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Hotel Hills Sarajevo, Bosnia and Herzegovina

# HALAL GOVERNANCE IN AESTHETIC TREATMENT:

**A MAQASID SHARIAH-BASED FRAMEWORK FOR  
QUALITY AND ETHICAL COMPLIANCE**

**Farrah Payyadhah Borhan and Ahmad Syukran Baharuddin**

*<sup>1</sup>Academy of Contemporary Islamic Studies (ACIS), Universiti Teknologi MARA Shah Alam, 40450, Selangor. Research Fellow of Halal Research, Training and Consultancy (HART), ACIS UiTM Shah Alam.*

*<sup>2</sup>Faculty of Syariah and Law, Universiti Sains Islam Malaysia, Bandar Baru Nilai, 71800 Nilai, Negeri Sembilan, Malaysia. Research Fellow, Maqasid Institute, United States of America. Researcher, Centre of Research for Fiqh Forensics and Judiciary (CFORSJ).*



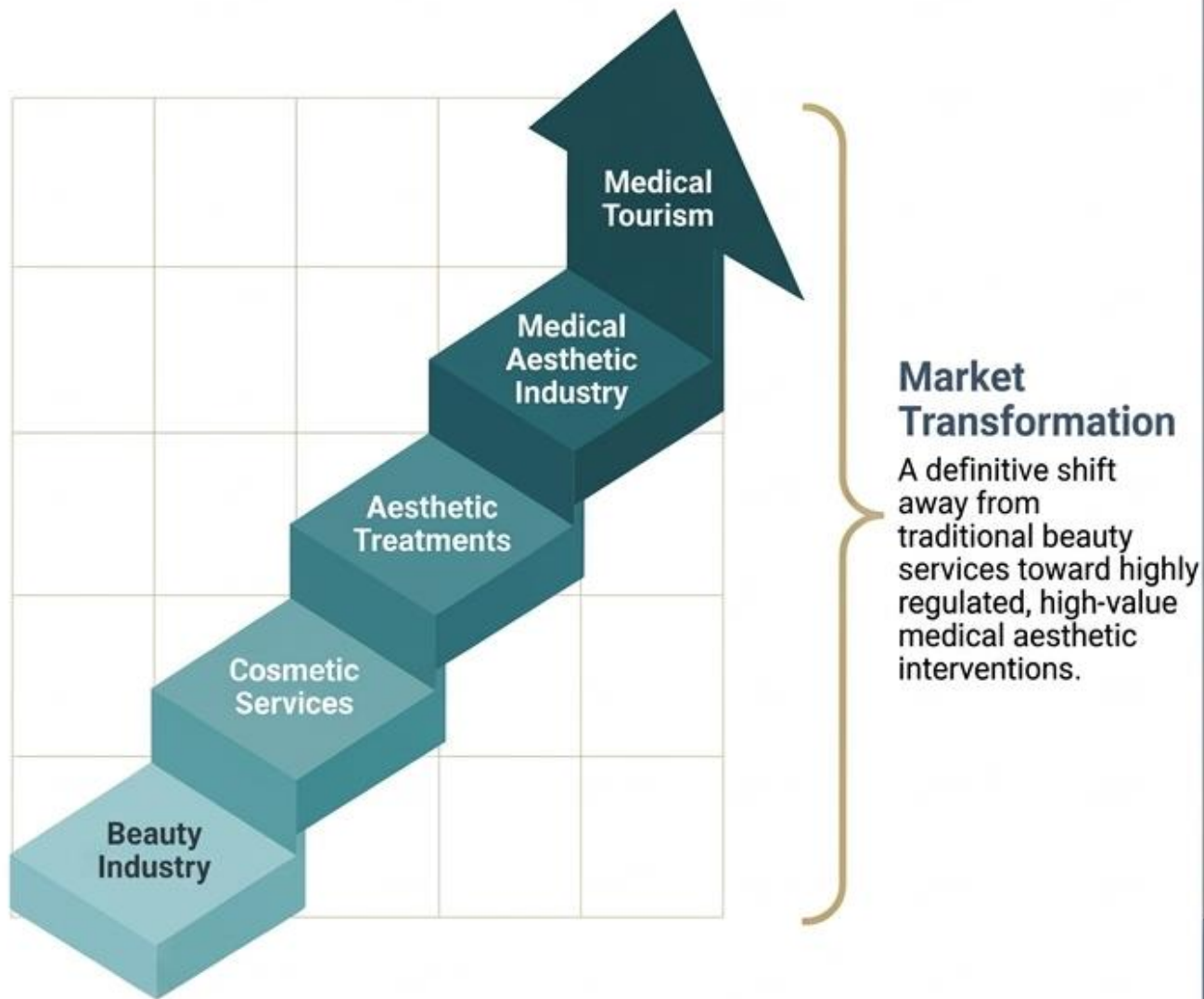
# PRESENTATION OUTLINE

- Current Landscape of Aesthetic Practice
- Governance Problem
- Regulatory Gap
- Halal Governance Gap
- Maqasid-Based Governance Framework
- Practical Application
- Policy Impact

Halal

# Current Landscape of Malaysia's Aesthetic Industry

## Current Landscape



## Minimally invasive procedures now dominate the aesthetic landscape



- 1** A shift toward lower-risk, accessible, and reversible procedures.
- 2** General practitioners are entering the field at unprecedented rates.
- 3** Treatments have moved from necessity-driven medicine to consumer-driven demand.

