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Dental ethics

What is meant by “Ethics”?

Ethics are the moral principles that govern the character and conduct of an individual or a group.

Dental ethics applies moral principles to the practice of dentistry.

Ethics affect relationships with patients, the public, office staff, and other professionals. As a dentist, you have to make numerous decisions. Ethics are linked with these decisions and with the day-to-day activities of your office.

When ethics are ignored, you risk making unethical decisions. Unethical decisions can lead to unethical conduct. At a minimum, unethical conduct seriously compromises your service to patients and undermines your ability to function as a professional.

Ethics are critical to being a professional. Without a solid ethical foundation, you simply cannot be a true professional.

What is meant by the “best interests” of our patients?

The “best interests” of our patients mean that professional decisions by the dentist must consider patients’ values and personal preferences.

This requires that dentists carefully communicate with their patients, and listening is of paramount importance.

Sometimes patient desires conflict with professional recommendations.

Patients must be informed of possible complications, alternative treatments, advantages and disadvantages of each, costs of each, and expected outcomes.

Together, the risks, benefits, and burdens can be balanced. It is only after such consideration that the “best interests” of patients can be assured.

What is “paternalism?”

Paternalism is literally acting as a father (or parent).

In dentistry, it can involve a dentist overriding the autonomous decision of a competent patient for that patient’s benefit.

It is the dentist’s responsibility to determine the decision-making capacity of each patient with the help of appropriate surrogates.

The patient’s values may conflict with the dentist’s recommendations, and these conflicts may lead to paternalistic decisions.

The dentist must consider the patient’s values, and the dentist must involve the patient in the decision-making process if the patient is considered capable.

Sometimes patients do not understand the consequences of their requests or have unrealistic expectations of outcomes. In such instances, an additional explanation to a surrogate is needed.

What about compromising quality?

There are times when a dentist may face the decision to compromise quality. This may be because of the limited financial resources of the patient.

A compromise must not occur simply because the dentist is willing to do something in the easiest, cheapest, or fast way. These limitations or restrictions may divert the direction of the overall case from “ideal,” but they should never affect the quality of the separate components that make up the final treatment plan. The goal should be to perform each treatment step to its highest standards.

For example, if the final decision, considering all limitations, is to place a less costly type of restoration instead of a more durable or esthetic (but more expensive) restoration, then the dentist is obligated to place the less costly restoration competently.

What are codes of ethics?

Many dental organizations have published codes of ethical conduct to guide member dentists in their practice.

Codes of ethics mark the moral boundaries within which professional services may be ethically provided.

Codes of ethics and professional guidelines have semi-legal force.

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What's Special about Dentistry?

In virtually every part of the world, being a dentist has meant something special.

People come to dentists for help with some of their most pressing needs – relief from pain and suffering and restoration of oral health and well-being.

They allow dentists to see, touch, and manipulate their bodies and they disclose information about themselves that they would not want others to know.

They do this because they trust their dentists to act in their best interests.

At the same time, it is a commercial enterprise, whereby dentists employ their skills to earn a living.

There is a potential tension between these two aspects of dentistry and maintaining an appropriate balance between them is often difficult.

Because the commercial aspect of dentistry sometimes seems to prevail over the professional aspect, the status of dentists is deteriorating in some countries.

Such behavior is in conflict with the requirement of the FDI (World Dental Federation) that “the dentist should act in a manner which will enhance the prestige and reputation of the profession.”

In order to meet the expectations of patients and the general public, it is important that dentists know the core values of dentistry, especially compassion, competence, and autonomy.

These values, along with respect for fundamental human rights, serve as the foundation of dental ethics.

Compassion:

Defined as understanding and concern for another person's distress, is essential for the practice of dentistry.

Patients respond better to treatment if they perceive that the dentist appreciates their concerns and is treating them rather than just their illness.

Who Decides What is Ethical?

Individuals disagree among themselves about what is right and what is wrong, and even when they agree, it is often for different reasons.

In some societies, this disagreement is regarded as normal and there is a great deal of freedom to act however one wants, as long as it does not violate the rights of others.

In more traditional societies, culture and religion often play a dominant role in determining ethical behavior.

For dentists, the question is, "Who decides what is ethical?"

At a global level, the FDI "World Dental Federation" has set a range of ethical statements that specify the behavior required of dentists no matter where they live and practice.

In many countries, dental associations have been responsible for developing and enforcing the applicable ethical standards which may have legal status.

The ethical directives of dental associations are general; they cannot deal with every situation that dentists might face in their practice. In most cases, dentists have to decide the right way to act.

Does a dental ethic change?

Until recently, dentists had the right and the duty to decide how patients should be treated and there was no obligation to obtain the patient's consent.

In contrast, the U.K. General Dental Council now advises dentists that: "It is a general legal and ethical principle that you must get valid consent before starting a treatment or physical investigation, or providing personal care, for a patient. This principle reflects the right of patients to determine what happens to their own bodies, and it is a fundamental part of good practice."

Until recently, dentists generally considered themselves accountable only to themselves, to their colleagues in the dental profession, and to God.

Nowadays, they have additional accountability to their patients, to third parties such as health care organizations, and often to courts of law.

Dental Ethics Differ from One Country to Another.

Just as dental ethics can change over time, in response to developments in dental science and technology as well as in societal values, so does vary from one country to another depending on these same factors.

On advertising, for example, there is a significant difference of opinion among national dental associations. Some associations forbid it but others are neutral, and others accept it under certain conditions.

Likewise, regarding access to oral health care, some national associations support the equality of all citizens whereas others are willing to tolerate great inequalities.

In some countries, there is considerable interest in the ethical issues posed by advanced dental technology whereas, in countries that do not have access to such technology, these ethical issues do not arise.

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The Role of the World Dental Federation (FDI):

is the only international organization that seeks to represent all dentists, regardless of nationality or specialty.

The FDI has undertaken the role of establishing general standards in dental ethics that are applicable worldwide.

The FDI has adopted policy statements on many specific ethical issues as well as revised existing policies and adopted new ones.

How Does the FDI Decide What is Ethical?

Achieving international agreement on controversial ethical issues is not an easy task, even within a relatively cohesive group such as dentists.

The FDI Working Group on Ethics and Legislation is responsible for preparing statements on ethical issues, and amendments to existing statements, for consideration and approval by the Council and General Assembly.

In deciding what is ethical;

The FDI based on the history of dental ethics and its previous ethical statements.

It also takes note of other positions, on the topic under consideration, of national and international organizations and of individuals with skills in ethics.

On some issues, the FDI finds itself in agreement with the majority view.

How Do Individuals Decide What is Ethical?

As dentists and dental students, dental ethics does not consist simply in following the recommendations of the FDI or other dental organizations.

These recommendations are usually general in nature and individuals need to determine whether or not they apply to the situation at hand.

Moreover, many ethical issues arise in dental practice for which there is no guidance from dental associations. Individuals are ultimately responsible for making and implementing their own ethical decisions.

There are different ways of dealing with ethical issues. These can be divided roughly into two categories: non-rational and rational.

Non-rational approaches:

- **Obedience:** is a common way of making ethical decisions, especially by children and those who work within authority structures (for example, the military).

Morality consists in following the rules or instructions of those in authority, whether or not you agree with them.

- **Imitation:** Morality consists in following the role model.

This has been the most common way of learning dental ethics by aspiring dentists, with the role models being the senior dentists and the mode of moral learning being observation and assimilation.

- **Feeling or desire:** is a subjective approach to moral decision-making and behavior. The measure of morality is to be found within each individual and, of course, can vary greatly from one individual to another, and even within the same individual over time.

- **Intuition** is an immediate perception of the right way to act in a situation.

- **Habit** is a very efficient method of moral decision-making since there is no need to repeat a systematic decision-making process each time a moral issue arises similar to one that previously has been dealt with.

Rational approaches:

- **Deontology** involves a search for well-founded rules that can serve as the basis for making moral decisions. An example of such a rule is, “Don't lie. Don't steal. Don't cheat. Treat all people as equals. ”

- **Consequence** is a theory that says whether something is good or bad depends on its outcomes.

An action that brings about more benefit than harm is good, while an action that causes more harm than benefit is not.

Consequence uses ‘utility’ as its measure and defines this as ‘the greatest good for the greatest number’.

- **Principlism**, uses ethical principles as the basis for making moral decisions.

Four principles, respect for autonomy, beneficence, non-maleficence, and justice, have been identified as the most important for ethical decision-making in health care.

It applies these principles to particular cases or situations to determine the right thing to do, taking into account both rules and consequences.

- **Virtue ethics**; focus less on decision-making and more on the character of decision-makers as reflected in their behavior.

One virtue that is especially important for dentists is compassion. Others include honesty, prudence, and dedication.

Dentists who possess these virtues are more likely to make good decisions and implement them in a good way.

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History of medical ethics:

1- Hammurabi's code of law (1790 BC): Hammurabi was the ruler of Babylon.

