

# PROFESSIONAL ETHICS IN DENTISTRY

**Dr. Ramnish Vohra**, MDS  
HOD, Dept. of Dental Surgery  
Bharatpur Medical College, Chitwan, Nepal

## ABSTRACT

Graduating in dentistry, makes one a participant of the professional. However, it should not be assumed that a dentist is necessarily a professional!

A professional, in the truest sense, is one with all the aspects of what is ethical.

The term, professional, refers to one who practices a learned profession, i.e., one who has special knowledge and skills used to benefit the public, regardless of personal gain. Becoming a professional is a lifelong process of consistent behaviour affirming the principles of your beliefs.

This review, presents an insight into the aspect of professionalism and ethics pertaining to dentistry.

**Keywords:** Ethics / Dentistry

Ethics are the moral principles or virtues that govern the character and conduct of an individual or a group. Ethics, as a branch of philosophy and theology, is the systematic study of what is right and good with respect to character and conduct<sup>1</sup>. Ethics seeks to answer two fundamental questions, what should we do and why should we do it?. The object of ethics is to emphasize spirit (or intent) rather than law. Dental ethics applies moral principles and virtues to the practice of dentistry<sup>2</sup>.

Ethics affect virtually every decision made in a dental office, encompassing activities of both judging and choosing. Ethics affect relationships with patients, the public, office staff, and other professionals. As a dentist, numerous decisions have to be made. Some are straightforward and easy, others can be difficult. Ethics are inextricably linked with these decisions. When ethics are ignored, one risks making unethical decisions or less ethical decisions. Unethical

decisions lead to unethical conduct, which in turn compromises the services provided to patients and undermines one's ability to function as a true professional.

Many dental organizations have published codes of ethical conduct to guide member dentists in their practice<sup>3</sup>. The Nepal Medical Council has set the code of ethics in 1991, which has been revised in 2001, 2002<sup>8</sup>. A code of ethics marks the moral boundaries within which professional services may be ethically provided<sup>5</sup>. Codes of ethics and professional guidelines have quasi-legal force; non-compliance can result in sanctions from censure to loss of professional status<sup>1</sup>.

Most laws and regulations that govern dentistry do not normally prompt ethical conflicts. Many laws, such as those governing discrimination or informed consent, have inherent ethical underpinnings. There is a moral obligation to follow law and therefore, ethical analyses need

to take into account the relevant statutes and court decisions.

When conflicts do arise, the choice between legal and being ethical can be difficult<sup>1</sup>. It is often argued by ethicists that ethics, not law, establishes the ultimate standards for evaluating conduct. It is a professional obligation to work with colleagues to overturn unjust laws, i.e., those that are in conflict with the best interest of patients and the public.

A profession has been defined as an occupation involving relatively long and specialized preparation on the level of higher education and governed by a special code of ethics<sup>2</sup>. The constructive aim of a profession is the public good. Dentistry is recognized as a profession.

#### **The key features of a profession are:**

- A profession must possess an important and exclusive expertise.
- A profession must possess an internal and external structure, including a community of experts mutually recognizing each other's expertise and institutionalization of this relationship in a formal organization.
- A profession's clients routinely grant its members extensive autonomy in practice of the profession, and dentistry as a profession is also largely self-regulating.
- Membership in a profession implies the acceptance by the member of a set of norms of professional practice or professional obligations<sup>1</sup>.

Dentists can claim the following characteristics of professions and professionals for themselves:

- Dentists possess a distinctive expertise that consists of both knowledge and skills for applying it in practice
- Dentists' expertise is a source of important benefits for those who seek their assistance
- Dentists are accorded extensive autonomy in matters pertaining to dental practice
- Dentists have an additional obligation to the larger community—to do what is necessary so that the profession acts as it ought<sup>3</sup>.

Professionalism extends ethics to include the conduct, aims, and qualities that characterize a professional or a profession. Professionalism relates to the behaviour expected of one in a learned profession. Professionalism embodies positive habits of conduct, judgment, and perception on the part of both individual professionals and professional organizations. Professionals and professional organizations give priority to the well being and self-determination of the patients they serve. Professionalism has been viewed as that quality of conduct and character that accompanies the use of superior knowledge, skill, and judgment, to the benefit of another, prior to any consideration of self-interest.