- ### Non-Surgical Treatments
- Dermal fillers
  - Botulinum toxin
  - Superficial chemical peels
  - Laser therapies

# Why Aesthetic Governance Matter?

## The dangerous blurring of medical and cosmetic boundaries

### The Beauty Spa

Focuses on non-medical beauty services.

Powdered embroidery  
(Sulam bedak)

Collagen stimulation

### The Medico-Cosmetic Grey Zone

Invasive procedures masquerade as routine beauty treatments in unauthorized settings.

### The Medical Clinic

Focuses on aesthetic medical interventions requiring clinical judgment and tissue penetration.

Cosmetic spas are transitioning from basic beauty maintenance to advanced aesthetic treatments, creating a life-threatening governance vacuum.

# Evidence of Governance Failure

**Compliance-only governance fails to prevent catastrophic human cost**

# 300+

Official complaints lodged against unregistered beauty premises since 2023.

# RM2.7 Million

Recent lawsuit filed for permanent nasal deformity following a botched rhinoplasty.

## Case Law Precedent

**Adam bin Hamil v Dr Chiam Tee Kiang [2024]**

Liability established when a practitioner exceeded the permissible scope of licensed aesthetic procedures.

## Case Law Precedent

**Abiramee a/p Ramalingam v Nur Isabella [2023]**

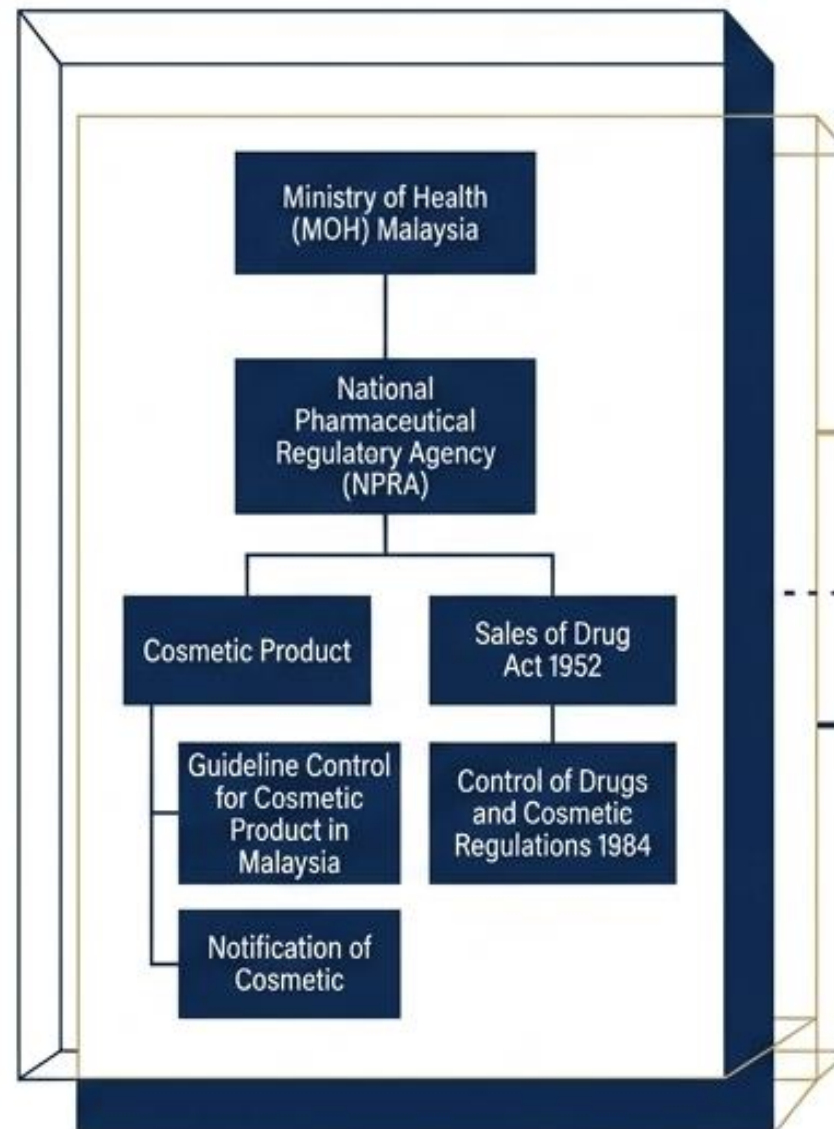
Botulinum toxin administered in an unauthorized beauty spa leading to infection, proving the failure of facility oversight.