In his codes of law, He regulated the fees of physicians.

For successful treatment, the physician was paid in proportion to the patient wealth, but if an operation was fatal, the physician's hands were cut off.

2- Hippocratic oath: is one of the oldest binding documents in history.

Its principles are sacred by doctors to this day.

Several parts of the oath have been removed or re-shaped over the years in various countries, schools, and societies as the social, religious, and political importance of medicine have changed.

3- The Geneva Declaration: In Geneva 1947, the World Medical Association was founded.

In that establishment, the laws were stated in a modern style.

Basic grounding of Ethics:

1- Cultural relativism: is the view that societies, not the individual person, create moral standards.

For a judgment to be considered moral; it must simply meet the approval of one's cultural standards.

Cultures differ & hence judgments differ.

2- Personal relativism: is the view that each person creates his own moral standards.

3- Professional codes: The profession by its nature creates its own ethical standards; the profession is the single, universal source of ethics for itself.

Historically, professions have generated their own codes of ethics and have been responsible for resolving disputes.

4- Humanities: for the religious group, every behavior or character should be based on the concept of (God).

For the nonreligious group, it is based on universal standards such as reasoning, human nature, and intuition.

5- Dogmatic strategies of the state: that is to say what certain authorities want to do for the public.

Theories of ethics

Three general kinds of judgments:

1- Action theory: it describes the action as a behavior caused by an agent in a particular situation. The agent's beliefs lead to bodily behavior.

This theory is based on principles that tend to make action right or wrong,

Beneficence – doing good,

Nonmaleficence – avoiding harm,

Veracity – truth-telling,

Respect for autonomy,

Justice – fairness and equality..

These principles make accurate dental decision-making.

2- Consequence theory: which is the reality of what happened consequently.

The consequences of one's conduct are the ultimate basis for any judgments, as in the English saying (the end justifies the means).

3- Value theory (why theory): the study of the value of ideas, things, people or anything else.

Value theory aims to understand how, why and to what degree, individuals or groups (organizations) value anything.

This value can be viewed as economic value, but also as ethical, legal, aesthetic or any other type of value.

Interpretation of what is considered good or bad depends on subjective choices, while others are more objective.

Ethics and law

- Ethics, whether in its wide sense or its professional application, conforms to laws in general.
- When conflicts do arise, the choice between being legal and being ethical can be difficult.
- It is often argued by ethicists that ethics not law, establishes the ultimate standards for evaluating conduct.
- Certain practices may be legal but unethical. For example, it is not illegal for a medical professional to smoke in front of his patients, but it is certainly not ethical.

Ethics versus Law

- Ethical restrictions are greater than legal restrictions.
- Ethics of different professions are promoted by professional unions, associations, and organizations. However, Ethics are not always imposed by the law.
- It is possible that a dentist's attempt to act ethically could be in conflict with the law.

When ethics and law seem to be in conflict, one should consider seeking advice from persons who have a responsibility in such matters before taking action that violates legal standards which may lead to serious consequences.

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A professional person is one who has completed a specialized program of knowledge and gained a license.

In the corporate world, success is often measured by financial gain.

For the healthcare professional, the motive of the patient's welfare is placed above the profit motive.

Because of this service motive, society has granted the healthcare professional a certain status that carries prestige, and power.

In healthcare delivery, trust is the foundation for the relationship between the patient and the healthcare provider. The patient is aware that the healthcare provider has specific knowledge and skills.

Fundamental Principles of dental ethics

1- Nonmaleficence:

Nonmaleficence is the principle that actions or practices are right as they avoid producing bad consequences.

The patient gives the clinician the privilege of access to a portion of his body for an obvious purpose, a privilege founded in trust.

Fundamental to that trust is that the healthcare provider will do no harm to the patient.

The American Dental Association (ADA) states "Professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include; keeping knowledge and skills, knowing one's own limitations, and when to refer to a specialist or other professional."

Practitioners are required to maintain their level of knowledge and skill through participation in appropriate continuing education programs.

For example, a dentist who has not performed an endodontic procedure since graduation from dental school 20 years ago would be expected to refer patients to a colleague for root canal therapy.

Over time, nonmaleficence has evolved to include preventing and removing harm.

Prevention of harm is a domain of dentists as the emphasis is placed on educating patients about preventing dental caries and periodontal disease.

A narrow interpretation of this principle would hold that complete avoidance of any pain and suffering in patient care must be maintained. Such strict interpretation would mean that invasive diagnostic tests to locate disease, as well as intraoral injections, could never be performed, which is unrealistic.

A clinician may not always be able to avoid harm. In fact, causing some degree of harm when that harm will lead to a greater good (restoring a patient to health) may be desirable as well as necessary.

This conflict is referred to as the principle or rule of double effect, and it requires the healthcare provider to consider the risks and benefits whenever treatment is provided.

William Frankena (American moral philosopher) clarified the delineation between harm and good in the following classification system.

1. One should not cause harm.
2. One should prevent harm.
3. One should remove harm.
4. One should do or promote good.

Not inflicting harm precedes preventing harm, and removing harm is a higher priority than promoting good.

Ideally, the clinician would be able to implement all four parts of this relationship; however, avoiding harm and promoting good in the practice of dentistry is not always possible.

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2- Beneficence:

Beneficence (do good) is the principle that actions and practices are right as they produce good consequences.

Whereas nonmaleficence is concerned with doing no harm to a patient, beneficence requires that existing harm be removed.

Beneficence focuses on “doing good” for the patient. Doing good requires taking all appropriate actions to restore patients to a healthy state. Healthcare providers, based on their knowledge and skill, use all reasonable means to benefit the patient.

Dentists have acquired a body of knowledge and corresponding skills that make them uniquely qualified to help identify patient needs and provide services to address those needs.

Thus, their unique knowledge and skills allow them to benefit the patient by removing existing harm and assisting in the prevention of future harm.

Beneficence and nonmaleficence often are linked because they are both founded in the Hippocratic tradition, which requires the physician to do what will best benefit the patient. This is a consequence approach.

By choosing to become a dentist, an individual has a responsibility to help others and professes to be a part of a profession. This means that actions, behaviors, and attitudes must be consistent with a commitment to public service.

This commitment to help and benefit others defines the healing professions and sets them apart from other occupations.

The teaching of careful oral hygiene and self-care to maintain health and function is an example of the promotion of good to many people. However, the removal of all carious teeth to eliminate pain and suffering may be considered to promote good to other individuals.

3. Patient Autonomy

Autonomy is the principle that includes respect for persons, and the ability to be self-governing and self-directing.

An autonomous person chooses thoughts and actions relevant to his needs, independent from the will of others.

In health care, autonomy gives rise to the concept of permitting individuals to make decisions about their own health, which is the heart of many ethical dilemmas that occur in dentistry.

All healthcare professionals must respect patients' autonomy and properly inform them about all aspects of the diagnosis, prognosis, and care being provided.

Because dentists have a wide range of knowledge and skills, they must fully and adequately explain the services that can be performed as well as the consequences of performing or not performing those services.

The application of autonomy is based on respect for persons which means that the dentist has a duty to allow patients to make decisions about actions that will affect their bodies. This also includes the responsibility to provide patients with all the unbiased information they would need to make a decision about treatment options.

Conflict can arise around this concept when what the dentist believes is in the best interest of the patient differs from what the patient desires, sometimes what the professional believes is best for the patient is not what the patient elects to do.

As long as the patient selects treatment options that are consistent with accepted standards of care, the dentist may ethically act on the patient's choice. However, the dentist also has the autonomy to not provide a service requested by the patient if that service is in conflict with the standards of care.

For example, refusing a patient's request to extract all healthy teeth would be ethical even though that decision would conflict with the patient's autonomy. Dentists will avoid doing harm to a patient even if the patient is exercising autonomy by asking to receive a potentially harmful service.

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4- Justice (Fairness):

Justice is usually characterized as being fair, but it demands consideration of broader social issues of equity and distribution of services.

The principle of justice is concerned with providing individuals or groups with what is, due, or deserved. Some view justice as a duty for healthcare providers.

The foundation of justice has frequently been described as the principle of equality; things that are alike should be treated alike.

According to Aristotle, “equals should be treated equally and unequals unequally”.

Equality promotes justice by giving everyone the same thing.

Equity is about making sure people get access to the same opportunities.

A decision not to provide treatment to an individual because the individual is infected with HIV, Hepatitis B Virus, Hepatitis C Virus, or another blood-borne pathogen, based solely on that fact, is unethical.

Decisions with regard to the type of dental treatment provided should be made on the same basis as with other patients.

Every society must treat the problem of how its resources will be distributed because every society has a scarcity of resources.

Resources are scarce whether referring to materials, specially trained individuals, money, or time.

Distributive justice is concerned with the allocation of resources in large social systems.

A noble goal for most organized societies would be the just application of health care.

