

Principal Features of Dental Ethic

5-6



Dentistry

Dentistry is both a **science and an art**. Science deals with what can be observed and measured, and a competent dentist recognises the signs of oral disease and knows how to restore good oral health. But scientific dentistry has **its limits**, particularly in **regard to human individuality**, culture, religion, freedom, rights and responsibilities. The art of dentistry involves the application of dental science and technology to individual patients, families and communities, no two of which are identical. By far the major part of the differences among individuals, families and communities is non-physiological, and it is in recognising and dealing with these differences that the arts, humanities and social sciences, along with ethics, play a major role. Indeed, ethics itself is enriched by the insights and data of these other disciplines; for example, a theatrical presentation of a clinical dilemma can be a more powerful stimulus for ethical reflection and analysis than a simple case description.

What's special about dental ethics?

Dental ethics is a system of principles governing the dental practice, a **moral obligation** to render the **best quality of dental services to the patient** and to **maintain an honest relationship with other professionals and society**.

Dental ethics plays an integral role in the daily practice of dentistry and infiltrate the “how” to proceed, the “why” to proceed, and the “when” to proceed with treatment.

Also, knowledge, presentation, and communication are important concepts in meeting the **dental ethics perimeters**.

What are codes of ethics?

Code of Ethics

The public grants a health care profession the privilege of self-regulation. Implicit in the concept of self-regulation is the obligation of the profession to have and abide by a written code of conduct that provides guidance to its members and future members. **Broad Principles:**

- Be honest and impartial in serving patients, the public, the institution and the professions.
- Strive to increase personal competence and the esteem in which the professions are held.
- Use knowledge and skill to improve the health and well-being of patients and the public.
- Respect the dignity, professional status of, and professional relationships with their fellow students, faculty, staff and other health care providers

Should I care more about being legal or being ethical?

Legal standards definition is any statute, rule, ordinance, code, administrative resolution, judicial order, order of the court of appeals, the decree of the municipal court of appeals, an authoritative verdict, a government decision, or any legally enforceable arrangement with an authoritative government. In the financial realm, they are intended to ensure credibility and transparency in accordance with established standards of conduct. Such regulations have been put in place by regulators after taking into account all of the consequences that new legislation will have on society.

In the event of a crime, the punishments for violators can include jail time and fines, court orders, restitution, and other unpleasant outcomes.

There are no indications that this generalization extends to public officials specifically, despite the fact that breaking the law is usually fraught with peril. Laws establish standards by establishing procedures for how things should be done, such as the manner in which public officials should be elected. In addition, they set standards in a variety of fields. They, for example, contribute to the accuracy of grocery scales, gasoline pumps, and other measuring devices in general

Ethical standards refer to a set of values that the institution's founders developed to guide the organization's conduct. Decision-making can be aided by referencing the code provided here. Organizational culture relies heavily on these norms. They define the expectations of owners and top executives in terms of employee and supplier behavior, at the very least in the context of the relationship between the two parties. These principles will be widely disseminated and strictly enforced under a corporate governance framework. Senior leaders can help foster a positive work environment by setting an example for lower-level employees. Most ethical companies aim to develop their employees' moral courage, moral beliefs, and moral efficacy.

Ethical norms violations can result in fines, disbarment, or other penalties for the attorney responsible. Because paralegals are not admitted to the bar, the attorney or company they were working for is generally held responsible for their actions.

Whilst legal standards are set by governmental laws, ethical standards do not necessarily have a legal basis. Legal standards are useful as they help people to understand what they are not allowed to do, whereas ethical standards are primarily based on human principles of right and wrong.

Parameters of Comparison

Legal

Ethical

Basis

Based on law

Based on principles

Effect of non adherence

Not adhering is punishable.

Not adhering is not punishable.

Scope of choice

Lawfully mandatory

Voluntary

Form

Have written records

Totally abstract form.

Impact seen on

Generally seen in larger spheres
or on irregular basis.

Seen in smaller spheres as well.