# Current Regulatory Governance

## Ecosystem Map

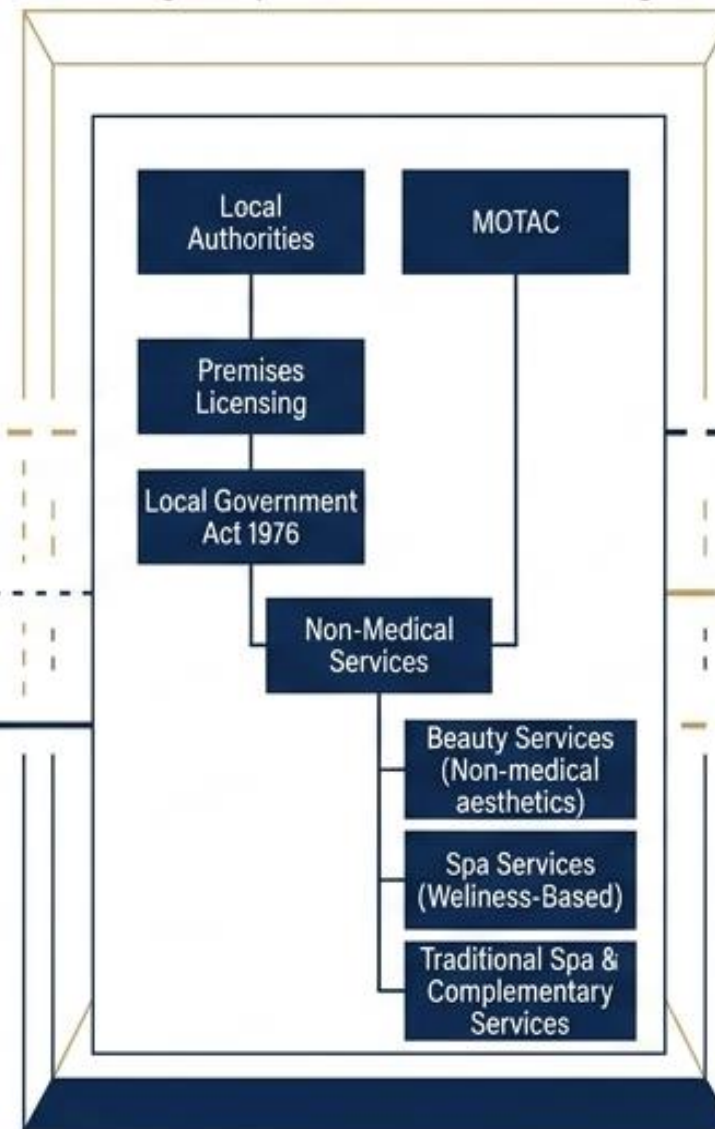
### Pillar 1: Product Regulation (NPRA)

Governed by the Sales of Drug Act 1952.  
Focuses on notification, safety, and ingredient compliance—not clinical efficacy.



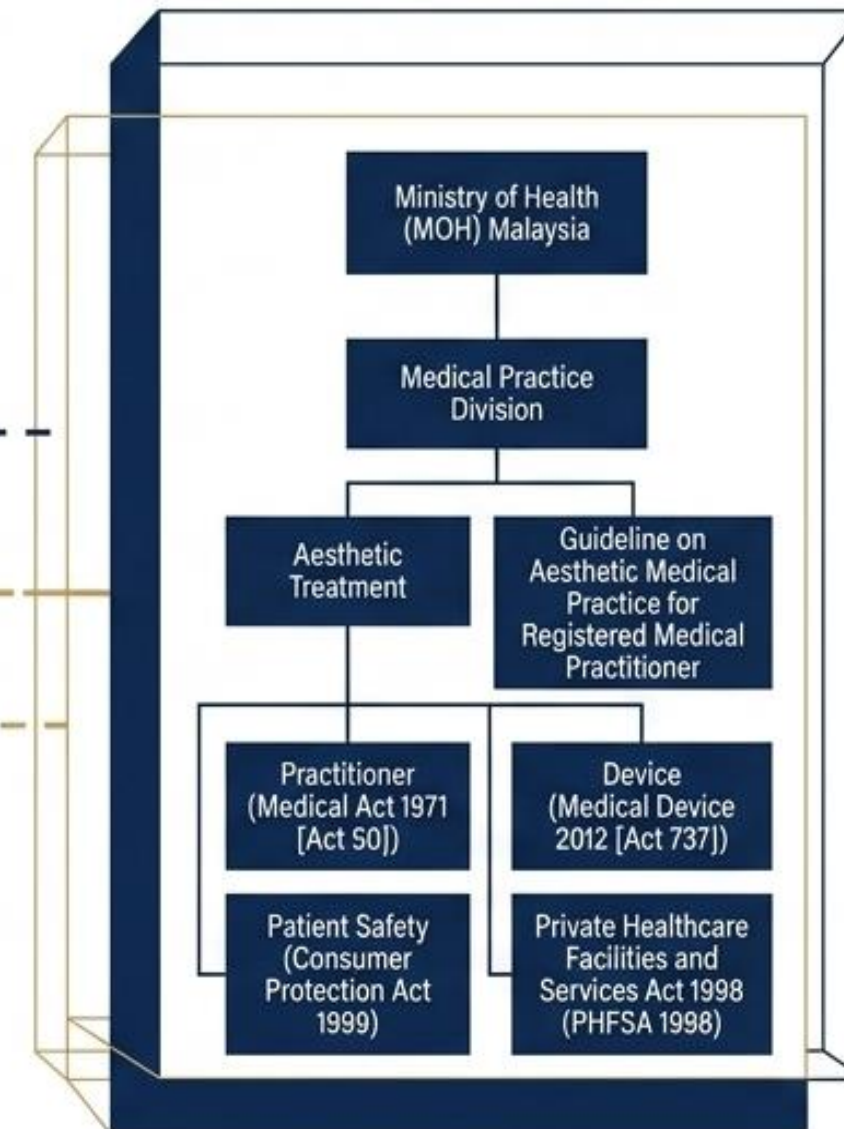
### Pillar 2: Facility Oversight (Local Authorities & MOTAC)

Governed by the Local Government Act 1976.  
Decentralized control focused on premises licensing, not professional credentialing.



