Ethics in Dentistry - A Review

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ABSTRACT

Background: This article focuses on ethics among dentists. Dental ethics would mean moral duties and obligations of the dentist towards his patients, professional colleagues and to the society. There are four basic principles which act as guidelines for decision making.

Findings: Ethics forms an important part of a profession. The code of ethics prescribed by regulatory bodies as well as professional associations act as a guiding light in distinguishing between the right and the wrong, observing one’s duties and maintaining good interpersonal relationships.

Key words: Dentistry, Ethics, Moral, Profession.

INTRODUCTION

The word ethics comes from the Greek ethos originally meaning character or conduct. It is typically used interchangeably with the word moral which is derived from the Latin word mores, which means customs or habits. Together these two terms refer to conduct, character, and motivations involved in moral acts. Ethics are an unwritten code of conduct that encompasses both professional conduct and judgement. [1]

The understanding of ethics can also be helped by defining some things that ethics is not: it is not a set of rules or restrictions, it is not religion, and it is neither relative nor subjective. [2]

Dental ethics would mean moral duties and obligations of the dentist towards his patients, professional colleagues and to the society. These help support autonomy and self-determination, protect the vulnerable and promote the welfare and equality of human beings. These principles may be called “micro-ethical” principles where as “macro-ethical” principles guide the conduct of population based research and practice. Macro ethics can be defined as set of principles designed to protect the human dignity, integrity, self determination, confidentiality, rights and health of population and the people comprising them. [3]

It is intended to heighten ethical responsibility, promote ethical conduct in dentistry, advance dialogue on ethical issues, and stimulate further reflection on common ethical problems in dental practice. It is not intended to solve specific ethical dilemmas. So after coming across above circumstances, Dentists are strongly encouraged to further their understanding of ethics and ethical issues beyond this introduction. Dentists should familiarize themselves with the prevailing laws, regulations, and standards that affect their decisions. [4]

ADA Principles of Ethics and Code of Professional Conduct (ADA Code):

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It is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society. There are five fundamental principles that form the foundation of the ADA Code: patient autonomy, non maleficence, beneficence, justice and veracity.

PATIENT AUTONOMY (“self-governance”): This principle expresses the concept that professionals have a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to protect the patient’s confidentiality.

NONMALEFICENCE (“do no harm”): This principle expresses the concept that professionals have a duty to protect the patient from harm.

BENEFICENCE (“do good”): This principle expresses the concept that professionals have a duty to act for the benefit of others and the dentist’s primary obligation is service to the patient and the public-at-large.

JUSTICE (“fairness”): Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

VERACITY (“truthfulness”): Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

Dentistry as reflection of medicine:
The recent growth of ethics literature has been significant but is nearly 15 years behind medicine in terms of its analysis of dental related ethical problems. The American dental association’s commission on dental education has set standards for ethics education and has made it a requirement for accreditation. In clinical dentistry, it has focused on the ethical standards of the profession in sense of concerns for excellence in the quality of care and the need to maintain public interest.

Nature of Ethical Problems:
Justification; providing service only when it is convenient; refusing to accept responsibility when treatment fails prematurely.

How Dentists Perceive Ethical Problems:
Every clinical, scientific, or legal problem involves an evaluative component. Evaluation may become an ethical issue when the dentist realizes that the evaluation involves a tradeoff between the value of reducing pain and other values that the patient may affirm.

Ethical versus Legal:
People sometimes confuse ethical and legal problems. Both the ethical and the legal involve evaluations. Ethical evaluations, however, appeal to what is believed to be an ultimate standard of right and wrong. Legal evaluations appeal to the evaluations of a particular society. It may be legal for a general dentist to provide comprehensive orthodontic care without adequate training but unethical to do so.

Ethical issues faced by dentists: the clinical ethical situations referred to already were predominantly derived from work done by Bebeau and Spiedal with a group of Minnesota dentists:
- Quality of care: Care might be deemed inadequate if it involves the delivery of substandard of care without the patient’s knowledge, without consideration of the patient’s wishes, without justification by virtue of special circumstances, and motivated by motivational gain.
- Advertising: The ADA code of ethics states that “no dentists shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect”.
- Patient autonomy: Issues of informed consent and the need to put the patient’s interest first are considered very important. Informed consent is a...
significance dental challenge to the
dentist because of the large number of
different materials and different
techniques available for the same or
similar problems.

- Conflicts with patients: One category of
  conflicts deals with those precipitated by
  the dentist. For example consider the
  patient who is unable or unwilling to
  comply with the home care expectations
  of the dentist while the dentist wonders
  whether continuation of treatment is
  justifiable. Another category of conflicts
  with patients includes those precipitated
  by the patient. The most frequent
  situation is the patient who requests a
  procedure that is contrary to the training
  and standards of the dentist. An example
  is the request for complete mouth
  extraction by a patient who has an
  essentially intact dentition that can
  easily be saved.

