



GRADUATION PROJECT

Degree in Dentistry

ETHICAL CONSIDERATIONS AND GENERAL PERCEPTIONS OF COSMETIC DENTISTRY IN THE AGE OF SOCIAL MEDIA BY FUTURE DENTISTS

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ABSTRACT

Introduction: cosmetic dentistry has gained prominence, influenced significantly by social media, leading to increased patient demand for aesthetic treatments. This trend raises ethical considerations for dental professionals, particularly future dentists, in balancing patient desires with clinical necessity. **Objectives:** to assess the perceptions and ethical stances of dental students and recent graduates regarding cosmetic dentistry in the context of social media influence. **Materials and methods:** a cross-sectional study was distributed to 4th and 5th year dental students and recent graduates. The questionnaire evaluated participants' views on cosmetic dentistry, ethical principles, and the impact of social media on patient expectations. **Results:** out of 89 respondents, 94% acknowledged that social media has heightened patient interest in cosmetic dental procedures. Additionally, 74% felt that social media shapes their perception of ideal dental aesthetics. While 72% experienced pressure to offer popular treatments, 66% believed dentists should decline procedures lacking clinical justification. **Conclusions:** the findings indicate that while social media significantly influences both patient expectations and dental professionals' perceptions, there remains a strong ethical awareness among future dentists. Emphasising ethical education in dental curricula is essential to navigate the challenges posed by the evolving landscape of cosmetic dentistry.

KEYWORDS

Dentistry, Social Media, Bioethics, Cosmetic Dentistry, Professionalism

RESUMEN

Introducción: la odontología cosmética ha ganado protagonismo, influida en gran medida por las redes sociales, lo que ha provocado un aumento de la demanda de tratamientos estéticos por parte de los pacientes. Esta tendencia plantea consideraciones éticas a los profesionales de la odontología, en particular a los futuros odontólogos, a la hora de equilibrar los deseos de los pacientes con las necesidades clínicas. **Objetivos:** evaluar las percepciones y posturas éticas de los estudiantes de odontología y los recién graduados en relación con la odontología estética en el contexto de la influencia de las redes sociales. **Materiales y métodos:** se distribuyó un estudio transversal entre estudiantes de Odontología de 4º y 5º curso y recién licenciados. El cuestionario evaluó las opiniones de los participantes sobre la odontología estética, los principios éticos y el impacto de los medios sociales en las expectativas de los pacientes. **Resultados:** de los 89 encuestados, el 94% reconoció que las redes sociales han aumentado el interés de los pacientes por los procedimientos dentales estéticos. Además, el 74% cree que las redes sociales influyen en su percepción de la estética dental ideal. Mientras que el 72% se siente presionado para ofrecer tratamientos populares, el 66% cree que los dentistas deben rechazar los procedimientos que carezcan de justificación clínica. **Conclusiones:** los resultados indican que, aunque las redes sociales influyen significativamente tanto en las expectativas de los pacientes como en las percepciones de los profesionales de la odontología, los futuros dentistas siguen teniendo una gran conciencia ética. Es esencial hacer hincapié en la educación ética en los planes de estudios de odontología para afrontar los retos que plantea el cambiante panorama de la odontología estética.

PALABRAS CLAVE

Odontología, redes sociales, bioética, odontología estética, profesionalidad

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1. INTRODUCTION

1.1. Cosmetic Dentistry: A branch of Dentistry that deals with aesthetic procedures

Dentistry is a sector of medicine that focuses on the rehabilitation of the mouth, through preventative, therapeutic, restorative and surgical manners. Dentists are responsible to prevent and treat oral diseases to preserve optimal oral health alongside the stomatognathic system. Dentists have been practicing to cater for what the patient pathologically needs however in recent times there's been a crossroad between, the clinically required need and patients' aesthetic wants (1). Cosmetic dentistry is a specialised branch dedicated in the enhancement in smiles by correcting imperfections through artistry and precision. The advanced demand of both minimally invasive treatments (e.g. teeth whitening, resin bonding and botox/derma fillers) and advanced procedures (e.g. tooth implants, porcelain veneers and full smile makeovers) is largely fuelled through the widespread of media exposure and accessibility. This trend is instigated by growing concerns around self-image, as individuals increasingly compare themselves to idealised beauty standards seen online. As a result, cosmetic dentistry often addresses issues related to self-confidence and social interactions. (2) Aesthetic and cosmetic dentistry closely overlap but understanding the minor differences is key to meet patients demands ethically. Aesthetics has always played a role in dentistry, which is both clinical and artistic. For example, a prosthesis that restores function but lacks visual appeal may still be considered clinically inadequate (1). In periodontics, surgery and restorative dentistry, aesthetics are important, however improving the functionality of the mouth and absence of pathology is the primary objective. Thus, aesthetics are integral to all dental interventions yet what truly defines a cosmetic procedure?

Cosmetic dental patients insist for paper white teeth, beyond the natural dentition appearance, being B1 (Vita Shade Guide) as the whitest natural tooth shade that is achievable by teeth bleaching (Figure 1). Exceeding this and aiming for 'Hollywood White' shades (BL1-BL4), that may have been seen in the media, is now aggressive and risks over-bleaching potentially leading to tooth sensitivity and gingival irritation (3). This is an example where an aesthetic approach becomes a strictly cosmetic procedure where there is now no clinical need and can potentially have harmful effects. Differing from aesthetic dentistry where preserving the natural tooth using minimally invasive approaches is the aim, cosmetic dentistry results from an exaggerated beauty stimulus where the functionality is overlooked and sometimes disregarded (4).



(5)

Figure 1 Showing the comparison between regular bleaching shades by the Vita Guide (A1-D4) and the Hollywood bleaching shades (BL1-BL4 on the left): A1-D4 consist of the natural tooth shades, A2 being the most common natural tooth shade, and B1 being the most white of the natural shades. It is clearly seen the Hollywood shades BL1-BL4 are significantly whiter than the natural shades.

Orthodontic advancements have been heavily influenced by aesthetics, but now raising questions about whether treatments address functional issues or primarily cosmetic concerns. Traditional fixed metallic orthodontic brackets have been around for many years, though effective, are often avoided by adults due to their visible appearance and associations with adolescence; there have been variations such as the lingual bracket system and tooth-coloured ceramic brackets to help improve the aesthetics and the discreetness while maintaining the effectivity. Both lingual brackets and tooth-coloured brackets had their downfall due to their disadvantages of lingual braces leading to lingual ulcerations and discomfort, and tooth-coloured brackets being easily stained and led to highlighting their appearance rather than covering their appearance, both systems drawbacks out way their aesthetic objectives. Since its introduction in 1999, Invisalign has surged in popularity over traditional brackets (6). Despite being limited to mild, non-skeletal cases and offering less comprehensive corrections, this appliance is comfortable, maintainable and extremely aesthetic with no mouth irritations or associating hygiene issues and usually requires less treatment time, patients have amplified the demand for this treatment over traditional methods, regardless of the increased cost (7). Many patients now prioritise cosmetic appeal over optimal orthodontic outcomes, emphasising the shift towards cosmetics once again.