#### **RELATIONSHIP OBLIGATIONS**

By agreeing to take part in the dentist-patient relationship, both patients and dentists accept certain obligations or duties<sup>1</sup>. Both accept a responsibility to disclose information pertinent to the relationship. The dentist is obligated to respect patient privacy, maintain patient confidences, keep promises, be truthful, and consider patient values and personal preferences in treatment decisions.

## **Eight categories of professional obligations have been described:**

1. *Chief Client* - The chief is the person or set of persons whose well-being the profession and its members are chiefly committed to serving.
2. *Ideal Relationship Between Dentist and Patient* - An ideal relationship is based on mutual respect and recognizes that the dentist and patient both bring important values to the professional setting
3. *Central Values* - The focus of each profession's expertise is a certain set of values, and each profession is obligated to work to secure these values for its clients
4. *Competence* - Every professional is obligated to acquire and maintain the expertise necessary to undertake professional tasks
5. *Relative Priority of the Patient's Well-being* - While the well-being of the patient is to be given considerable priority, it is not to be given absolute priority
6. *Ideal Relationships Between Co-Professionals* - There does not seem to be any one account of ideal relationships between dentists and their co-professionals because so many different categories must be considered, but there are professional obligations to co-professionals
7. *Relationship Between Dentistry and the Larger Community* - The activities of every profession also involve relationships between the profession as a group or its members and the larger community and non-professional groups and others within it

8. *Integrity and Education* - These are subtle components of conduct by which a person communicates to others what he or she stands for, not only in the acts the person chooses, but also both in how those acts are chosen and in how the person presents to others in carrying them out<sup>3</sup>.

## **BUSINESS OR PROFESSION**

Every dentist is called upon to participate in service - the chief motive being to benefit mankind, with the dentist's financial rewards secondary<sup>2</sup>. While dentistry is first a profession, the practice of dentistry usually involves financial compensation for professional services. Such compensation necessitates, by its very nature, some form of business structure to accommodate these transactions. Since dentists are in a position to gain financially from their professional recommendations, they are at risk of having a conflict of interest, whether actual or perceived. The patient is the beneficiary of the dentist's services. If the dentist is being compensated for professional services, then the dentist is also technically a 'beneficiary' of his or her recommendations. The issue is not whether there is a conflict of interest. The more appropriate question is, 'How do we prevent this conflict from harming patients?'

Professional decision-making may involve many factors. However, the level of financial gain to the dentist must never be a consideration in any of the dentist's professional recommendations. A patient's ability to pay for services may be a consideration in these recommendations.

If the patient's relevant interests are always considered, the profession of dentistry can ethically exist within a business structure.

## **BEST INTERESTS**

The best interests of our patient's means the 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, advantage and disadvantages of each, costs of each, and expected outcomes. Together, the risks, benefits, and burden can be balanced. It is only after such consideration that the 'best interest' of patients can be assured.

## **PATERNALISM**

Paternalism literally is to act as a father (or parent)<sup>1</sup>. In dentistry, it can involve a dentist overriding the autonomous decision of a competent patient for that patient's own 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. For example, the dentist may decide to withhold information from a competent patient in order to unduly influence the patient. The dentist must consider the patient's values and personal preferences, 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, additional patient education or explanation to a competent surrogate is needed. For patients with compromised capacity, the dentist has an ethical obligation to inform responsible parties about treatment choices, costs,

possible complications, and expected outcomes when determining what is in the patient's best interests. Good risk management is not necessarily good ethics. Risk management decision processes often differ from decision processes based on ethical principle. Risk management decisions are typically made from the dentist's or institution's perspective and for their benefit. Decision processes based on ethical principles always consider the patient's best interests, as well as the patient's values and preferences. Risk management processes and decisions that do not include the perspective of the patient may be unethical.

## **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, reimbursement restrictions imposed by dental insurance plans, patient values or preferences, or other factors. Compromise must not occur simply because the dentist has made concessions which may be reflected in quality of the service. The goal should be to perform each treatment step to its highest standards. The dentist is obligated to collaborate with the patient during the decision making process. It is unethical to knowingly provide substandard care.

## **PRESCRIPTION ABUSE**

The dentist must be aware of patients' legitimate needs for prescription drugs. The dentist should be suspicious when patient desires for prescription drugs materially conflict with professional recommendations. The dentist should confront patients when non-confrontation would imply approval of drug abuse. In case of suspected drug abuse, the dentist has the responsibility to refer the patient for evaluation. The dentist has an ethical obligation to avoid becoming an enabler.