However, no legal mandate exists for dental care to be available to all persons, and decisions are made daily according to the ability of the patient to pay for the services rendered. Thus the provision of dental care is applied unequally.

People who present for treatment are given access to care based on their economic ability and not on their dental needs.

The question of who should provide dental care when an economically poor individual with no financial means is in need of treatment is difficult to answer.

Many dentists provide charitable services on a regular basis, either in a private clinic or through participation in a community-based service clinic, because of their recognition of their obligation to serve society.

Complementarity is a term that is defined as doing the greatest good for the greatest number of persons. This term is closely aligned with justice and resources.

5. Veracity

Veracity is defined as being honest and telling the truth and is related to the principle of autonomy.

It is the basis of the trust relationship established between a patient and a healthcare provider. Veracity is what binds the patient and the clinician as they seek to establish mutual treatment goals.

Patients are expected to be truthful about their medical history, treatment expectations, and other relevant facts.

Clinicians, for their part, must be truthful about the diagnosis, treatment options, benefits and disadvantages of each treatment option, cost of treatment, and the longevity afforded by the various treatment options.

This allows patients to use their autonomy to make decisions in their own best interest.

The obligation of veracity, based on respect for patient autonomy, is acknowledged in most codes of ethics, including the codes of the American Dental Association (ADA).

Lying to a patient does not respect the autonomy of the patient and can compromise any future relationships that the patient may have with healthcare providers.

Because relationships are built on trust, lying, even little “white lies,” easily erodes trust.

Charitable deception is the name given to the practice of withholding information from a patient because of the clinician's belief that the information may harm the individual.

The healthcare relationship between patient and clinician works most effectively when both parties are truthful and adhere to all promises made in the process.

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Informed Consent

Informed consent is based on the patient exercising autonomy in decision-making and has both ethical and legal implications in medicine.

Informed consent has two parts:

First, it requires that the professional provide the patient with all the relevant information needed to make a decision.

Second, it allows the patient to make a decision on the basis of the information provided.

Informed consent is a process of providing appropriate information to the patient, the process of understanding and assimilating the information, and making a decision.

Dentists must recognize that the patient has a right to informed consent as well as a right to make an informed refusal.

Respecting the autonomy of individuals as self-determining agents recognizes their right to make their own choices and determine their own destinies.

This includes the right for a patient to assess all the information provided by the professional.

Not all individuals have the ability to make informed decisions about their dental health. Children and people who are mentally disabled typically have a parent or caregiver who assumes that function.

Depending on the age and capacity of the child, certain choices can and should be discussed with the younger patient, but actual decisions regarding what types of services are rendered must remain the purview of the legal guardian.

Informed consent when the patient does not understand because of a language barrier is not possible, and steps must be taken to remedy the situation.

The use of a translator, family member, or other communication option must be taken to ensure the patient fully understands the choices and consequences. To do any less is unethical and illegal.

The only exception to this would be if the patient's life was in danger and an immediate procedure was required to save that life.

Confidentiality (privacy):

It is related to respect for persons and involves the patient exercising his autonomy in providing information to the dental professional.

Confidentiality is a critical aspect of trust and has a long history of use in health care, the requirement for confidentiality is mentioned in all codes of ethics as well as the Hippocratic oath.

A patient has a right to privacy concerning his medical and dental history, examination findings, discussion of treatment options, and all records related to dental hygiene care.

Discussion about a patient's history or treatment is not to be shared with family, or friends — to do so is a violation of confidentiality.

Information about a patient can be given to other healthcare professionals with the patient's permission.

Conflicts and exceptions will arise surrounding the principle of confidentiality.

In certain situations, legal requirements exist to report diseases that can affect the public's health, such as sexually transmitted diseases.

In dealing with minor children, disclosing confidential information to the parents may be necessary to protect the child from harm.

The patient's right to confidentiality often must be balanced against the rights of other individuals.

In any situation, the healthcare provider must inform the patient about the professional and legal responsibilities that exist for disclosure and work toward assisting the patient as much as possible.

Duties and Obligations of Dentists

1. Character of Dentist:

In view of the important role of a dentist as a health professional educated and trained in surgical and medical treatment of diseases of the oral cavity, he shall:

a- Be aware of the high character of his mission and the responsibilities he holds in the performance of his duties as an independent healthcare professional and shall never forget that care of the patient and treatment of the disease depends upon the skill and always remember that his personal reputation, professional ability, and fidelity remain his best recommendations.

b- The welfare of the patients is above all other considerations and must be maintained to the greatest extent possible.

c- Be polite, sympathetic, friendly, helpful, and always ready to respond to the call of his patients, and under all conditions, his behavior towards his patients and the public must be polite and dignified.

2. Maintaining good clinical practices:

✓ The Principal objective of the dental profession is to provide service to humanity with full respect for the dignity of profession and man.

A dentist must gain the trust of the patients they care for. They should try continuously to improve their medical knowledge and skills and should provide their patients and colleagues with the benefits of their professional achievement.

The Dentist should practice methods of treatment founded on a scientific basis and not be professionally associated with anyone who violates this principle.

The ideals of the dental profession indicate that the responsibilities of dental professionals extend not only to individuals but also to society.

✓ Membership in Dental and Medical Associations and Societies:

For the advancement of his profession, a Dentist should be encouraged to join associations of dental professionals and play a proactive role in the promotion of oral health in particular and health in general.

✓ A Dentist should enrich his professional knowledge by participating in professional meetings as part of Continuing Medical Education programs/Scientific Seminars/Workshops from time to time.

3. Maintenance of dental/medical records:

✓ Each dental surgeon must maintain the relevant records pertaining to his outpatients and inpatients (wherever applicable).

These records must be preserved for a minimum period of three years from the date of commencement of the treatment as a standard mode of documentation.

✓ If any request is made for medical or dental records either by the patients or legal authorities involved, it is prudent to keep certified copies of such requests.

✓ Dentists must maintain a register of medical certificates giving full details of issued certificates.

When issuing a medical certificate, he must always enter the identification marks of the patient and keep a copy of the certificate. He shall not omit to record the signature and/ or thumb mark, address, and at least one identification mark of the patient on the medical certificates or report.

✓ Efforts should be made to digitalize dental/ medical records for quick retrieval.

Duties and Obligations of Dentists

4. Display of registration numbers:

✓ Every Dental practitioner shall display the registration number accorded to him in his clinic and in all his prescriptions, certificates, and money receipts given to his patients.

✓ Dentists shall display as suffix to their names only recognized dental degrees which are recognized by the Council or other qualifications such as certificates, diplomas, memberships, and fellowships which are conferred by recognized Universities and approved by the Council.

Any qualifications must be used as a suffix in a manner that does not convey to the patient a false impression regarding the practitioner's knowledge or ability as a dental professional.

Abbreviations of memberships in associations or organizations of professionals should not be used as abbreviations in a manner that is misleading to the public.

5. Prescription of drugs:

Every dentist should take care to prescribe drugs in a responsible manner and ensure the safe and rational use of drugs.

6. Highest quality assurance in patient care:

Every Dental practitioner should ensure a quality treatment that does not compromise the outcome of treatment.

He must be vigilant about malpractice by other practitioners that may endanger the lives of others and which are likely to cause harm to the public.

All practitioners should be aware of unethical practices and practices by unqualified persons.

Dentists shall not employ in connection with their professional practice any attendant who is not registered under the Dentists Act and shall not permit such persons to attend, treat or perform operations upon patients wherever professional skill is required.

7. Exposure of unethical conduct:

A Dentist should expose, without fear or favor, incompetent, corrupt, dishonest, or unethical conduct on the part of members of the profession.

It is the responsibility of the dentist to report to the competent authorities any abuse.

8. Payment of Professional Services:

The dentist shall give priority to the interests of patients.

The financial interests of a dentist should not conflict with the medical interests of patients. A dental practitioner should announce his fees before rendering service and not after the operation or treatment is underway.

9. Observation of Statutes:

The Dentist must take into account the laws of the country in regulating the practice of his profession including the Dentists Act 1948 and its amendments and shall also not assist others in evading such laws.

He should be cooperative in respecting and enforcing health laws and regulations in the interest of public health.

He should observe the state acts like the Drugs and Cosmetics Act 1940; Pharmacy Act 1948; Narcotic Drugs and Psychotropic substances Act 1985; Environmental Protection Act 1986; Drugs and Magic Remedies Act 1954; Persons with Disabilities Act 1995 and Bio-Medical Waste Rules 1998 and such other Acts, Rules, Regulations made by the governments or local administrative bodies.

10. Signing Professional Certificates, Reports, and other Documents:

A Dentist involved in the treatment of dental and oral surgical problems may be called upon to sign certificates, reports, etc. He is bound to issue such certificates and sign them.

Documents relating to disability, injury in the oral and maxillofacial region, and deaths occurring while under the care of such dental surgeons should be signed by them for subsequent use in the courts or for administrative purposes, etc.

