

Dental Ethics

Fundamental Principles of Dental Ethics

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Dr. Ammar Hadi Shaalan

Principles in Dentistry and Dental Hygiene

Nonmaleficence

Beneficence

Autonomy

Justice

Veracity

Preface:

Every dentist and dental hygienist is granted special rights and responsibilities when they earn the credentials to become an oral health care professional.

A professional person is one who has completed a specialized program of knowledge and gained a license in a discipline that is of value to society.

In the corporate world, success is often measured by financial gain, for the health care professional, the motive of the patient's welfare is placed above the profit motive. Because of this service motive, society has granted to the health care professional a certain status that carries prestige, power, and the right to apply that special knowledge and skill.

When patients seek care from any health care provider, they expect to receive the very best care from a professional and ethical practitioner. The health care services provided involve technical skill, appropriate knowledge, critical judgment, and most importantly, empathy and caring. It is the essence of caring that patients perceive and to which they respond.

In the delivery of health care, trust is the critical foundation for the relationship that develops between the person seeking services—the patient—and the health care provider—the professional.

An understanding of ethical issues and an awareness of the ethical obligations inherent in the provision of health care will enable the dental professional to deal effectively with patients and their community.

Ethical Dilemmas in Oral Health Care

The two main goals involved in ethics:

The ability to discern or distinguish right from wrong

The commitment to act on a decision.

As clinicians providing care and services, every dentist and dental hygienist will be faced with many choices, problems and dilemmas. Some of these choices will be simple issues of right and wrong, whereas others may be ethical dilemmas that require careful decision making.

The responsibility that goes with this status is to uphold the principles and core values of the professions. Principles help address the moral question: What ought a person to do in a troublesome situation? More specifically, what is good, right, or proper for a person to do in this situation? Normative principles provide a cognitive framework for analyzing moral questions and problems.

1. Nonmaleficence :

Nonmaleficence is the principle that actions or practices are right insofar as they avoid producing bad consequences. This is the foundation of all health care and describes the first obligation that every health care provider embraces ---- do no harm. In Latin the term is *primum non nocere* which means first, do no harm. Patients who seek dental services place themselves in the care of another person and, at a minimum, should expect that no additional harm will result from that act.

The patient grants the clinician the privilege of access to a portion of his or her body for an explicit purpose, a privilege founded in trust. Fundamental to that trust is that the health care provider will do no harm to the patient.

The Hippocratic Oath requires the health care provider promise to keep the sick from harm and injustice. In reference to nonmaleficence, the *ADA Principles of Ethics and Code of Professional Conduct*, states “the principle expresses the concept that professionals have a duty to protect the patient from harm.”

Under this principle, the dentist’s primary obligations:

Keeping knowledge and skills current,

Knowing one’s own limitations and when to refer to a specialist or other professional.

Knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.”

For example, 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. Likewise, a dental hygienist also has an obligation to

stay up-to-date with the changing standards of care in the profession. A hygienist who is unfamiliar with local anesthesia techniques should refer or defer performing that service until achieving competency.

Over time nonmaleficence has evolved to include preventing and removing harm. Therefore, health care providers have an obligation to do no harm as well as to prevent harm. Prevention of harm clearly is a domain of dentists and dental hygienists as great 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. Consequently, patients would never benefit from treatment that would alleviate current pain, and they could not benefit from the prevention of future pain and suffering — and this 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—maybe desirable as well as necessary. This conflict is referred to as the principle or rule of double effect, and it requires the health care provider to consider the risks and benefits whenever treatment is provided.

This principle is referred to in such complex situations as saving the life of a pregnant woman or her fetus and in the difficult end of life choices. To be morally acceptable, the clinician intends only the good effect. Frankena (William Frankena: American moral philosopher clarified that delineation between harm and good in the following classification system.

1. One ought not to inflict harm.
2. One ought to prevent harm.
3. One ought to remove harm.
4. One ought to do or promote good.

The first classification refers to avoidance of harm which takes precedence over the second, third, and fourth entries, which define beneficence, or the promotion of good. This hierarchy of nonmaleficence and beneficence provides the clinician with a guideline to follow in sorting out dilemmas in practice. Not inflicting harm takes precedence over 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 hierarchical relationship; however, when faced with constraints and conflict, prioritization would be necessary. Avoiding harm and promoting good in the practice of dentistry and dental hygiene are not always possible.

2. Beneficence:

Beneficence (do good) is the principle that actions and practices are right insofar 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 healthy state. Health care providers, based on their knowledge and skill, use all reasonable means to benefit the patient.

Dentists and hygienists have acquired a body of knowledge and corresponding skills that make them uniquely qualified to help identify patient needs and recommend 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 consequentialist approach. Meeting the requirement to do what the physician believes will best benefit the patient and implies the need to conduct a consequence analysis to determine the best possible outcome for the patient. Beneficence is found in all health care codes.

