

Ethical practice in Dentistry

Neelam Noel Andrade¹

Email Id : chiefeditor.nhdcjcd@gmail.com



Submission: 26.12.2024

Publication: 31.12.2024

Introduction and a brief history:

Ethical responsibility and emphasis on the right conduct to maintain a dignified relationship between the doctor and the patient and, the provider and the consumer always have been one of the cornerstones in service-related professions. Although the origin of establishing the ethical practices and code of conduct in modern medicine established by Hippocrates an ancient Greek physician, dates nearly 2000 years back, in the West, it is important to acknowledge the golden age of medical history in Ancient India under the guidance of stalwarts of the earliest surgical fields as depicted in Charak and Sushruta Samhitas that date to sixth century B.C. up to the end of seventh century A.D.^(1,2)

The importance of compassion, the true purpose of medicine as a profession, and continued learning with a thirst for true knowledge are some of the key ethical codes mentioned in these ancient Indian texts. A list of mandatory points in Sushruta Samhita regarding the physical and mental maintenance of doctors so they could provide ethically sound treatment is also noteworthy⁽¹⁾.

As clinicians, we are well aware of the Hippocratic Oath that provides for the moral framework of principles that we as practitioners must follow at all costs. The Oath itself after revisions is as follows⁽²⁾.

“I will solemnly pledge myself to consecrate my life to the service of humanity.

I will give to my teachers the respect and gratitude which is their due.

I will practise my profession with conscience and dignity.

The health of my patients will be my first consideration.

I will respect the secrets which are confided in me, even after the patient has died.

I will maintain by all the means in my power the honour and noble traditions of the medical profession. My colleagues will be my brothers.

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patients.

I will maintain the utmost respect for human life from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I make these promises solemnly, freely and upon my honour”

The Hippocrates Oath may now, as per NMC be soon

replaced by the Oath expressed in the Charaka Samhita that emphasizes holistic care by treating the mind-body soul. Nevertheless, the source, the principles of ethical responsibilities and the code of conduct remain universal⁽²⁾;

1. Beneficence,
2. Non-maleficence,
3. Confidentiality,
4. Patient Autonomy,
5. Justice/ Equality and
6. Professionalism.

Ethics in dentistry

The Hippocrates Oath was introduced for physicians as per texts, and hence may raise the question, do Dentists/ dental surgeons need to follow this code of ethics, if so, then how? At this point, it may be necessary to remember and understand that dentistry is a specialization of the medical profession that deals particularly with not only the “teeth”, but the entire oral cavity. The depth of knowledge required to treat oral diseases dictates the need for this specialized profession. The oral cavity is nothing but the entry check-point for the body and hence is as important as any other body organ. The very connection and importance of maintaining good oral hygiene and preventing major systemic morbidities is well documented in the literature.

As dentistry is a medical speciality, it without doubt requires a code of ethics and the need for dental surgeons to follow them strictly in teaching and practice⁽³⁾. In September 1990, a conference of dental editors on ethics was held in Singapore as part of the FDI's 78th Annual World Dental Congress. Carlo Guastamacchia of Italy presented a paper in which he stressed the need to 'forget the disease, remember the patient' and said that the formal teaching of dental ethics during undergraduate training was negligible and stressed six compelling reasons why the dental profession must have its code of ethics as quoted below:

1. “The unprecedented growth in some specialities.
2. The inter-relationship between socioeconomic problems and dental practice, such as increased awareness of people's rights; cost of advanced technology; intrusion of a third party into the dentist-patient relationship; increased lifespan of patients and practising dentists; cost/benefit ratio of the individual's versus society's priorities.

3. The increasingly closer ties between the profession and industry and the commercial sponsorship of conferences, symposia and medical projects.
4. The ethical selection and testing of new materials, instrumentation and techniques.
5. The role of ancillary personnel and their responsibilities in infection control.
6. The mushrooming of continuing education courses and the maintenance of their standards.”⁽⁴⁾.

Following suit, multiple Dental organization bodies created their set of moral guidelines based on the already established Hippocrates Oath. A few of the important points explained and debated over the years beyond the given points are the dentist-patient relationship, the importance of consent and how it would affect the treatment planning and management of patients^(5, 6 and 7). The consent for treatment becomes an important stepping stone in the management of the patient as it establishes the foundation of trust and confidence in patients towards the doctor. The importance of knowing what valid consent is paramount for us dental surgeons, few checkpoints to consider for the same:

1. Providing adequate information to patients explaining risks and benefits, financial considerations, probability of harm, and alternate treatment options.
2. Consider referral to a specialist when the treatment options supersede your abilities
3. No Persuasion or deception while obtaining consent
4. Assess competence of patients
5. Pediatric patients require consent from legal guardians or parents.

