

The Need to Evaluate Risks and Benefits of Ontario Nurse Practitioners Performing Cosmetic Procedures Following Amendments to the Ontario Nursing Act 1991

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Dear Editor,

Recent amendments to the *Ontario Nursing Act* (hereinafter, Act) have triggered the foray of nurse practitioners (NPs) into cosmetic medicine. In 2017, the Ontario legislator enacted changes to the Act expanding NPs' scope of practice in hopes of increasing access to care and reducing costs to the medical system.^{1,2} This expanded scope includes, among other prerogatives, the ability to diagnose, prescribe medication, order tests, and request specialist consults, as well as perform procedures and interventions.^{1,2} Several NPs took advantage of this change presuming that the expanded scope allows them to offer cosmetic procedures in the absence of physician oversight as part of a private medical enterprise. On the heels of these legislative changes, Shoppers Drug Mart Inc. opened its first *Beauty Clinic* in Oakville, Ontario in December 2018; there, NPs perform services including, but not limited to, Botox injections, dermal fillers, select laser treatments, and chemical peels on a fee-for-service basis.³ Shoppers Drug Mart has since opened a second *Beauty Clinic*, and other such businesses continue to open across Ontario. As such, practices in Ontario may herald similar changes elsewhere, and our medical community must now consider the positive and negative impacts any such advances may entail.

The lack of physician oversight of NPs performing cosmetic procedures in Ontario raises concerns for patient care and safety. Currently, no specialized training is required of NPs who practice cosmetic medicine in Ontario; levels of training and experience vary greatly across NPs.^{4,5} Indeed, NPs routinely determine and execute treatment plans without standardized training or physician oversight. However, appropriate patient selection for cosmetic procedures, rooted in an intimate knowledge of different products, procedures, and their potential complications, has been demonstrated to increase safety and prevent complications from arising.⁶⁻⁸ Unlike NPs, physicians qualified to provide esthetic medical treatments have the expertise needed to evaluate the suitability and safety of different treatment modalities with regard to a given patient, taking into account factors such as skin type, likely patient tolerance of a given treatment, and the potential for adverse reactions

owing to prescription medications. In Quebec, such concerns led to the establishment of clear protections in the context of cosmetic procedures; cosmetic treatment plans may only be determined by physicians qualified to perform esthetic medicine, and nurse practitioners may only perform, and may not alter, what is established in a given treatment plan.^{9,10} Such protections are crucial and are sorely lacking in Ontario, where NPs continue to both determine and execute treatment plans without any specific training requirements or physician oversight.

Furthermore, NPs are not best placed to evaluate and treat the major complications of cosmetic procedures, placing the public at risk. Despite the simplicity and reliability of minimally invasive cosmetic procedures, serious complications do occasionally occur in the hands of even the most highly trained and skilled physicians.⁶ Such complications from filler injections may include permanent scarring, granuloma formation, paralysis, and vision loss.^{6-8,11} It is the early recognition of these complications, and their prompt medical management, that can mitigate permanent sequelae.⁶ At present, NPs performing cosmetic procedures in Ontario are not associated with, nor have recourse to, physicians should complications arise, putting patients at greater risk of permanent disfigurement and functional impairment. Such a practice stands in stark contrast with the protections in place in other provinces where NPs perform cosmetic acts; in British Columbia, New Brunswick, Quebec, and Alberta, NPs may only perform cosmetic procedures where a physician is present on-site to ensure prompt treatment should complications arise.^{9,12-14} Conversely, Ontario patients who require immediate or follow-up medical attention must resort to treatment at emergency departments, which are not best placed to deal with complications arising from cosmetic surgeries/interventions. Additionally, such externalities are foisted upon taxpayers and the health care system alike, which are compelled to address the complications and assume associated costs.

In addition to concerns for patient safety, we believe that the provision of cosmetic procedures by NPs runs counter to the Ontario legislature's intention and is performed in violation of

the Act. Indeed, the Ontario legislators expanded NPs' scope of practice to achieve 2 goals: increase access to care and reduce health care costs.¹⁵ However, the migration of NPs to the private sector adds additional strain on the public health sector. Increasingly, regulatory bodies nationally have begun to face similar concerns following their respective enactments of expanded practice for NPs; the BC College of Nurses as well as the New Brunswick Nurses Association has recently decried that cosmetic procedures are "[...] not part of primary health care and therefore should not be ordered or performed as part of NP practice."^{12,13,16} Although such a prohibition has yet to be enforced in Ontario, regulations pursuant to the Act clearly proscribe the provision of cosmetic procedures by NPs. Indeed, *Ontario Regulation 387/11* adopted in virtue of the Act limits NPs to prescribing medications and performing procedures for "therapeutic purposes only."¹⁷ Moreover, the said regulation also prohibits NPs from "engaging in conduct that results, directly or indirectly, in a personal or financial benefit," in conflict with their professional and ethical duties owed unto patients; undoubtedly, the provision of cosmetic treatments for financial gain raises such a conflict.¹⁷

As the popularity and demand for cosmetic procedures continues to soar across Canada, it remains incumbent on our medical community to vie for patient safety. As such, physicians should engage legislators and authorities to reconsider the provision of cosmetic procedures either through enactment of clear protections for patients or enforcement of prohibitions already present at Law.

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