Do we really have obligations to patients?

There is significant controversy over whether patients have a ‘right not to know’ information relevant to their health. Some arguments for limiting such a right appeal to potential burdens on others that a patient’s avoidable ignorance might generate.

General dental practitioners have an ethical responsibility to **provide access to advice and emergency treatment for patients, including those under a private contract.**

General dental practitioners have an ethical responsibility to provide access to emergency treatment outside normal hours.

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

The dentist must accept full responsibility for all treatment undertaken, and no treatment or service should be delegated to a person who is not qualified or is not legally permitted to undertake this.

- must deal ethically in all aspects of professional life and adhere to rules of professional law
- should continue to develop professional knowledge and skills

The dentist has a duty to maintain and update professional competence through continuing education through his/her active professional life.

- should support oral health promotion .

The dentist should participate in oral health education and should support and promote accepted measures to improve the oral health of the public.

- should be respectful towards professional **colleagues and staff**

The dentist should behave towards all members of the oral health team in a professional manner and should be willing to assist colleagues professionally and maintain respect for divergence of professional opinion.

- should act in a manner which will enhance the prestige and reputation of the profession.

Can dentistry be both a business and a profession?

When dealing with the financial aspects of patient care, many of the practical issues are inseparable from the underlying ethical considerations which underpin them in a professional healthcare environment.

These ethical issues that arise in connection with financial aspects of patient care can include the following:

- A patient's best interests must remain paramount at all times. Dentists should never be tempted for reasons of financial gain to recommend or provide treatment which is not in a patient's best interests.
- Dentists should take particular care to avoid money-driven compromises wherever possible, especially if such compromises would result in an unsatisfactory standard of care being provided.
- Patients should be given accurate and balanced information about treatment options and how they compare in all respects - including that of cost.

- Consent should never be obtained in bad faith “ for example, by seeking to persuade a patient that a certain treatment is necessary, or in their best interests, when this is not the case.
- Dentists should not hold themselves out as being competent to carry out a certain type of treatment if this is not so; a dentist must be prepared to suggest second opinions when indicated, and should not allow financial or business considerations to persuade them into carrying out treatment which they are not trained or competent to provide to an appropriate standard.
- Patients should be informed if any details of the treatment provided for them (the materials used, for example) are not as originally proposed and agreed.
- When claiming fees from third parties (state funded healthcare schemes, health funds, insurance companies etc), dentists should take care to avoid making any claims that are inappropriate such as claims for treatment which is not provided, or which is different from that claimed).
- The public has a right to expect that dentists will behave with fairness and integrity. A patient's dignity, autonomy and rights should be respected at all times and no treatment plan should ever be motivated by greed, business advantage or financial gain to the detriment of the patient.
- In all financial dealings with patients, dentists and practice staff should treat patients as they would wish to be treated themselves.
- Every member of the dental team shares a duty to protect the patient's personal information, which include all the financial details of their treatment. Avoid discussing financial aspects of a patient's treatment with, or in the hearing of others.

- This also applies to both telephone and face to face discussions with another member of the patient's family
- Dentists should at all time adhere to professional standards of behaviour in fee charging, handling and collecting fees. The way in which dentists conduct their financial dealings with patients, either directly or through third parties, has a direct impact upon public confidence and trust in the profession.

Unacceptable business practices:

Suggestions of an excessively 'commercial' or 'business-like' approach to a patient's care and treatment do not reflect well upon a healthcare professional. **These allegations typically include:**

- overprescribing/overtreatment
- under-treatment/supervised neglect
- claiming for treatment not provided
- overcharging
- **under-charging/discounting, cutting corners and poor standards**

Most of the dento-legal challenges arise from these problem areas:

1. Demanding fees for treatment which has failed, or which the patient believes to be unsatisfactory.
2. Demanding fees which are greater than the patient had been led to expect, or greater than those which the patient had agreed to, without proper explanation.
3. Charging fees at a level which the patient believes to be excessive.