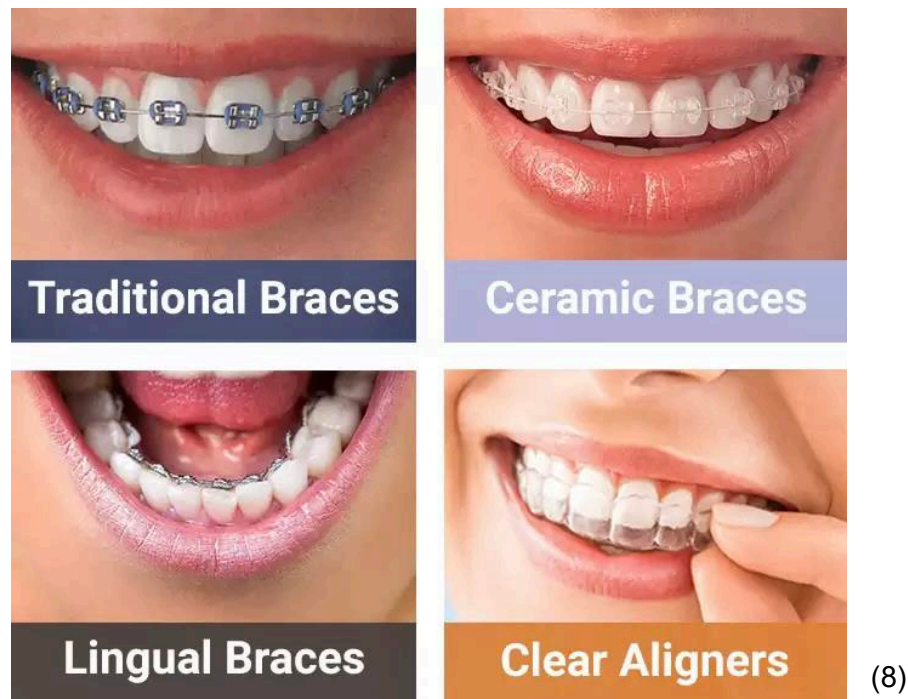


Figure 2 A comparison of the different traditional orthodontic appliance systems with the aesthetic clear aligner system

Dentists increasingly face patient demands purely by appearance, fuelling the rise of cosmetic dentistry. While the field is rapidly growing, dentists must balance these requests with their duty to prioritise patient well-being. When no clinical need exists, the ethical question becomes: should treatment be provided? Dentists must avoid harm, even when following patient's wishes. A common challenge is managing unrealistic expectations, as patients often overlook the feasibility and long term effects of cosmetic procedures (9).

1.2. Social Media and Cosmetic Dentistry

The smile often influences societal perceptions of status (10). In the 16-17th centuries, tooth decay (blackened teeth) signalled wealth due to sugars high cost, whereas now white teeth are associated with affluence (10). While beauty ideals have evolved over time, they have been especially shaped by social media in the past decade.

With over 3.4 billion users, social media is a powerful global tool with broad applications, including healthcare (11). It supports professional networking as well as media sharing and content production, but in the health care sector it has vast positive applications, such as employment, recruitment of patients, marketings, building personnel and business brands, promotion and research over a number of online platforms such as: Instagram, TikTok, Facebook, LinkedIn, Twitter (X), Snapchat, WhatsApp. Its efficiency has facilitated patient-practitioner network immensely, now

having more than 200,000 healthcare apps accessible on the market (11). Nonetheless its influence power can be out of its own control and is prone to 'infodemics' where incorrect or misleading information is portrayed in different lights and reaches vast audiences (12). Especially as many now rely on influencers over verified sources, more often patients and society are learning inaccurate facts about treatments and unrealistic interventions (13). It now regulates the standard of beauty, often through fabricated images, leading to a warped image of beauty standards and aesthetics, this is a significant affair in the current decade contributing to low self-esteem due to the unachievable and fabricated depiction of beauty (14). Lower self-esteem, lead to low confidence and body image concerns, resulting in a weakened mental state. Placing pressure on dentists to keep up with social media trends while maintaining clinical integrity (15).

As social media shapes many professions, dentistry is no exception. While platforms offer valuable opportunities for education and awareness, dentists must balance these benefits with ethical responsibilities. Sharing before-and-after pictures can support professional development, help patients understand procedures and outcomes (16). Again, reiterating the significance of social media use in the education to all individuals. Nevertheless, dental must continue with patient consent and reasoned location of post, guidance, compliance of conduct, correct motivation and focus of posts (17). It is important to take into account the perspective of lay viewers and consider how the post could be depicted and if it could be perceived in a bad manner (18). Yet, the pressures that can be faced by dentists to keep up with other advanced dentists' skills that they see through the media, and the possibility of dentists to continuously be comparing their capability with other dentists need to be considered; essentially the medias purpose should be focused for educational and exposure purposes. Similarly, exposure to idealised results may prompt doubts with patients own appearance after seeing repeated 'after' images, meaning that before they viewed the dental cosmetic procedures pictures, they thought nothing was wrong with their smile, leading to impacts on self-confidence. This is a sensitive ethical concern: educating through social media without decreasing self-esteem (19).

Cosmetic dentistry steers away from the primary disciplines of general dental care to protect and restore, and expands to treat a flawed smile, it is important future dentists proceed with professionalism following the correct ethics to patients seeking care (10). The challenges surface when some treatments have clinical benefit – or even harm – but are requested due to suppressed self-esteem, psychological or personality disorders from social progression (20). The World Health Organisation (WHO) states '*Health is a state of complete physical, mental and social well-being and not merely the absence of*

disease or infirmity' (21). This questions the need for a dentist to cooperate with a patient's aesthetic demands when having no clinical need, but the treatment would improve the patient's self-confidence leading to bettering the patient's mental wellbeing thereby following conduct providing healthcare.

1.3. Ethical perceptions

Conversely when aesthetics is now the primary motivation for cosmetic treatments in modern culture, dentists need to continue with an ethical and professional front. Dentists must weigh between patient well-being and what is really required for the patient and social media driven desires. The 4 pillars of healthcare ethics: autonomy, beneficence, non-maleficence and justice – are essential while navigating these encounters. Autonomy requires that patients make informed decisions, with dentists clearly explaining all the options, risks, and outcomes without interfering and respecting their outcome (20). Beneficence and non-maleficence, compel practitioners to prioritise minimally invasive, beneficial care while avoiding harm. Justice remains complex in cosmetic dentistry, as high costs and availability often makes treatments inaccessible to many. Justice in healthcare means that *'everyone has the right to a standard of living adequate for health and well-being, including medical care and necessary social services'* stated by the UN Universal Declaration of Human Rights (22), yet there is a divide when it comes to more expensive medical procedures, cosmetic treatments being more expensive and often under private care meaning it is out of scope and not accessible to patients who cannot afford such treatments (20).

Ethical boundaries are increasingly blurring for future dentists, as appearance-driven treatments become normalised. It can be easy for dentists to stray from financial values and transparency to their patients, leading dentists to recommend more expensive procedures that serve aesthetic desires but lack clinical need – creating a conflict of interest and not acting in an ethical manner (4,23). The clarity of patient outcome is vital, clear communication about realistic outcomes, implications and long-term effects is essential (12). Patients often request smile makeovers based on celebrity images, unaware that anatomy and practitioner skills vary. Dentists must manage expectations during consultations to prevent dissatisfaction, repeated treatments and irreversible from over treatment.

Considering the rise in patient demand for cosmetic dental procedures and the pervasive influence of digital media, it is important to understand how these factors are shaping the attitudes, clinical decisions, and challenges of future dentists. Despite this shift, limited

research explores how social media influences young dentists' perceptions and decision making. This study is justified by the need to evaluate these evolving perceptions, ethical boundaries, and the impact of social media. With social media playing a key role in aesthetic standards and patient expectations, this research seeks to assess whether future dental professionals are influenced by these platforms not only in perception but in ethical judgement and practise. Therefore, this study hypothesises that social media significantly influences future dentists' perceptions and ethical considerations regarding cosmetic dentistry, shaping both their clinical decision making and views on patient expectations.