- Justice: Several concerns are over issues
  of justice. What are the obligations
  regarding treatment for patients not of
  record who are in pain, for patients with
  AIDS, or for patients whose prior
  treatment has failed. Is the dentist
  obligated provide free services? If so for
  whom.

- Intra professional relationship: Among
  the most difficult problems are those
  where colleagues should be confronted
  with their incompetence or when
  incompetence should be reported.

- Financial transactions: A final series of
  ethical issues concerns financial
  transactions pertaining to patients. Some
  of these issues involve direct
  transactions such as requests by patients
  to falsify billing, decisions on who pays.
  When treatment fails, the charging of
  different fees for the same service under
  varying circumstances.

Values in clinical dental ethics:
OZAR and SOKOL’S proposal for six
values in dentistry. The values in
hierarchical order are as follows: (1) the
patient’s life and general health, (2) the
patient’s oral health, (3) the patient’s
autonomy, (4) the dentists preferred practice
values, (5) esthetic values and (6)
efficiency.

- The patient’s life and general health: The
  sustaining of life and the promotion of
  overall health is the central concern of all
  practitioners and patients. Under normal
  conditions, dentists should not undertake
  treatment that will significantly jeopardize
  the life or health of patients. For example, a
  man with malignant hyperthermia who
  received serious facial trauma would have
  risked death had he been given general
  anesthesia for corrective surgery.

- The patient’s oral health: Oral health for the
  purposes of this discussion includes
  appropriate and pain free oral functioning.
  What is appropriate functioning on such
  factors as age, stage of development,
  general health and the patient’s
  requirements for function. In the case of a
  patient with severe periodontal disease and
  poor past oral hygiene practices, it is
  valuable to stress the need for more strict
  home care standards before any treatment is
  standard.

- The patient’s autonomy: A third concept
  that is valued by patients and dentists alike
  is autonomy or freedom, in the context of
  health care, autonomy refers to the ability of
  patients to make their own health care
  decisions that reflect their own values and
  goals. If patient, for example, were to
  request treatment that would appreciably
  compromise oral health, “ and if the dentist
  acted on the patient’s request out of respect
  for patient’s autonomy and did the
  procedure, the dentist would be acting
  unprofessionally”.

- The dentist’s preferred practice values:
  During their formal education, dentists
  receive powerful messages, regarding
  choice of treatment that often becomes
  incorporated in their values of preferred
  practice. Examples include the restoration
  rather than amalgam restorations in
  compromised teeth, and the use of crowns
  rather than amalgam restorations in
  compromised teeth.
Esthetic value: Dentists recognise that facial and intraoral appearances are important to patients, and they routinely consider esthetic factors in their treatment recommendations.

Efficiency in the use of resources: Efficiency is something that virtually all dentists perceive as essential for operation of a successful practice. There is nothing unprofessional in a dentists working to control costs- time, effort, or materialsp- provided the other central values are also given their due.

The structure of professions and the responsibilities of professionals: Students who select the profession of dentistry give a variety of reasons for their choice. Among them are the ability to earn a good income, the prospect of independent employment and the opportunity to serve the public.

Definition of Profession: The American College of Dentists defines a profession as (a) an occupation involving relatively long and specialized preparation on the level of higher education and governed by a special code of ethics. By contrast, Starr, a respected sociologist of the professions, defines it as: “an occupation that regulates itself through systematic, required training and collegial discipline; that has a base in technical, specialised knowledge, and that has a service rather than profit orientation, enshrined in its code of ethics. [6]

RELATIONSHIPS WITH PATIENTS:
Doctor-Patient Relationship Models:
1. Guide model
2. Agent model
3. Commercial model
4. Interactive model

GUIDE MODEL:
• Relationship based on dentist's expertise and the patient's lack of it
• Patient does not make any contribution to dental decisions
• Dentist is the judge of the patient's needs

AGENT MODEL:
• All dental decisions made by patient
• Dentist provides service for patient choices

• Not much basis in reality

COMMERCIAL MODEL:
• Dentist has something to sell; patient may or may not want to buy it
• Standard "market place" principles apply
• Patient's need for care is not the direct determinant of the dentist's actions
• Dentist and patient on equal ground

INTERACTIVE MODEL:
• Dentist and patient are equal partners
• Preservation and maximization of patient autonomy
• Dentist enhances patient's decision making capacity
• Dentist contributes expertise into the decision-making process. [1]

THE FIDUCIARY RELATION:
A fiduciary relationship is based on trust and confidence that commitments between parties will be honoured; it exists whenever a doctor and a patient establish a professional connection. Because the patient should be an active participant in the relationship, these commitments are a two way street. However, given the unequal knowledge and skills of the two parties, it is especially important that health care provider be worthy of that trust.

We need to have some basic understanding of the meaning of morality and ethics. Moral and non-moral evaluations: a moral or ethical evaluation must meet certain characteristics:

- Ultimacy: Perhaps the most critical characteristic of moral or ethical evaluation is that the standard by which the judgement is made is deemed ultimate, i.e., there seems to be no higher standard by which one might judge. The judgement has what the philosopher JOHN RAWLS calls “finality.”
- Universality: Moral or Ethical evaluations are often also said to be universal. This means that if other people are considering exactly the same action or character trait in exactly the
same situation.