- 1.Charging fees for treatment or services which the patient perceives (rightly or wrongly) you have not provided.
- 2.Charging fees for treatment which the patient perceives (rightly or wrongly) as being unnecessary.
- 3.Charging fees for treatment which the patient perceives (rightly or wrongly) as have been necessary only because of some deficiency in treatment which you have provided previously.

THANK YOU

Principal Features of Dental Ethics

Dental ethics is “a system of principles governing the dental practice, a moral obligation to render the best quality of dental services to the patient and to maintain an honest relationship with other professionals and society.

Dental ethics plays an integral role in the daily practice of dental hygiene and infiltrate the “**how**” to proceed, the “**why**” to proceed, and the “**when**” to proceed with treatment. Also, knowledge, presentation, and communication are important concepts in meeting the dental ethics perimeters

Key Principles in Dental Ethics:

The **five key principles** of dental ethics are patient autonomy, nonmaleficence, beneficence, justice, and veracity. Understanding each of these principles will provide the guidance needed to ensure that patient needs are met within the ethical guidelines of the dental license.

1) Patient Autonomy

Patient autonomy or “self-governance” is the primary obligation of the dental provider and “includes involving the patient in treatment decisions in a meaningful way, with due consideration being given to patient needs, desires, abilities, and safeguarding the patient privacy

The main components of patient autonomy require informing the patient, involving the patient, and keeping patient records confidential.² Informing the patient of disease or defective dental concerns is the first step to patient autonomy.

Next, involving the patient in the decision-making process requires patient understanding of the diagnosis, which is crucial to the patient making an informed consent or refusal of treatment. The use of dental radiographs and intraoral pictures can facilitate patient understanding of the diagnosis. Meeting dental continuing education licensure requirements is critical in enhancing the dental provider’s ability to provide the information in a way the patient can understand the diagnosis and the treatment options being offered

2) Nonmaleficence

Nonmaleficence or “to do no harm” means the “professional has a duty to refrain from harm to the patient.”¹ Nonmaleficence covers a broad spectrum of dental ethics such as provider skill and knowledge, impairment, post-exposure, patient abandonment, and personal relationships. Nonmaleficence requires the dental professional to have the skill and knowledge to treat within their limitations. Whenever the scope of treatment exceeds their abilities or training, there is an ethical obligation to refer the patient to a capable dental specialist. Providers also have an ethical duty to maintain a professional manner in the community and, therefore, they must practice within the rules and regulations of their governing body.

Providing inferior treatment that may cause more harm than good should never be considered and is a violation of dental ethics under nonmaleficence. Also, maintaining current practice knowledge through continuing dental education as required by state guidelines falls within the nonmaleficence category.

Furthermore, practicing with an impairment (as caused by the use of controlled substances, chemical agents, or alcohol, for example) may inhibit the provider's full capacity to treat and is important in understanding nonmaleficence.

Lastly, nonmaleficence covers patient abandonment and personal relationships. In reference to patient abandonment, it is the obligation of the dental provider to supply proper notice when discontinuing treatment so that the patient may seek continued treatment elsewhere. The provider requirements set forth for patient abandonment help to ensure that there is **“no harm”** caused to the patient by allowing their oral health care to be in jeopardy. Also, a doctor-patient personal relationship, such as dating, which may impair professional judgment, thus placing the patient at risk as well as jeopardizing patient trust.

3) Beneficence

Beneficence or “to do good” is the principle that states the “professionals have the duty to act for the benefit of others.”¹ Beneficence involves “the competent and timely delivery of services,” the providers presenting themselves in a professional manner to the community and within their practices, the providers observing rules and regulations within their practice, the providers providing their patients with research and development of purposed treatments and mandated reporting.

For example, “providing competent and timely delivery of dental care with consideration given to the needs, desires, and values of the patient.

This also applies in public emergency mandates so that dental practices pose no harm to the public while still maintaining a standard of care for their patients.