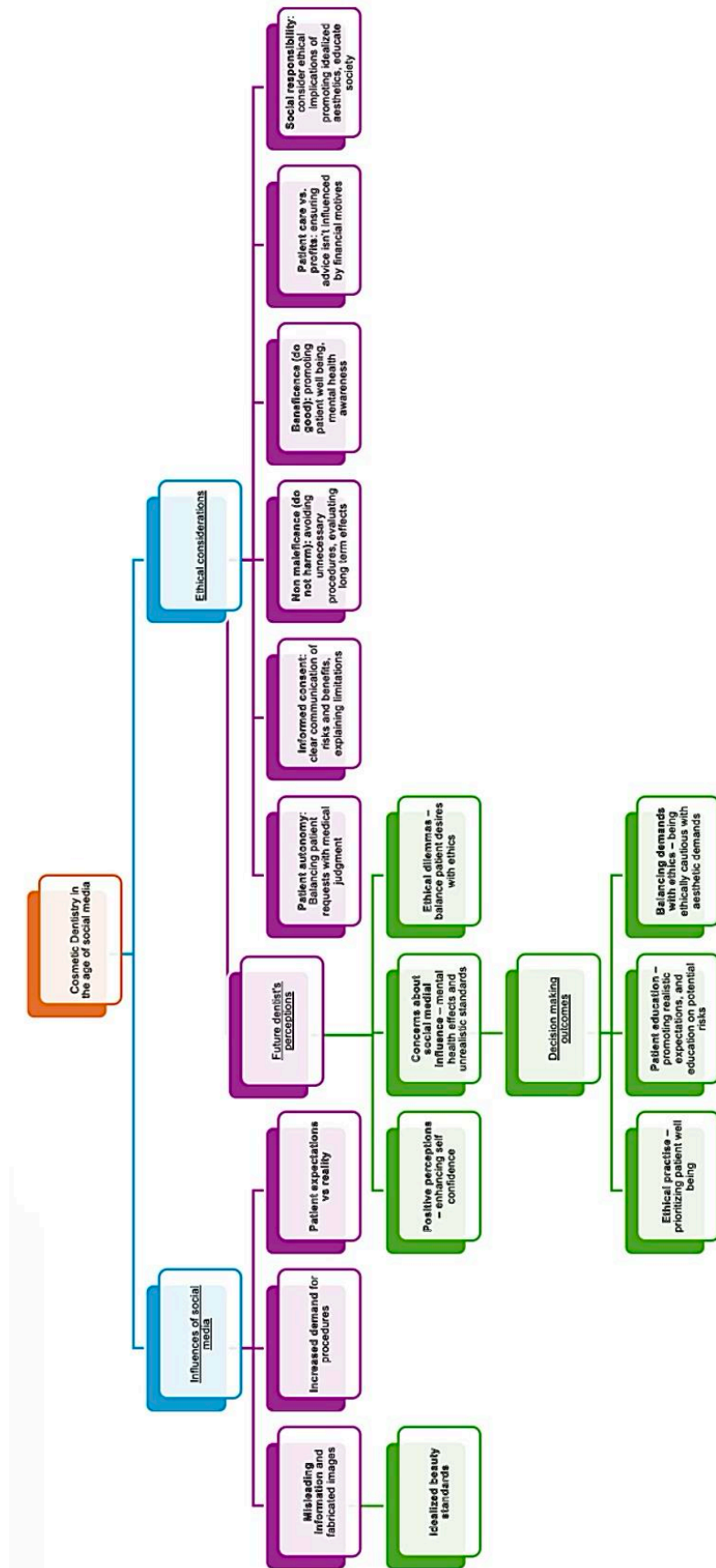


Figure 3 A flowchart visualising the ethical concepts in cosmetic dentistry

2. OBJECTIVES

- Examine future and new dentists' perceptions and ethical concerns regarding cosmetic dentistry.
- Analyse if social media has impacted the choice of procedures in cosmetic dentistry.
- How does social media influence future dentists' perceptions of the necessity and value of cosmetic dentistry.

3. MATERIALS AND METHODS

For this empirical research the materials and methods have been based on a cross-sectional observational study approved by the ethics committee (code: 2025-73 OD.043/2425) consisting of 20 questions of which the data processing authorisation is presented through an informed consent (ANNEX 2). To participate in the research, it is to be required to be/have been a student in a degree in dentistry. The survey has been presented through the Microsoft Forms platform to 4th and 5th year dentals students attending Universidad Europea de Madrid, and new graduates of a dental degree, the survey was available from 25th January - 25th February 2025. A pilot study (consisting of 5 participants) was carried out to validate and ensure the quality of this survey on the 22nd January 2025. An electronic form was sent via WhatsApp, from all surveys sent, 89 were completed, all that were started had been completed fully, with an average completion time of 6:21 minutes. The data has been stored in an excel file to ensure no modifications were made throughout the duration of the research.

4. RESULTS

A total of 89 individuals participated in the survey. The majority were female (74%) and 96% reported being active social media users (Panel 1, Figure. A & B). Respondents commonly used multiple platforms with Instagram being the most popular (91%) the average respondent used around 4 platforms (Table 1).

Platform	% of respondents using social media (n=89)
Instagram	91% (81 respondents)
WhatsApp	83% (74 respondents)
TikTok	64% (57 respondents)
Snapchat	60% (53 respondents)
YouTube	56% (50 respondents)
Facebook	43% (38 respondents)
LinkedIn	20% (18 respondents)
None – do not use any	3% (3 respondents)

Table 1 showing social media platforms used by respondents (multiple choices allowed)

In image panel 1, gender distribution, social media usage, respondent background, knowledge in cosmetic dentistry and commonly known procedures can be seen. Most respondents were 4th or 5th year dental students (63%), followed by qualified dentists (21%) and a small group from non-dental backgrounds (12%) (Panel 1, Figure. C). Regarding knowledge of cosmetic dentistry, 71% rated themselves as very or somewhat knowledgeable, while 28% had limited or no knowledge (Panel 1, Figure. D). Participants demonstrated familiarity with a wide range of cosmetic dental procedures. The most known were teeth whitening followed by composite bonding, Invisalign, less well-known procedures included lingual braces and gum contouring (Panel 1, Figure. E).

