

**Aesthetic nursing: advances, dilemmas, and perspectives***Enfermería estética: avances, dilemas y perspectivas**Enfermagem estética: avanços, dilemas e perspectivas***Abstract**

The aim of this literary review was to emphasize the role of nursing in relation to aesthetics, as well as the advances, dilemmas, and perspectives in the area. This is a bibliographic study carried out in the LILACS and SciELO databases and the websites of the Federal Nursing Council (Cofen) and Regional Nursing Councils (Corens), in addition to lawsuits on Aesthetic Nursing. There is a small amount of national scientific material that gathers detailed and accurate information on the aesthetic procedures that can be performed by the esthetic nurse, as well as his skills in this area. In addition, Cofen Resolution No. 529/16, which regulates the performance of nurses in the field of Aesthetics, is partially suspended due to injunctions. It is concluded that the role of the nursing professional is of paramount importance for the patient who undergoes aesthetic procedures, offering well-being, guidance, recommendations, in addition to comprehensive and humanized care for the individual. It also emphasizes the need to promote debates and events to increase the adherence of professionals and raise public and society's awareness of the dilemmas involving Aesthetic Nursing.

**Descriptors:** Aesthetics; Nursing; Health**Resumén**

El objetivo de esta revisión literaria fue enfatizar el papel de la enfermería en relación con la estética, así como los avances, dilemas y perspectivas en el área. Este es un estudio bibliográfico llevado a cabo en las bases de datos LILACS y SciELO y en los sitios web del Consejo Federal de Enfermería (Cofen) y los Consejos Regionales de Enfermería (Corens), además de los juicios sobre Enfermería Estética. Existe una pequeña cantidad de material científico nacional que recopila información detallada y precisa sobre los procedimientos estéticos que puede realizar la enfermera estética, así como sus habilidades en esta área. Aún así, la Resolución Cofen No. 529/16, que regula el desempeño de las enfermeras en el campo de la Estética, está parcialmente suspendida debido a medidas cautelares. Se concluye que el papel del profesional de enfermería es de suma importancia para el paciente que se somete a procedimientos estéticos, ofreciendo bienestar, orientación, recomendaciones, además de una atención integral y humanizada para el individuo. También enfatiza la necesidad de promover debates y eventos con el fin de aumentar la adhesión de los profesionales y aumentar la conciencia pública y de la sociedad sobre los dilemas relacionados con la enfermería estética.

**Descritores:** Estética; Enfermería; Salud**Resumo**

O objetivo desta revisão literária foi enfatizar a atuação da enfermagem frente à estética, bem como os avanços, dilemas e perspectivas na área. Trata-se de um estudo bibliográfico realizado nas bases de dados LILACS e SciELO e sites do Conselho Federal de Enfermagem (Cofen) e Conselhos Regionais de Enfermagem (Corens), além de processos judiciais sobre Enfermagem Estética. Há pouca quantidade de material científico nacional que reúna informações detalhadas e precisas sobre os procedimentos estéticos que podem ser realizados pelo enfermeiro esteta, bem como suas competências nessa área. Ainda, a Resolução Cofen nº 529/16 que normatiza a atuação do enfermeiro na área da Estética, encontra-se parcialmente suspensa por força de liminares. Conclui-se que o papel do profissional de enfermagem é de suma importância para o paciente que passa por procedimentos estéticos, ofertando bem-estar, orientações, recomendações, além do cuidado integral e humanizado ao indivíduo. Ressalta-se também a necessidade de promoção de debates e eventos a fim de maior adesão de profissionais e sensibilização do poder público e sociedade para os dilemas que envolvem a Enfermagem Estética.

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## Introduction

It is a fact that the field of work of nurses has been expanding beyond health, assuming non-traditional roles, when working in fields such as aesthetics and alternative treatments. This valuation has been related to the knowledge inherent to the nurse, which brings an additional value in the provision of these services<sup>1</sup>.

The search for aesthetic knowledge is on the rise and has been consolidated in several countries, being recognized as a legitimate specialty, receiving different nomenclatures, such as Aesthetic Nursing, Non-Surgical Aesthetics, Plastics or Cosmetics<sup>2</sup>.