## **ACCESS**

Dentistry should be available, within reason, to all seeking treatment. Once an individual is seen, the dentist can determine if he or she is capable of competently treating the individual. A dentist should normally be available to address potentially health threatening dental conditions and ease the pain and suffering. A dentist must not unlawfully restrict access to professional services. Barriers that restrict the access of physically impaired individuals should be eliminated to the extent that this can be reasonably accomplished.

## **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.

## **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<sup>3</sup>. 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, there is an obligation to breach confidentiality that increases according to the severity of the risk and the probability of its occurrence<sup>1</sup>.

## **DATING PATIENTS**

Dentists should not use their position of influence to solicit or develop romantic relationships with patient's Romantic interests with current patients may exploit patient's 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.

## **INFORMED CONSENT**

Ethical concerns regarding informed consent beyond 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 alternations 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 harmful result and the likelihood of its occurrence should be considered

when deciding which information to include in informed consent discussions<sup>1</sup>. The dentist must be aware of applicable laws, regulations, and standards for guidance regarding the scope and depth of informed consent communications.

## **OBLIGATIONS TO TREAT**

The dentist is not obligated to accept or treat everyone. However, the dentist must avoid actions that could be interpreted as discriminatory; the dentist must be aware of laws and regulations that govern discrimination. A patient in pain or at health risk from an acute dental condition should be examined, then treated or appropriately referred.

## **REFRAINING FROM TREATMENT**

There are several valid reasons for a dentist to refrain from providing treatment:

- The dentist does not have the expertise or capability to provide competent treatment or to meet patient expectations. In such cases, the dentist has a responsibility to refer patients to suitable caregivers who can provide treatment appropriate to the circumstances.
- The dentist's professional ability is impaired, including from injury, illness, medication, or addiction
- The patient requests treatment that is clearly contrary to the patients' best interests

## **ETHICAL DECISION MAKING<sup>7</sup>**

Autonomy, nonmaleficence, beneficence, and justice are four generally accepted ethical principles. These principles require that all actions, including decisions by dentists, demonstrate:

- Regard for self-determination (respect for autonomy)
- The avoidance of doing harm

(nonmaleficence)

- The promotion of well being (beneficence)
- Fairness in the distribution of goods and the reduction and avoidance of harms (justice).

## **CONCLUSION**

Dentists are challenged to practice within an increasingly complex cultural and ethnically diverse community. Conventional attitudes regarding pain, appropriate function, and esthetics may be confounded by these differences. Tolerance to diversity requires dentists to recognize that these differences exist and challenges dentists to understand how these differences may affect patient choices and treatment. A dentist who practices with a sense of integrity affirms the core values and recognizes when words, actions or intentions are in conflict with one's values and conscience. Professional integrity commits the dentist to upholding the profession's Codes of Ethics and to safeguarding, influencing and promoting the highest professional standards.

## **REFERENCES**

1. Weinstein, Bruce D. *Dental Ethics*. Philadelphia, Lea & Febiger, 1993.
2. Gurley, John E. *The Evolution of Professional Ethics in Dentistry*. St Louis, American College of Dentists, 1961.
3. Ozar, David T. and Sokol, David J. *Dental Ethics at Chairside: Professional Principles and Practice Applications*. St. Louis, Mosby, 1994.
4. American Dental Association, Council on Ethics, Bylaws and Judicial Affairs. *Principles of Ethics and Code of Professional Conduct*. Chicago, American Dental Association, 1999.
5. Reiser, Stanley J. "Codes of Ethics in Health Care: Language, Context, and Meaning." In: van Eys, Jan and Bowen, James M. (eds). *The Common Bond: The University of Texas Cancer Center Code of Ethics*, Springfield, Charles C. Thomas, 1986, 15.
6. Officers and Regents of the American College of Dentists, "Dental Managed Care in the Context of Ethics," *Journal of the American College Of Dentists*, 1996, 63 (4): 19-21.
7. Rule, James T. and Veatch, Robert M. *Ethical Questions in Dentistry*. Chicago, Quintessence Publishing Co.; Inc., 1993.
8. Dixit H, Role of Nepal Medical Council in MBBS/BDS curriculum. *Kathmandu University Journal*, 2003, Vol. 1, No. 1, 66-71.