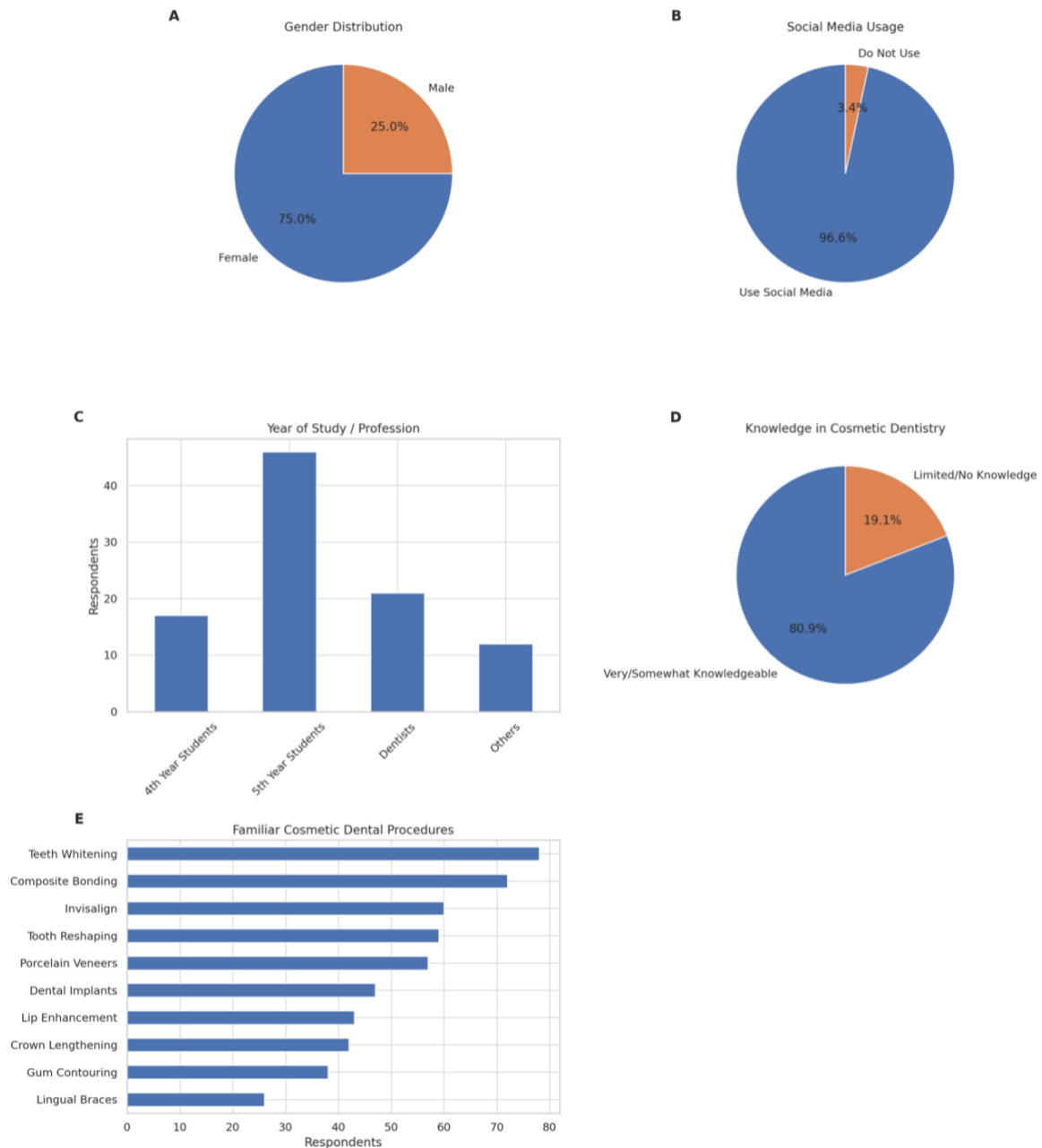


Image Panel 1: showing results obtained on the demographics and knowledge upon participants in the survey

The next part of data collected focuses on the ethical considerations and social media, looking into: patients' motivations, clinician considerations, perceptions of social media promotion, views on guidelines and influencers discretion. When asked about patient motivations for seeking cosmetic procedures, 43% cited improving self confidence, followed by correction of perceived imperfections (Panel 2, Figure. A). From the clinician's perspective, the most important consideration when performing these procedures was ethical responsibility and managing health risks, selected by 56% of respondents (Panel 2, Figure. B).

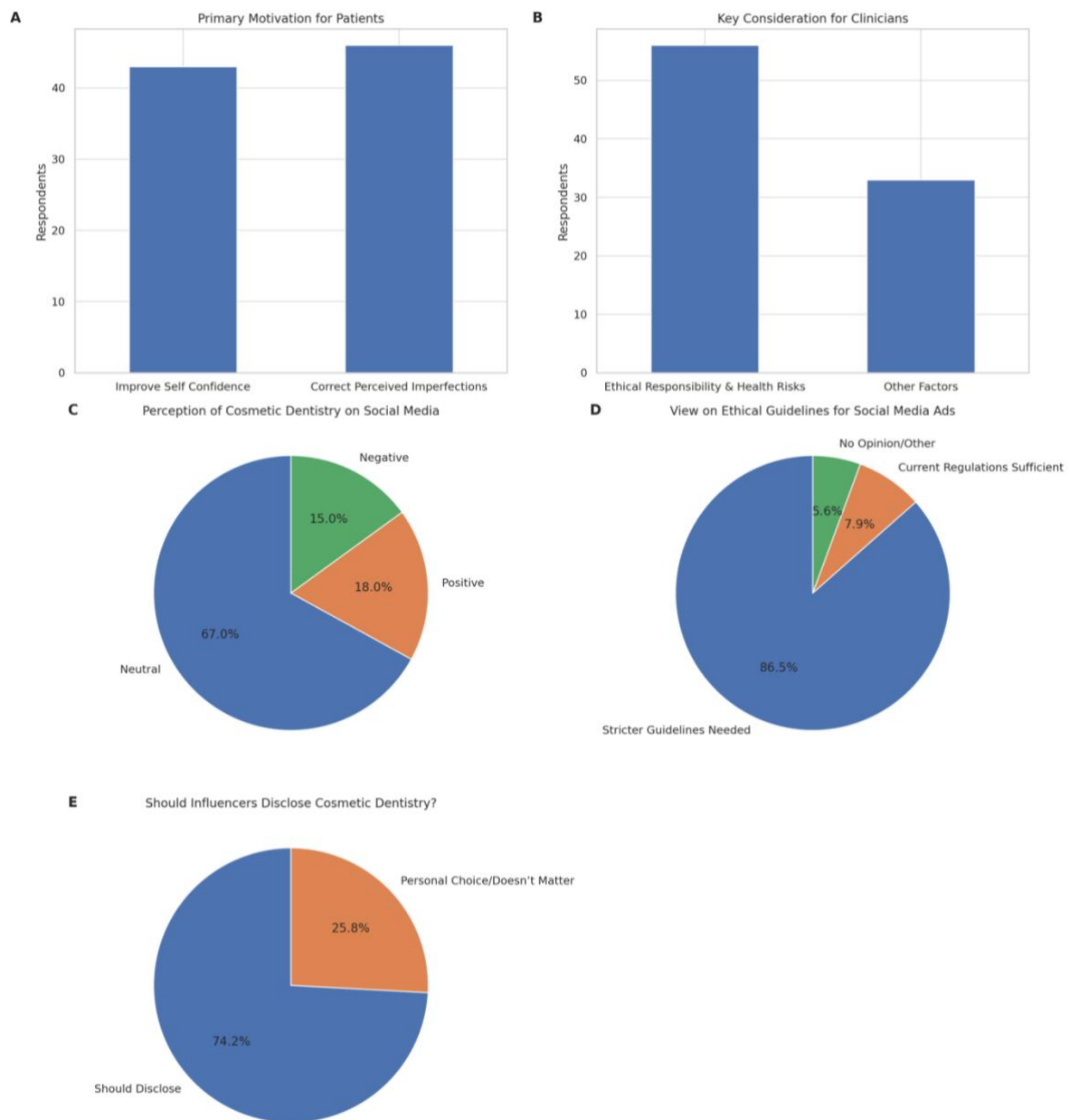


Image Panel 2: showing the results obtained on ethical considerations and social media upon participants in the survey

Views on social medias influence were mixed: 67% had neutral perceptions, 18% viewed it positively (e.g. raising awareness), and 15% viewed it negatively, believing it created unrealistic expectations (Panel 2, Figure. C). Most respondents (87%) felt current ethical guidelines were insufficient, with 77 participants advocating for stricter regulation (Panel 2, Figure. D). When asked about influencer transparency, 66% believed influencers should disclose if they're had cosmetic dental work, while the rest dealt it was a personnel choice or unimportant (Panel 2, Figure. E). A significant 74% agreed that social media

has influenced their perception on what a ‘perfect’ smile is and additionally 94% significantly agree that social media has increased the demand for cosmetic dentistry.

