Making faces

Stephen Hancocks OBE
Editor-in-Chief

Send your comments to the
Editor-in-Chief,
British Dental Journal,
64 Wimpole Street,
London
W1G 8YS
Email bdj@bda.org

EDITORIAL

A long time ago, probably in an otherwise insignificant office somewhere in Whitehall, a parliamentary draughtsman was given the task of defining the practise of dentistry. That definition still stands and has been enshrined in all Dentists Acts including the amended 1984 Act currently in force.

It is tempting to speculate that the civil servant in question may have been feeling mischievous that day. Alternatively he may have decided for some reason best known to himself and now lost in the historic swirls of legislative mist, to be perverse. Perhaps he had a bad journey into work or a poorly digested lunch. Whatever the prelude to putting quill to velum or nib to paper the definition of the practise of dentistry was and remains as '*any such treatment, advice or attendance as is usually performed or given by dentists*'. How delicious.

Which other occupations are described in so perfectly circumscribed terms that are yet so wonderfully vague? Some are painfully restrictive; driving is what a driver does. Not much leeway there. Others might be more open to question; teaching is what a teacher does, covers a variety of educational territory. But essentially we are blessed with the almost infinitely interpretable 'dentistry is what a dentist does.'

AN ARMPIT TOO FAR

However, a Working Group of the General Dental Council (GDC) has recently been looking into the scope of practice and the dental team, publishing last month its consultation results and consequent guidance. One of the areas they considered was that of facial aesthetics or what in common parlance has been shortened to simply 'Botox'.

Recognising that some dental practices now carry out the facial injection of dermal fillers like collagen or Botox, the Group also noted that in some cases this has developed into the use of these agents in other parts of the body. Further adding that while it may not be the practice of dentistry to inject Botox into a patient's armpit, that is not the same as saying that a dentist should not do it. And if dentists are doing it, should they, the GDC, regulate it in the same way that it regulates dentists' other activities?

Having given due consideration to these matters, the Working Group decided to recommend to the Council that non-surgical cosmetic procedures carried out away from the face are not dentistry and should not be considered as legitimate additions to dentistry. They also took the view that the Council should be clear that, while it does not object to these

procedures being carried out in the face, it is not supportive of them being carried out in other parts of the body. Further, they advised that while these views would not prevent registrants from providing dermal fillers or Botox, such provision should not be integrated into dental practice and should be advertised or otherwise publicised separately.

In short, the definition of the practice of dentistry might finally have met its match. Or has it? How will such guidance be interpreted and applied? For example will a dentist need to change their clinical wear, ask a patient to walk next door to a health spa and then administer a dermal filler? Or will they just need to make clear that what they are about to do in the surgery is not dentistry and that the patient needs to give consent for this to be done on the understanding that it is not being done by a dentist? There could be some interesting conversations and situations.

Those dentists currently providing the services of facial aesthetics are, I suspect, unlikely to be derailed by the GDC's deliberations. They will continue to take the point of view that offering dermal fillers is merely the logical extension of improving an anterior dental appearance to give an overall positive aesthetic result; providing the frame in which sits the picture of a great smile. If it is no longer defined within dentistry then as long it is still legal, not a great deal will change.

But if it isn't dentistry and it isn't part of what a dentist does, then what is it and who can do it? The GDC would probably claim, and quite rightly given their interpretation, that in this case they have no jurisdiction, or wish to have any. So is it medicine, surgery or beauty treatment? Where does the public go for 'protection' and where does the dental profession go for indemnity?

Many dentists will side with the GDC's view in not regarding these activities as dentistry. However, we will all have to concede that in future the delineation between what is health and what is aesthetics; what is disease management and what is tissue manipulation for cosmetic gain and psychological well being will become increasingly blurred. With the decline in traditional disease patterns such as caries and the rise in numbers of qualified dentists and dental care professionals with greater scopes of practice we may all be grateful for something else with which to fill our time. I wonder how that Edwardian civil servant would react if he could see what an influence the mud-splattered walk to his desk or his post-prandial indigestion had had?

DOI: 10.1038/sj.bdj.2008.639