

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):

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”): This principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

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.^[5]

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 dentists 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

significant 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 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 materials- 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 neutralism: 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.

DEN TOLOGICAL 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.

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How to cite this article: Prasad M, Manjunath C, Krishnamurthy A et.al. Ethics in dentistry - a review. Int J Health Sci Res. 2019; 9(3):238-244.
