Dental ethics case 24

Non-therapeutic cosmetic treatments including botox

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CASE SCENARIO

Since my practice has not been very busy recently, I completed a week-end course on how to administer cosmetic and dermal fillers including onabotulinumtoxin A (botox) injections. Are there any regulations related to my scope of practice as a dentist on which I am infringing, and, if it is outside my scope of practice, am I being unethical?

COMMENTARY

A fundamental principle of professional ethics in dental care is that the best interests of patients should always take precedence over any consideration of profit or personal gain.[1] Yet for dentistry this poses an obvious problem. Where are we to draw a line between what patients need and what they want? Dentists are in business for themselves and their livelihood, and their ability to meet the needs and wants of patients will depend on a variety of issues and becomes particularly important with regard to elective treatments where there is no dental dysfunction.

This dilemma will be discussed from both a legal and an ethical and standpoint. Our legal obligation is defined by the HPCSA[1] and the regulations defining the Scope of the Professions of Dentistry under the Health Professions Act, 1974.[2] The HPCSA guidance is set out in the following Ethical Rule 21 Performance of Professional Acts[2]: "A practitioner shall only perform, except in an emergency, a professional act for which he or she is adequately qualified and sufficiently experienced". In cases where a practitioner is not adequately qualified and sufficiently experienced, the practitioner "shall not fail to communicate and co-operate with appropriately qualified health practitioners in the treatment of a patient." The onus is, therefore, on the practitioner to ensure that he or she has had adequate education, training and experience in the performance of any procedure.

Botox is the brand name for a commercially available product that contains botulinum toxin, but is often used as a generic noun for all products intended for cosmetic use containing botulinum toxin. It is a prescription-only medicine and therefore has to be prescribed by a doctor for an individual patient and administered by a suitably trained and qualified clinician. The major problem with substances like Botox is that it is a neurotoxin, which can cause problems if not used correctly. Facial paralysis is not unknown and there is concern when Botox therapy is used on young people, in particular, teenagers. Dermal fillers, however, are quite different and do not require a prescription. Theoretically, dermal fillers can be provided by any unqualified member of the public (beauty therapists, etc). It is generally considered that the current situation is unsatisfactory.

Many dental practices, often as a result of patient enquires, have started to consider the possibility of providing this type of 'treatment' and in some cases deem that the procedures may be something a suitably qualified oral hygienist or dental therapist could undertake. However, it is debatable as to whether the provision of such non-therapeutic cosmetic treatments is actually within the scope of the practice of dentistry. Opinions are varied. If a procedure is unrelated to dentistry and beyond the scope of practice, it cannot be performed by a dentist, no matter what training or certification they have received, and would clearly be illegal and unethical. There is a grey area, then, as to how and under what circumstances the use of onabotulinum toxin A and similar treatments are related to the practice and scope of dentistry.

It may be argued that cosmetic dental procedures involving peri-oral regions such as the lips, cheeks or jaw would be related, but procedures beyond those designated areas would not be considered within the scope of dentistry. In the United Kingdom, the General Dental Council in 2008[3] ruled that the provision of non-surgical cosmetic procedures, such as botox and dermal fillers, away from the perioral or immediate perioral area, does not constitute the practice of dentistry. The Council is also of the view that 'alternative or complementary' therapies that are not provided in conjunction with, or linked to, a patient's dental treatment, must be provided separately from the dentist's practice of dentistry.

Furthermore, there has been concern related to the need for formal education and training in cosmetic surgery, the period and full- time nature of the training which should be satisfied if he or she wished to perform cosmetic or plastic surgery, and/or wanted to carry out non-therapeutic cosmetic treatments. The HPCSA October 2009 Statement[4] includes under Cosmetic Procedures the following:

a. "Cosmetic Surgery" be defined as an operative procedure in which the principal purpose is to improve the appearance, usually within the connation that the improvement sought is beyond normal appearance, and it's acceptable variations, for the age and the ethnic origin of the patient;

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b. cosmetic surgery was always an elective procedure;
c. cosmetic surgery was performed in the main by specialists in plastic and reconstructive surgery, but may also be performed by other specialists who have formal structured training, assessment and ongoing professional development in certain aspects of cosmetic surgery relevant to those particular specialties;
d. assessment of competence of any such registered specialist in any particular cosmetic surgical procedure which has not formed part of specialist training shall be by a training/examination body accredited by the Board by such training.