### Pillar 3: Medical Governance (MOH & MMC)

Governed by the Medical Act 1971 and PHFSA 1998.  
Strict guidelines on credentialing, safety, and infection control within licensed clinics.



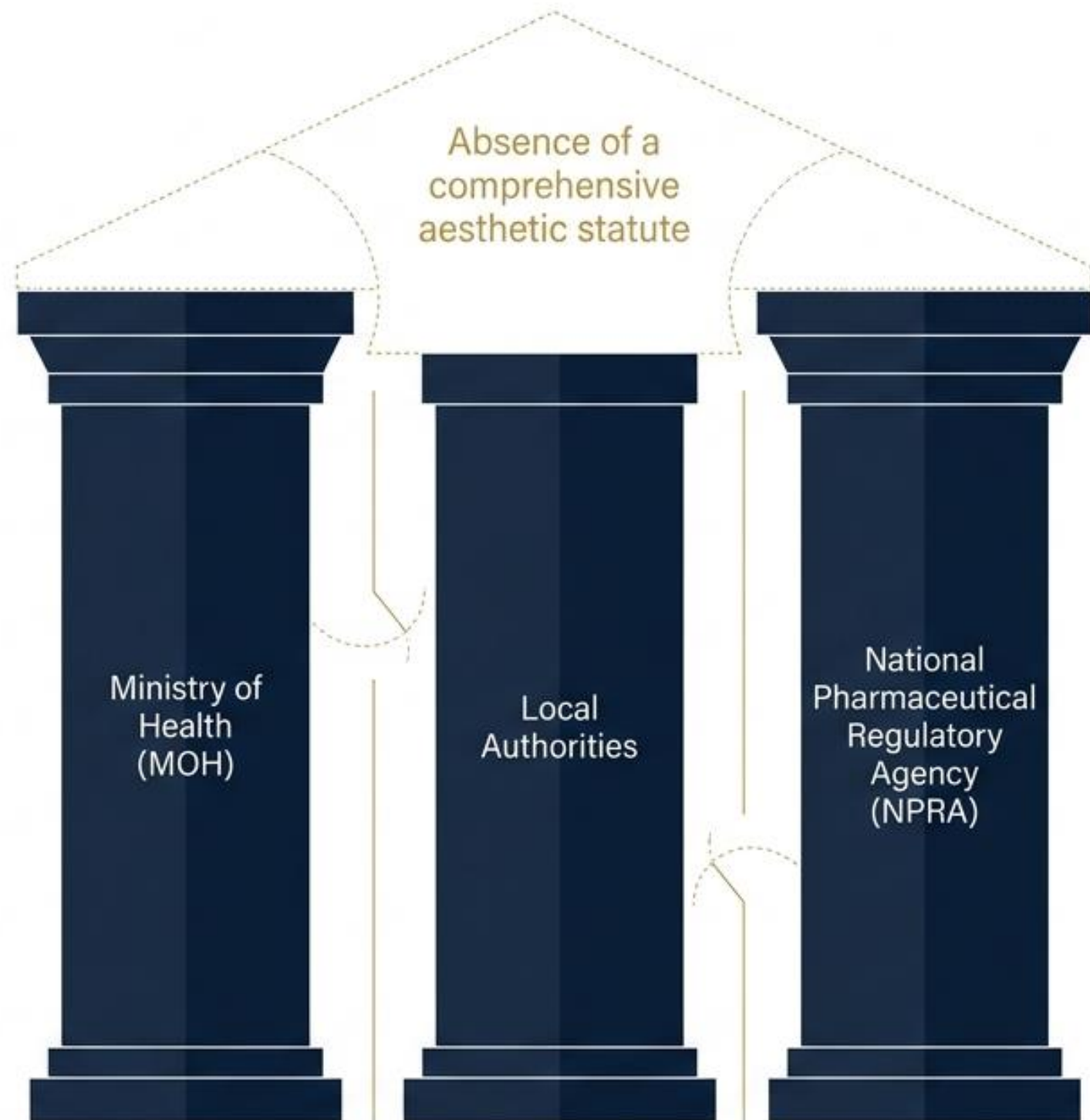
# Regulatory gap

## The Regulatory Fracture

The current landscape ensures baseline safety but is structurally fragmented.



Current instruments are compliance-oriented, focusing heavily on technical safety and professional codes of conduct rather than ethical justification.



# The Halal & Ethical Blind Spots

Current governance ensures baseline clinical safety but fails to systematically address the religious and ethical dimensions of aesthetic treatments.



## Guidance Void

Lack of Shariah-integrated regulatory guidance for Muslim patients and practitioners navigating elective procedures.



## Device Ambiguity

Unclear Halal status of aesthetic medical devices. Existing standards are not systematically linked to clinical decision-making.

Governance Capability	Current System
Licensing	✓
Safety	✓
Competency	✓
Halal Device Assessment	✗
Aurah Assessment	✗
Niyyah (Intention)	✗
Necessity Assessment	✗
Maqasid Evaluation	✗



# The Halal Governance Gap

## Current frameworks measure technical compliance but ignore ethical necessity

### The Compliance Lens

- Is the practitioner licensed?
- Is the facility registered?
- Is the device approved?

Focus: Can we do this safely?

### The Missing Dimension

- Is this intervention necessary?
- Is the intention justified?
- Is the alteration of the natural form (*taghyir khalqillah*) proportionate?

Focus: Should we do this at all?

Without an evaluative ethical filter, elective aesthetic treatments shift from therapeutic healing to unchecked enhancement-driven commodities.

