

This response was submitted to the call for evidence issued by the Nuffield Council on Bioethics' Working Party on Cosmetic procedures. Responses were gathered from 11 January to 18 March 2017. The views expressed are solely those of the respondent(s) and not those of the Council.



Nuffield Council on Bioethics

Call for evidence on ethical issues around cosmetic procedures

Response of the Faculty of General Dental Practice (UK)

March 2016

About this response

The Faculty of General Dental Practice (UK) is based at The Royal College of Surgeons of England, and offers continuing professional development and training opportunities for all registered dental professionals.

We are the largest of the UK dental faculties and provide a national voice for over 4,700 fellows and members. Around 95% of dental care in the UK is provided in the primary dental care setting, and the Faculty improves the standard of primary care dentistry delivered to patients through standard setting, postgraduate training and assessment, publications, policy development and research.

There are two cosmetic procedures which are considered part of the practice of dentistry, as defined by the UK's dental regulator, the General Dental Council. These are the injection of botulinum toxin, and the injection of dermal fillers.

The Faculty seeks to raise standards in the delivery of these procedures, and since 2009 has developed and delivered a five-day Facial Aesthetics course, which, as well as teaching clinical skills and providing practical assessment via the presentation of a clinical case, examines ethical, psychological and medico-legal considerations.

The Faculty welcomes the opportunity to contribute to this call for evidence, which we view as an important opportunity to place patient safety at the heart of cosmetic treatment. All of the Faculty's responses, unless otherwise stated, are made in relation to the two procedures named above - although the Working Party may consider that some of the principles apply more widely.

The Faculty has restricted its response to the questions on the supply and regulation of cosmetic procedures, and has chosen not to respond to questions on definitions and aims, increasing demand, and on cosmetic procedures to different parts of the body.

Responses

Q9. Do you think that people seeking cosmetic procedures are 'patients' or 'consumers', neither, or both?

The Faculty is of the clear view that people seeking cosmetic procedures should be considered as patients, and not as consumers.

The notion that cosmetic treatments deliver no health benefit, and are concerned only with the improvement of appearance, is contestable, as to the extent that they contribute to a person's sense of general wellbeing and social confidence, they fall within the World Health Organisation's definition of oral health:

'A standard of the oral and related tissues which enables an individual to eat, speak and socialise

without active disease, discomfort or embarrassment and which contributes to general well-being.'

It is also vital that a healthcare professional's duty of care is not seen to be lesser because a person is seeking a cosmetic treatment, yet use of the term 'consumer' in this context could have just that effect.

It is also clear that the results of poor cosmetic treatment can have an enormous impact on patients' wider health and wellbeing. A treatment outcome that exacerbates the original perceived problem with physical appearance can have significant consequences, particularly if the person is suffering from a depressive illness associated with the perceived problem.

Furthermore, there are reports of serious adverse events following treatment with cosmetic injections, including blindness and severe anaphylaxis.

Therefore, regardless of one's view of whether cosmetic treatments in themselves are a healthcare intervention or not, the health risks of such procedures necessitate that persons seeking cosmetic procedures are seen as patients, and correspondingly that cosmetic procedures are performed only by registered and suitably-qualified healthcare professionals.

Q10. What information should be made available to those considering a procedure?

FGDP(UK) believes patients should be interviewed in advance of treatment by the person who will be carrying out the procedure they are seeking. This interview should cover the patient's motivation for the treatment, and the patient should be fully informed about the range of treatment options suitable to their circumstances. Information provided should include details of the procedures under consideration, as well as any risks associated with such procedures. Details of any necessary aftercare and/or self-care which would be required should also be included.

Written information to the same effect should be provided for the patient to take away, and a written treatment plan provided if a procedure is agreed.

The Faculty believes a 'cooling-off period' of at least seven days, between the patient interview (including full provision of information both verbally and in writing) and any procedure or financial transaction, should be introduced in law.

Following a procedure, patients should again be informed of any necessary aftercare and/or self-care required.

Q13. Should there be any guidelines or regulation on who can provide non-surgical cosmetic procedures?

Absolutely.

The risks associated with any invasive procedure necessitate a comprehensive understanding and practical knowledge of infection control and aseptic technique, which are among the competencies demanded of dental professionals in order to comply with the requirements for registration.

Likewise, it is our view that professionals delivering injectable cosmetics into the face must have knowledge of facial anatomy, prescribing and the management of medical emergencies.

We consider that only statutorily-regulated healthcare professionals, who hold a current registration with their regulator, who are acting within the scope of practice defined by their regulator, and who are also suitably qualified and indemnified, should be legally permitted to deliver cosmetic procedures.

We therefore consider it is essential that only registered doctors, dentists and independent nurse prescribers should be permitted to administer cosmetic agents that are delivered by injection, such as botulinum toxin and dermal fillers, and then only those who have undergone structured and assessed training which is accredited by an established professional body such as a medical royal college, and who also have professional indemnity insurance cover which specifically covers the procedure.

The Faculty's view is supported by the General Dental Council's scope of practice for dental professionals, which makes clear that dentists can consider non-surgical cosmetic injections as part

of their scope of practice providing they are “competent...indemnified...[and] have gained the necessary additional skills”.

The ability to deliver non-surgical cosmetic injections is not listed as an additional skill for any other registrant group of the General Dental Council (such as dental therapists, dental hygienists and clinical dental technicians), and the Faculty believes that these registrants should not be permitted to practise such procedures.

Dental practitioners meeting these requirements should be required to maintain up to date knowledge and competency specific to this area of practice by undertaking relevant CPD, and should also be limited to injecting cosmetic agents only to the face and neck.

Q14. What are the responsibilities of those who develop, market, or supply cosmetic procedures?

The Faculty believes that the relevant professional regulatory bodies, the Advertising Standards Authority and the Trading Standards Institute should work together to ensure that appropriate advertising standards regarding injectable cosmetic treatments are in place, and that these are enforced.

We further believe that suppliers of injectable cosmetic materials should only be able to supply such materials to individuals who are permitted to use them.

The Faculty also believes that patients being given cosmetic injections should always be given non-permanent filling materials, and that permanent injectable cosmetic fillers should be prohibited from sale or use.

Q15. Do you believe that current regulatory measures for cosmetic procedures are appropriate, too lax, or too restrictive?

FGDP(UK) believes that current regulatory measures are too lax.

Legislation should be put in place which:

- restricts practice to those practitioners outlined in response to Q13, and gives clear responsibilities for enforcement, as well as establishing penalties sufficient to banish unqualified practice
- defines those seeking cosmetic treatments as patients, and gives them the legal protections and rights appropriate to that terminology
- introduces a ‘cooling-off’ period (as outlined in response to Q10)
- bans the sale or use of permanent cosmetic filling materials (as outlined in response to Q14)
- bans the sale of cosmetic filling materials other than to practitioners permitted to use them (as outlined in response to Q14)
- makes dermal fillers a prescription-only medical device