

REVIEW ARTICLE

Ethical Issues and Challenges in Dentistry

¹Sandhya P Naik, ²KS Nivedan, ³Brilvin Pinto, ⁴R Shobha, ⁵Akshaya S Dutt, ⁶N Rahul

ABSTRACT

The field of dentistry is a science that has all the components of education, from preventive and therapeutic to cosmetic domains. Ethical dilemmas have situations with varied ethical considerations and complexities; hence, its concerns will be part of the science of dentistry. In modern dentistry, a set of principles contribute in establishing codes of ethics and they are based on ethical principles, religious beliefs, and the social and cultural considerations, which help in guiding the dental practitioners in their routine dental practice as well as establish expectations for dentists in fulfilling their ethical and professional duties to the patients, public, and the profession itself. The article gives an overview of the nature of ethical problems and how it is faced by the dentists.

Keywords: Autonomy, Dentistry, Ethics, Oral health.

How to cite this article: Naik SP, Nivedan KS, Pinto B, Shobha R, Dutt AS, Rahul N. Ethical Issues and Challenges in Dentistry. *Int J Prev Clin Dent Res* 2016;3(4):285-287.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

The word ethics comes from the Greek term *ethos*, originally meaning character or conduct. It is derived from the Latin word *mores*, which means customs or habits. Hence, ethics are not imposed by a profession or law, but by moral obligation. Ethics are an unwritten code of conduct that encompass both professional conduct and

judgment. Though the details of the written ethical code may vary from profession to profession, the underlying principles of ethics remain the same.

As Ozar and Sokol¹ suggest in *Dental Ethics at Chairside: Professional Principles and Practical Applications*, the ethical issues faced by dentists in the current scenario have become more complex and seem to arise more often than those faced by dentists in the past. Hence, in the current direction of health and dental care, it is essential that dental professionals be aware of the code that has been set forth by the American Dental Association (ADA).

Global patterns of oral diseases continue to reflect widespread inequality in the access to public preventive and dental care. The oral health status of the world population highlights the differences in the availability, accessibility, and acceptability of education, and oral health care. In this context, ethics can be used as a tool for the discussion, improvement, and consolidation of citizenship, human rights, and social justice. In the early 2000s, bioethics had expanded from biomedical health issues to incorporate broader public health, biotechnological, and social issues, such as health and the environment.²

It has been difficult to define bioethics as a topic since it has constantly changing themes that vary according to the social context in which they are developed. Based on four essential tenets of autonomy, beneficence, no maleficence, and justice are the most widespread on a conceptual level, and these bioethical principles were proposed by Beauchamp and Childress.³

Autonomy relates to the basic concern of developing public policies that avoid undue limitation of individual free will, and justice serves to reflect on inequalities and the allocation of scarce resources.⁴

As with any profession that deals with human rights and liberties, dentists also have a responsibility of treating the patients in their routine dental practice. Much like the Hippocratic Oath, the code of Dental Ethics created by the ADA serves as a standard to which all dental professionals are expected to adhere.

The region, country, jurisdiction, race, ethnic group, religion, as well as gender have no monopoly on human rights. Although, virtually, every person can define what it is to be "human," there is enormous public angst and disagreement over when "human-ness" begins and to what extent authorities can dictate how to be humane. The public has a great investment in and growing influence

¹Assistant Professor, ²Postgraduate Student, ^{3,6}Senior Lecturer
^{4,5}Private Practitioner

¹Department of Public Health Dentistry, Government Dental College and Hospital, Aurangabad, Maharashtra, India

²Department of Prosthodontics, Oxford Dental College and Hospital, Bengaluru, Karnataka, India

³Department of Prosthodontics, PSM College of Dental Science and Research, Thrissur, Kerala, India

⁴Department of Oral Medicine and Radiology, KDC Dental Care & Implant Centre, Bengaluru, Karnataka, India