In addition to this expansion of nurses' knowledge in the field of aesthetics, there is a concern for a large part of the population to have the beauty standard considered "ideal" and the search for aesthetic procedures as well as the growth of the cosmetics industry<sup>3,4</sup>.

The aesthetic professional acts as a member of the health team, as it aims at promotion, prevention, education, and recovery actions, that is, both individually and collectively. In addition, it helps to improve the distorted image that the individual has of himself, through reconstructions and procedures<sup>5,6</sup>.

Notoriously, the role of nurses in the field of aesthetics was standardized by Resolution Cofen No. 529/2016<sup>7</sup>. However, the effects of this Resolution are suspended, in the first place, by virtue of the decisions issued in Judicial Proceedings No. 002778-15.2017.4.01.3400, 0804210-122017.4.05.8400 and 20776-45-2017.4.01.3400<sup>8</sup>.

Aesthetic Nursing has achieved recognition and space in the Brazilian market; however, there is still a need for greater dissemination of the role of nurses in this area, as well as it is necessary to wait for the conclusion of legal proceedings on the role of nurses in aesthetics in order to know which procedures may actually be performed by these professionals.

The role of the esthetic nurse promotes an increase in self-esteem and improves the well-being of its clients, taking care of the human being in his entirety (psychic, spiritual, physical and social), because beauty and appearance can often affect severely health and may cause image disorders, eating disorders, self-harm and depression<sup>9,10</sup>.

The present study aimed to present a bibliographic review that gathers relevant information for understanding the role of nurses in aesthetics, as well as the advances, dilemmas, and perspectives in this area.

## Methodology

Study based on a bibliographic review of articles scientific data in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Scientific Electronic Library Online (SciELO) and Resolutions and Opinions of the Federal Nursing Council (Cofen) and Regional Nursing Councils (Corens).

Full-text articles, written in the Portuguese language, with free electronic access, that addressed the topic from different theoretical points of view, published

between 2006 and 2019 were included and, excluding articles and documents that did not present full texts, for via electronic. The following descriptors were used: "Aesthetics" and "Nursing". The guiding question was: What are the advances, dilemmas, and perspectives of nurses' performance in the field of aesthetics?

After confirming that the document would be included in the study, each one was downloaded and printed. The analysis took place in the month of December 2019 and was given by the complete reading of the document to survey the year of publication, nature of the document, duties and competencies of the nurse and procedures performed by this professional in the field of aesthetics.

## Results and Discussion

It is worth mentioning that the literature review study evidenced the scarcity of studies on the care competences and aesthetic procedures related to Nursing. We emphasize that the discussion of this work will basically focus on resolutions of the Federal Nursing Council (Cofen), opinions from Regional Nursing Councils (Corens) and legal proceedings related to Aesthetic Nursing.

In order to facilitate the understanding of the results and discussion, they will be presented in two sub-themes: a) Cofen Resolution No. 529/16 and opinions of the Regional Nursing Councils on the nurse's performance in aesthetics and b) Legal aspects of the professional's performance nursing in aesthetics.

### Cofen Resolution No. 529/16 and opinions of the Regional Nursing Councils on the role of nurses in aesthetics

Cofen Resolution No. 529/2016<sup>7</sup> aimed to establish the guidelines for nurses' performance in Aesthetics, aiming at the effective safety of users submitted to aesthetic procedures. Prior to Resolution No. 529/2016, there were already favorable opinions on the role of nurses in aesthetic procedures, such as Opinion Coren / SP No. 038/201211 and Opinion Cofen No. 197/2014<sup>12</sup>.

To register a specialist in aesthetics, according to Cofen Resolution No. 0529/16, the nursing professional must prove the completion of specialization, with a minimum workload of 100 practical hours. Still, the specialist nurse in the field of aesthetics should acquire technical competence and skills to perform aesthetic procedures, in extension, qualification and improvement courses<sup>7</sup>.

The Cofen<sup>7</sup> lists what is the competence of nursing: perform nursing consultation; prescribing home care and guidelines for self-care for patients undergoing cosmetic procedures; record all occurrences and data related to the procedure in medical records; carry out a selection process for the purchase of materials for aesthetic use in the health institution; establish protocols for aesthetic procedures; keep up to date through training, specific courses, training, among others.

