *Fault in civil medical liability: A comparative study* (2nd ed.). Amman: Dar Al-Thaqafa for Publishing and Distribution.
- Al-Jubouri, A. M. A. B. Y. (2021). Deficiencies in medical civil liability legislation in Jordanian law: A comparative study. *Review of International Geographical Education Online*, 11(12).
- Al-Jumaili, A. (2011). *Error in medical liability: A comparative study* (2nd ed.). Dar Al-Thaqafa.
- Al-Ma'ayta, M. (2004). *Civil and criminal liability in medical errors* (1st ed.). Riyadh: Naif Arab University for Security Sciences Press.
- Al-Majaita, M. (2004). *Civil and criminal liability in medical errors*. Riyadh: Naif Arab University Press.
- Almajali, M. H., Alshanty, A. G., Althnaibat, O. H., & Almahasnah, M. J. (2024). The role of governance supported by cybersecurity in reducing

- financial and administrative corruption in public institutions in Jordan. *International Journal of Advances in Soft Computing and Its Applications*, 16(3), 231–251. <https://doi.org/10.15849/ijasca.241130.13>
43. Al-Mohammadi, A. (2011). *Jurisprudence of contemporary medical issues*. Dar Al-Bashaer Al-Islamiyya.
 44. Al-Momani, Z. M. A. (2011). *Risk acceptance and its impact on civil liability in medical fields: A comparative study between Jordanian and Egyptian law* (Doctoral dissertation). Amman Arab University.
 45. Al-Muhammadi, A. (2011). *Fiqh of contemporary medical issues*. Beirut: Dar Al-Bashaer Al-Islamiyya.
 46. Al-Qahtani, A. (2018). *Cosmetic surgery: Concept, origin, and legal-medical regulations*. Dar Kunuz Ishbiliya.
 47. Al-Qaisi, A. H., Alamawi, M. A. A., Juwaihian, M. A. A., Altarawneh, S. M. D., Al-Momani, S. M., & [Others]. (2026). Programming and material defects in AI technologies as bases for civil liability: A study within the scope of Jordanian law and EU legislation. *Corporate Law and Governance Review*.
 48. Al-Rawashdeh, M. (2022). Cosmetic medical errors and methods of prevention [Lecture].
 49. Al-Rawashdeh, M. K. (2024). The provisions of civil liability for cosmetic medical errors: A comparative study. *Global Journal of Islamic and Legal Studies*.
 50. American Society for Dermatologic Surgery. (n.d.). *Laser skin resurfacing and cosmetic laser treatments overview*. American Society for Dermatologic Surgery. Retrieved from <https://www.cosmeticassociation.org/products/aesthetic-lasers/>
 51. Dalala, M. (2024). Social and cultural factors associated with the spread of cosmetic surgery. *Tishreen University Journal for Research and Scientific Studies – Arts and Humanities Series*, 46(1), 971.
 52. Dalalah, M. (2024). Social and cultural factors associated with the spread of cosmetic surgery. *Tishreen University Journal for Research and Scientific Studies – Arts and Humanities Series*, 46(1), 965–974.
 53. Dereli, A. K., İzci, A., Cenk, H., Şanlı, B., & Acar, K. (2025). Evaluation of medical malpractice claims arising from minimally invasive cosmetic procedures in the context of supreme court decisions. *Turkderm: Turkish Archives of Dermatology and Venereology*, 59(1), 1.
 54. Farrell, J., & Rosen, R. (2020). Laser and energy-based devices. *Medicine Today*, 21(1), 34–40.
 55. Fawqia, M. F. (2013). Insurance against civil liability for medical errors in cosmetic surgery: A comparative study. Sharjah: University of Sharjah, Research and Studies Center.
 56. Florya Center. (2025). *Cosmetic laser procedures and risks*. Retrieved August 16, 2025, from <https://floryacenter.com/>
 57. Goldberg, D. J. (2006). Legal considerations in cosmetic laser surgery. *Journal of Cosmetic Dermatology*, 5(2), 103–106.