Also, optimizing current research in the development of treatment and providing the information to the patient or public is crucial in serving individual and public oral health care needs. Dental research plays a pivotal role in minimizing potential harm while acting in a way to benefit the patient and the public

Lastly, mandated reporting falls under the principle of beneficence. In refer **Familiarity is important to identifying and intervention where neglect or abuse is evident. The failure to comply with mandated reporting is a direct violation of the provider’s ethical obligation.**

4) Justice

Justice or “**fairness**” is “delivering dental care without prejudice.” Justice covers an array of topics, such as patient selection, emergency service, justifiable criticism, expert testimony, and rebates or split fees.

Initially, patient selection cannot be determined by race, creed, sex, or disability. However, the dentist may “exercise reasonable discretion” in patient selection.

One example that falls under the “**reasonable discretion**” is denying care to a patient with a disability because the office may not be equipped to provide optimal care, or the patient’s health would be hampered by the dental treatment as indicated by the patient’s primary medical provider.

In addition, providing emergent care or facilitating emergent care to patients, returning.

patients who have been treated under emergent care to their original dentist, as well as reporting another dentist for gross negligence or continual faulty dental treatment are all components of justice

5) Veracity

Veracity or “truthfulness” is “the professionals’ obligations to be honest and trustworthy in their dealing with patients.” *Veracity’s key* principles involve respect, trust, and intellectual integrity

Respecting the clinician-patient relationship is a valuable attribute of veracity. In addition, communication with the patient in a truthful and honest way when diagnosing and treating falls into the veracity perimeters.

Lastly, maintaining “**intellectual integrity**” by providing research-based diagnosis or treatment when communicating to the patient is an important aspect of veracity. This involves using scientific research and not being deceptive to their patients, as well as conforming to the rules and etiquette of insurance authorizations and submissions.

Application of Five Key Steps

Once the clinician is knowledgeable of the dental ethic key components, these principles can be applied to navigate the patient appointment. When diagnosing a patient, not only do the clinical findings play a role but also the ethics to steer the appointment successfully.

For example, a patient may present with active periodontal disease.

The *veracity principle* is represented using recent scientific research and knowledge in this patient’s diagnosis and treatment.

The *beneficence principle* comes to play by considering all the treatment options available to the patient and representing the most optimal treatment.

However, the *patient autonomy principle* allows the patient to refuse the treatment options. Thus, informing the patient of the outcomes of nonconforming to any of the treatment options is the ethical duty of the provider. However, the *nonmaleficence principle* is the understanding that the provider may not be neglectful and should implement a treatment. Otherwise, not treating would be remiss and cause harm to the patient's oral dental health. Once treatment has been considered, the *justice principle* is at the forefront of treating the patient without prejudice (justice), regardless of financial situation, race, creed, or gender, for example.

The five principles of dental ethics apply to all patients and appointments to some degree. The failure to practice within these guidelines not only places the practitioner at risk of malpractice but also affects the patient negatively. These principles will ensure a profitable and ethical practice and pave the way for navigating the patient appointment with a positive outcome.

The 'Hippocratic Oath' formulated in the 5th Century BC relating to the practice of Medicine applies no less to Dentistry, another of the 'healing professions', stating:

- *I swear to fulfil to the best of my ability and judgment, this covenant: ...*
- *I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.*
- *I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of over-treatment and therapeutic nihilism.*
- *I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*

- *I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery.*
- *I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. Above all, I must not play at God.*
- *I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.*
- *I will prevent disease whenever I can, for prevention is preferable to cure.*
- *I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.*
- *If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.*

So what is ethical & indeed, professional behaviour in Dentistry and what is not?

What's Special about Dentistry?

In virtually every part of the world, being a dentist has meant something special. People come to dentists for help with some of their most **pressing needs** – **relief from pain and suffering** and **restoration of oral health and well-being**. They allow dentists to see, touch and manipulate their bodies and they disclose information about themselves that **they would not want others to know**.

They do this because they trust their dentists to act in their best interests. As noted above, dentistry is a recognised profession.