We as dental surgeons often forget to view the human being as a unit that integrates different parts: biological, psychological, social, cultural, and spiritual. From this holistic perspective, communication seems to be crucial in the relationship with the patient. Communicating effectively develops positive dentist-patient interaction to cope and care for the patient's health as a whole, and not just simply treat the disease⁽⁶⁾.

Dawn of new Technology and challenges with Ethics

With the advent of newer technology, newer pathways of practising easier, more patient-specific and faster dentistry due to enhanced productivity are introduced. From Digital dentistry planning and management, now the era of the use of Artificial intelligence in dentistry has arrived. With the booming growth of technology in every field, it has also led to newer challenges and adversities, that may require newer solutions or in this case, newer guidelines. It has become increasingly important to be adept with the newer

technologies to be “relevant” in this new world. Artificial Intelligence (AI) is being used in dentistry in several ways, including image interpretation, tailored recommendations, prognostic analytics, diagnosis and treatment planning, and automation, all of which improve the standard of oral healthcare for patients.

A wide range of ethical and privacy-related issues are raised by the use of AI in the healthcare industry. These difficulties include issues with protecting patient information, establishing the moral boundaries of technological development, and assessing the real-world impacts of technology on medical practitioners and patients. Making strategic decisions that properly balance several competing interests and ideals is essential to maximising AI's potential in the healthcare industry. These factors include things like accountability, privacy, intellectual property rights, developing transparency, diversity inclusion, well-being of patients, environmentally sustainable development, and non-commercializing of patient's medical data^(8, 9 and 10).

It is true that "branding" is crucial to commercialisation in practically any industry these days, and the same is true for dentistry. Therefore, a professional posting a picture of his case on social media could have the hidden goal of improving their therapeutic practice. According to recent results from the #intEHRAct study, which was performed in 35 European countries, over 40% of medical professionals post the details of their cases on social media, with 19% doing so every day⁽¹¹⁾. In the Indian setting, very few researchers have evaluated and documented dentists' knowledge, attitudes, and practices around sharing patient data on social media. With growing social media platforms, the preservation of ethical integrity has become more difficult.

Indian scenario and Ethics

As Indian dental surgeons or aspiring dental surgeons, it is of utmost importance for us to be aware and equipped with our leading organization's efforts in proposing and developing Code of Ethics and Guidelines for dental practitioners. The Dentist' Protection Act, 1948 instrumented by the Dental Council of India (DCI) along with Code of Ethics guidelines by the Indian Dental Association (IDA) (2014), provide the comprehensive set of ethical norms for dental practitioners to follow. They may be understood in brief under the following sections^(12,13).

1. Duties and Obligations:

- **Character :** As a Dentist, one should understand and be mindful of the mission and responsibilities wherein the patient is paramount. One can be friendly, sympathetic, and helpful, thus respond to patients towards their treatments

2. Good clinical practice:
 - It is advisable to have a continued Membership in Dental and Medical Associations for continuous upgradation of knowledge by participating in professional meetings, thus ensuring continued service to humanity.
 - It is important to maintain records be it in patient or out patient, which act as proof in medicolegal cases or in case of reviews. Many a time it helps in forensics. Medical certificates when provided bears patient and doctor information, which should be recorded.
3. Registration Number
 - To assure that the patient has approached a registered or approved dental practitioner. Hence, every Dental practitioner should 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. Any additional credentials, such as medical degrees, doctorates, post-doctoral degrees, or any other degree that relates to the individual's expertise or exemplary qualification, may be used as a suffix in a way that does not give the patient or observer a misleading impression about the practitioner's skill or knowledge as a dental professional.
4. Drugs
 - Ensure safe rational utilisation of drugs and prescribe in generic form.
5. Patient care and management
 - Highest quality of treatment and vigilance of malpractice.
 - It is important for all practitioners to be aware of unethical and unqualified individuals' practices. Dental surgeons and dentists are prohibited from using any attendants who are not registered or enlisted under the Dentists Act in the course of their professional work. They are also prohibited from allowing such individuals to attend, treat, or operate on patients in situations where professional judgment or skill is needed.
6. Professional payment and following law
 - Patients' medical interests should never clash with a dentist surgeon's personal financial objectives. Prior to providing care, a dentist should disclose his rates prior to rendering any service rather than when after the procedure or therapy has begun. Payment for these services shall be made in the manner and amount that are explicitly disclosed to the patient at the time of service. Entering into a "no cure-no payment" contract is immoral.
7. Obligations to patient and society
 - Apart from Dentist's Act of 1948 and its amendments, other acts to be included while promising good dental care are 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.
8. Confidentiality
 - A dentist should never divulge information about a patient's personal or domestic life or about flaws in the patient's disposition or character that are discovered while the patient is being treated professionally, unless the state requires it. Occasionally, though, a clinician must decide whether it is his responsibility to society to use knowledge gained through trust as a healthcare professional to shield a healthy individual from a communicable disease to which he is about to be exposed; in this case, the dentist should act as he would like another to act toward a member of his own family in a similar situation.
9. In terms of consultation
 - In case a specialist is required, higher referral should be given wherein 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. 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.