 58. Gurtner, G., & Neligan, P. (2018). *Plastic surgery* (Vol. 1: Principles, 4th ed.). Elsevier.
 59. Hamdouni, A. (2025). Medical error insurance.
 60. Hibler, B. P., Eliades, P. J., Kagha, K. C., & Avram, M. M. (2021). Litigation arising from minimally invasive cosmetic procedures: A review of the literature. *Dermatologic Surgery*, 47(12), 1606–1613.
 61. Jalian, H. R., Jalian, C. A., & Avram, M. M. (2014). Increased risk of litigation associated with laser surgery by nonphysician operators. *JAMA Dermatology*, 150(4), 407–411.
 62. Kaki, Z. N. R. (2020). *Criminal liability of physicians for cosmetic surgery: A comparative study* (Unpublished master's thesis). Middle East University, Faculty of Law, Amman, Jordan.
 63. Mironica, A., Popescu, C. A., George, D., Tegzeşiu, A. M., & Gherman, C. D. (2024). Social media influence on body image and cosmetic surgery considerations: A systematic review. *Cureus*. [link.springer.com]
 64. Mussabekova, S. A., Menchisheva, Y., & Morillas, Á. V. (2025). Medicolegal challenges of facial plastic surgery: A systematic review. *Aesthetic Surgery Journal*, 45(9), 973–984.
 65. Nguyen, L., Kimmig, W., Hammes, S., Schneider, S. W., & Seeber, N. (2026). Complications of laser and energy-based procedures in dermatology: Classification, management, and prevention. *Journal der Deutschen Dermatologischen Gesellschaft*. <https://doi.org/10.1111/ddg.XXXX>
 66. Patel, J., Otto, E., Taylor, J. S., et al. (2021). Patient safety in dermatology: A ten-year update. *Dermatology Online Journal*, 27(3).
 67. Qatānānī, M. (2023). *A study on cosmetic surgery: Its rulings and Sharia controls*. Assembly of Muslim Jurists in America, 19th Ummah Conference, p. 8.
 68. Qutnani, M. (2023). Research on cosmetic surgery and its legal-religious regulations. *19th Ummah Conference, Fiqh Council of America, United States*.
 69. Reimann, M., & Zimmermann, R. (Eds.). (2006). *The Oxford handbook of comparative law*. Oxford University Press. [pmc.ncbi.nlm.nih.gov]
 70. Sabreenah, M. (2018). *The obligation of informed consent in cosmetic surgery: A comparative study in French, Egyptian, and Algerian law* (Master's thesis). University of Mentouri Brothers, Constantine, Algeria, p. 4.
 71. Shauly, O., Marxen, T., Goel, P., & Gould, D. J. (2023). The new era of marketing in plastic surgery: A systematic review and algorithm of social media and digital marketing. *Aesthetic Surgery Journal Open Forum*, 5, ojad024. [owl.purdue.edu]
 72. Svider, P. F., Carron, M. A., Zuliani, G. F., Eloy, J. A., Setzen, M., & Folbe, A. J. (2014). Lasers and losers in the eyes of the law: Liability for head and neck procedures. *JAMA Facial Plastic Surgery*, 16(4), 277–283.

73. Yang, T.-L., Ning, Z.-H., Yang, J., Liu, H., Li, X.-P., & Chen, Y.-Z. (2026). High beam quality 500 Hz, 207 mJ nanosecond laser based on large mode volume stable-unstable hybrid resonator. *Optics and Laser Technology*. Springer. <https://doi.org/10.1007/s00340-026-XXXXX>
74. Yaseen, N., & Jalal, M. (2024). The legal nature of cosmetic surgery (luxury). *Al-Bayan University Journal of Legal Studies and Research*, 3(2), 1–21.
75. Yassin, N. A., & Jalal, M. F. (2024). The legal nature of cosmetic (elective) procedures. *Al-Bayan University Journal for Legal Studies and Research*, 3(2), 5