⁵Department of Oral pathology and Microbiology, Dhayari, Pune Maharashtra, India

⁶Department of Prosthodontics, Educare Institute of Dental Sciences, Malappuram, Kerala, India

Corresponding Author: Sandhya P Naik, Assistant Professor Department of Public Health Dentistry, Government Dental College and Hospital, Aurangabad, Maharashtra, India, e-mail: sandhya.havan84@gmail.com

over questions of ethics in research. For example, the news media and the greatly expanded use of digital communications technology as a societal norm have kept questions of reproductive biology, organ transplants, and stem cell research in the headlines. Flashpoint conundrums that tend to polarize society, such as defining the origins of life, evolution, research on embryonic cells or fetal tissue, gene therapy, cloning, and applications of stem cell research, are debated in the public forum, and the limits of future research that depend on these topics will be determined by political decisions shaped by public debate.⁵

Nature of Ethical Problems

Every clinical, scientific, or legal problem involves an evaluative component. Evaluations can often be identified when evaluative words appear, such as good or bad, right or wrong; sometimes the evaluative words are not as conspicuously evaluative, but they convey value judgments nonetheless. Claiming that an effect is a “benefit” or that a treatment is “indicated” conveys such a judgment, as does identifying an effect as a harm or a side effect. Of course, not all evaluations are moral evaluations. Some value judgments are esthetic, cultural, or merely matters of personal taste. Certain evaluations, however, are indeed ethical.⁶ Decisions are easy when the difference between good and bad is clear cut. In other situations, decisions are more difficult, and choices must be made between good and good or between the lesser of two evils.

The use of local anesthetics for cavity preparation offers a good example of the role of values in decision making. The use of local anesthesia during cavity preparations improves patient comfort and also reduces the stress felt by the dentist. It can also result in better treatment because, for example, more thorough caries removal under good local anesthesia. In general, dentists value these consequences of local anesthesia to the extent that they often use it routinely even though procedures may be possible without it. However, some of the dentists may value the benefits of local anesthesia, so much that they may refuse to treat a patient who requests that no local anesthesia be given or may try to pressure a reluctant patient to accept it. The frequent use of local anesthesia is common in dentistry, but it does show the value dentists place on their ability and the desire to relieve pain.

Evaluation may become an ethical issue when the dentist realizes that the evaluation involves a trade-off between the values of reducing pain. For example, the patient may fear the side effects of the anesthetic, may object to its duration, or may simply have a psychological constitution that tolerates dental pain. It is clear that there is no definitively correct value judgment here. The dentist who does what he or she thinks is best for the patient could end up violating the autonomy of the patient.

ETHICAL ISSUES FACED BY DENTISTS

Because it leaves a segment of the population with limited or no access to oral health care, dentists as an organized profession are beginning to consider that they have a responsibility for these individuals. Some countries, such as the USA, favor the libertarian approach; others, e.g., Sweden, are known for their long-standing egalitarianism; while still others, such as postapartheid South Africa, are attempting a restorative approach.⁷

Quality of Care

The quality of care plays a major role in terms of expressions of concern. Care might be deemed inadequate, if it involves the delivery of substandard care without the patient’s knowledge, without consideration of the patient’s willingness, without justification by virtue of special circumstances, and motivated by financial gain.⁸ No data are available to show the prevalence of this sort of treatment, but it nevertheless has been a recurrent concern in dentistry. Quality-of-care issues are often linked with other factors.

Advertising

Advertising is the factor, i.e., associated with quality-of-care.⁹ The primary concern is dentists whose marketing and advertising activities are considerate unprofessional. The ADA Code of Ethics states only that “dentists should not misrepresent their... competence in any way that would be false or misleading....”¹⁰ Nevertheless, there is a widespread opinion among dentists that misrepresentation is only part of the problem.