10. To colleagues, citizens and health care workers:

- Dental Surgeon can consider it as a pleasure and privilege to render gratuitous service to other dentists, physicians and their immediate family dependants.
- As good citizens, dental surgeons 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.
- Dental Surgeons should recognize and promote the practice of different paramedical services such as Dental Hygienist, Dental Mechanic, Pharmacy and Nursing

11. Advertisement and publicity (IDA Code of Ethics):

(9.1.1) To indulge in demeaning solicitation and false promises through advertisements or direct marketing of individuals, clinics or hospitals in contravention of the National Advertising Council or any other body regulating advertising in the country;

(9.1.2) To advertise, whether directly or indirectly or being associated or employed with any organization or company including corporate bodies that indulges in such activities in a manner which gives unfair professional advantage by cold targeting vulnerable groups and conducting camps and other promotional activity in schools, colleges, old age homes and distributing handbills, claim vouchers and other business promotional activities. Registered charitable organizations including registered body of Dental or Medical persons which provide fully free dental care and treatment out of altruism are however exempted;

(9.1.3) To be associated with or employed by those who procure or sanction such false and misleading advertisements or publication through press reports that promise inducements, rebates and false benefits;

(9.1.4) To employ any agent or canvasser for the purpose of obtaining patients in a manner that is commercial; or being associated with or employed by those who procure or sanction of such employment;

(9.1.5) To use or exhibit any disproportionately large sign, other than a sign which in its character, position, size and wording is merely such as may reasonably be required to indicate to persons seeking the exact location of, and entrance to, the premises at which the dental practice is carried on, and nowhere else;

(9.1.6) To allow the Dental Surgeon's name to be used to designate commercial articles such as tooth paste, tooth brush, tooth powder, mouth washes liquid cleaners, or

the like except if such articles are fabricated in the dental clinic e.g. dentures, crowns, bridges, etc.;

(9.1.7) To permit publication of the Dental Surgeon's opinion on any procedure, equipment, in the general or lay papers or lay journals except when validated or supported by evidence based studies;

(9.1.8) To indulge in surrogate advertisements in the garb of educating the public through TV programs, magazines or periodicals. Any public information disseminated to the public in good faith and intention should not carry addresses telephone numbers, e-mail addresses etc., of the Dental Surgeon or the clinic employing him to attract patients to their establishment;

(9.1.9) To advertise in the electronic media, such as in television programs, that display names, addresses and telephone number of dentists as on-screen 'scrollers', or, of the clinics employing such dentists, etc.

11. Usage of terms:

R.D.P. for Registered Dental Practitioner;

M.I.D.A. for Member, Indian Dental Association;

F.I.C.D. for Fellow of International College of Dentists;

M.I.C.D. for Master of International College of Dentists;

F.A.C.D. for Fellow of American College of Dentists;

M.R.S.H. for Member of Royal Society of Hygiene;

F.A.G.E. for Fellow of Academy of General Education.

12. Legal Actions:

Any complaint with regard to professional misconduct can be brought before the appropriate Dental Council for Disciplinary action. Upon receipt of any complaint of professional misconduct, the appropriate Dental Council would hold an enquiry and give opportunity to the registered Dental practitioner to be heard in person or by pleader. If the Dentist/ Dental Surgeon is found to be guilty of committing professional misconduct, the appropriate Dental Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register the name of the delinquent registered practitioner.