Any registered dental surgeon who proves to have signed or given under his name and authority any such certificate, notification, report, or document of a similar character that is untrue, misleading, or improper, is liable to have his name deleted from the register.

DENTAL ETHICS

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○ Duties and obligation of dentists

○ In general

1. Character of dentist / dental surgeon:

In view of the important role of a Dentist/ Dental Surgeon as a health professional educated and trained in surgical and medical treatment of diseases of the Oral cavity, he shall:

- a- Be mindful of the high character of his mission and the responsibilities he holds in the discharge of his duties as an independent healthcare professional and shall always remember that care of the patient and treatment of the disease depends upon the skill and prompt attention shown by him and always remembering that his personal reputation, professional ability and fidelity remain his best recommendations;
- b- Treat the welfare of the patients as paramount to all other considerations and shall conserve it to the utmost of his ability;
- c- Be courteous, sympathetic, friendly and helpful to, and always ready to respond to, the call of his patients, and that under all conditions his behaviour towards his patients and the public shall be polite and dignified;

2. Maintaining good clinical practices:

The Principal objective of the Dental profession is to render service to humanity with full respect for the dignity of profession and man. Dental Surgeons should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. They should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The Dentist/ Dental Surgeon should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle. The

honoured ideals of the dental profession imply that the responsibilities of the Dental Professionals extend not only to individuals but also to Society.

Membership in Dental and Medical Associations and Societies: For the advancement of his/her profession, a Dental Surgeon should be encouraged to affiliate with associations and societies of dental, oral and allied medical professionals and play a proactive role in the promotion of oral health in particular and health of an individual in general.

A Dentist/Dental Surgeon should enrich his professional knowledge by participating in professional meetings as part of Continuing Dental and Medical Education programs/Scientific Seminars/Workshops as stipulated by the regulations made by the statutory bodies from time to time and should register any mandatory requirements with the state registration bodies or any other body as stipulated.

3. Maintenance of dental/medical records:

Every Dental surgeon shall maintain the relevant records pertaining to his out-patients and inpatients (wherever applicable). These records must be preserved for a minimum period of three years from the date of commencement of the treatment in a format determined by the Council or accepted as a standard mode of documentation.

If any request is made for medical or dental records either by the patients/authorized attendant or legal authorities involved, the same may be issued to the competent authority within 72 hours after having obtained a valid receipt for all documents. It is prudent to keep certified photocopies / carbon copies of such submissions.

A Registered Dental practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. When issuing a medical certificate, he shall always enter the identification marks of the patient and keep a copy of the certificate. He shall not omit to record the signature and/or thumb mark, address and at least one identification mark of the patient on the medical certificates or report.

Efforts shall be made to digitalize dental/ medical records for quick retrieval.

4. Display of registration numbers:

Every Dental practitioner shall display the registration number accorded to him by the State Dental Council in his clinic and in all his prescriptions, certificates and money receipts given to his patients.

Dental Surgeons shall display as suffix to their names only recognized Dental degrees which are recognized by the Council or other qualifications such as certificates/diplomas and memberships/ honours/ fellowships which are conferred by recognized Universities/ recognized bodies approved by the Council and obtained by convocation in person or in absentia. Any other qualifications such as medical degrees, doctorates, post-doctoral degrees or any degree that has bearing on the person's knowledge or exemplary qualification may be used as suffix in a manner that does not convey to the observer or patient a false impression regarding the practitioner's knowledge or ability as a dental professional. Abbreviations of memberships in association or organizations of professionals should not be used as abbreviations in a manner that is misleading to the public.

5. Prescription of drugs:

Every dental surgeon should take care to prescribe and administer drugs in a responsible manner and ensure safe and rational use of drugs. He should as far as possible, prescribe drugs in a generic form.

6. Highest quality assurance in patient care:

Every Dental practitioner should ensure quality treatment that does not compromise the outcome of treatment. He must be vigilant about malpractice by other practitioners that may jeopardize the lives of others and which are likely to cause harm to the public. All practitioners should be aware of unethical practices and practices by unqualified persons. Dentists/ Dental Surgeons shall not employ in connection with their professional practice any attendant who is neither registered nor enlisted under the Dentists Act and shall not permit such persons to attend, treat or perform operations upon patients wherever professional discretion or skill is required.

7. Exposure of unethical conduct:

A Dental Surgeon should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. It is the responsibility of the dental surgeon to report to the competent authorities' instances of quackery and any kind of abuse including doctor-patient sexual misconduct,

misuse of fiduciary relationship, child abuse and other social evils that may come to their attention.

8. Payment of Professional Services:

The Dental Surgeon engaged in the practice of his profession shall give priority to the interests of patients. The personal financial interests of a dental surgeon should not conflict with the medical interests of patients. A dental practitioner should announce his fees before rendering service and not after the operation or treatment is under way. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It is unethical to enter into a contract of "no cure - no payment". Dental Surgeons rendering service on behalf of the State shall refrain from anticipating or accepting any consideration. While it is not mandatory to offer free consultations to fellow dental or medical professionals and their immediate family, it will be deemed a courtesy to offer free or subsidized consultations and treatment to them in situations where no significant expenses are incurred.

9. Observation of Statutes:

The Dental Surgeon shall observe the laws of the country in regulating the practice of his profession including the Dentists' Act 1948 and its amendments and shall also not assist others to evade such laws. He should be cooperative in observance and enforcement of sanitary laws and regulations in the interest of public health. He should observe the provisions of the State Acts like Drugs and Cosmetics Act, 1940; Pharmacy Act, 1948; Narcotic Drugs and Psychotropic substances Act, 1985; Environmental Protection Act, 1986; Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954; Persons with Disabilities (Equal Opportunities and Full Participation) Act, 1995 and Bio-Medical Waste (Management and Handling) Rules, 1998 and such other Acts, Rules, Regulations made by the Central/State Governments or local Administrative Bodies or any other relevant Act relating to the protection and promotion of public health.

10. Signing Professional Certificates, Reports and other Documents:

A Registered Dental Surgeon involved independently in the treatment of dental and oral surgical problems may be called upon to sign certificates, notifications, reports etc. He is bound to issue such certificates and to sign them. Documents relating to disability, injury in the oral and maxillofacial region and deaths occurring while under the care of such dental surgeons should be signed by them in their professional capacity for subsequent use in the courts or for administrative purposes etc. Any registered dental surgeon who is shown to have signed or given under his name and authority any such certificate, notification, report or document

of a similar character which is untrue, misleading or improper, is liable to have his name deleted from the Register.

DENTAL ETHICS

LEC.10

○ Duties and Obligation of Dental practitioners to their patients

1. Responsibility to Patient:

a- Service

Life, Health and Well-Being: The primary concern is the life, general health and well-being of the patient. It is the responsibility of the Dental surgeon to provide patients with the highest quality of care in a timely manner, acknowledging the constraints presented by the patient and the resources of the faculty.

Appropriate and Pain-free Oral Function: It is the responsibility of the Dental surgeon to plan treatments that deal with the specific nature of dental health for each individual patient with regards to variables such as the patient's age, general health, underlying anatomy, and compliance with oral hygiene. This responsibility is dependent on the patient's cooperation, interest and commitment to the receipt of treatment.

Patient Autonomy: The patient has the right to choose, on the basis of adequate information, from alternative treatment plans that meet professional standards of care. The treatment plan may or may not be the preference of the Dental surgeon or the supervising faculty. The Dental surgeon's role is to provide information in an effort to help the patient choose a treatment plan.

Dignity: Dental surgeons should value and advocate the dignity and self-respect of patients. They should relate to all patients receiving care, as person's worthy of respect and endeavour in all their actions to preserve and demonstrate respect for each individual.

Fairness: A Dental surgeon shall not exclude, as patients, members of society on the basis of discrimination with respect to factors such as race, ethnicity,

culture, spiritual beliefs, social or marital status, gender, sexual orientation, age, health status, lifestyle or the physical attributes of the patient.

Accountability: Dental surgeons should conduct themselves with honesty and integrity. They should practice within their own level of competence. They should seek additional information or knowledge; seek the help, and/or supervision and help, of a peer or superior when aspects of the care required are beyond their level of competence.

b- Competency:

Dental surgeons must keep knowledge current and strive for new knowledge. **c-**

Treatment According to an Approved and Accepted Plan:

Provision of treatment as discussed and agreed upon by Dental surgeon and patient.

d- Provision of Information

A Dental surgeon is obligated to provide to patients an honest comment and opinion of their oral health.

e- Proper Management of Records

A Dental surgeon must maintain accurate and comprehensive records of medical and dental histories, clinical findings, diagnoses, treatment plans, and treatments of each patient. Such records or reports of clinical information must be released to the patient, or to whomever the patient directs, when requested by the patient.

When there is a transfer of patient care to another Dental surgeon, the original dental practitioner must ensure that a copy of the patient's record is readily available to the new practitioner.