# What is Halal Governance?

The integration of legal compliance, quality assurance, ethical accountability, and *Maqasid* Shariah principles in the planning, delivery, and monitoring of aesthetic treatments [1, 2].



## Regulatory Compliance

Ensuring legal permissibility and statutory adherence [1].



## Clinical Safety

Mitigating procedural risks and protecting patient well-being [2, 3].



## Quality Assurance

Maintaining practitioner competency, equipment appropriateness, and clinical effectiveness [2, 3].



## Maqasid Shariah

Providing an evaluative lens for assessing necessity, proportionality, and ethical justification [2, 4].

**Halal governance extends beyond basic regulatory compliance; it requires the holistic integration of clinical, quality, and Shariah principles to ensure treatments are both legally permissible and ethically responsible [1, 2].**

# Halal Governance through Maqasid Shariah as a complementary quality and ethical layer

## The Concept:

Moving from a purely value-neutral, safety-compliance model to a Maqasid Shariah-responsive ethical governance framework.



## Core Objective:

To evaluate the necessity, intention, and proportionality of aesthetic interventions, not just their technical safety.

## The Five Preservation Pillars:

**1. Life**  
(*Hifz al-Nafs*)

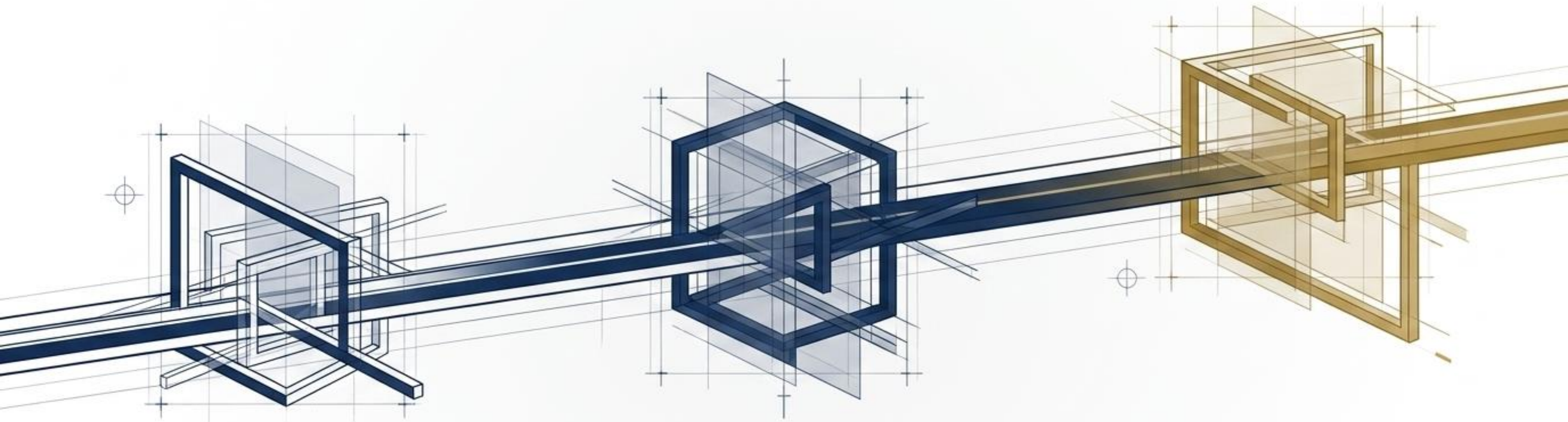
**2. Intellect**  
(*Hifz al-'Aql*)

**3. Religion**  
(*Hifz al-Din*)

**4. Lineage**  
(*Hifz al-Nasl*)

**5. Property**  
(*Hifz al-Mal*)

# The Evaluative Spectrum of Necessity



## **Darurah** (Absolute Necessity)

Essential interventions for preserving life and essential function (e.g., cleft palate reconstruction, severe burn rehabilitation).

Ruling: Permissible (*Mubah*).

## **Hajah** (Legitimate Need)

Alleviating physical or psychological hardship and restoring normal function (e.g., therapeutic Botox for chronic migraine).

