

### **Support**

- Protecting patients by allowing only physicians to perform any medical procedure that uses a chemical product to ablate living tissue<sup>1</sup>
- On-site physician supervision of all non-physicians performing medical procedures<sup>2</sup>

### **Oppose**

- Unsupervised non-physicians performing ablative chemical peels that may cause complications and scarring

A chemical peel, meant to provide controlled injury to varying depths within the skin, aims to resurface the skin by promoting collagen formation, reducing photodamage and improving skin texture. Many factors are taken into consideration when determining the best peel for a particular patient including indications for the peel, the area being treated, the patient's skin type and ethnic background, risk of complications, treatment goals and recovery time. For peels that ablate living tissue, adverse events seen after treatment can include both superficial and deeper cutaneous changes. These events include but are not limited to: itching, crusting or scabbing, erythema, infection, pigment changes, acne/milia and scarring.<sup>3</sup> Infections after the disruption of the skin's natural barrier can result in many different clinical appearances depending on the type of infecting bacterial, viral, or fungal organism. A board-certified dermatologist is trained to recognize and treat such outcomes. Chemical peels able to ablate living tissue are often composed of acid or alcohol-based agents that are caustic or toxic. Accidental spills or leakage during the application can cause injuries to the eye or nasopharyngeal mucosa.<sup>4</sup> A board-certified dermatologist is trained to prevent and limit harm related to these potential complications.

**The safety of patients is at risk.** Physicians should be properly trained in all procedures performed to ensure the highest level of patient care and safety. They should be qualified by residency training that includes an extensive understanding of cutaneous medicine and surgery, the indications for each procedure and the pre- and post-operative care involved in treatment. Any act or procedure that uses a chemical application of any kind that alters, damages or is capable of altering or damaging living tissue is considered the practice of medicine.<sup>5</sup>

*Approved by the ASDSA Board of Directors: May 2018  
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<sup>1</sup> MedChi *Delegation rules with respect to cosmetic procedures*. <http://www.marylanddermsociety.com/wp-content/uploads/2015/06/Direction-regarding-Delegation-rules-Feb-2015.pdf>

<sup>2</sup> ASDSA *Position Statement on Delegation*. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf>

<sup>3</sup> Vanaman M, Fabi SG, Carruthers J. Complications in the cosmetic dermatology patient: a review and our experience (part 2). *Dermatol Surg* 2016;41:12-20.

<sup>4</sup> Nikalji N, Godse K, Sakhiya J, Patil S et al. Complications of medium depth and deep chemical peels. *J Cutan Aesthet Surg* 2012;5(4):254-60.

<sup>5</sup> ASDSA *Position Statement on the definition of the practice of medicine*. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-definition-of-the-practice-of-medicine.pdf>