The Dental surgeon must not falsify written or electronic documents including patient records in any manner such as changing previous entries, making false entries, or forging signatures, with the intent to defraud, injure or deceive another.

The Dental surgeon must not misuse written or electronic documents, including patient records, by unauthorized removal of such documents from their location of instruction or storage, or unauthorized use or dissemination of personal or private information in such documents.

2. Obligations to Patients:

Though a Dental Surgeon is not bound to treat each and every person asking his services, he should attend emergencies reporting to the clinic and should be mindful of the high character of his/her mission and the responsibility he discharges in the course of his professional duties. The Dental Surgeon should see patients at their hour of appointment as far as possible unless he is unable to do so due to unforeseen delays. He should never forget that the health and the lives of those entrusted to his care depend on his skill and attention. A Dental Surgeon should endeavour to add to the comfort of the sick by making his visits at the hour indicated to the patients. A Dental surgeon advising a patient to seek service of another Dental Surgeon or physician is acceptable. However, in the case of medical emergency a Dental Surgeon must institute standard care including resuscitation in case of cardiac episodes, for which all dental surgeons must be adequately trained in basic life support.

A Dental Surgeon can refuse treatment using his discretion, but it should not be on the basis of any discrimination of colour, caste, religion, nationality or the presence of ailments such as HIV or other contagious diseases. However, in keeping with the dictum of medical care, the dental surgeon must 'continue to treat' if he/ she has accepted the patient for treatment. Treatment can be terminated on the wishes of the patient or with the resolution of the complaint for which the patient sought treatment. Treatment can also be terminated if the patient is in need of additional or expert care for which the Dental surgeon is not equipped to treat or if it falls outside the range of his expertise. In such instances, the patient should be referred to such specialists or higher centres where treatment is possible.

A Dental Practitioner having any incapacity detrimental to the patient or which can affect his performance vis-a-vis the patient is not permitted to practice his profession.

3. Confidentiality:

Confidences concerning individual or domestic life entrusted by patients to a Dental Surgeon and defects in the disposition or character of patients observed during professionally attending to a patient should never be revealed unless such a revelation is required by the laws of the State. Sometimes, however, a clinician must determine whether his duty to society requires him to employ knowledge, obtained through confidence as a health care provider to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the Dental Surgeon should act as he would wish another to act toward one of his own family in like circumstances.

4. Prognosis:

The Dental Surgeon should neither exaggerate nor minimize the gravity of a patient's disease. He should ensure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

5. The Patient must not be neglected:

A Dental surgeon is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency. Once having undertaken a case, the Dental Surgeon should not neglect the patient, nor should he withdraw from the case without giving adequate notice to the patient and his family. He shall not wilfully commit an act of negligence that may deprive his patient or patients from necessary Dental/Medical care.

○ Duties and obligation of dental surgeons to the public and to the paramedical professions

1. Dental Surgeons as Citizens:

Dental Surgeons, as good citizens, possessed of special training should disseminate advice on public health issues. They should play their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity. They should particularly co-operate with the authorities in the administration of sanitary/public health laws and regulations.

2. Public and Community Health:

Dental Surgeons, especially those engaged in public health dentistry, should enlighten the public concerning oral health and prevention of oral diseases such as dental caries, periodontal health, precancerous lesions and oral cancer. At all times the dental surgeons should notify the constituted public health authorities or hospitals of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities.

3. Pharmacists /Nurses:

Dental Surgeons should recognize and promote the practice of different paramedical services such as Dental Hygienist, Dental Mechanic, Pharmacy and Nursing as professions and should seek their cooperation wherever required.

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O Duties of dental surgeons and specialists in consultations

1. Consultation Etiquettes:

A Dental Surgeon should ordinarily be able to deal with all common diseases of the Oral cavity by virtue of his qualification and training. However, if the patient requires expert care of a specialist, appropriate references to Dental or Medical specialists may be made according to the nature of the problem. It is the duty of a specialist to refer the patient back to the patient's original dentist after the treatment for which the referral was made. While the specialist can collect his or her fees it would be unethical to pay commissions or any kind of gratuity to the referring dental surgeon.

A Dental Surgeon shall not receive from the radiologist, laboratory or dispensing chemist any kind of commission in the form of money, gifts or gratuity for referrals. All referrals for investigation should be judicious, justifiable and done in the best interests of the patient to arrive at a diagnosis.

2. Consultation for Patient's Benefit:

In every consultation, the benefit to the patient is of foremost importance. All Dental Surgeons engaged in the case should be frank with the patient and his attendants.

3. Punctuality in Consultation:

Punctuality for consultations should be observed by a Dental Surgeon except in the case of unavoidable professional delays which are justifiable.

4. Opinions and Disclosure:

All statements to the patient or his representatives made by any Consulting Healthcare Professional and/or the paramedical staff (nurses, etc.,) should take place in the presence of the Dental Surgeon, except as otherwise agreed. The disclosure of the opinion to the patient or his relatives or friends shall rest with the Dental Surgeon.

Differences of opinion should not be divulged to the patient unnecessarily but when there is irreconcilable difference of opinion the circumstances should be frankly and impartially explained to the patient or his relatives or friends. It would be up to them to seek further advice, if they so desire.

5. Treatment after Consultation:

No decision should restrain the attending Dental Surgeon from making such subsequent variations in the treatment if any unexpected change occurs, but at the next consultation, reasons for the variations should be discussed/ explained. The same privilege, with its obligations, belongs to the consultant when sent for in an emergency during the absence of attending Dental surgeon. The attending Dental Surgeon may prescribe medicine at any time for the patient, whereas the consultant may prescribe only in case of emergency or as an expert when called for.

6. Patients Referred to Specialists:

When a patient is referred to a specialist by the attending Dental surgeon, a case summary of the patient should be given to the specialist, who should communicate his opinion in writing to the attending Dental surgeon.

7. Fees and other charges:

A Dental Surgeon or the Clinic run by him shall clearly indicate the cost of treatment for the procedure and make an estimate of all costs likely to be incurred. Any increase in subsequent cost should be justified by the Dental surgeon. There is no bar on the display of fees and other charges in the Dental Clinic. Prescription should also make it clear if the Dental Surgeon himself dispensed any medicine.

A Dental Surgeon shall write his name and designation in full along with the recognized dental degrees and the registration in his prescription letter head. Note: In Government hospitals where the patient-load is heavy, the name of the prescribing doctor must be written below his signature.

Lec 13

○ Responsibilities of dental surgeons to one another

1. Dependence of Dental Surgeons to each other:

A Dental Surgeon should consider it as a pleasure and privilege to render gratuitous service to other dentists, physicians and their immediate family dependents.

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However, there is no mandatory bar on one accepting fees particularly when it involves expensive materials and time.

2. Conduct in Consultation:

In consultations, no insincerity, rivalry or envy should be indulged in. All due respect should be observed towards the Dental Surgeon/physician in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him. For this purpose, no discussion should be carried on in the presence of the patient or his representatives.

3. Consultant not to take charge of the case:

When a specialist Dental Surgeon has been called for consultation, the Consultant should normally not take charge of the case, especially on the solicitation of the patient or friends. The Consultant shall not criticize the referring Dental Surgeon. He shall discuss the diagnosis treatment plan with the referring Dental Surgeon.

4. Appointment of Substitute:

Whenever a Dental Surgeon requests another Dental Surgeon to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment only when he has the capacity to discharge the additional responsibility along with his other duties. The Dental Surgeon acting under such an appointment should give the utmost consideration to the interests and reputation of the absent Dental Surgeon and all such patients should be restored to the care of the latter upon his return.

5. Visiting another Case:

When it becomes the duty of a Dental Surgeon occupying an official position to see and report upon a condition and appropriate treatment, he should communicate to the Dental Surgeon in attendance so as to give him an option of being present. The Medical Officer/Dental Surgeon occupying an official position should avoid remarks upon the diagnosis or the treatment that has been adopted.

LEC.14

○ Ethical issues and challenges in dental practice

1. Access to dental care:

A dentist should be available to provide care for potentially health threatening dental conditions and to decrease pain and suffering. A dentist must not restrict the access to dental care services beyond the limits of laws. Barriers that limit the access of physically impaired people should be eliminated to extent that can be reasonably fulfilled. Dental professionals must know the laws and regulations that govern discrimination and access to dental care services.

2. Abuse of prescriptions by patients:

The dentist must be aware of patients' legitimate needs for prescription drugs. The dentist should be suspicious when patients' desires for prescription drugs materially conflict with professional recommendations. The dentist should confront patients when non-confrontation would imply tacit approval of drug abuse. In a case of suspected drug abuse, the dentist has a responsibility to refer the patient for evaluation. There may be instances where the dentist must cooperate with appropriate governmental and law enforcement agencies to curb such abuse. Close

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communication may also be necessary with pharmacies and other practitioners to curb abuse. The dentist has an ethical obligation to avoid becoming an enabler.