By choosing to become a dentist or dental hygienist, an individual assumes 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.

Any individual who is in a position to promote good for the benefit of others, such as health care professionals, fails to increase the good of others is considered morally wrong.

The promotion of good becomes challenging when good is defined according to differing values and belief systems. The teaching of careful oral hygiene self-care to maintain health and function is an example of promotion of good to many people.

However, the removal of all carious teeth to eliminate pain and suffering may be considered promoting good to other individuals.

3. *Patient Autonomy*

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

An autonomous person: is a person who chooses thoughts and actions relevant to his or her 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 health care professionals must respect the autonomy of patients and properly inform them about all aspects of the diagnosis, prognosis, and the care being provided. Because dentists and dental hygienists have a wide range of knowledge and skills, they must fully and adequately explain the parameters of 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 holds that the health care professional has a duty to allow patients to make decisions about actions that will affect their bodies.

Duty to provide patients with all the unbiased information they would need to make a decision about treatment options.

Conflict can arise around this concept, How to make decision when what the dentist and/or hygienist 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 from treatment options that are consistent with accepted standards of care, the professional may ethically act on the patient's choice. However, the professional practitioner also has the autonomy to not provide a service requested by the patient if that service is in conflict with the standards of patient 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 and hygienists will avoid doing harm to a patient even if the

patient is exercising autonomy by asking to receive a potentially harmful treatment or service.

4. **Justice**

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 owed, due, or deserved. Some view justice as a duty for health care providers. The foundation of justice has frequently been described as the principle of equality; likes should be treated alike, equals should be treated as equals, and unequal treated as unequal.

The obvious problem in this approach is that some mechanism or criteria must determine who is equal or unequal. Fundamental to the principle of justice is an effort to treat people who have similar needs in a similar or identical manner.

A decision not to provide treatment to an individual because the individual is infected with Human Immunodeficiency Virus, 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 or referrals made or suggested should be made on the same basis as they are made with other patients.

A lofty (لبيد) 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, for the most part, are granted access to care based on their economic ability and not 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 and dental hygienists provide charitable services on a regular basis, either in a private practice office or through participation in a community-based service clinic, because of their recognition of their obligation to serve society. Many dental public health practitioners and leaders consistently call for the profession to make oral health a much higher priority for federal and state decision makers.

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 good of 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 health care 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 patients and autonomy, is acknowledged in most codes of ethics, including the codes the ADA.

Lying to a patient does not respect the autonomy of the patient and can compromise any future relationships the patient may have with health care providers. Because relationships are built on trust, lying, even little “white lies,” easily erodes trust. Benevolent 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 interactive health care relationship between patient and clinician functions most effectively when both parties are truthful and adhere to all promises made in the process.

Informed Consent

Informed consent: is a process of providing appropriate information to the patient, the process of understanding and assimilating the information, and making the decision. Informed consent is based on the patient exercising autonomy in decision making and has both ethical and legal implications in medicine and dentistry. Informed consent has two parts:

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

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

Dentists and hygienists must recognize 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 destiny. This includes the right for a patient to assess all the information provided by the professional yet still make a choice that is not the one most valued by the professional — informed refusal. Although not as dramatic as life and death decisions made by clinicians in medicine, dental decisions may involve choices that are potentially harmful to patient.

When patients give their authorization for a procedure or a comprehensive treatment plan, they grant the health care provider informed consent for that treatment. First, the clinician must obtain and document information and disclosure; secondly is the process of interaction and communication, which produces a truly informed decision.

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 pursued 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:

Confidentiality is related to respect for persons and involves the patient exercising his or her 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.

Trust is necessary for the exchange of personal and intimate information from the patient to the clinician. A patient has a right to privacy concerning his or her medical and dental history, examination findings, discussion of treatment options and treatment choices, and all records pertaining to dental and dental hygiene care. This privacy extends to the way in which information is gathered, stored, and communicated to other health care professionals. Discussion about a patient's history or treatment is not to be shared with spouses, family, or friends — to do so is a violation of confidentiality. Information about a patient can be given to other health care professionals with the patient's permission.

Conflicts and exceptions will arise surrounding the principle of confidentiality,

Legal requirements exist to report diseases that can have an effect on the health of the public, such as sexually transmitted diseases.

Reporting suspected child abuse, which is required in most states, is a violation of confidentiality.

In dealing with minor children, divulging confidential information to the parents may be necessary to protect the child from harm. This is especially difficult with adolescents, who may or may not be adults according to the legal system.

The patient's right to confidentiality often must be balanced against the rights of other individuals. In any situation the health care provider must communicate to the patient the professional and legal responsibilities that exist for disclosure and work toward assisting the patient as much as possible.