After the publication of Resolution Cofen No. 529/16, the nursing professional was faced with a new reality and technological advances around aesthetics, such



as carboxitherapy, laser or pulsed light hair removal, treatment of acne scars and hyperchromias facials with laser. Prior to the publication of this resolution, there was many consultations made by nursing professionals to their respective regional councils regarding their legal competence to perform such aesthetic procedures<sup>13</sup>.

Another possibility for nurses to work in aesthetics is through Complementary or Alternative Therapies, for example, massage therapy and acupuncture, Including, there has been an increase in complementary therapy services in the public network, after the implementation of the National Policy for Integrative and Complementary Practices (PNPIC) ), by the Ministry of Health, in March 2006<sup>14</sup>. Through Resolution No. 197/97, Cofen recognizes Complementary or Alternative Therapies as a specialization and / or qualification of nursing professionals<sup>15</sup>.

Cofen Resolution No. 529/2016<sup>7</sup> cites the numerous aesthetic procedures that can be performed by nursing professionals, such as: micropuncture, dermopigmentation, carboxitherapy, cryolipolysis, laser hair removal, electrotherapy, electrothermotherapy, sclerotherapy, intradermotherapy / mesotherapy, use of combined ultrasound and microcurrent therapy, cavitational ultrasound, vacuotherapy, superficial peels and lymphatic drainage. Although it does not contain injectable procedures, such as dermal fillers and botulinum toxin, in its listing, the resolution provides legal support for nurses to act, in addition to qualifying them as esthetic nurses. For a better understanding of the reader in relation to the aesthetic procedures, we proceed to briefly describe them.

Micropuncture is a procedure developed to promote skin stimulation with a dermograph and appropriate cosmetics that initiate an inflammatory process, regenerate the skin, stimulate the synthesis of collagen and elastin, reconstructing the broken fibrins. It is indicated for facial rejuvenation treatments, acne scars, expression lines and reduction of stretch marks<sup>16</sup>.

Felizzola and Mejai<sup>17</sup> describe that carboxytherapy is a highly efficient technique in order to stimulate cellular metabolism that is based on the application of injections of medicinal carbon dioxide (CO<sub>2</sub>) in the subcutaneous tissue in order to eliminate problems such as cellulite, stretch marks, localized fat and sagging skin. skin.

The pharmacological action of medicinal CO<sub>2</sub> or anhydrous carbon dioxide on the tissue and local vasodilation results in an increase in vascular flow and an increase in partial oxygen pressure, with the Bohr effect being enhanced, which facilitates the release of oxygen from hemoglobin, reducing the affinity by oxygen, which results in a greater amount of O<sub>2</sub> and increased cellular metabolism<sup>18</sup>.

Manual lymphatic drainage (DLM) consists of a set of specific maneuvers that act on the lymphatic system, aiming to drain the excess fluid accumulated in the interstitial. Excess fluid in the interstice is drained, basically by two processes: the transport and removal of fluid from the edema back into the bloodstream<sup>6,19</sup>.

Cryolipolysis or freezing of fat cells (adipocytes) leads to the crystallization of the lipids found within the

cytoplasm of these cells, their infeasibility and localized panniculitis, that is, an inflammation in the adipose tissue and the apoptosis of the adipocytes, caused by a process of digestion controlled, where macrophages will be responsible for digestion and removal of damaged cells. Cryolipolysis can reduce the thickness of the superficial fat layer by 30% in the treated area<sup>20,21</sup>.

Cofen Opinion No. 197/2014<sup>12</sup>, prior to Resolution No. 529/2016, it already reinforced that nurses could use techniques or perform procedures for aesthetic purposes under their strict responsibility, if they assumed the risks and consequences for any complications. If professionally trained, qualified and responsible for their actions, nothing prevents the nurse from performing cryolipolysis, since it is a non-invasive procedure, which does not fit into the exclusive procedure of doctors or other professionals<sup>22</sup>.

In the dermopigmentation process, there is a permanent application carried out by introducing pigments through needles into the skin, known and widely used to produce patterns that resemble makeup, especially on the skin of the face, lips and eyelids. Still, dermopigmentation can be performed in mastectomized women, restoring well-being and self-esteem, as well as improving patients' quality of life<sup>23</sup>.