3. Advertising:

Advertising is acceptable by most professional organizations but when it is used, it must never be false or misleading. Advertising done in proper way may help people to understand the dental care available for them and how they can get it. Advertising must not: misrepresent fact and fee, create false expectations of good results, guarantee atypical results and imply unusual conditions.

There are many strategies that a dentist can use to build successful practice without breaking the law. A dentist can establish good rapport and strong customer base by various ways such as providing excellent dental care, demonstrating their clinical skills, a warm welcome of patient, a pleasant environment in dental office, free checkups and comparatively low fees.

Communication is also an important factor in advertising. Good communication can improve both patient and staff interest and expectations. Studies reported that dentist can use internal communication such as practice brochure, business cards, in-house information centres, thank you notes and direct mail to patients. The aim of this should be to convey the clinic's services in a patient specific and caring tone. Radio, television and newspaper advertisements are not as effective as internal communication methods such as newsletters, press release and personalized letters.

4. Emergency care:

A dentist should be available, within reason, to address acute dental conditions. A person with an emergent dental condition should be examined and either treated or referred for treatment. In such situations, the patient's health and comfort must be the dentist's primary concern, not compensation or convenience. If a dentist cannot accommodate the patient's emergent needs, a reasonable effort should be made to have the patient seen in a timely manner by someone capable of treating the condition.

5. Financial arrangements:

Fee for dental treatment should be consistent and fair to all patients. Fee should not vary based on patient's financial status, including insurance plans. In non-emergency conditions fee and payment options should be explained to patient prior to start of any dental procedure.

6. Disclosure and misrepresentation:

Dentists should accurately represent themselves to the public and their peers. The dentist has an obligation to represent professional qualifications accurately without overstatement of fact or implying credentials that do not exist. A dentist has an obligation to avoid shaping the conclusions or perceptions of patients or other professionals by withholding or altering information that is needed for accurate assessment. The dentist has an obligation to disclose commercial relationships with companies when recommending products of those companies. The dentist has an obligation to disclose commercial relationships in professional presentations or publications where the dentist promotes or features products of those companies. The dentist may ethically have ties to commercial entities, but the dentist should fully disclose such relationships to patients and professional colleagues when nondisclosure would lead to differing conclusions, perceptions, or misrepresentation.

Incomplete disclosure and misrepresentation may also adversely affect dental research and journalism. In the course of evaluating research and dental literature, dentists are cautioned that such problems may exist and can lead to incorrect assumptions and conclusions. If such incorrect assumptions and conclusions are adopted, less than proper care may result. It is important that dentists critically evaluate dental research, literature, and advertising claims.

7. Child abuse:

Dentists are positioned to detect certain acts of child abuse, particularly to the perioral area. Cases of child abuse must be reported to the appropriate authorities. Suspicious incidents require documentation and careful investigation. A dentist may need to compromise patient confidentiality by conferring with authorities or medical personnel as a part of an investigation. The dentist must be cautious when drawing conclusions or making accusations, as an error in judgment may cause irreparable harm to the reputation and quality of life of those involved.

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LEC15

○ Be continued to ethical issues and challenges in dental practice

8. Competence and judgment:

As dentistry continues to advance, it is imperative that dentists continue to develop their knowledge and skills. Dentists should participate in continuing education activities that provide information, strengthen clinical competencies, and enhance professional judgment. While it is not possible for any dentist to be abreast of all advancements, dentists should make every effort to at least be familiar with clinical developments that may potentially affect their practices, including the general scientific basis of such developments and related issues and problems. As G.V. Black said, "Every professional person has no right to be other than a continuous student." Dentists should maintain basic levels of competency and restrict patient care to areas in which they are competent. Dentists, therefore, must know the boundaries of their competence, including their abilities and limitations. Maintaining competence requires a commitment to lifelong learning.

Competence requires both an acceptable standard of care and appropriateness of that care. Competence also requires continual self-assessment about outcomes of patient care.

Judgment is always involved when we apply our knowledge, skills, and experience to treatment. Even the best clinical abilities are misused if employed with unsound judgment. Sound judgment is critical to the provision of quality oral health care.

The profession or society may mandate that dentists participate in specific educational activities and make licensure contingent on their successful completion. Dentists must continue to evaluate the relevance of these courses and work to assure their adequacy.

9. Confidentiality:

The accepted standard is that every fact revealed to the dentist by a patient is, in principle, subject to the requirement of confidentiality, so that nothing may be revealed to anyone else without the patient's permission. This standard has several accepted exceptions. It is assumed that other health professionals may be told the facts they need to know about a patient to provide effective care. It is also assumed that relevant ancillary personnel, such as record keepers, will need to know some of the facts revealed to them by the dentist to perform their job. Further, relevant facts may be communicated to students and other appropriate health care professionals for educational purposes. If maintaining confidentiality places others at risk, then the obligation to breach confidentiality increases according to the severity of the risk and the probability of its occurrence.

For some infectious diseases there may be no community standard regarding the dentist's obligation to protect patient confidentiality when third parties are at risk of infection. The burden of proof normally lies with anyone who claims that the value of a dentist preserving a patient's confidentiality is outweighed by the reduction of risk of infection for parties viewed as capable of adequately protecting themselves by conscientiously applying readily available information. The dentist must be aware of laws and regulations that govern confidentiality issues.

10. Dating patients:

Dentists should not use their position of influence to solicit or develop romantic relationships with patients. Romantic interests with current patients may exploit patients' vulnerability and detrimentally affect the objective judgment of the clinician. In such a case, the dentist should consider terminating the dentist-patient relationship in an arrangement mutually agreeable to the patient. Dentists should avoid creating perceptions of inappropriate behaviour.

11. Delegation of duties:

In the course of patient care, duties are often appropriately delegated to auxiliaries. Pressures to increase practice efficiency, however, can potentially affect a dentist's decisions regarding the use of auxiliaries. Two important questions should be asked:

1. Does the use of the auxiliary for the delegated task comply with prevailing laws and regulations?
2. Is the quality of care to patients maintained when duties are delegated to auxiliaries? If the answers to both questions are "yes," then the delegation of duties may be considered. Duties should not be delegated at the expense of quality. The dentist must be aware of laws and regulations that govern delegation of duties.

12. Digital communication and social media:

Digital communication, including social media, offers advantages and challenges to dental practice. As dentistry adjusts to this technology, it is essential that commercial and other values are not be accepted on a par with professional ones and that the traditional dentist-patient relationship are not be compromised by inserting third parties that introduce non-professional standards. Eight principles apply:

- 1- The professional relationship between dentist and patient should not be compromised by the use of digital communication;
- 2- Digital communication should not permit third parties to influence the dentistpatient relationship;
- 3- Dentists should exercise prudence to ensure that messages are professional and cannot be used in unprofessional ways by others;
- 4- Personal data should be protected, and professional communication should be separated from personal communication;
- 5- Dentists should be generally familiar with the potential of digital communication, applicable laws, and the types of information patients have access to on the Web;
- 6- Practitioners should maintain an appropriate distinction between communication that constitutes the practice of dentistry and other practice-related communication;
- 7- Responses to criticism on digital media should be managed in a professional manner;
- 8- Dentists should be prepared to make more accommodations to patients than patients do to dentists in resolving misunderstandings about treatment.

13. Harassment:

The dentist must avoid conditions or actions that promote harassment or abuse of staff, patients, or other related parties. Sexual harassment may be the most familiar form, but harassment may also be physical, verbal, or psychological in nature. Sexual advances, sexually explicit or offensive language, sexually offensive materials, inappropriate physical contact, and actions of a related nature are indefensible and

must be avoided. The dentist must be aware of signs of harassment and must strive to eliminate it from the workplace. A superior-subordinate relationship is often associated with cases of harassment. Dentists must be careful not to misuse their inherent positional power. Harassment may also exist between parties not involving the dentist. The dentist must take appropriate corrective action when conditions favouring harassment exist or when harassment is recognized. Patients and staff are to be treated with respect. The dentist must avoid creating a hostile work environment by giving tacit approval to conditions or actions that may be interpreted as offensive or abusive. The dentist must be aware of laws and regulations that govern harassment.

14. Consent:

Consent means voluntary agreement, compliance or permission. The concept of consent comes from ethical issue of autonomy, individual integrity and selfdetermination and it also protects every patient's right not to be touched or treated in any way without patient's permission. Depending upon the circumstances, consents are of different types such as implied consent, expressed consent, informed consent, proxy consent, loco patients, blanket consent and oral consent. Consent has two purposes that are clinical and legal purpose. A valid consent consists of three aspects:

1. Voluntariness means patient should give consent voluntarily without any pressure from dentist or anyone else.
2. Capacity to consent: The patient should be in condition to understand the purpose, implication and consequences of treatment.
3. Age of consent: The age of consent is defined by legal laws.