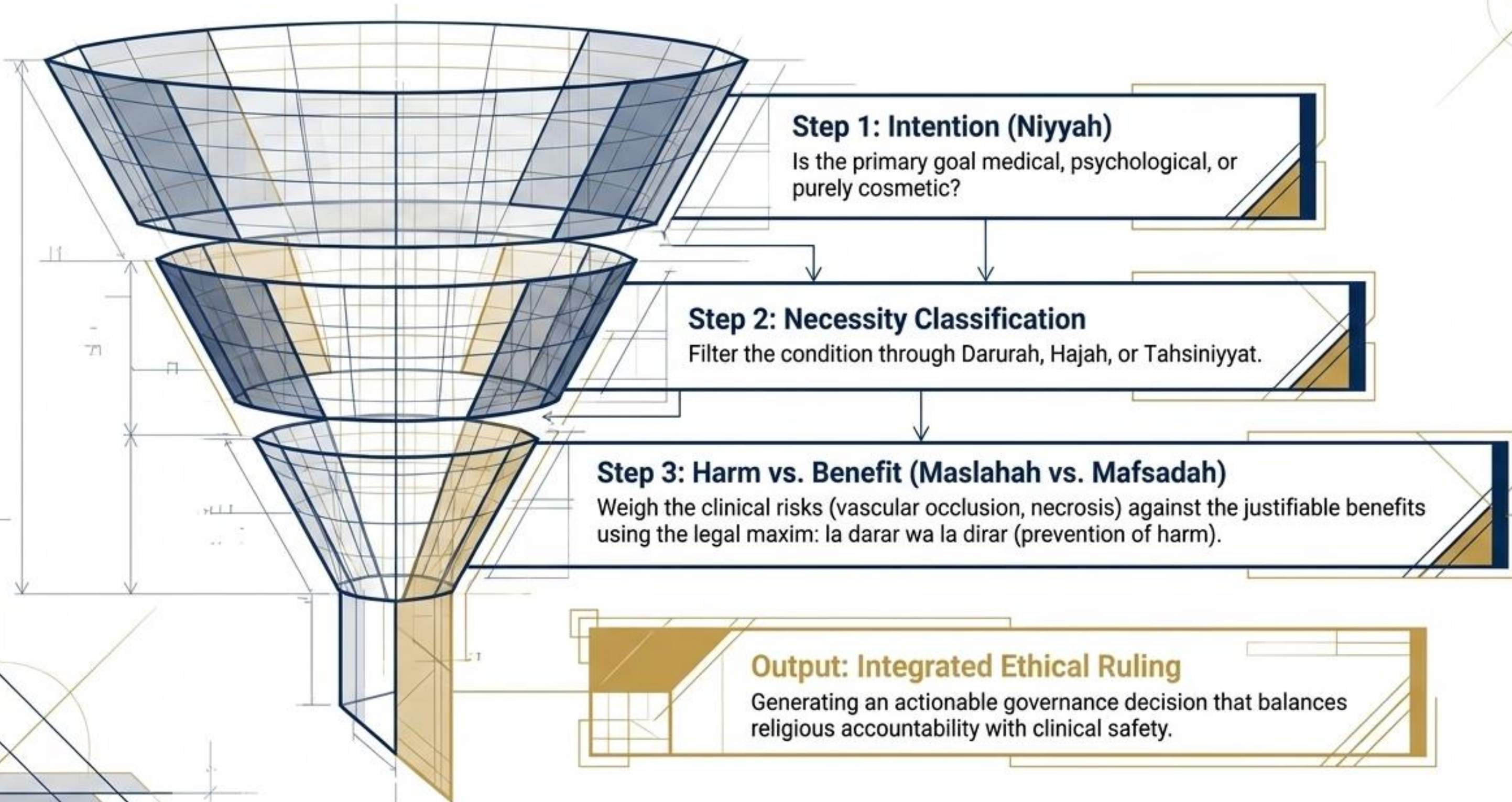
Ruling: Conditionally Permissible based on harm minimization.

## **Tahsiniyyat** (Enhancement/Embellishment)

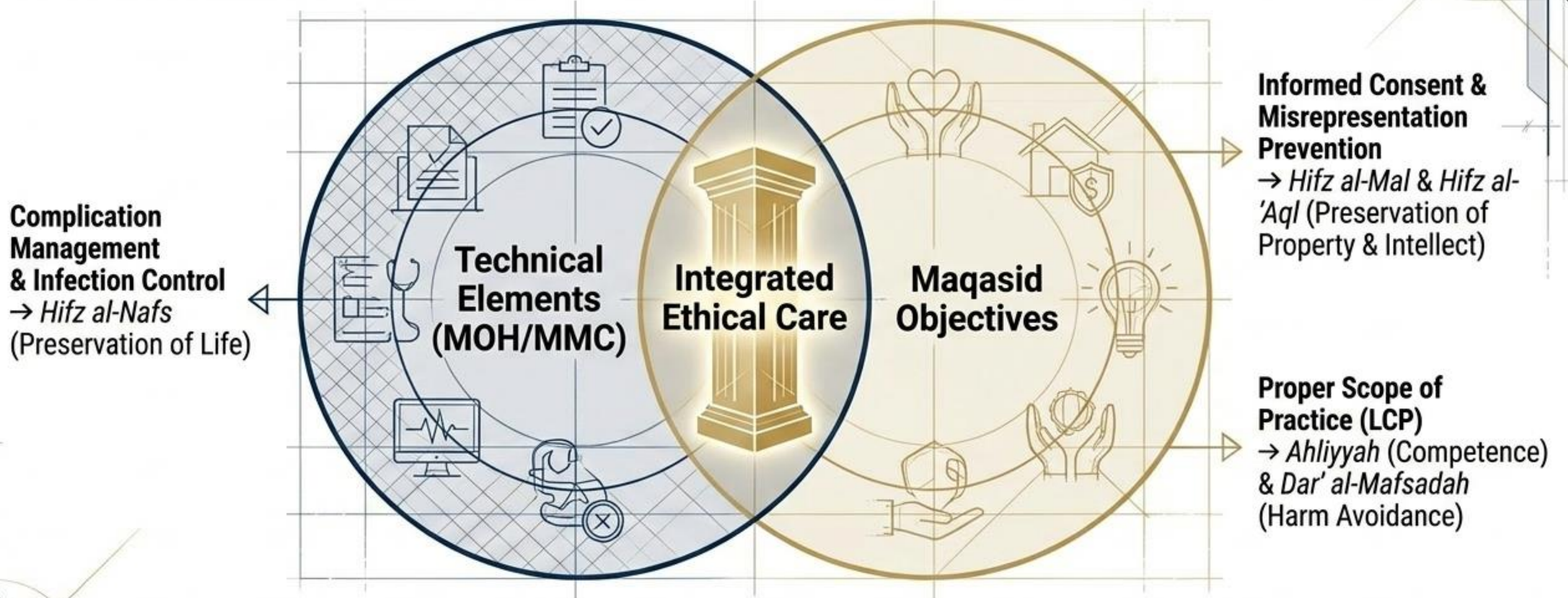
Purely aesthetic alterations driven by beauty standards (e.g., trend-driven lip augmentation).