At the same time, however, it is a **commercial enterprise**, whereby dentists employ their **skills to earn a living**. There is a potential tension between these two **aspects of dentistry** and **maintaining an appropriate balance between them is often difficult**. Some dentists may be tempted to **minimise their commitment to professionalism** in order to **increase their income**, for example by **aggressive advertising** and/or **specialising in lucrative cosmetic procedures**.

If taken too far, such activities can diminish the public's respect for and trust in the entire dental profession, with the result that dentists will be regarded as just another set of entrepreneurs who place their own interests above those of the people they serve. **Such behaviour is in conflict with the requirement of the FDI International Principles of Ethics for the Dental Profession that "the dentist should act in a manner which will enhance the prestige and reputation of the profession."** Because the commercial aspect of dentistry sometimes seems to prevail over the professional aspect, the status of dentists is deteriorating in some countries. Patients who used to **accept dentists' advice unquestioningly** sometimes **ask dentists to defend their recommendations if these are different from information obtained from other oral health practitioners or the Internet**.

What's Special About Dental Ethics?

Compassion, competence and autonomy are not exclusive to dentistry. However, the practice of dentistry requires dentists to exemplify these values to a higher degree than in other occupations, including some other professions. Compassion, defined as understanding and concern for another person's distress, is essential for the practice of dentistry. In order to deal with the patient's problems, the dentist must identify the symptoms that the patient is experiencing and their underlying causes and must want to help the patient achieve relief.

Who decides what is ethical?

Ethics is pluralistic. Individuals disagree among themselves about what is **right and what is wrong**, and even when they agree, it is often for different reasons.

In some societies, this disagreement is regarded as normal and **there is a great deal of freedom to act however one wants**, as long as it does not **violate the rights of others**.

This individual freedom may **present a challenge for dentists and their patients**, whose ethical differences must be overcome in order to reach their common goal.

In more traditional societies, there is greater agreement on ethics and greater social pressure, sometimes backed by laws, to act in certain ways rather than others. In such societies culture and religion often play a dominant role in **determining ethical behavior**.

The answer to the question, **“who decides what is ethical for people in general?”** therefore **varies from one society to another and even within the same society.**

In liberal societies, individuals **have a greatdeal of freedom to decide for themselves** what is **ethical,** although they will likely be **influenced by their families, friends, religion, the media and other external sources.**

In more traditional societies, family and clan elders, religious authorities and **political leaders** usually have a greater role than individuals in determining what is ethical.

If they are dissatisfied with the results of dental treatment, no matter what the cause, an increasing number of patients are turning to the courts to obtain compensation from dentists. Moreover, many dentists feel that they are no longer as respected as they once were. In some countries, control of oral health care has moved steadily away from dentists to non-dental managers and bureaucrats, some of whom tend to see dentists as obstacles to rather than partners in the provision of health care for all in need. Some procedures that formerly only dentists were capable of performing are now done by dental hygienists, therapists, assistants or denturists.

Despite these changes impinging on the status of dentists, dentistry continues to be a profession that is highly valued by the people who need its services. It also continues to attract large numbers of the most gifted, hard working and dedicated students. In order to meet the expectations of patients, students and the general public, it is important that dentists know and exemplify the core values of dentistry, especially compassion, competence and autonomy. These values, along with respect for fundamental human rights, serve as the foundation of dental ethics.

Patients respond better to treatment if they perceive that the dentist appreciates their concerns and is treating them rather than just their illness.

A very high degree of competence is both expected and required of dentists. A lack of competence can have serious consequences for patients. Dentists undergo a long training period to ensure competence, but considering the rapid advance of dental knowledge, it is a continual challenge for them to maintain their competence. Moreover, it is not just their scientific knowledge and technical skills that they have to develop and maintain but their ethical knowledge, skills and attitudes as well, since new ethical issues arise with changes in dental practice and its social and political environment

Autonomy, or **self-determination**, is the core **value of dentistry** that has evolved the most over the years. Individual dentists have traditionally enjoyed a high degree of clinical autonomy in deciding where and how to practice. Dentists collectively (the dental profession) have been free to determine the standards of dental education and dental practice.

