

Practice Statement for Cosmetic Dentistry

Approved by DCNZ May 2009

Introduction

In recent times, there has been an increased public demand for appearance-related dentistry services. Dental practitioners have responded to this by offering an increasing range of cosmetic procedures and actively promoting this area of dental practice.

These guidelines were prepared in collaboration with the New Zealand Dental Association. Practitioners should take this Statement into account when providing cosmetic dentistry procedures. The statement does not override the individual responsibility of the practitioner to carry out evidence-based practice, which includes taking into consideration an individual patient's requirements and circumstances.

Definition

Cosmetic dentistry is defined as oral or maxillofacial procedures that revise or change the appearance, colour, texture, structure or position of orofacial hard and/or soft tissues with the sole intention of improving the patient's appearance or self-esteem. Cosmetic procedures are usually elective and involve procedures (in the absence of pathology) with the primary purpose of improving the patient's appearance.

The Dental Council of New Zealand does not recognise cosmetic dentistry as a specialist scope of dental practice and there is no defined scope of practice for cosmetic dentistry. Procedures that fall under the definition of cosmetic dentistry are contained within the Scope of Practice for General Dental Practice or a Dental Specialist Scopes of Practice.

Training skill and expertise

Dental practitioners must work within the limits of their competence and Scope of Practice. They must have appropriate training in the procedure(s) being performed and the management of any likely complications.

Consent

Dental practitioners have a professional, ethical and statutory obligation to communicate effectively. Patients must be provided with all the necessary information of a proposed cosmetic procedure, particularly the benefits, risks, and alternatives, so as to allow for informed choice and treatment consent.

The patient needs to appreciate the distinction between reversible and irreversible techniques, and the true extent and consequences of any associated intervention.

Three factors complicate the normal consent process:

- i) The patient may have unrealistic expectations of the anticipated results, creating a potential for misunderstanding. Every effort should be made to ensure the patient is informed of what can and cannot be achieved, and the possible longevity of the different treatment options.

- ii) Because these procedures are elective, do not involve the treatment of disease and the dental practitioner has an opportunity for financial gain, the justification for such procedures may be questioned.
- iii) Some patients seeking cosmetic dentistry have body image problems which can raise an issue about their competence within the informed consent process, for example there are psychological conditions such as body dysmorphia which may result in a patient electing to have treatments they would otherwise not have if they understood all the risks and complications.

These factors need to be recognised and practitioners have a duty to act professionally and ethically when offering cosmetic dentistry procedures.

Written consent may not be necessary; however, it is advisable to provide written treatment plans for advanced or complex procedures and it is important that the practitioner maintain accurate contemporaneous written records of the discussions that take place prior to, during and following the provision of treatment. Once treatment is completed, it is also recommended that the patient's level of satisfaction with treatment be recorded.

A dental practitioner should not perform any cosmetic procedure if the patient's best interests are at risk, especially if the treatment is not evidence-based. This particularly applies to patients who seek cosmetic procedures but refuse to accept disease stabilisation prior to an elective cosmetic procedure, because this does not follow accepted principles in sequencing of treatment planning.

It is desirable that there is a delay period between obtaining consent and the procedure, particularly those which are expensive and/or less routine. This allows the patient time for reflection and provides an opportunity for the patient to ask further questions that may assist them with their final decision-making process.

Patients have the right to determine what they wish to be done with their own body, by the clinician also has the right to choose whether or not they wish to acquiesce to the patient's desired approach to their treatment.

Advertising and promotion

Practitioners may claim a special interest in cosmetic dentistry, or may limit their practice to procedures that are defined as cosmetic dentistry, but they must avoid the suggestion that they are 'specialists' in this field, as this is misleading and contravenes the HPCA Act 2003. Dentists may only use titles related to Scopes of Practice. Titles such as "Cosmetic Dentist" fall outside the gazetted scopes.

Advertising and promotion should not be misleading and should not foster unrealistic expectations. In addition, if advertising material contains photographic images of patients, they must have given consent that their images may be used in this way. If 'public domain' photographs are used, the suggestion that they demonstrate examples of the dentist's own work must be avoided.

Related Statements

NZDA/DCNZ Code of Practice: Informed Consent (March 2005)

NZDA/DCNZ Code of Practice: Patient Information and Records (April 2006)