Panel 3 groups the data on influence, ethics and future plans including views on whether social media cosmetic trends harm oral health, pressure felt by dentists to offer popular treatments, future plans to include cosmetic dentistry, overall agreement with cosmetic dentistry in practise and attitudes towards showings case studies on social media. A significant 72% of respondents admitted they would feel pressured to offer specific

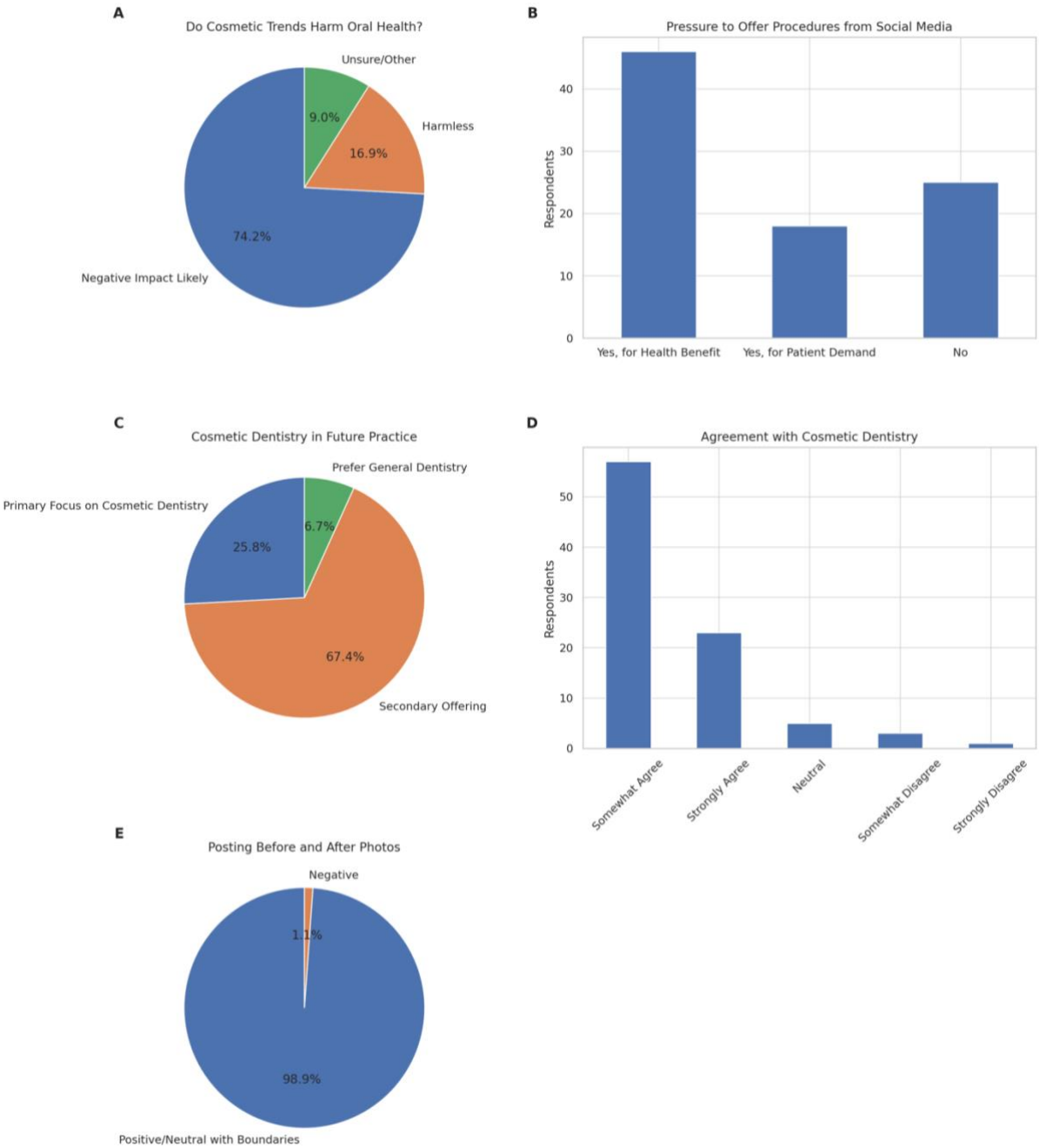


Image Panel 3: showing data collected on influence, ethical views and future plans upon participants in the survey

cosmetic procedures due to their popularity on social media – primarily if they benefit dental health (52%) or to meet patient demand (20%) (Panel 3, Figure. B). Almost all respondents (88 out of 89) believed that sharing before-and-after photos on social media was either educational or neutral with ethical limitations (Panel 3, Figure. E). Concerning the impact of social media-driven trends, 74% believed these may lead to over treatment and harm patients' long term oral health, while only 17% viewed them as harmless (Panel 3, Figure. A). Most participants planned to include cosmetic dentistry in their future practise – 67% as a secondary offering and 26% as a primary focus. Only 7% preferred to focus solely on general dentistry (Panel 3, Figure. C). Overall, 64% of respondents somewhat agreed that cosmetic dentistry should be part of modern dental practise, provided it is approached cautiously. An additional 26% strongly supported its role, citing benefits to patients' quality of life. A small minority (10%) expressed neutral or negative opinions (Panel 3, Figure. D).

5. DISCUSSION

The survey provides future dentists nuanced views on cosmetic dentistry in the social media age, highlighting professional attitudes, ethical responsibility, and online influence. Respondents expressed a positive outlook toward cosmetic dental practises, seeing them as valuable for improving patient confidence and quality of life. Many express cautions of the ethical boundaries and potential risks associated with aesthetic expectations and dentists' professionalism. This discussion explores respondents' knowledge levels, ethical decision making, social media's impact on demand and beauty standards, ethical marketing concerns, and anticipated career challenges.

When it comes to self-assessed knowledge and preparedness in cosmetic dentistry, respondents reported moderate familiarity overall, with variations by educational level. The largest population (55%) described themselves as 'somewhat knowledgeable, about cosmetic dentistry, indicating a decent understanding of common cosmetic procedures but not expert level of understanding. A further 24% felt their knowledge was 'limited', and small segment (5%) of 'no knowledge,' on the other side a 17% of respondents considered themselves 'very knowledgeable.' Interestingly this survey hints an educational gap between students in different stages and practising professionals. Final year (5th year students) were more confident in their knowledge than 4th year students - a higher share of 5th years reported being at least somewhat knowledgeable whereas 4th years more often reported limited or no knowledge. Practising dentists, by contrast, rated themselves in the upper tiers of knowledge – virtually all practising respondents chose somewhat or very knowledgeable. This implies that much of the practical understanding of cosmetic dentistry is acquired after dental school, through clinical experience or continuing education and many future dentists may not feel fully prepared to meet the growing demand of cosmetic procedures.

A strong majority agreed that cosmetic procedures have a prominent role in improving patients' quality of life, with nearly 90% indicating some level of agreement that cosmetic dentistry is a legitimate and valuable part of today's dentistry. Notably, about 64% 'somewhat agree' a response suggesting they see clear benefits, but such treatments should be approached carefully and judiciously. This cautious agreement indicates that while future dentists recognise the aesthetic and psychological benefits cosmetic dentistry can offer, they are also aware that it must not compromise clinical integrity. Meanwhile 26% 'strongly agree' that cosmetic dentistry is important for patient wellbeing, reflecting a cohort that is very enthusiastic about the field's potential to enhance smiles and confidence. The fact that the largest group of respondents agreed 'with caution' suggest an underlying concern for the appropriate use of cosmetic interventions.

A central theme in the survey is the strong ethical stance that future dentists claim they would take when making treatment decisions in cosmetic dentistry. An overwhelming majority of respondents (66%) answered with 'other' that dentists have a 'moral responsibility to refuse' providing a cosmetic procedure if it is unnecessary or potentially harmful to the patient, even in the face of patient insistence. 20% also agreed with this but phrased differently and answered 'yes, patient health comes first' to the ethical scenario, clearly prioritising the principle of non-maleficence (do not harm) over patient demands or business considerations. Most respondents believe that a dentist's duty to protect a patient's oral and overall health must outweigh any pressure to satisfy a purely cosmetic request (1). This viewpoint aligns with established ethical guidelines in medicine and dentistry, which hold that clinicians are ethically bound to decline treatment that poses undue risk or lacks benefits (2). 4% of respondents believe dentists should not refuse any procedure even if unnecessary or harmful because 'patients have the right to choose' this small but notable group suggests some future dentists may take a more consumer driven approach rather than a strictly ethical one. The ethical consensus contrasts with the 72% of respondents collectively who feel pressured to offer cosmetic procedures due to social media trends, revealing tension between ethical responsibility and consumer demand, where dentists acknowledge the pressure but prioritise ethics.