Increasing Number of Dentists

Presently around 310 dental colleges exist in India and the majority intake of students are 100 per year. A fledgling dentist in India has very limited scope to survive on his own immediately after graduation. There is severe competition among fellow dentists and this has escalated to unprecedented levels; a sense of insecurity seeps into fresh graduates. The recent fear of private practice is the rapid development of corporate dentistry and the blistering pace at which they grow and multiply.¹¹

Patient Autonomy

It is the most important and it is essential to make the patient take his or her own final decisions regarding the treatment that he or she will receive. The dentist is responsible for providing the patient with all of the available treatment options, the successes, and hardships associated with those treatments, and giving the patient the ability to make a decision, i.e., informed and

best suits his or her needs. In Ozar and Sokol's model of the patient–dentist relationship, the dentist and patient are equal partners in the decision-making process. This relationship is defined by three areas: They deserve each other's respect; each has a set of values; and each comes to the decision-making process about the patient's oral health with the understanding that information must be shared. Thus, it is essential that the dentist and patient communicate and cooperate with each other effectively.

Conflicts with Patients

The most important concern is expressed regarding dentist–patient conflicts and resolutions to such conflicts. 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 homecare expectations of the dentist, while the dentist wonders whether continuations of the treatment is justifiable.¹²

Justice

The dentist should follow the principles while treating patients. This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues, and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without bias. In brief, 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. While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists should not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex, or national origin.

Intraprofessional Relationship

The management of intraprofessional relationships is a major concern among dentists; examples include the discovery of pathoses overlooked by a colleague when temporarily covering a colleague's practice, and other

situations where communication with patients without criticizing colleagues is essential.¹³

CONCLUSION

In any profession, when there are persistent failures by individuals to adhere to ethical standards, a code of ethics must be developed to guide the responsible behavior of its members. The focus of this review is not to address every possible ethical dilemma that could potentially present itself to a dental professional, nor provide all of the definitive answers or solutions to each dilemma. The goal is, however, to trigger thought and provide a framework for reflection on ethics and ethical practices in the dental profession.

REFERENCES

1. Ozar, DT.; Sokol, DJ. Dental ethics at chairside: professional principles and practical applications. 2nd ed. Washington (DC): Georgetown University Press; 2002.
2. Kottow M. Bioethics in public health: from justice to protection. *Springer Briefs Public Health* 2012;1:33-44.
3. Beauchamp, TL.; Childress, JF. Principles of biomedical ethics. 5th ed. New York: Oxford University Press; 2001.
4. Naidoo S. Ethical considerations in community oral health. *J Dent Educ* 2015 May;79(Suppl 5):S38-S44.
5. Ellen RP, Singleton R. Human rights and ethical considerations in oral health research. *J Can Dent Assoc* 2008 Jun;74(5):439.
6. Veatch, RM. Case studies in medical ethics. Cambridge: Harvard University Press; 1977. p. 421.
7. Williams, JR. Dental ethics manual. Ferney-Voltaire: FDI World Dental Federation; 2007.
8. Dummett, CO. Ethical issues in dentistry. In: Reich, W., editor. *Encyclopedia of bioethics*. New York: The Free Press; 1987.
9. Cole LA. Dentistry and ethics: a call for attention. *J Am Dent Assoc* 1984 Oct;109(4):559-561.
10. American Dental Association Council of Ethics, By-laws and Judicial Affairs. *Principles of Ethics and Code of Professional Conduct*, with official advisory opinions revised by May 1992. Chicago: American Dental Association; 1992.
11. Samuel SR. Dental education: too many graduates in India. *Br Dent J* 2016 Mar;220(5):219.
12. Hasegawa TK Jr, Lange B, Bower CF, Purtilo RB. Ethical or legal perceptions by dental practitioners. *J Am Dent Assoc* 1988 Mar;116(3):354-360.
13. Hollway JA, McNeal Dr, Lotzkar S. Ethical problems in dental practice. *J Am Coll Dent* 1985 Fall;52(3):12-16.