Ruling: Triggers closer ethical scrutiny; prohibited if involving unnecessary alteration of natural form (*taghyir khalqillah*) or excess (*israf*).

# The Ethical Screening Funnel



# Perfect Alignment: Where Clinical Safety Meets Islamic Ethics



**Synthesis Insight:** Maqasid Shariah does not restrict modern medicine; it provides the ultimate normative justification for why strict medical regulations must exist.

# Proposed Halal Governance Workflow



# Halal Governance Framework Application: Botox Injectable Therapy

## Medical Indication



**Condition:** Chronic Migraine /  
Muscle Spasticity



**Classification:** Hajah / Darurah



**Ruling:** Permissible (Mubah)  
under the maxim of harm  
prevention.

## Cosmetic Enhancement



**Condition:** Purely for wrinkle  
reduction

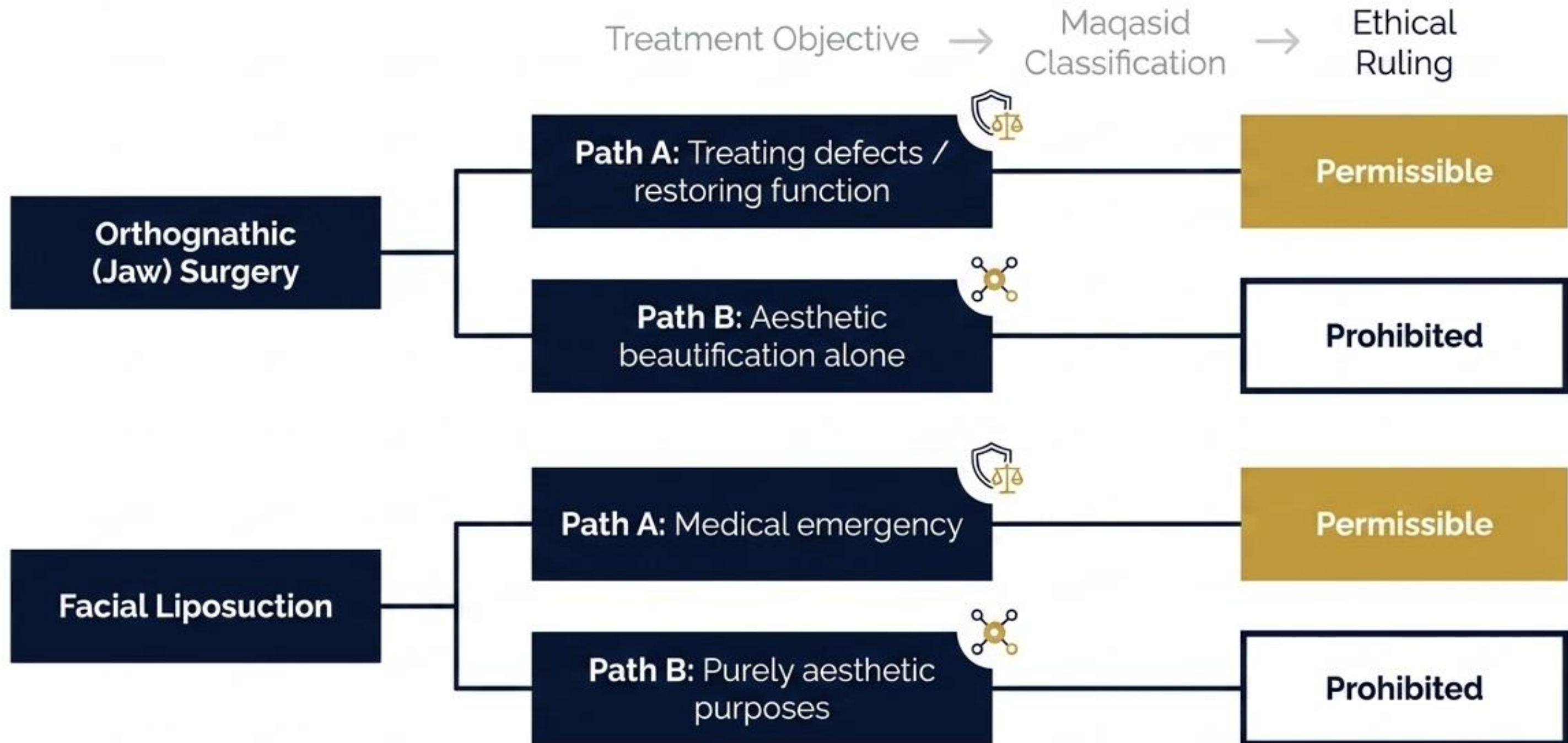


**Classification:** Tahsiniyyat



**Ruling:** Requires ethical scrutiny;  
conditionally restricted to avoid  