Beyond potentially harmful interventions, respondents are also wary of commercial pressures influencing clinical decisions. When asked if they feel pressured to offer popular cosmetic procedures due to social media trends, majority did indicate some susceptibility to demand – but framed in terms of patient benefit. Half of the respondents (52%) said 'yes, but only if the procedure would increase or improve the patient's dental health' this suggests that many future dentists are trying to balance the popularity of certain cosmetic treatment with ethical practice by finding a health-oriented justification for them. In contrast, 20% of respondents admitted they would feel pressured to offer trendy procedures to meet patient demand, even if not medically necessary. This group reflects those more inclined to a customer service approach, putting patient satisfaction and business interests first, and is consistent with past literature which warns the prioritisation of aesthetic appeal over clinical indication could blur professional boundaries (9,10). However, 21% flatly stated 'no, I would prioritise clinical ethics over popularity' indicating a segment of respondents who would resist social pressures altogether. These varied responses reveal a challenge, while most remain altruistic, some acknowledge the tension of working in a cosmetic-driven marketplace, the fact that a sizeable cohort, one in five, might yield to patient demand for popular procedures highlights the need for clear ethical guidelines and the confidence to say 'no' when

needed. However, the overall trend is that ethical considerations are paramount (20) - another finding showed more than half (56%) of respondents selected 'ethical responsibility and managing health risks' as the single most important factor when performing cosmetic dentistry, far out placing those who selected 'patient satisfaction' (15%) or other factors. These findings align with prior literature, which stresses that ethical challenges arise when cosmetic procedures serve no therapeutic value and may risk patient harm (2,4). Tomorrow's dentists intend to act as ethical gatekeepers for cosmetic treatments, even as they navigate between the fine lines respecting patient autonomy and preventing over treatment (20).

Social media strongly influences future dentists' perceptions and expectation, with most acknowledging its role in shaping modern dental beauty standards and their own views of a 'perfect' smile. 3 out of 4 respondents (75%) admitted that their perception of an ideal smile has been influenced by social media imagery. Notably, over third (36%) said social media has significantly influenced their view of the perfect smile, while about 39% reported slight influence. These admissions suggest that even well-informed dental students and young professionals are not immune to the constant stream of polished smile photos and makeover stories that populate platforms like Instagram and TikTok. They have absorbed, consciously or not, the aesthetic benchmarks portrayed online, whether that may be ultra-white teeth, Hollywood smiles, perfectly aligned teeth or other trendy ideals. Supporting earlier findings that social media not only amplifies demand but actively shapes how both patient and clinicians perceive ideal aesthetics (13,14). Meanwhile about a quarter of respondents denied any influence of social media on their personal perception of dental aesthetics, implying that a segment remains sceptical of online beauty standards or consciously resists letting social media define their professional ideals.

Familiarity with differently procedures was shown during the survey when asked which cosmetic dental procedures respondents are familiar with (multiple choices allowed), overall the knowledge breadth was high for common procedures: teeth whitening was the most widely known with 88% of respondents, followed by composite bonding with 81%, clear aligners 67%, porcelain veneers 64%, tooth/gum reshaping and implants having over half of respondents familiar with, and lingual braces only recognised by 29%. After looking at whether those who used more social media platforms tend to know more types of procedures, interestingly, there was no strong direct correlation between number of platforms used and number of cosmetic procedures known. Almost all respondents, even those not actively using social media are familiar with treatments. This suggests formal education ensures baseline knowledge of procedures, while social

media might play a bigger role in shaping perceptions and details rather than basic awareness to dental students and young dentists.

In tandem with shaping individual perceptions, social media is seen by respondents as a major driver of patient demand. Almost all respondents, 94%, agreed that social media has increased the public demand for cosmetic dental treatments, with the vast majority describing this effect as 'significant.' This overwhelming consensus felt that platforms like Instagram, Facebook and TikTok have significantly increase interest among patients in procedures such as whitening, veneers and bonding; and the remaining few saw at least a moderate increase, and hardly anyone thought social media had no effect at all on demand. This near unanimity amplifies how pervasive and effective social media has become in broadcasting the possibilities of cosmetic dentistry. This heightened demand can also have positive aspects, such as motivating patients to improve their dental appearance and possibly their dental health which as previous. Research suggest, may also enhance self-esteem and mental health outcome (21,24).

Crucially respondents are aware of the potential downsides of social media driven demand, particularly the risk of unrealistic expectations and over treatment. 74% agreed that certain cosmetic online trends (such as extreme bleaching, exaggerated composite bonding etc.) could negatively impacts patients' oral health in the long term. It could be suspected that some of these trends encourage over treatment or the use of aggressive procedures on otherwise healthy teeth in pursuit of an idealised look and can cause damage such as tooth sensitivity and enamel loss. 17% felt these trends are harmless if done correctly, questions that some respondents are more commercially focused or simply trust existing regulations. The next generation must balance using social media to educate and attract patients with guiding realistic expectations and avoiding pitfalls of passing trends.

Respondents voiced strong opinions on the ethical oversight of online promotion and advertising. There is a widespread support for stricter ethical guidelines governing how cosmetic dental services are marketed on social platforms, 87% answered 'yes' to whether cosmetic dentistry advertisements on social media should be subject to stricter guidelines, indicating the belief that current advertising can be misleading or overly glamorised. The majority in favour of stronger advertising regulation reinforces previous arguments that current ethical frameworks may not be sufficient for the fast-paced digital age (15,18). For instance, ads that promise 'perfect smiles in 1 day' or edited photographs providing unrealistic expectations. A related issue is the role of social media influencers in shaping patient perceptions. The survey asked whether influencers should disclose having had cosmetic dental procedures, and 66% of respondents answered 'yes, for transparency.' Thus, majority believes that when an individual who command

large followings showcase a smile that was achieved through veneers, orthodontics, or tooth bleaching, ought to openly acknowledge the treatment. This could help mitigate feelings of inadequacy among viewers who might otherwise assume the influencers' perfect teeth are entirely natural. Two thirds of future dentists support a culture of honesty and transparency in promoting cosmetic dentistry to counter social media impressions.

Specific social media practises by dental professionals, such as before-and-after photos of patients also weighed in on the views on dental practices. 59% viewed this practise positively, saying it helps educate the public and can attract patients in need of similar improvements. Nearly all others (40%) were neutral but acknowledged it is useful only if done within ethical boundaries, these ethical boundaries would include informed consent from patients, ensuring privacy as needed, and presenting cases truthfully without excessive editing or exaggeration. The fact that virtually no respondents outright opposed showcasing results (1%), suggests upcoming dentists are open to using social media as a professional tool but responsibly. Many are aware also that while social media can be informative, it can also 'create unrealistic expectations' if cases are glamorised or falsely portrayed; 15% of respondents in an earlier question characterised cosmetic dentistry promotion on social media as negative for this reason. Misleading marketing and influencer hype is seen as problematic because they can pressure both patient and dentists (17), patients might demand the impossible, and dentists might feel pushed to meet those demands or to compete in an unregulated race (16,19). The survey responses therefore reflect a collective intention to uphold professionalism in the digital age of dentistry.

Looking ahead most respondents envision cosmetic dentistry being a part of their practise in some capacity, but not always as the primary focus. When asked about future career plans, 90%+ indicated they plan to incorporate cosmetic dentistry into their work; 67% as a secondary offering, while 26% aim to make it a primary focus. Showing that the up-and-coming generation of dentists sees cosmetic dentistry as nearly unavoidable in modern practice and is essentially being normalised as a standard component of dental care, rather than a niche specialty.

