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## Regulation on Facial Dermal Cosmetic Fillers and BOTOX Administration by Dentists in Iraq

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**Dear Editor,**

*The recent decision by the Iraqi Ministry of Health to ban dentists from providing facial non-surgical treatment (filler and BOTOX ) marks a significant shift in their previous stance since 2018, which allowed such practices (1). It is important to understand the causes, the administrative role of the Ministry, ethical considerations, patient safety, and future steps. Several factors must have influenced the Ministry's decision. These treatments may have raised concerns about dental expertise and training, especially because of the specialized knowledge needed in oral anatomy beyond dental training. Additionally, increased adverse events or complications reported from such treatments could have prompted a reevaluation of practice scope to ensure patient safety and maintain public trust in healthcare providers (2).*

The Ministry of Health plays a crucial role in regulating medical policy and ensuring that all doctors practice within their areas of expertise (3). This includes updating regulations in response to emerging evidence and public health needs. By overseeing dentists' work, the Ministry of Health aims to uphold a high standard of care by ensuring that complex cosmetic procedures are performed only by adequately trained professionals. From an ethical perspective, the primary concern is the patient's welfare. Ensuring that procedures are carried out by fully trained personnel minimizes risks and supports the "do not harm" principle (4). The new legislation seeks to protect patients from potential misconduct resulting from wrong dental oral health training. It also addresses ethical concerns about the commercialization of medical practice, where economic incentives can overshadow patient safety. A multi-pronged approach is needed to guide this regulatory change. First,



specialized training programs for dentists interested in cosmetic treatment should be developed with departments of dermatology and plastic surgery (5). Such activities can build vital knowledge and skills, ensuring productivity. Second, a ministry-monitored certification program could be created, allowing these services only to those who meet rigorous training and testing standards. Finally, up-to-date professional development and adherence to updated guidelines may be mandatory to maintain high-quality practices. **In conclusion**, although the Ministry's decision may at first appear restrictive, it is based on a commitment to patient safety and ethics. Through enhanced training and stronger certification, the service can ensure that patients receive the highest quality of cosmetic care.

## References

1. <https://moh.gov.iq/>
2. Samizadeh S, De Boule K. Complications of toxins and fillers in facial aesthetics. *Primary Dental Journal*. 2023;12(3):65-72. doi:[10.1177/20501684231197717](https://doi.org/10.1177/20501684231197717)
3. Mahat A, Dhillon IS, Benton DC, Fletcher M, Wafula F. Health practitioner regulation and national health goals. *Bull World Health Organ*. 2023 Sep 1;101(9):595-604. doi: 10.2471/BLT.21.287728. Epub 2023 Jun 29. PMID: 37638356; PMCID: PMC10452941.
4. Resnik DB. The Role of Intuition in Risk/Benefit Decision-Making in Human Subjects Research. *Account Res*. 2017;24(1):1-29. doi: 10.1080/08989621.2016.1198978. Epub 2016 Jun 13. PMID: 27294429; PMCID: PMC5126729.
5. A. Alani, M. Kelleher, K. Hemmings et al. Balancing the risks and benefits associated with cosmetic dentistry - A joint statement by UK specialist dental societies. *British dental journal*. 2015; 218: 543-548. Doi: 10.1038/sj.bdj.2015.345.