Another well-known treatment is the use of laser for hair removal or gradual hair removal. In 2011, Opinion Coren / DF No. 015 was issued<sup>24</sup>, which provides for the legal competence of nurses in handling light epilation devices and, in 2012, Opinion Coren / RS No. 05 was published<sup>25</sup>, which provides for the legal competence of nurses to handle laser equipment and intense pulsed light (IPL). Also, in 2014, Coren / BA stressed in opinion No. 024<sup>26</sup>:

*"Laser hair removal or intense pulsed light is not restricted to a single profession. Thus, we understand that if the professional nurse has specific technical training to perform this procedure and is qualified to perform it, he / she can perform such procedures, being responsible for possible complications that may occur due to this practice."*

The laser acts through selective photothermolysis that promotes thermal damage in specific chromophores according to the wavelength of the equipment. In the case of the diode laser, the specific chromophore is melanin (present in the hair bulb). The absorption of radiation by melanin in the hair bulb causes thermal damage to the follicle, preventing hair birth and growth<sup>27</sup>.

Jones Agne<sup>28</sup> highlights that electrotherapy consists of the application of electric current for therapeutic purposes, which promotes the stimulation of the bloodstream, which produces benefits to the tissues, positively assisting in the treatment of patients, such as pain control, reduction of edema, improvement of the aspect of skin, muscle strengthening and facilitating tissue healing. As examples of electrotherapeutic resources, we can mention high frequency, ozone vapor, thermal mask, thermal blanket, ultrasound, lipocacitation, radiofrequency, Russian current, combined therapies and vacuotherapy.



Zanettini<sup>29</sup> defines sclerotherapy as an injection procedure with sclerosing substances in the vein to cause the destruction of the endothelium and, consequently, fibrosis of the blood vessel.

Intradermotherapy or mesotherapy is a set of intradermal injections applied directly to the region to be treated, using diluted pharmacological substances. This technique is used for facial rejuvenation or reduction of localized fat, according to the substance applied<sup>7,30, 31</sup>.

Sant'ana<sup>32</sup> states that the combined ultrasound and microcurrent therapy is an aesthetic treatment recommended to minimize localized fat, gynoid lipodystrophy or cellulite, panniculopathy and flaccidity. The device produces a high frequency alternating current with pulsatile galvanic polarization and low levels of intensity at which they act on the desired location, eliminating the fat from the location.

Cavitation ultrasound is a device derived from therapeutic ultrasound capable of promoting cavitation property with a non-thermal effect and formation of cavities or microbubbles in the liquid medium, promoting chemical changes in cells and their membrane, transforming gel into liquid. It is used to eliminate fat cells and reduce body measures<sup>7,33</sup>.

Peeling consists of the use of chemical, physical, and mechanical substances, which destroy the surface layers of the skin, following its regeneration, with the purpose of cell renewal<sup>7</sup>.

Barbosa and Mello<sup>34</sup> describe the vacuotherapy procedure as an aesthetic treatment that consists of sucking the skin using suction cups of different sizes, ensuring an increase in blood and lymph flow, which facilitates the elimination of toxins and is effective in the treatment of flaccidity, cellulite and localized fat.

It is noticed that among the aesthetic procedures, nursing has a fundamental role in welcoming and especially in assisting patients who undergo aesthetic procedures. The nurse must be able, being very well qualified to provide assistance and information about the procedure that will be performed, in order to minimize anxiety, fear, preserve the integrity of the patient as a whole and guide him on pre and post- aesthetic<sup>35</sup>.

The role of the nurse with a specialization in aesthetics is not limited only to the aesthetic treatment of the healthy individual, free of diseases and restrictions, but also of the individual who presents pathologies, restrictions and the need for care in which he can combine the skills and knowledge of nurses in the aesthetic care.

For example, a pregnant woman looking for an esthetic nurse for manual lymphatic drainage sessions in order to relieve edema, may also receive guidance on breast preparation, physical changes (skin, nails, hair, weight gain), hormonal changes, risk of varicose veins, prevention of stretch marks and cellulite. In the case of a post-plastic surgery patient, you can perform lymphatic drainage with an esthetic nurse and also be assisted with dressing changes, evaluation of the incision and healing, hematoma, edema and fibrosis and control of vital signs<sup>3</sup>.