Lastly, the future dentists in this survey seem to recognise that cosmetic dentistry, for all its unique aspects, is still part of holistic patient care. Many write that the primary obligations of a cosmetic dentist mirror those of any dentist: prioritise patient health, educate patients about realistic outcomes and proper care, and maintain honesty and transparency. These priorities will define the culture of cosmetic dentistry as they enter the field. Rather than seeing aesthetic dentistry as a separate world driven by vanity,

respondents largely view it as another way to serve patients – one that must be performed with the same conscientiousness as any medical procedure.

Comparing results from a study in 2020 by the University of Saudi Arabia with 275 individuals ranging from dental students, interns and general practitioners, it was seen that dental exposure and awareness of aesthetic dentistry increased with academic progression which was in line with the findings from the survey in this research. A question was asked 'What factors influence your smile' with the most common answer of 59.1% being 'personnel opinion' and the lowest factor answered being 'social media' with only 7.9% answering. This result contrasts with the findings from this research and shows that social media can have different impact worldwide and over the years (2020-2025) its influence is increasing. Another finding was the answers to 'I want my smile to be;' possible answers being: natural/beautiful/attractive, all of the above and indifferent. Once broken down to the three specified types (natural, beautiful, attractive) dental interns, general practitioners and specialists all mostly had answered 'natural' and the dental students mostly answered with 'attractive' this shows the difference in those more progressed and older in age prefer a natural smile, whereas in comparison younger, dental students – essentially the majority group to be in the age of social media — want an 'attractive' smile over natural. Significantly demonstrating the affect that social media potentially has had shaping the depiction of beauty, reiterating social medias power of appearance and perceptions (24).

Another larger study of 1940 patients seeking dental treatment was conducted in 2019 in Saudi Arabia, 43.6% of these questioned had a medical qualification, the wider sample range shows the perceptions from social media from all individuals not just dental professions. Once asked 'if does not like teeth, was it after following dental accounts/public figures on social media' 29.5% agree, 31.4% not sure (collectively 60.9%) and only 39% disagreeing, these results reiterate social media's perception of teeth and effect on self-views. The reasons made to choose aesthetic dental treatment was researched, social media (responded by 12.3% came 3rd place after 'recommendations from family/friends, and 'special offers') highlighting social medias relevance on choosing cosmetic procedures 6 years ago (14). Social media doesn't directly impact the desire to get cosmetic interventions, but through these studies and comparing to other research, it has shown a trend that social media can impact an individual's perception on themselves and it shapes the depiction of beauty leading to then undergo cosmetic treatment; an indirect relation.

6. CONCLUSIONS

This study explored the ethical considerations and perceptions of cosmetic dentistry among future dentists, particularly in relation to social media. Key findings from the survey address the 3 research objectives. Regarding ethical concerns and general perceptions, the majority of future dentists view cosmetic dentistry positively, however 2/3 of these agreed with caution, highlighting the importance of ethical responsibility, again proven when the majority believe to refuse harmful or incessant procedures and additionally half identified ethical responsibility as a key factor in treatment decisions- indicating a strong ethical foundation.

Social media was shown to play a major role in influencing the demand for specific procedures. With the majority agreeing social media increased the demand for cosmetic dentistry and felt pressured to offer popular treatments. This illustrates that while most future dentists attempt to align clinical decisions with ethical standards, many still feel the impact of consumer driven trends, which could complicate treatment planning and professional autonomy.

Social media also shaped the sample's own perceptions of dental aesthetics, when 74% admitting it has influenced their idea of a 'perfect' smile. This influence extends beyond perception into clinical ethics; 87% of participants supported stricter guidelines for cosmetic advertisements on social platforms, promoting transparency and preventing unrealistic expectations. While the majority of respondents recognise the educational and marketing potential of social media, they are also aware of its ability to distort beauty standards, pressure both patients and practitioners, and potentially lead to over treatment.

The hypothesis is accepted. The data clearly demonstrates that social media has a significant impact on how future dentists perceive cosmetic dentistry, how they assess ethical boundaries, and how they expect to practise. The influence is seen in their personal aesthetic standards, their awareness of patient expectations, and the pressure they feel to align with popular trends. Despite these influences, the ethical mindset remains strong amongst most respondents, as shown by their willingness to prioritise patient health, question commercial pressures, and support more stringent advertising regulations. In summary, future dentists are entering a field where cosmetic procedures are increasingly shaped by social media, but they appear committed to balancing this with professionalism, transparency and ethical patient care.

7. SUSTAINABILITY

This thesis supports long term sustainability by addressing the ethical and social impacts of cosmetic dentistry in the age of social media. It aligns with Good Health and Well-being by promoting responsible treatment decisions that prioritise patient welfare and mental health, discouraging over treatment driven by online trends. In terms of economic sustainability (Responsible Consumption and Production), the research highlights the risks of unnecessary cosmetic procedures, encouraging cost-effective care and reducing waste of clinical resources. Socially, the thesis contributes to Reduced Inequalities, by drawing attention to how media driven beauty ideals can pressure patients and exclude those without financial means. By advocating transparency, patient education and ethical clinical judgment, the research encourages future dentists to act with long term responsibility. Ultimately, this study fosters a dental culture grounded in fairness, professionalism and sustainable care, ensuring that cosmetic dentistry evolves ethically and equitably in a media influenced society (25).

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9. ANNEXES

Annex 1: informed consent to be completed to participate in research survey



DISSEMINATION CONSENT

Mr. / Ms. [Complete] , with file
number , year student of the Bachelor's Degree/Master/Higher-Level
Technical Degree in
Dentistry

Allows the dissemination YES ☐ NO ☐

If affirmative, YOU ALLOW

That your work, titled

may be exhibited in the channels (radio, television, internet, press, etc.) the Universidad Europea de Madrid deems appropriate for the professional promotion of its alumni, provided their authorship is cited. You also allow the dissemination of the aforementioned project through the Final Year Project Repository TITULA*.

Date and signature of author:

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Annex 2: research survey distributed

QUESTIONNAIRE FOR TFG

Title: ethical considerations and general perceptions of cosmetic dentistry in the age of social media of future dentists

20 questions

Completion time: 5 minutes

1. Do you give consent?

Yes

No

Personal details:

2. What is your gender

a) Male

b) Female

c) Prefer not to say

3. Are you:

a) Dental student 4th year

b) Dental student 5th year

c) Dentist

d) Other

Cosmetic dentistry:

4. How do you rate your current knowledge of cosmetic dentistry?

a) Very knowledgeable

b) Somewhat knowledgeable

c) Limited knowledge

d) No knowledge

5. What cosmetic procedures are you familiar with (select all that apply):

a) Composite bonding

b) Teeth whitening

c) Invisalign / orthodontic aligners

d) Porcelain veneers

e) Gum contouring (gingival shaping)

f) Dental implants

g) Tooth reshaping and aesthetic restorations

h) Lingual braces

i) Crown lengthening

- j) Lip enhancements (using botox or fillers)
- 6. What do you believe is the primary motivation for patients seeking cosmetic dental procedures?
 - a) To improve self confidence
 - b) To conform to societal beauty standards
 - c) To correct perceived imperfections
 - d) Influences from social media, influencers and peers
 - e) Other

Social media:

- 7. Do you use Social Media? If yes, select those that apply:
 - a) No
 - b) Instagram
 - c) Snapchat
 - d) WhatsApp
 - e) Facebook
 - f) TikTok
 - g) LinkedIn
 - h) Youtube
 - i) Other
- 8. Do you feel social media has increased the demand for cosmetic dentistry?
 - a) Significantly
 - b) Moderately
 - c) Slightly
 - d) Not at all
- 9. What is your general perception of cosmetic dentistry promoted on social media?
 - a) Positive – it raises awareness about dental health and awareness
 - b) Neutral – it has pros and cons
 - c) Negative – it creates unrealistic expectations
- 10. Do you believe cosmetic dentistry advertisements on social media should have stricter ethical guidelines?
 - a) Yes, they can be misleading
 - b) No, current regulations are sufficient
 - c) Unsure
- 11. Do you think social media influencers should disclose when they've had cosmetic dental procedures?
 - a) Yes, for transparency
 - b) No, it's a personal choice

