



ETHICS IN DENTISTRY

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Ethics:

- Greek word 'ethos' meaning custom or character.
- Definition –
- Ethics is the branch of philosophy concerned with the study of those concepts that are used to evaluate human activities, in particular the concept of goodness and obligation.

Professional ethics:

- A profession consists of limited group of persons who have acquired some special skills and are therefore able to perform that function in society better than average person.
- Professional ethics are important in developing higher standards of conduct, for they are based upon what is considered to be the correct attitude and correct procedure.

Dental ethics

- Would mean moral duties and obligations of the dentist towards his patients, professional colleagues and to the society.

- Micro-ethical principles –
- They focus primarily on individual's right and duties and do not see individuals as part of a wider social order.
- Macro-ethical principles –
- Guide the conduct of population-based research and practice.

- Macro-ethics –

- Defined as “a set of principles designed to protect human dignity, integrity, self-determination, confidentiality, rights and health of populations and the people comprising them”.

-----Ethics and Epidemiology :
International guidelines, 1991.

- Hippocrates – first voluntary code of regulations for medical profession, protecting the right of patients and appealing to the finer instincts of the physician.
- In dentistry, the code of ethics is the ADA's Principles of ethics and Code of professional conduct.

- The 'Ethical Rules for Dentists' are initially formed by the DCI.
- In order to give legal force, the Dentists act was amended via Section 17 A empowering the DCI to prescribe standards of professional conduct and etiquette.
- The code of ethics was framed by Dental Council in 1975 and later modified by the Government of India as "Dentists (code of ethics) Regulations 1976". It is in force from August 1976.

Duties and obligations of the dentist



Towards the
patient/Population.

Towards the
profession /
Professional
colleagues.

Towards the society.

Ethical principles:

I. To do no harm (no maleficence).

II. To do good (beneficence).

III. Respect for persons.

IV. Justice.

V. Veracity or truthfulness.

VI. Confidentiality.

Duties and Obligations towards the patient or Population

I. To do no harm –

- Considered to be the foundation of social morality.
- Should not cause Iatrogenic diseases- doctor induced illness.
- E. g. Over hanging restorations cause periodontal disease or
Failure to sterilize instruments cause an infection.

- In a population-based research, the investigator has a dual responsibility; to individual subject and to the population of which they are a part.
- One of the problems in screening of the population is that persons who regard themselves as healthy are found not to be so. This may have several consequences, e. g. such persons may assume a 'sick role' – lose time from work and become excessively worried about their health.

II. To do Good (Beneficence) –

- Care provider will initiate beneficial action and that there is an agreement between the doctor and the patient that some good will be done.
- In the process of treating a patient –weigh the consequences of treatment Vs no treatment.
E.g. in questionable dental caries - the attempts should be to maximize the benefits and minimize the harm.

- In epidemiological studies – researchers may have to go beyond mere respect for a person's choice to maximize benefits.
- It is often measured by a favorable benefit to harm ratio.
- So the concern is not merely the physical health of the subject, but also the potential benefit and harm to the group or culture that is being studied.

- If the communities do not receive benefits, they will have difficulties in seeing the relevance of the study.
- In epidemiological studies it is unethical to carry out screening when no treatment is possible or treatment is beyond the financial reach of the people who offered the screening program.

III. Respect for persons –

- Incorporates two other ethical principles :
- 1. Autonomy - Professional should respect the patient's capacity for self determination in making decisions concerning their treatment
- 2. Informed consent – is an essential component for patient's right to autonomy.

- 1. Autonomy –
- To abide by their choices whether or not others believe these choice to be wise or beneficial. Patient should be an active participant in making decision for the treatment.
- In population based surveys it is wrong to regard members of the communities only impersonal material for study, even if they are not harmed. People should be protected from adverse consequences of the research.
Full community participation in decision making.

- 2. Informed consent –
- This term first appeared in American common law in the late 1950s, and subsequently has been reflected in international codes and in the legislations and regulations of many countries.
- Four attributes of a consent –
- Consent must be “voluntary”, “legally competent”, “informed” and “comprehending”.

- In population based studies – sometimes the concept of individual autonomy is not comprehended, individual is considered as a part of a collective in which the informed consent is negotiated with the leader.
- If a person can not give informed consent it is desirable to obtain a “proxy consent” (permission) of a community leader.
- Or leaders ought to be consulted for “community consensus”.

- Informed consent – has a two step process.
- First, information is presented to subject by the investigator.
- Secondly, the subject satisfies himself/herself that he/she understands, and based upon this understanding either agrees or refuses to participate in the research project.

- “Elements of information” (US Federal Regulation)
 1. A statement that study involves research, purpose of the research, and expected duration of the subject’s participation, a description of the procedure to be followed, identification of any procedures which are experimental.
 2. A description of any foreseeable risks / discomforts to the subjects.
 3. A description of any benefits to the patient / others.

4. A disclosure of appropriate alternative procedures /courses of treatment, that might be advantageous to the subject.
5. A statement describing the extent to which confidentiality of records identifying the subjects will be maintained.
6. An explanation as to whether any compensation or any medical treatments are available if injury occurs, if so, what they may consist of, or where further information may be obtained.