- Altruism or neutrality: Judgements cannot be tailored to the advantage of the person making the judgement i.e. cannot be crafted to promote the advantage of the person stating them.

- Publicity: Another criterion that tends to make evaluations moral is that one must be willing to publicly state the evaluation and the basis on which it is made.

- Ordering: Finally, any set of principles, rules or character assessments should provide a basis for conflicting claims.

The various theories of ethics:

**ALTERNATIVE THEORIES OF NORMATIVE ETHICS:**
Normative ethical theories are not addressed specifically in studies of health care ethics, but the basic issues will be similar in any kind of normative ethical theory: judgements about which kinds of actions or rules are right (action theory), which non moral things are good or bad(value theory or axiology) and which traits of character are desirable(virtue theory).

**ACTION THEORY:** A theory of right action articulates general principles that tend to make actions right or wrong according to the ultimate moral standard of reference. These principles necessarily are general because they have to be limited to a manageable number that are understandable to the ordinary person. They are principles such as beneficence, non-maleficence, veracity, fidelity, respect for autonomy, and justice.

**UTILITARIANISM AND CONSEQUENTIALISTIC THEORIES:**
One major group of theories that is particularly dominant in the ethics of health professionals, including dentists, holds that what really matters is the consequences of actions. The dominant principles for such theories are beneficence and non-maleficence, where doing good and avoiding harm are considered the only morally relevant feature of actions.

**DENTOLOGICAL THEORIES:** Many ethical theories include principles that tend to make actions right yet do not focus solely on maximizing good consequences and minimizing bad consequences. Whenever the right action, rule, or practice is determined at least in part by principles other than those that focus on maximizing net good consequences, the theory is deontological.

**PRIMA FACIE DUTIES AND DUTY PROPER:** One’s duty proper takes into account all moral principles, whereas one’s prima facie duty considers only one moral dimension at a time.

**VIRTUE THEORY:** We focus primarily on the ethics of actions and therefore must clarify the principles that indicate what makes actions or practices right, keeping in mind that we can also assess the virtues of the dentist involved. [6]

**DISCUSSION**
Ethics is a subject which, of necessity, is considered in any and all walks of life either consciously or unconsciously. It is altered by its environments and everything that goes to make up the environment.

According to Thompson HE, in a profession there is something, whether tangible or intangible, that places service above material gain, battles all forces which make for disintegration or demoralization of our highest ideals, lights in defense of honor of the profession and protection of material and moral welfare of the people. [7]

Johnson, in 1946, stated that philosophical approaches were better than a dualistic approach to ethics, which may provide dental professionals with the understanding to fashion a more eclectic approach to professional personal ethics. [8]

Brinton, in 1950, stated that ethics was only a matter of two paths to follow and
it was intensified by the fact that there was no provision for absolution of sins.

Durant, in 1954, stated in his book, ‘The story of philosophy’ that the ancient Greek philosophers Plato and Aristotle viewed ethics as a value to be strived for, which was the basis of harmony in life and personal happiness.

According to B.F. Skinner, in 1971, ethics was a matter of performance discrepancy, devoid of personal values, and consisting mainly of activities that had to be learned by the management of the contingencies.

Nash, in 1984, stated that ethics was the key to expressing mutual respect among people.

Warnick BR et al. They propose an approach to the professional ethics of teaching that employs a case-analysis framework specifically tailored to address the practice of teaching. [9]

There exists a need to teach professional ethics in dentistry and the appropriate goals for teaching professional ethics have been identified:
• To sensitize student dentists to the moral dimensions of professional life and practice
• To develop in student dentists, the skills of ethical analysis
• To foster in student dentists respect for disagreement and toleration of ambiguity
• To assist student dentists in explicating the moral responsibilities incurred in becoming a member of the profession of dentistry
• To motivate the student dentists’ continued learning in the field of professional ethics. [8]

The study by Sabarinath B et al [10] and Acharya AK et al. [11] concludes that ethics are not strictly followed by the dental practitioners in their clinical practice. A proper ethical committee should be formed by the state dental councils to monitor the practitioners and dental clinics. Also, regulatory bodies like state dental councils and DCI should think about the revision/modification of certain codes of ethics, particularly with respect to the name boards, as these were framed almost three decades ago.

CONCLUSION
Ethics in our practice is of immense significance today. Ethical values should be inculcated in every dental student. As a professional we should:
1. Be aware of the responsibilities that we accept when entering the dental profession.
2. Meet the standards of competence, care and conduct while rendering service.
3. Above all the care of patients should be our first concern.

Hence ethics forms an important dimension of a profession. The code of ethics prescribed by regulatory bodies as well as professional associations act as a guiding light in distinguishing between the right and the wrong, observing one’s duties and maintaining good interpersonal relationships.

REFERENCES


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