- c) It doesn't matter
- 12. Has social media influenced your perception of what a 'perfect' smile should look like?
 - a) Yes, significantly
 - b) Yes, but only slightly
 - c) No, not at all
- 13. Would you feel pressured to offer specific cosmetic procedures due to their popularity on social media?
 - a) Yes, to meet patient demand
 - b) Yes, if I consider that it would increase or improve the overall dental health of the patient
 - c) No, I would prioritise clinical ethics
 - d) Unsure
- 14. How do you feel about dentists showcasing before-and-after photos of patients on social media?
 - a) Positive – it helps educate and attract patients
 - b) Neutral – its useful but needs ethical boundaries
 - c) Negative – it may add unwanted pressures to patients and dentists
- 15. Do you believe social media driven cosmetic trends, such as extreme whitening or composite bonding, could negatively impact patients oral health in the long term?
 - a) Yes, these trends may encourage over treatment
 - b) No, if done correctly they are harmless
 - c) Unsure – more research is needed

Ethics:

- 16. Should dentists have a moral responsibility to refuse procedures that are unnecessary or harmful, even in patients insist?
 - a) Yes, patient health comes first
 - b) No patients have the right to choose
 - c) It depends on the case
- 17. In your opinion, What is the most important factor to consider when performing cosmetic dentistry?
 - a) Patient satisfaction and aesthetics
 - b) Ethical responsibility and health risks
 - c) Long term durability of the procedure
 - d) Cost and accessibility for the patient
 - e) Improvement in dental and general health

18. What do you believe are the primary moral obligations of dentists when performing cosmetic dentistry? Select 3
- a) Ensuring procedures prioritise patient health and safety over aesthetics
 - b) Educating patients about realistic outcomes and potential risks
 - c) Refusing procedures that may encourage unhealthy beauty standards
 - d) Upholding transparency regarding motivations influenced by beauty standards
 - e) Protecting vulnerable patients from making impulsive decisions based on social media pressure
 - f) Balancing patient autonomy with professional responsibility
 - g) Avoiding over promotion of cosmetic procedures for financial gain
19. Do you plan to incorporate cosmetic dentistry in your future practice?
- a) Yes, as a primary focus
 - b) Yes, but as a secondary offering
 - c) No, I prefer general dentistry
 - d) Unsure
20. What is your overall opinion on cosmetic dentistry as part of modern dental practice?
- a) Strongly agree – it's an important part of improving patients' quality of life
 - b) Somewhat agree – it has benefits but should be approached cautiously
 - c) Neutral – neither for nor against it
 - d) Somewhat disagree – it can lead to unnecessary treatments
 - e) Strongly disagree – dentistry should focus only on functional and health-related issues



Your leading source for cosmetic dentistry information and referrals.

The difference between Hollywood white veneers and natural white

Posted on June 18, 2019 by David A. Hall.



Hi, Dr. Hall

I hope you can help answer my question. I recently got veneers and asked for **white white, the Hollywood smile**. As far as size and shape, he got that perfect, but my teeth are only one maybe 2 shades whiter than what I had before getting veneers. What I wanted was either a b12 or b13. I know this is considered fake looking, but this is what I wanted. I even showed pictures at my appointment. At the time, I did not know the names of the shades. In my appointment, after I showed him pictures of the color I wanted, he told his associate, do an A1. I assumed A1 was that bright "fake" white. He never showed me a color chart.

I now have had them for 5 days and am so unhappy and depressed as I feel I wasted money. My teeth were in good condition beforehand, straight and a tiny bit yellow, more an off white. I expressed my concerns with the dentist, and now he is saying that the color he actually submitted was an b11 and has no idea where the A1 came from. I am 100 percent certain he said A1 at my appointment to his associate because I have never heard that before and I didn't know any shade names. Could he be saying this because he does not want to redo them for me? I would hate to think he could be lying. I can guarantee I do not have a b11 color. They look a dull natural white, very close to what I now see an A1 is. He is saying that my veneers could look darker than what I wanted because of my teeth underneath, but I whitened them at the dentist and again at home and they were not that bad beforehand. Even if they were black, I think a b11 would have made my teeth look more white than what they are now. I want to add the veneers I had were the **no preparation veneers**. Please help! Thank you!



Here's a little background on this **tooth shade** matter. Dentists, in dental school, are schooled in what is called the classical shade guide, where the whitest shades are A1 and B1. So if you were to ask one of these dentists what is the whitest shade of teeth, they would tell you either A1 or B1.

When **tooth bleaching** became popular in the 90s, shade guide manufacturers realized that they had to expand the shade guide to incorporate the new bleached teeth shades. Ivoclar, the maker of the second-most popular shade guide, was the first to respond and they invented the bleached shades 010, 020, 030, and 040. Later the names of these shades were changed to b11, b12, b13, and b14. That's the bleached shade guide that you are

referring to.

Vita, the manufacturer of the most popular dental shade guide, was a little slower to respond, but they finally came out with bleached shades M1, M2, and M3. Today, many cosmetic dentists use a combination shade guide made of the traditional Vita shades A1 to D4, with the Ivoclar bleached sides b11 to b14 tacked on.



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- Can my teenager get Invisalign?
- Not happy with her crowns on her two front teeth
- A question about the safety of dental sedation
- My baby canine tooth hasn't fallen out.
- Her monolithic zirconia crowns are solid white
- ClearChoice complaint – They want payment even though no work was done.
- I've had braces three times

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- Traumatic Injury
- Uncategorized
- White fillings

ARCHIVES

Annex 4: bibliography no.8 – Vondran Orthodontics: Robert. Vondran Orthodontics. Different Types of Braces: Metal, Ceramic, Lingual, and Invisible Aligner Trays. Available from: <https://arkansasbraces.com/different-types-of-braces-metal-ceramic-lingual-and-invisible-aligner-trays/>



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Different Types of Braces: Metal, Ceramic, Lingual, and Invisible Aligner Trays

/ Dental / By Robert

Dental braces are a common solution for correcting crowded or crooked teeth and misaligned jaws. While braces are most commonly used during adolescence, it's becoming increasingly common for adults to also opt for braces. These braces, which consist of metal or ceramic brackets and wires, exert pressure on the teeth and jawline to gradually move them into their desired position.

There are several different types of braces available, including metal braces, ceramic braces, lingual braces, and invisible aligner trays. The purpose of braces is to apply constant pressure on the teeth, which allows the jaw to adapt and the teeth to slowly shift into their proper places. Although braces may cause some discomfort or soreness, over-the-counter pain relievers can help manage any pain. The cost of braces can vary, and coverage may depend on your insurance plan. Many orthodontists offer payment plans to make braces more affordable. Treatment time with braces can range from one to three years, but the duration varies for each individual. It's important to note that adults can also benefit from braces, although the timing and treatment process may differ compared to children. Proper maintenance of braces involves avoiding certain foods, regularly visiting the dentist, and practicing good oral hygiene. Brushing after meals, using special floss for braces, and incorporating interdental toothbrushes into your routine can help maintain oral health while wearing braces. Overall, braces not only enhance the appearance of your teeth but also contribute to improved overall oral health.

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Annex 5: bibliography no.21 – World Health Organisation: Constitution of the World Health Organization [Internet]. 1946 [cited 2024 Dec 11]. Available from: <https://www.who.int/about/governance/constitution>



Home / About WHO / Governance / Constitution



WHO remains firmly committed to the principles set out in the preamble to the Constitution

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all.
- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the