Thus, of all the procedures cited and described that include the annex of Cofen Resolution No. 529/2016, currently, only lymphatic drainage procedures, vacuotherapy and use of cosmetics for cleaning the skin are allowed due to the granting of the two injunctions that determined the partial suspension of this resolution<sup>36</sup>.

As the resolution that regulates the performance of these professionals is suspended in the first place, scientific production contributes positively to the understanding of the performance of nurse's esthetes for the visibility, expansion, and empowerment of Aesthetic Nursing in Brazil.

It should be noted that aesthetics is not exclusive to a single professional class, nor should there be a reservation for a single professional class specializing in this area. The population has the right and free will to choose which professional will assist them in the field of aesthetics<sup>8</sup>.

### Legal aspects of the nursing professional's performance in aesthetics

The issue addressed so far can be summarized as follows: in 2016, the Nursing Council issued a Resolution, No. 529<sup>7</sup>, to parameterize the nurse's action in the field of aesthetics. Afterwards, its effects were suspended by judicial decision. And then, a Bill of Law No. 1559/2019 was presented<sup>37</sup>, replaced at the end by No. 2717/2019. This project has now been referred to the Labor, Administration and Public Service Commission (CTASP), with deputy Mauro Nazif (PSB-RO) appointed as rapporteur, after the deadline for amendments on 9/11/2019 has passed; is waiting for the rapporteur's opinion<sup>38</sup>.

In the actions of 0020778-15.2017.4.01.3400 and 0804210-12.2017.4.05.8400, the suspension fell only to the procedures that the Federal Council of Medicine stated are exclusive to the medical professional - Micropuncture, Lasertherapy, Hair Removal laser, Cryolipolysis, Sclerotherapy, Intradermotherapy / Mesotherapy, Prescription of Nutraceuticals / Nutricosmetics and Peels. Process number 20776-45.2017.4.01.3400 was sent to be added to process number 0804210-122017.4.05.8400, as they have similarities<sup>39</sup>.

Firstly, it should be considered that professional councils continue to carefully guide nurses in their work in the aesthetic area, but encourage the fight for this opening of space based on the argument that "A round table that took place at the 22nd Congress of Nursing Councils , on 12/11/19 it left nurses vibrant when saying that they do have the right to do aesthetics, as long as they have a postgraduate degree recognized by the MEC and the Council"<sup>40</sup>.

In addition, Cofen created a working group with professional nurses in the field of aesthetics to disseminate information and progress of the subject to other professionals. The working group is still important because it promotes the opening of discussion fields, seeking the engagement of more interested in Aesthetic Nursing<sup>41</sup>.

After such premises are established, a more in-depth analysis of the decisions rendered in the actions will be made, clarifying the reader



about the current progress of the processes, remembering that the issue is quite delicate because there is a need to think that the professional is supported, to its performance, according to the norms of its class organ - provided that these rules are not unconstitutional nor extrapolate the power of such institutions that parameterize the technical details of the professions - in order to protect itself from questions about their civil liability arising from the procedures performed, since this is what is called the "result obligation" - in the aesthetic field, the health professional must achieve the promised and desired result, unless he demonstrates that the patient did not follow the recommendations or that an unpredictable event occurred during the procedure.

Not deepening this cut of civil liability, but brushing it up given its importance, we proceed to the analysis of the decisions handed down in the processes and their current progress, stressing that none have yet been judged on the merits in a definitive way, but only prevail, still, preliminary decisions (initial and provisional).

The process 20778-15.2017.4.01.3400 is a public civil action, filed by the Federal Council of Medicine in the face of the Federal Council of Nursing, and it is currently being processed at the Federal Regional Court of the First Region, an interlocutory appeal, in conclusion for judgment since October 2019, offered in light of the lower court decision - 20th Civil Court of the Judicial Section of the Federal District - which was rendered in the following terms, in September 2017<sup>42</sup>:

*"Decision of pages 156/158 - (...) In view of the above, I partially grant the request for provisional emergency relief, to suspend the effects of Resolution Cofen nº 529/2016 with regard to the following procedures i) micropuncture (microgrill); (ii) laser therapy; (iii) laser hair removal; (iv) cryolipolysis; (v) sclerotherapy; (vi) intradermotherapy / mesotherapy; (vii) prescription of nutritionists / mutric-cosmetics and (viii) peels, all of which are the exclusive responsibility of doctors. Be intimidated. After, quote."*