Ethical concerns regarding the process of informed consent and refusal extend beyond the level required for compliance with the law. The ethical consideration imposes:

1. Comprehensive knowledge on the part of the practitioner;
2. Uncompromising veracity;
3. Unbiased presentation of all reasonable alternatives and consequences, including costs and the probability of outcomes;
4. The ability of the practitioner to communicate clearly on a level assuring comprehension by the patient or appropriate authority;
5. Reasonable assurance by the dentist that the patient is competent and has sufficient understanding to render a decision. Both the severity of a harmful result and the likelihood of its occurrence should be considered when deciding which information to include in informed consent discussions. The dentist must be aware of applicable laws, regulations, and standards regarding the nature, scope, and depth of informed consent and refusal discussions.

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○ **The impact of business on dentistry**

Most dentists work in what could be defined as small businesses. The patients pay for their services, and the dentist has to make an income after paying for the overhead expenses. A dentist also has the ethical duties and obligations of a professional, in particular the duty to place the interests of the patient first. While this is a simplistic summary, these dual roles – as a professional and as a businessperson can introduce potential ethical conflicts.

○ **Conflict of interest**

Conflict of interest (COI) is having a dual loyalty, responsibility, or accountability in which unbiased or independent decisions are compromised because of overlapping pressures. Having a COI is not unethical per se, but it opens the potential for unethical behaviour. The reputational damage caused by a perception of misbehaviour due to a COI can be as severe as for actual misbehaviour. The expectation of society is that such conflicts will be removed or disclosed, but this is not always possible or practical. While patients may not be aware of some conflicts, dentists should be sensitive to the possibility of being compromised. When roles overlap so that a dentist can no longer make an independent or unbiased decision with regard to the patient, he or she must step back and relinquish one of the roles, either that of treating dentist or the other role that presents the conflict.

○ **Personal interest versus patient interest**

Self-interest can take many forms. As one example, a dentist may bring personal interests to bear in considering the available options for a particular treatment. In other examples, students may be tempted to bias their advice toward procedures that meet quotas, and clinical supervisors may recommend that a student replace a procedure with a quicker one to finish the clinic session on time. Dentists experience both predictable and unexpected events that require choosing between personal and

clinical priorities. If the events are likely to be regular, the dentist should make suitable plans (not making appointments for complex work at the end of a day if children need to be collected from preschool, or factoring in a buffer time to accommodate phone calls for committee work). If the unexpected occurs, rescheduling or rearranging the sequence of the treatment plan is preferable to selecting a quicker but poorer treatment option.

○ **Public versus patient interest**

- **Rationing:** Balancing the needs of a community or group of patients against an individual patient is more challenging. Most public health clinics would collapse both financially and under the weight of waiting lists if all patients were given equal access to limited resources. Dentists involved in designing the guidelines for the distribution of certain options have trouble deciding what is appropriate to include and who should receive what. Dentists treating individuals are torn between the real person in the dental chair and the group of people on the waiting list. The final outcome rests with the judgment of a dentist in striving for a just distribution.
- **Reporting:** Should a dentist be required to report incidents that become known in the course of confidential discussions such as child abuse, domestic abuse, infectious diseases, child pregnancy, drug abuse, or other such problems? Whether there is mandatory or voluntary reporting of these problems, a tension between confidentiality and disclosure is created. Dentists may not report suspected, or even confirmed cases for fear of making a mistake or for fear of social or financial repercussions to themselves. A sobering check in each case could be to ask oneself the question, "If I do not report this suspicion, can I accept some responsibility for an adverse future event?"

○ **Third-party interests**

Ethically, and under most laws, the dentist treating a patient holds the primary responsibility for that patient's care. However, third parties have an increasing influence on clinical decisions or, at least, have the potential to place pressure on dentists. The two most frequently encountered third parties that intervene between a dentist and a patient are employers (public or private) and insurance companies or health funds. A third category, institutional interests, includes those patients who are under the direct control or protection of a facility, such as prisons or other institutions.

○ **Professional versus business ethics**

Dental practices are usually owned and operated by dentists. However, it is becoming more common for dentists to be employed in practices owned and operated by corporations or individuals who are not dentists. When small practices are sold, the buyers are often not dentists, or are dentists in combination with non-dentists. Tension

can occur for dentists in negotiating between the management styles of commercially oriented business managers and those used by health professionals. As with many conflicts, the reason is not so much the differences per se, but the lack of understanding of those differences and how to reconcile them.

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LEC.17

- **Ethics and dental research**

- **Importance of Dental Research:**

Dentistry is not an exact science in the way that mathematics and physics are. It is evidence based and has many general principles that are valid most of the time, but every patient is different and what is an effective treatment for 90% of the population may not work for the other 10%. Thus, dentistry is inherently experimental. Even the most widely accepted treatments need to be monitored and evaluated to determine whether they are effective for specific patients and, for that matter, for patients in general. This is one of the functions of dental research.

Another, perhaps better known, function is the development of new dental materials, devices and techniques. Great progress has been made in this area over the past 50 years and today there is more dental research underway than ever before. Nevertheless, there are still many unanswered questions about the causes of oral diseases (both familiar and novel ones) and the best ways to prevent or cure them. Dental research is the only means of answering these questions.

- **Research in Dental Practice:**

All dentists make use of the results of dental research in their clinical practice. To maintain their competence, dentists must keep up with the current research in their area of practice through Continuing Dental Education/Continuing Professional Development programs, dentistry journals and interaction with knowledgeable colleagues. Even if they do not engage in research themselves, dentists must know how to interpret the results of research and apply them to their patients. Thus, a basic familiarity with research methods is essential for competent dental practice. The best

way to gain this familiarity is to take part in a research project, either as a dental student or following qualification.

Ideally, all aspects of dental practice should be validated by research. Materials such as dental amalgams and pharmaceutical products such as anaesthetics do require evidence for their safety and efficacy before they are given governmental approval for their distribution and use. However, dental techniques do not require any such approval. Most dentists trust that the techniques they learn in dental school are appropriate but are ready to adopt new ones if these appear to be better. Rather than relying on their own, necessarily limited, experience, dentists need to have recourse to the results of research for determining which materials, drugs and techniques are best for their patients.

The most common method of research for comparing and evaluating drugs is the clinical trial process, which with certain modifications serves for materials and techniques as well. The process usually begins with laboratory studies followed by testing on animals. If these prove promising, the four steps, or phases, of clinical research, are next:

- Phase one research, usually conducted on a relatively small number of healthy volunteers, who are often paid for their participation, is intended to determine what dosage of a drug is required to produce a response in the human body, how the body processes the drug, and whether the drug produces toxic or harmful effects.
- Phase two research is conducted on a group of patients who have the disease that the drug is intended to treat. Its goals are to determine whether the drug has any beneficial effect on the disease and has any harmful side effects.
- Phase three research is the clinical trial, in which the drug is administered to a large number of patients and compared to another drug, if there is one for the condition in question, and/or to a placebo. Where possible, such trials are 'doubleblinded', i.e., neither research subjects nor their dentists know who is receiving which drug or placebo.
- Phase four research takes place after the drug is licensed and marketed. For the first few years, a new drug is monitored for side effects that did not show up in the earlier phases. Additionally, the pharmaceutical company is usually interested in how well the drug is being received by physicians and dentists who prescribe it and patients who take it.

The rapid increase in recent years in the number of ongoing trials has required finding and enrolling ever-larger numbers of patients to meet the statistical requirements of the trials. For dental research, those in charge of the trials, whether academic

researchers or industry, now rely on many dentists, often in different countries, to enrol patients as research subjects.

Although such participation in research is valuable experience for dentists, there are potential problems that must be recognised and avoided. In the first place, the dentist's role in the dentist-patient relationship is different from the researcher's role in the researcher-research subject relationship, even if the dentist and the researcher are the same person. The dentist's primary responsibility is the health and well-being of the patient, whereas the researcher's primary responsibility is the generation of knowledge, which may or may not contribute to the research subject's health and well-being. Thus, there is a potential for conflict between the two roles. When this occurs, the dentist role must take precedence over the researcher.

Another potential problem in combining these two roles is conflict of interest. Dental research is a well-funded enterprise, and dentists are sometimes offered considerable rewards for participating. These can include cash payments for enrolling research subjects, equipment such as computers to transmit the research data, invitations to conferences to discuss the research findings, and co-authorship of publications on the results of the research. The dentist's interest in obtaining these benefits can sometimes conflict with the duty to provide the patient with the best available treatment. It can also conflict with the right of the patient to receive all the necessary information to make a fully informed decision whether or not to participate in a research study.

These potential problems can be overcome. The ethical values of the dentist – compassion, competence, autonomy – apply to the dental researcher as well. As long as dentists understand and follow the basic rules of research ethics, they can successfully integrate research into their clinical practice.

