

# Ethics in dental practice: An overview

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Clinical ethical reasoning and analysis are skills that are crucial to good patient care in much the same way as biomedical knowledge and procedural skills are essential to diagnosis and management of dental problems. As clinicians, we encounter a broad spectrum of ethical dilemmas during the course of practice. Practising dentistry in the 21st century has become ethically complex. The commitment to patients as persons in a manner that transcends biological disease calls for a holistic bio-psycho-social approach to care that is fraught with ethical complexity.

## INTRODUCTION

Treating patients and their families has the potential to sometimes produce dual loyalties and requires clinicians to arbitrate during surrogate decision-making. Continuity of care over a number of years allows for the development of long-standing relationships riddled with micro-ethical issues associated with long-term care. In our roles as resource managers and team players, our potential for encountering ethical dilemmas escalates. We may resolve these dilemmas in a variety of different ways. In our attempts at resolution we need to be able to justify our actions. In order to do this a basic knowledge of ethical theory is required. Furthermore, it is essential to develop the necessary skills to translate ethical theory into practice.

## HISTORICAL PERSPECTIVE

Bioethics is a branch of Applied Ethics which has its origins in traditional western moral philosophy. Altogether 2500 years of moral debate, starting with the ancient Greeks, have produced secular moral theories that are still widely used and debated today. Surprisingly only 3 major moral theories have dominated debate and these three theories will be briefly introduced here. (See Table 1) Virtue ethics is the moral theory developed by the

Greek philosophers, Aristotle in particular, and concentrates on the character traits or virtues that should be possessed by a person in order for him/her to do good. The theory supports the view that in order to do good one has to be good. Hence the good dentist should possess characteristics or virtues such as compassion, integrity, discernment and trustworthiness. Consequentialism is based on the belief that the consequences of actions define their morality. Utilitarianism is the most well known consequentialist theory. Here the right action is the one that produces the greatest happiness for the greatest number of people. Deontology or rule based morality emphasizes moral duty and moral rules such as "always be honest with your patients". Using this theory, a dentist would make a moral decision based on a sense of duty to do the right thing. In addition, there are a number of other theories such as liberal individualism, communitarianism, casuistry, the ethics of care and common morality theory, discussion of which falls beyond the scope of this paper.

Although interesting, these theories have come to be regarded as "broad and cumbersome" and difficult to use in the clinical setting. In the 1980s a popular approach referred to as the "Four Principles" approach emanated from the United States. These principles include respect for patient autonomy, beneficence, non-maleficence and justice (see Table 2).

Table 2: The four principles of medical ethics

Respect for autonomy	Informed consent, confidentiality, truth telling, and good communication
Beneficence	Doing good /acting in the best interests of the patient
Non-maleficence	Do no harm – weigh risks and benefits and minimise harm
Justice	Fair treatment – rights-based, legal, and distributive justice

Table 1: A comparison of duty-based ethics, utilitarianism and virtue ethics (after Hursthouse, 1991) – adapted from Medical Ethics and Law: The Core Curriculum by Hope, Savulescu & Hendrick

Utilitarianism	Duty-based	Virtue
An action is right if, and only if, it promotes the best consequences	An action is right if, and only if, it is in accord with a moral rule or principle	An action is right if, and only if, it is what a virtuous person would do in the circumstances A virtuous person is one who exercises the virtues
The best consequences are those in which happiness is maximized	A moral rule is one that is laid on us by God is laid on us by reason would be chosen by all rational beings	A virtue is a character trait a human being needs in order to flourish
The theory thus depends critically on the concept of happiness	The theory thus depends critically on the concept of rationality (or, alternatively, on understanding God's will)	The theory thus depends critically on the concept of human virtues – compassion, trustworthiness, discernment, moral integrity.



Table 3: Risk management strategies for endodontic treatment

Diagnosis	Establish a clear diagnosis and discuss the treatment objectives with the patient prior to commencing endodontic therapy
Assessment	A full assessment of the tooth or teeth including radiographic assessment to get a clear idea of the anatomy of the root canals and to foresee any problems that may arise
Patient expectations	Ensure that the patient's expectations are realistic in terms of the outcomes of endodontic treatment
Fractured instruments	Where a fracture is anticipated, patients must be advised accordingly. If a fracture does occur, the patient should be informed and all the appropriate options considered and discussed with the patient.
Consider Alternatives	The desire to save the tooth may be paramount, but endodontically treated teeth may subsequently require expensive restorations. It is important to consider the endodontic treatment as part of the long term treatment needs of the patient and to consider alternatives that may include extracting the tooth
When it goes wrong	The patient should be fully informed of other options when things go wrong like an unexpected fracture of an instrument or any adverse outcome where the tooth fails to settle
Meticulous technique	Root canal treatment is not always successful and patients may want to know the reasons for failure. Techniques should be evidence-based and where possible, a rubber dam or other forms of isolation should be used to prevent infection
Consider other risks	On rare occasions, endodontic treatment can damage other structures as a result of mechanical or physical trauma. Care should be taken to ensure that all materials remain within the tooth
Review after treatment	Always review the long term treatment plan after endodontic treatment has been carried out to ensure that the appropriate restorations can be placed on the tooth
Follow up	Follow up is essential especially if there were any problems (like fractured instruments) during treatment

(Adapted from DPL Riskwise South Africa #13 2008)

These principles will be elaborated in the ethical vignettes below. While controversial in terms of scope and hierarchy, the principles provide a simple and useful way for clinicians to articulate and understand their ethical dilemmas. However, ethical dilemmas are often complex and ethical principles alone are inadequate to attempt to resolve an ethical conflict. While there are no easy solutions or foolproof methods to resolve ethical dilemmas, a simple but comprehensive approach will be outlined in the next article. As a point of departure, however, we need to consider some actual ethical vignettes from practice.

### ETHICAL VIGNETTES

Consider the following scenario:

#### CASE SCENARIO 1

A patient visited a general dental practitioner, dentist A, for root canal treatment. A month later she consulted with a second general dental practitioner, dentist B, as the molar tooth continued to cause problems. Radiographic examination revealed a broken reamer in one of the root canals of the lower molar tooth. Dentist B informed the patient accordingly. The patient was unaware of this and reported that dentist A had not informed her of the fact that he had fractured an instrument in the canal.

### COMMENTARY

What should dentist A have done?

1. Tell the patient about the broken reamer and offer treatment?
2. Withhold this information from the patient?

From an ethical perspective respect for autonomy requires the dentist to tell the patient the truth and non-maleficence requires that he does not cause her harm. From a legal perspective, according to the National Health Act No 61 of 2003, Chapter 2

Section 6 "every health care provider must inform a user [patient] of the user's health status except in circumstances where there is substantial evidence that the disclosure of the user's health status would be contrary to the best interest's of the user." In this scenario disclosure of the broken reamer would be in the best interest of the patient.

As with any procedure, endodontic treatment carries several risks. These must be discussed with the patient in advance as part of the consent process. Table 3 elaborates on these risks.

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