In this process, the question posed was as follows<sup>42</sup>:

*"Order of fl. 62 / verse - The Federal Council of Medicine (CFM) proposed the present Public Civil Action against the Federal Council of Nursing (Cofen), seeking to obtain urgency to suspend the effectiveness of Resolution Cofen No. 529/2016, alleging, in synthesis, that Cofen extrapolated its competence by disciplining nurses' performance in the field of aesthetics. It also claims, in a general way, that aesthetic procedures imply nosological diagnosis, which, according to Law No. 12,842 / 2013, consists of "determining the disease that affects humans, defined here as interruption, cessation or disorder of function of the body, system or organ, characterized by at least 2 (two) of the following criteria: I - recognized etiologic agent; II - identifiable group of signs or symptoms; III - anatomical or psychopathological changes "(pages 8). However, the Attachment of Cofen Resolution No. 529/2016, attributes to nurses the competence to perform procedures of a different nature, such as, for example, lymphatic drainage and electrotherapy, procedures that can be performed by technologists in aesthetics, which prevents the thesis that the indication and / or performance of aesthetic procedures would be the exclusive responsibility of physicians. Accordingly, I give the Author Council a period of 5 (five) days to indicate which procedures, among those listed in the Appendix to Resolution Cofen No. 529/2016, are the exclusive responsibility of*

*doctors. After the period has elapsed, return the completed records for decision. Get Intimate."*

In another case from the same court, number 20776-45.2017.4.01.3400, the plaintiff was the Brazilian Society of Dermatology, from the 4th Civil Court of the Judicial Section of the Federal District. In these records, observing the identity / similarity with the number 0804210-122017.4.05.8400, their junction was determined in September 2019, referring them to the 20th Civil Court of the Judicial Section of the Federal District<sup>43</sup>:

*"Decision of pages 852/853 - I call the feat to order. It is a lawsuit filed by the Brazilian Society of Dermatology against the Federal Nursing Council, in which it seeks the recognition of the nullity of Resolution No. 529/2016 of Cofen, the ground, in summary, that the said normative act could not confer nurses are authorized to perform cosmetic procedures without proper medical monitoring. From the examination of the records, however, it is observed that there is a patent connection of this fact with the Process 0804210-12.2017.4.05.8400, which is pending in the 20th Court of this Judicial Subsection, which is a public civil action filed by the Medical Association of Rio Grande do Norte, Brazilian Medical Association - AMB, Brazilian Society of Angiology and Vascular Surgery - SBACV and Brazilian Society of Plastic Surgery - SBCP, also against the Federal Nursing Council - Cofen, with the same objective of the present case, whatever the annulment of Resolution No. 529/2016 of Cofen. Now, as the MM well noted. Judgment of the 20th Federal Court, when considering the request for meeting of the facts in this 4th Court, "the mentioned action has no broader object than the present demand, but the suspension / annulment of Resolution no. 529/2016, in view of the prediction contained in that rule, which allows nursing professionals to open doctor's offices and carry out private procedures for doctors, that is, both bring the same request and cause to ask within. Federal Court, since the lawsuit was filed there on May 8, 2017, therefore, subsequently, to this demand "(page 843). Having placed these premises, it cannot be the conclusion other than by recognizing the prevention of the judgment, since Process 0804210-12.2017.4.05.8400 is prior to this feat. It is never too much to remember that, according to article 55 of the CPC, "two (2) or more actions are considered to be connected when the request or the cause of request is common". Even if this were not the case, paragraph 3 of the same article determines that the processes must be brought together whenever the possibility of conflicting decisions is verified (cf. CC 151.295 / RJ, Rel. Minister Antonio Carlos Ferreira, second section, judged on 6/14 / 2017, DJe 06/22/2017), which is precisely the hypothesis on screen. Therefore, impaired the appreciation of the remaining issues pending on this opportunity, I acknowledge the incompetence of this Court to process and judge the deed and, due to the connection with the Process 0804210-12.2017.4.058400, I determine the transfer of the records to the 20th Court of this Judicial Section , after the appropriate notes. Be intimidated. Fulfill yourself."*

In the case records of action 0804210-122017.4.05.8400, which are being processed in the TRF of the 5th Region, and he, as an appeal, decided to maintain the prohibition that had already been made at first instance<sup>44</sup>.

