Sundhedsudvalget SUU alm. del - Bilag 738 Offentligt

Ms. Anna Murphy, Sundhedsstyrelsen, København, Denmark

Dear Ms. Murphy,

I understand from colleagues that legislation is being considered to restrict the use of intense light devices to certain classes of operator in Denmark.

As an independent Laser Protection Adviser (LPA) domiciled in United Kingdom, I was involved in the consultation stages of the UK legislation and in it subsequent implementation in the private sector. I have also been involved in the consultation stages of similar legislation in the states of Queensland and Victoria in Australia.

I serve over 250 UK laser & intense light establishments as their Laser Protection Adviser, of which 150 use intense light devices. My clients include beauty therapists, doctors, dentists, nurses, physiotherapists and podiatrists.

My prime concern as an LPA is patient safety and I should be pleased to assist you in formulating appropriate legislation in Denmark without creating a monopoly for one particular group of medical specialists. With the precedent and experience of regulatory controls in UK, Denmark has the opportunity to benefit from the successes and mistakes of others.

For example, despite comprehensive legislative controls in UK where over 1000 establishments have been registered, insurance actuaries report here that there has been no measurable change in claims (which remain extremely low in this area). Unlike America, which has many poorly educated beauticians, UK and Australia has experienced less reported claims against beauty therapists than doctors!

Indeed, the current British Government has recognised the burden of regulation has not been cost-effective, represents low risk and is now considering making the injectable, laser and intense light sectors self-regulating.

Of particular clinical concern in UK and Australia is the high incidence of basal cell carcinoma. As beauty therapists routinely use microdermabrasion, caustic peels, waxing, electrolysis, RF therapy and suction massage equipment (all of which pose a potential mechanical stimulus to a suspect skin condition) in both countries therapists are taught to look out for skin abnormalities and to encourage clients to contact their general practitioner or a skin specialist for further investigation. With thousands of visits by clients to beauty therapists for hair removal and skin rejuvenation treatments, there is an added layer of "skin vigilance" that would otherwise not take place. The public would never normally consider going to a doctor for removal of bikini line or facial hair and consequently a greater awareness of maintaining healthy skin is created.

I enclose a "positioning document" for your reference and look forward to hearing from you further.

Yours sincerely,

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cc. Lars Løkke Rasmussen, Minister of Health, Denmark