Within 60 days of receiving the order from the aforementioned State Dental Council, anyone who feels wronged by the Council's decision regarding a complaint against a delinquent dentist has the right to appeal to the National Government. With the understanding that the State Government may permit the appeal to be presented within an additional 60 days if it is convinced that the appellant was prevented from doing so by adequate cause.

For a deeper understanding, readers may also refer to the FDI World Dental Federation's Dental Ethics Manual⁽¹⁴⁾.

Conclusion

The knowledge and understanding of a subject exists in the way it is practiced. Planning and management continuously poses dilemma in the daily life of a clinician, there are grey areas that require consideration before deciding treatment and hence it becomes all the more important to be morally sound while also providing the best possible solution available for the patients. The message of “First, do no harm (primum non nocere)” is far deep than a simple translation of harmless attitude. It is important to do no harm first, before doing any good. There are lacunae in the research in Ethical guidelines towards the newer era of Digital dentistry, AI and use of Social Media as a platform and needs to be assessed thoroughly to update on the existing Code of Ethics. This article aims to update on the existing ethics and spread awareness regarding moral practices such that the upcoming generation of dental surgeons are well versed with good ethical practice.

Copyright © 2024 Nair Hospital Dental College Journal of Contemporary Dentistry. This is an open access article, it is free for all to read, download, copy, distribute, adapt and permitted to reuse under Creative Commons Attribution Non Commercial-ShareAlike: CC BY-NC-SABY 4.0 license.

References:

- Bhagwati SN. Ethics, morality and practice of medicine in Ancient India. *Child's Nervous System*. 1997 Aug 25;13(8-9):428–34.
- Majumdar SK. Ethical aspects of the Hippocratic Oath and its relevance to contemporary medicine. *Bulletin of the Indian Institute of History of Medicine (Hyderabad)*. 1995; 25(1-2): 150–69: <https://pubmed.ncbi.nlm.nih.gov/11618834/>.
- Jessri M, Seyyed Ahmad Fatemitabar. Implication of Ethical Principles in Chair-Side Dentistry. 2007. https://www.researchgate.net/publication/268371109_Implication_of_Ethical_Principles_in_Chair-Side_Dentistry.
- Gelbier S, Wright D, Bishop M. Ethics and Dentistry: I. The Meaning of Ethics. *Dental Update*. 2001 Nov 2;28(9):468–73.
- Hirsch AC, Gert B. Ethics in dental practice. *The Journal of the American Dental Association*. 1986 Oct;113(4):599–603.
- Ustrell-Torrent J, Buxarrais-Estrada M, Riutord-Sbert P. Ethical relationship in the dentist-patient interaction. *Journal of Clinical and Experimental Dentistry*. 2021;13(1):e61–6.
- McCullough LB. Ethics in dental medicine: a framework for moral responsibility in dental practice. *Journal of dental education*. 1985 Apr;49(4):219–24. <https://pubmed.ncbi.nlm.nih.gov/3857272/>.
- Mörch CM, Atsu S, Cai W, Li X, Madathil SA, Liu X, et al. Artificial Intelligence and Ethics in Dentistry: A Scoping Review. *Journal of Dental Research*. 2021 Jun 1;100(13):002203452110138.
- Rahim A, Khatoon R, Khan TA, Syed K, Khan I, Khalid T, et al. Artificial intelligence-powered dentistry: Probing the potential, challenges, and ethicality of artificial intelligence in dentistry. *DIGITAL HEALTH*. 2024 Jan;10.
- Sivaraman, Sujatha et al. Dental ethics just got more complicated. *The Journal of the American Dental Association*, Volume 154, Issue 12, 1119 - 1121.
- Joshi, Nilesh & Joshi, Mridula & Shetty, Anupa & Jawdekar, Ashwin & Vaz, Mirella & Sachdev, Sanpreet. (2024). Knowledge, Attitude, and Practices of Dentists in Maharashtra Regarding Sharing Patients' Data on Social Media: A Questionnaire-Based Study. *South Eastern European Journal of Public Health*. 840-848. 10.70135/seejph.vi.1488.
- THE DENTISTS ACT, 1948 (16 OF 1948) Ministry of Law and Justice https://dciindia.gov.in/Rule_Regulation/Dentists_Act_1948.pdf.
- Indian Dental Association. www.ida.org.in. <https://www.ida.org.in/AboutUs/Details/Code-of-Ethics>
- Dental Ethics Manual 2 https://www.fdiworlddental.org/sites/default/files/2020-11/1fdi_dental_ethics_manual_1st_edition_2007.pdf.