Others have argued that suitably qualified and indemnified practitioners may carry out non-therapeutic cosmetic procedures, but that they should think carefully before offering them to patients. Dentists need to ensure that they have appropriate indemnity before providing elective treatment to improve facial aesthetics.[5] Often the techniques used are almost entirely on an elective basis. The patients who request such treatment tend to be a self-selecting group with high and sometimes unrealistic aesthetic expectations. Any of these factors may contribute to these techniques having a higher risk potential for litigation and malpractice.

The ethical principles of patient autonomy, beneficence, non-maleficence, justice and veracity are essential to this debate and should provide practitioners with a basis on which to make and take professional decisions.[6]

Patient autonomy: patients requesting elective, aesthetic dental treatment often have a vision of or goal for their care, and although a patient's aesthetic goals are important in treatment planning, a dentist has an ethical responsibility to evaluate the patient's needs and to educate the patient regarding realistic goals and appropriate treatment options. Patient autonomy, by itself, is not a rationale for treatment. If a patient has expressed a desire for a particular procedure, there is no ethical violation as long as the procedure lies within the realm of accepted treatment and the dentist's scope of practice. In addition, the patient must understand the risks, limitations and potential benefits of the procedure.

Beneficence is the principle that expresses the concept that all dentists have the responsibility to provide beneficial treatment, to benefit patients by not inflicting harm, and by preventing and removing harm. Provision of beneficial treatment requires rigorous and effective education. Clinical competence is therefore an ethical requirement.[6]

Non-maleficence: The dentist has an obligation to maintain an up-to-date level of knowledge and to know when referral to an appropriate specialist is warranted. The credo "first do no harm" is even more critical when providing non-therapeutic cosmetic treatments, since the treatment offers no direct health benefit.

Veracity and informed consent: Veracity requires that the dentist presents a treatment plan and delivers care in a truthful manner without false, misleading or deceptive information. Valid informed consent requires full disclosure of risks and benefits. Furthermore, the patient's oral health care needs, and the clinician's ability to adequately and legally deliver the care must be discussed in a truthful manner. The coercion of patients to undergo procedures by misrepresenting their value or necessity, or performance of certain procedures for financial gain in a time of economic downturn when such procedures are not in the best interest of the patient, will result in the breakdown of the trust that is inherent in the dentist-patient relationship.

The HPCSA has cautioned the public against misleading advertising for cosmetic surgery, and warns practitioners guilty of misleading advertising that they will be disciplined by the Council. "We are gravely concerned about the flurry of advertisements in the print and electronic media on cosmetic surgery and elective procedures. In some circumstances, these advertisements are not entirely accurate in that they are based only on these procedures being successful. Yet, evidence abounds that there are serious failures at times which are often downplayed or never mentioned.[7] "These advertisements also ignore the fact that the success of such procedures differ from one patient to the other based on many individual factors and prognosis. Some clinical benefits and conclusions that are normally advertised therefore cannot be said to be accurate without an individual diagnosis and prognosis. These adverts could then be said to be misleading and deceptive and therefore against the HPCSA ethical rules.".

The Council has often expressed concern about the increasing involvement of practitioners in procedures for which they are inadequately trained or qualified to perform. "We are issuing a stern warning to all health care practitioners registered with the HPCSA to refrain from performing procedures without the required training, qualifications or experience. This can only compromise patient care and lead to litigation and professional misconduct processes. Mostly, these cosmetic procedures should be performed by specialists in the respective fields".

Ethical principles justify a dental practitioner's decision-making within the bounds of accepted treatment and their scope of practice. Their primary responsibility is to respect the patient's rights, do no harm, do good, be fair and be truthful in the management of their patients.

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