7. An explanation of whom to contact for answers to pertinent questions about the research and the research subject's rights and for the events of the research related injury to the subject.
8. A statement that participation is voluntary, refusal to participation will involve no penalty or loss of benefits to which the subjects is otherwise entitled, and the subject may discontinue participation at any time without penalty/ loss of benefit.

IV. Justice –

- Demands that each person to be treated equally irrespective of class or creed.
- It calls for an obligation to protect the weak, to ensure equity in rights and benefits, universal coverage and care according to need.
- Balancing equity, effectiveness and efficiency may be difficult.
- E.g. poorest being most costly to reach, funds may have to be directed to increase the quality of care at the expense of lack of primary care to some. So ethically acceptable decisions are needed by the planners.

- In epidemiology there may be other issues like
- Community interest – where access to water is biggest issue than for certain aspect of health care OR
- Cultural values – where boy would have greater importance than a girl.
- The principle of justice in relation to health care calls for community participation in decisions and care which is effective and affordable.

- Justice means fairness or equal treatment, giving to each her/his right or due. (i.e. an even distribution as far as possible).
- Dentist can provide some free/discounted care in their office to those who are truly needy, or they can financially support or donate some time to clinics for low-income patients.
- They can support local or state wide programs that extend care to dentally needy clients.

V. Truthfulness (Veracity) –

- Patient-doctor relationship is based on trust.
- In certain epidemiological studies, it may be said that the use of placebos transgresses their principle of veracity.
- The dentist may feel that it would be better if the patient took certain course of action and therefore manipulates the information that is given to the patient. Whatever the reason, the relationship will suffer and the dentist will be guilty of transgressing a major ethical principle.

VI. Confidentiality –

- Patients have the right to expect that all communications and records pertaining to their care will be treated as confidential.
- Gossiping/discussing about patient (some famous patient/neighbor) would break a bond of trust between dental professional and patient.
- Now, patients permission has to be sought to disclose the confidentiality, even if it is beneficial to the patient.

- In no instance other than the court of law or the patient changes the dentist, should the confidentiality be breached.
- In epidemiological studies –
- The information about the subjects is either unlinked/linked information.
- Clear rules are needed when disclosures can ethically occur in absence of consent when report of studies have to be submitted to the sponsors of the study.

Duties and Obligations towards Profession/Professional Colleagues

- Every dentist has to remember that the treatment and cure of the disease depends on the skill and prompt attention showed to the patient.
- The dentist has to be sober, courteous, sympathetic, helpful, modest and punctual.
- He should enroll in societies and update his knowledge and skill.
- It is the professional courtesy to treat the family of his fellow-professionals without charge.

- Following practices are unethical –
- To ‘put down’ another dentist to the patient.
- Paying or accepting commissions.
- Undercutting of charges in order to solicit patients.
- Not referring the patient to the consultant if the planned treatment is beyond the skills of the dentist.
- In absence of other dentist, temporary service is provided to the patient and the patient is not sent back.
- If consulted, the dentist accepts charge of the case without request of the referring dentist.
- Illegal practice by others is aided.

Duties and Obligations towards The Society.

- The dentist has to assume leadership in the community on matters pertaining to dental health.
- People should be urged to seek care without influencing the choice of dentist.

- Some unethical practices are-
- Practice by unregistered person employed by the dentist.
- Dentist signed his name or authority issuing any certificate which is untrue, misleading or improper.
- Dentist advertising either directly, or indirectly for the purpose of obtaining patients or promoting his own professional advantage.
- Use of bogus Diplomas etc.
- Allowing commission.

Ethical Rules for Dentists : Prescribed by DCI.

- I. Duties and Obligations towards the patient :
 1. Every dentist should be courteous, sympathetic, friendly and helpful.
 2. He should observe punctuality in fulfilling his appointments.
 3. He should establish a well merited reputation for professional ability and fidelity.

4. The welfare of patient should be conserved to the utmost of the practitioner's ability.
5. A dentist should not permit considerations of religion, nationality, race, party politics or social standing to intervene between his duties and his patients.
6. Information of personal nature which may be learned about or directly from a patient in the course of dental practice should be kept in utmost confidence. It is also obligation of the dentist to see that his auxiliary staff observed this rule.

II. Duties and Obligations towards Professional Colleagues:

1. Every dentist should cherish a proper pride in his/her colleagues and should not disparage them either by act or word.
2. Mutual arrangements should be made regarding remuneration, when other dentist's patient is taken care in his sickness/absence.

3. If a dentist is called for providing emergencies, he should retire after it is over (in favor of the regular dentist), but is entitled to charge the patient for his services.
4. If a dentist is consulted by the patient of another dentist and the former finds that the patient is suffering from previous faulty treatment it is his duty to institute correct treatment at once with as little comments as possible and in such a manner as to avoid reflection on his predecessor.

III. Duties and Obligations towards the Public : Police and Law Courts:

1. A dentist is not bound to disclose professional secrets unless called upon by the Magistrate or judge to do so.
2. Knowledge of patient gained in the course of examination and treatment is privileged and should not be disclosed without the consent of the patient or an order from presiding judge in the Court of Law.



THANK YOU.