○ Ethical Requirements:

The basic principles of research ethics are well established. It was not always so, however. Many prominent medical researchers in the 19th and 20th centuries conducted experiments on patients without their consent and with little if any concern for the patients' well-being. Although there were some statements of research ethics dating from the early 20th century, these did not prevent healthcare professionals in many different countries – and in times of peace and war alike – from performing research on subjects that clearly violated fundamental human rights. Following World War Two, some German physicians were tried and convicted by a special tribunal at Nuremberg, Germany. The basis of the judgment is known as the Nuremberg Code, which has served as one of the foundational documents of modern research ethics. Among the ten principles of this Code is the requirement of voluntary consent if a patient is to serve as a research subject.

The World Medical Association (WMA) was established in 1947, the same year that the Nuremberg Code was set forth. Conscious of the violations of medical ethics before and during World War Two, the founders of the WMA immediately took steps to ensure that physicians would at least be aware of their ethical obligations. In 1954, after several years of study, the WMA adopted a set of Principles for Those in Research and Experimentation. This document was revised over the next ten years and eventually was adopted as the Declaration of Helsinki (DoH) in 1964. It was further revised in 1975, 1983, 1989, 1996 and 2000. The DoH is a concise summary of research ethics. Other, much more detailed, documents have been produced in recent years on research ethics in general (e.g., Council for International organisations of Medical Sciences, International Ethical Guidelines for Biomedical Research Involving Human Subjects, 1993, revised in 2002) and on specific topics in research ethics (e.g., Nuffield Council on Bioethics [UK], The Ethics of Research Related to Healthcare in Developing Countries, 2002).

Despite the different scope, length and authorship of these documents, they agree to a very large extent on the basic principles of research ethics. These principles have been incorporated in the laws and/or regulations of many countries and international organisations, including those that deal with the approval of drugs and medical devices.

The DoH currently includes 32 principles stating in various ways that: (i) research with humans should be based on laboratory and animal experimentation; (ii) experimental protocols should be reviewed by an independent committee; (iii) informed consent should be required; (iv) subjects who are minors or those with physical or mental incapacity should be protected; (v) research should be conducted by medically/scientifically qualified individuals; (vi) risks and benefits should be balanced; (vii) the privacy of the subjects and confidentiality of the information should be maintained; (viii) research results should be published; (ix) conflicts of interest should be avoided; and (x) placebos should be used under strict guidelines.

Ethics Review Committee Approval

Paragraphs 13 and 14 of the DoH stipulate that every proposal for research on human subjects must be reviewed and approved by an independent ethics committee before it can proceed. In order to obtain approval, researchers must explain the purpose and methodology of the project; demonstrate how research subjects will be recruited, how their consent will be obtained and how their privacy will be protected; specify how the project is being funded; and disclose any potential conflicts of interest on the part of the researchers. The ethics committee may approve the project as presented, require changes before it can start, or refuse approval altogether. Many committees have a further role of monitoring projects that are underway to ensure that the researchers fulfil their obligations and they can if necessary, stop a project because of serious unexpected adverse events.

The reason why ethics committee approval of a project is required is that neither researchers nor research subjects are always knowledgeable and objective enough to determine whether a project is scientifically and ethically appropriate. Researchers need to demonstrate to an impartial expert committee that the project is worthwhile, that they are competent to conduct it, and that potential research subjects will be protected against harm to the greatest extent possible.

One unresolved issue regarding ethics committee review is whether a multi-centre project requires committee approval at each centre or whether approval by one committee is sufficient. If the centres are in different countries, review and approval is generally required in each country.



Scientific Merit:

Paragraph 11 of the DoH requires that research involving human subjects must be justifiable on scientific grounds. This requirement is meant to eliminate projects that are unlikely to succeed, for example, because they are methodologically inadequate, or that, even if successful, will likely produce trivial results. If patients are being asked to participate in a research project, even where risk of harm is minimal, there should be an expectation that important scientific knowledge will be the result. To ensure scientific merit, paragraph 11 requires that the project be based on a thorough knowledge of the literature on the topic and on previous laboratory and, where appropriate, animal research that gives good reason to expect that the proposed intervention will be efficacious in human beings. All research on animals must conform to ethical guidelines that minimise the number of animals used and prevent unnecessary pain. Paragraph 15 adds a further requirement – that only scientifically qualified persons should conduct research on human subjects. The ethics review committee needs to be convinced that these conditions are fulfilled before it approves the project.

Social Value:

One of the more controversial requirements of a research project is that it contribute to the well-being of society in general. It used to be widely agreed that advances in scientific knowledge were valuable in themselves and needed no further justification. However, as resources available for health research are increasingly inadequate, social value has emerged as an important criterion for judging whether a project should be funded.

Paragraphs 18 and 19 of the DoH clearly favour the consideration of social value in the evaluation of research projects. The importance of the project's objective, understood as both scientific and social importance, should outweigh the risks and burdens to research subjects. Furthermore, the populations in which the research is carried out should benefit from the results of the research. This is especially important in countries where there is potential for unfair treatment of research subjects who undergo the risks and discomfort of research while the drugs developed as a result of the research only benefit patients elsewhere.

The social worth of a research project is more difficult to determine than its scientific merit but that is not a good reason for ignoring it. Researchers, and ethics review committees, must ensure that patients are not subjected to tests that are unlikely to serve any useful social purpose. To do otherwise would waste valuable health resources and weaken the reputation of research as a major contributing factor to human health and well-being.



Risks and Benefits:

Once the scientific merit and social worth of the project have been established, it is necessary for the researcher to demonstrate that the risks to the research subjects are not unreasonable or disproportionate to the expected benefits of the research, which may not even go to the research subjects. A risk is the potential for an adverse outcome (harm) to occur. It has two components: (1) the likelihood of the occurrence of harm (from highly unlikely to very likely), and (2) the severity of the harm (from trivial to permanent severe disability or death). A highly unlikely risk of a trivial harm would not be problematic for a good research project. At the other end of the spectrum, a likely risk of a serious harm would be unacceptable unless the project provided the only hope of treatment for terminally ill research subjects. In between these two extremes, paragraph 17 of the DoH requires researchers to adequately assess the risks and be sure that they can be managed. If the risk is entirely unknown, then the researcher should not proceed with the project until some reliable data are available, for example, from laboratory studies or experiments on animals.

○ Informed Consent:

The first principle of the Nuremberg Code reads as follows: “The voluntary consent of the human subject is absolutely essential.” The explanatory paragraph attached to this principle requires, among other things, that the research subject “should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.”

The DoH goes into some detail about informed consent. Paragraph 22 specifies what the research subject needs to know in order to make an informed decision about participation. Paragraph 23 warns against pressuring individuals to participate in research, since in such circumstances the consent may not be entirely voluntary. Paragraphs 24 to 26 deal with research subjects who are unable to give consent (minor children, severely mentally handicapped individuals, unconscious patients). They can still serve as research subjects but only under restricted conditions.

The DoH, like other research ethics documents, recommends that informed consent be demonstrated by having the research subject sign a ‘consent form’ (paragraph 22). Many ethics review committees require the researcher to provide them with the consent form they intend to use for their project. In some countries these forms have become so long and detailed that they no longer serve the purpose of informing the research subject about the project. In any case, the process of obtaining informed consent does not begin and end with the form being signed but must involve a careful oral explanation of the project and all that participation in it will mean to the research

○ subject. Moreover, research subjects should be informed that they are free to withdraw their consent to participate at any time, even after the project has begun, without any sort of reprisal from the researchers or other dentists and without any compromise of their health care.

Confidentiality:

As with patients in clinical care, research subjects have a right to privacy with regard to their personal health information. Unlike clinical care, however, research requires the disclosure of personal health information to others, including the wider scientific community and sometimes the general public. In order to protect privacy, researchers must ensure that they obtain the informed consent of research subjects to use their personal health information for research purposes, which requires that the subjects are told in advance about the uses to which their information is going to be put. As a general rule, the information should be de-identified and should be stored and transmitted securely.

Conflict of Roles:

It was noted earlier in this chapter that the dentist's role in the dentist-patient relationship is different from the researcher's role in the researcher-research subject relationship, even if the dentist and the researcher are the same person. Paragraph 28 of the DoH requires that in such cases, the dentist role must take precedence. This means, among other things, that the dentist must be prepared to recommend that the patient not take part in a research project if the patient seems to be doing well with the current treatment and the project requires that patients be randomised to different treatments and/or to a placebo. Only if the dentist, on solid scientific grounds, is truly uncertain whether the patient's current treatment is as suitable as a proposed new treatment, or even a placebo, should the dentist ask the patient to take part in the research project.

Honest Reporting of Results:

It should not be necessary to require that research results be reported accurately, but unfortunately there have been numerous recent accounts of dishonest practices in the publication of research results. Problems include plagiarism, data fabrication, duplicate publication and 'gift' authorship. Such practices may benefit the researcher, at least until they are discovered, but they can cause great harm to patients, who may be given incorrect treatments based on inaccurate or false research reports, and to other researchers, who may waste much time and resources trying to follow up the studies.