The Second Panel of the Federal Regional Court of the 5th Region (TRF5) unanimously dismissed the interlocutory appeal filed by the Federal Nursing Council (Cofen), which intended to annul the decision of the 4th Federal Court of the Judicial Section of Rio Grande do Norte (SJRN) which determined the total suspension of the effects of Resolution No. 529/2016<sup>45</sup>:



*"In view of the foregoing, I hereby request the request for early relief to suspend the effects of Resolution No. 529/2016, issued by the Federal Nursing Council, until further judicial decision, further determining that the defendant refrain from editing a new rule that deals with the performance of Nurses in plastic surgery, vascular surgery, dermatology and aesthetics, as reported on their website."*

In this action, the authors - Brazilian Medical Association and others - alleged that the aforementioned Resolution from the Federal Nursing Council exceeded the regulatory power provided for in Law No. 7,498 / 86, regulated by Decree No. 94,406 / 87, by providing for "the standardization of the role of Nurses in the field of Aesthetics", as it is an activity foreign to the activity of Nursing professionals and because it is restricted to the field of activity of holders of medical education, causing harm to the community, especially in the field of physical and moral health of patients, as well as their consumer rights.

According to the rapporteur of the appeal, federal judge Paulo Roberto de Oliveira Lima, the Cofen resolution is intended to discipline the nursing professional regarding the practice of plastic, vascular, dermatology or aesthetics surgery, allowing the subcutaneous application of collagen injections. and carbon dioxide. However, such procedures are provided for in the exclusive responsibilities of medical professionals:

*"Considering the risk of actual damage caused to the health of the countless patients who may be affected, it is not unreasonable, at this moment, the prohibition of the exercise of such functions by Nursing professionals, with the suspension of what is provided for in the Resolution of Cofen, due to the possible extrapolation in the regulatory activity carried out by this normative act in view of the legal provision for the professional performance of nurses and doctors<sup>44</sup>."*

Basically, the Judiciary understood that, by allowing nurses, whose training does not authorize the performance of medical acts, to exercise their private acts, the health of the population is put at risk, subject to physical / aesthetic damage.

Finally, it is important to emphasize that the bill No. 2717/2019 has as main points the following topics, which seek to clarify the impasses and definitively resolve the question posed: a) emphasizes that the Federal Council of

Medicine considers the term Vague "aesthetics" and does not recognize aesthetic medicine as a specialty; b) Aesthetic Health is recognized as an area of expertise for Biologists, Biomedicals, Nurses, Pharmacists, Speech Therapists and Physiotherapists; c) it reserves the private procedures of the area of practice of Medicine and Dentistry professionals, under the terms of the respective legislation in force; d) add that professional performance and procedures in aesthetic health can only occur within the limits defined by the legislation governing each profession and rules issued by their respective Professional Supervisory Councils; e) professionals must hold a professional specialty title regulated by their respective Professional Supervisory Councils, at least; f) the procedures do not cover the professional practice of Beauticians, Cosmetologists and Aesthetic Technicians, under the terms of Law No. 13,643 / 2018; g) does not prevent other regulated professions or those that will be regulated, from acting in aesthetic health if the law allows<sup>38</sup>.

### Conclusion

Since the resolution that regulates the performance of nurses is currently suspended, this study reinforces that the role of nurses in aesthetics is a reality. Therefore, the importance of legal recognition of the regulation of nurses' competences in aesthetics is emphasized, which contributes to the safety of patients and allows the regulatory bodies to participate in the processes of inspection, standardization, and regulation of the aesthetic area.

Among health professionals, nurses have a comprehensive view of care (psychic, spiritual, physical and social), which contributes to providing the necessary and humanized support, both in the guidelines of aesthetic procedures, as in physical and emotional care, contributing for the patient's well-being.

In view of the scarce bibliographic reference on nursing practices in aesthetics, we suggest the creation of groups of clinical interest, with the objective of conducting research, exchanging experiences and organizing scientific meetings to disseminate new knowledge and practices related to Aesthetic Nursing and, mainly, to develop new references that can support the practices related to the procedures in question and others arising from the technological advancement of aesthetics.

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