POSITION STATEMENT ON INDOOR TANNING

INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPAN) does not support the practice of indoor tanning and encourages the development of legislation banning indoor tanning. There is a link between ultraviolet radiation (UVR) exposure and skin cancer (Lushniak, 2014). The majority of skin cancer cases can be prevented if UVR exposure is minimized (Mays & Kraemer, 2015).

Skin cancer has been identified as the most common malignant disease in the United States (National Cancer Institute, 2018). It affects patients and their families physically, psychologically, and financially. The impact of skin cancer is also felt on an international level, with treatment costs ranking among the most expensive cancers in multiple health systems (Gordon et al, 2017). In 2014, the Surgeon General cited the increasing rates of skin cancer as “a serious public health concern we cannot ignore” (Lushniak, 2014, p. v).

According to the Centers for Disease Control and Prevention (2018), approximately 70,000 people are diagnosed with melanoma each year in the United States, and 4.3 million adults are treated for nonmelanoma skin cancers annually (as cited in Qin, Holman, Jones, Berkowitz, & Guy Jr, 2018). There is a “well-established link” between indoor tanning and skin cancer (Becirevic, Reed, & Amlung, 2017, p. 149).

RATIONALE

Discouraging the unnecessary exposure to UVR through indoor tanning is consistent with the mission of the ISPAN. Plastic and aesthetic registered nurses (RNs) are in the position to utilize evidence-based practice that promotes healthy lifestyle choices and prevents the development of diseases such as skin cancer.

Despite the fact that most cases of skin cancer can be prevented, skin cancer represents the most commonly diagnosed cancer in the United States (Lushniak, 2014; Mays & Tercyak, 2015). It is reasonable to estimate that the number of diagnosed cases of melanoma linked to a history of indoor tanning is greater than the number of diagnosed cases of lung cancer that may be attributed to a history of smoking (Fisher & James, 2010; Levine, Sorace, Spencer, & Siegel, 2005; Wehner et al., 2014; as cited in Becirevic et al., 2017, p. 149).
**ISPAN RECOMMENDATIONS**

The plastic and aesthetic RN should

- Educate patients about the harmful consequences of UVR exposure and ways to prevent exposure (Driscoll & Darcy, 2015; Pratt et al., 2017).
- Encourage patients and others to use a broad-spectrum sunscreen to reduce unavoidable UVR exposure from the sun (Berkey, Biniek, & Dauskhardt, 2016).
- Discourage individuals from voluntarily exposing themselves to UVR via indoor tanning (Becirevic et al., 2017; Lushniak, 2014).
- Advocate for a public health campaign that provides education on the link between UVR exposure from indoor tanning and the development of skin cancer. Simple educational campaigns have been shown to improve the effectiveness of patient-implemented interventions to reduce UVR exposure (Pratt et al., 2017).
- Advocate for legislation that supports a universal policy to protect minors from indoor tanning and its dangers (Driscoll & Darcy, 2015). Individuals who engage in indoor tanning during youth have been identified as being at “greatest risk” for developing skin cancer (Qin et al., 2018, p. 951). Additionally, the development of policies restricting minors’ access to indoor tanning and subsequent exposure to UVR can impact health outcomes of entire populations (Qin et al., 2018).
- Collaborate with other nursing specialties and members of the interprofessional health care team to promote skin cancer prevention through increased awareness of the dangers of indoor tanning (American Nurses Association, 2018).

**REFERENCES**


Gordon, L. G., Brynes, J., Baade, P. D., Neale, R.E., Whiteman, D. C., Youl, P. H., . . . Janda,


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