unnecessary alteration of natural  
form.

# Expanding the Scope: Surgical Interventions

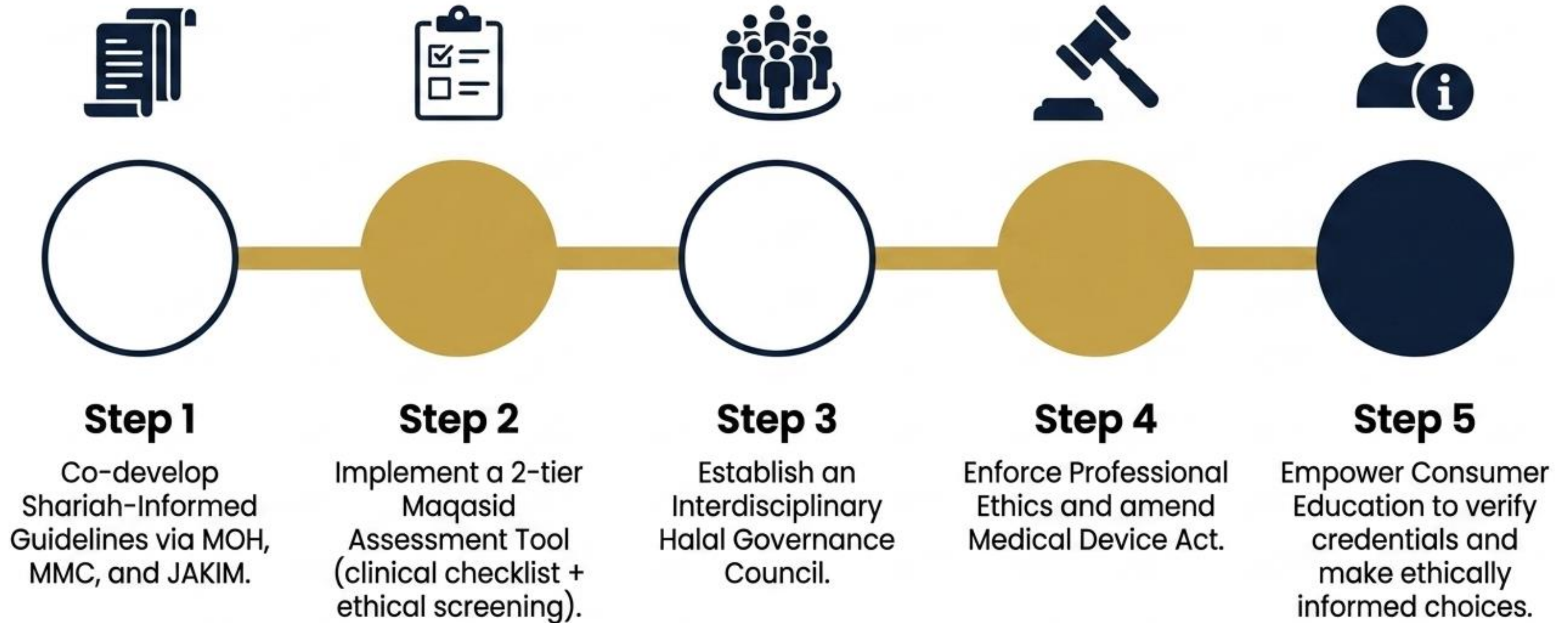


# The Governance Shift

Current governance regulates procedures. Halal governance regulates procedures, purpose, and ethical legitimacy.

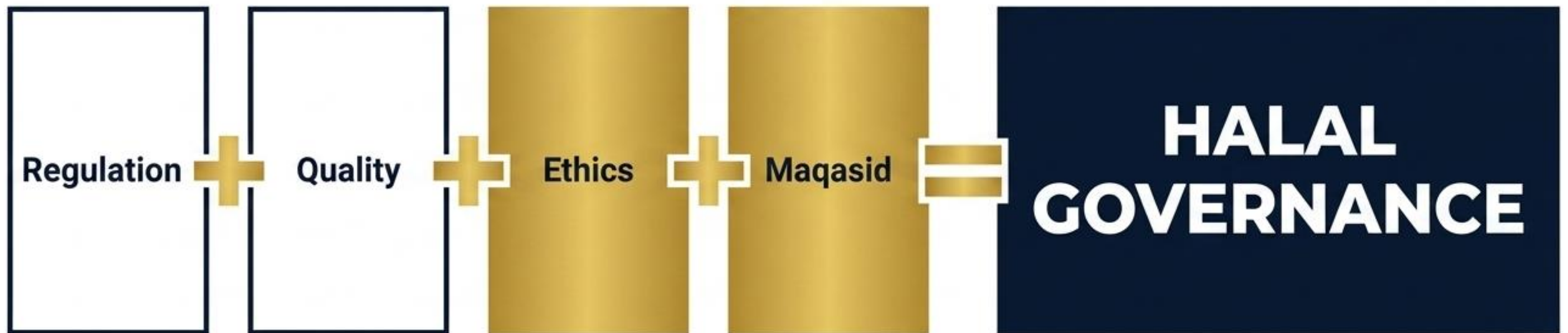
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Necessity Assessment	✗	✓
Maqasid Evaluation	✗	✓

# Strategic Policy Roadmap



# The Halal Governance Equation

Regulatory governance is reactive. Ethical governance is fragmented. The Halal gap persists. Maqasid Shariah provides the practical solution. Treatments must be legally permissible, ethically justified, and socially responsible.



# THANK YOU FOR ATTENTION

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**farrahborhan@uitm.edu.my;**



**Phone contact: +60127389539**



**Institution: Academy of Islamic**



**Contemporary Studies**

