

DENTAL ETHICS

Lec. 17&18

Dr. Ammar Hadi Shaalan

➤ 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 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 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.13&14

د.مایا يلع نوسح

➤ 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.

DENTAL ETHICS

LEC.15&16

د.مایا يلع نوسح

- **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.

DENTAL ETHICS

LEC.17

د.مایا بیلی نووسح

➤ 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.

DENTAL ETHICS

LEC.18

د.مایا بیلۇن وسح

➤ 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. 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.

DENTAL ETHICS

LEC.19&20

د.مایا بیلی نووسح

➤ 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 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 check-ups 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.

DENTAL ETHICS

LEC.21&22

د.مایا يلع نوسح

➤ 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 dentist-patient 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 self-determination 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.

DENTAL ETHICS

LEC.23

د.مایا يلع نوسح

➤ 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.

DENTAL ETHICS

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➤ 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 'double-blinded', 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.