As do physicians, dentists consider that clinical and **professional autonomy** benefits not just themselves but patients as well, since it frees dentists from government and corporate restraints on providing optimal treatment for patients. Some governments and other authorities are increasingly restricting the **autonomy of dentists**. Nevertheless, dentists still **value their autonomy and try to preserve it as much as possible**.

At the same time, there has been a widespread acceptance by dentists worldwide of **patient autonomy**, which means that **patients should be the ultimate decision makers in matters that affect themselves**.

Some time a potential conflicts between the dentist's autonomy and respect for patient autonomy. Besides its adherence to these **three core values**, **dental ethics differs from the general ethics** applicable to everyone by being **publicly proclaimed in a code of ethics or similar document**.

Despite these differences, it seems that human beings everywhere can agree on some **fundamental ethical principles**, namely, the basic human rights proclaimed in the United Nations Universal Declaration of Human Rights and other widely accepted and officially endorsed documents.

The human rights that are especially important for dental ethics include the rights to freedom from discrimination, to freedom of opinion and expression, to equal access to public services in one's country, and to health care.

In many, if not most, countries dental associations have been **responsible for developing and enforcing the applicable ethical standards**. Depending on **the country's approach to health law**, these standards may have legal status.

The dental profession's privilege of being able to determine its own ethical standards has never been absolute, however. **For example:**

- Dentists have always been subject to the **general laws** of the land and have sometimes been punished for acting contrary to these laws.
- Some dental organisations are **strongly influenced by religious teachings**, which impose additional obligations on their members besides those applicable to all dentists.
- In many countries the organisations that set the **standards for dentists' behaviour** and monitor their compliance now have a **significant non-dentist membership**

The ethical directives of dental associations are general in nature; they cannot deal with every situation that dentists might face in their practice. In most situations, dentists have to decide for themselves what is the right way to act, but in making such decisions, it is helpful to know what other dentists would do in **similar situations**. **Dental codes of ethics and policy statements reflect a general consensus about the way dentists should act and they should be followed unless there are good reasons for acting otherwise.**

Does dental ethics differ from one country to another?

Dental ethics can and does change over time, in response to developments in dental science and technology as well as in societal values, **so does it vary from one country to another depending on these same factors.**

On advertising, for example, there is a **significant difference of opinion among national dental associations**. Some associations **forbid it but others are neutral and still others accept it under certain conditions**.

Likewise, regarding access to oral health care, some national associations support the **equality of all citizens** whereas others are **willing to tolerate great inequalities**.

In some countries there is **considerable interest in the ethical issues posed by advanced dental technology** whereas in countries that do not have access to such technology, these ethical issues do not arise.

Dentists in some countries are **confident that they will not be forced by their government to do anything unethical** while in other countries it may be difficult for them to meet their ethical obligations, for example, to maintain the confidentiality of patients in the face of **police or army requirements** to report ‘**suspicious**’ injuries; any such encouragement of dentists to act unethically should be a matter of great concern.

Although these differences may seem **significant**, the similarities are far greater. Dentists throughout the world have much in common, and when they come together in organisations such as the FDI, they usually achieve agreement on **controversial ethical issues**, though this often requires lengthy debate.

The fundamental values of dental ethics, such as **compassion**, **competence** and **autonomy**, along with dentists' experience and skills in all aspects of dentistry, provide a sound basis for analysing ethical issues in dentistry and arriving at solutions that are in the best interests of individual patients and citizens and public health in general.

FDI World Dental Federation International Principles of Ethics for the Dental Profession

These International Principles of Ethics for the Dental Profession should be considered as guidelines for every dentist. These guidelines cannot cover all local, national, traditions, legislation or circumstances.

The professional dentist:

- will practice according to the art and science of dentistry and to the principles of humanity
- will safeguard the oral health of patients irrespective of their individual status The primary duty of the dentist is to safeguard the oral health of patients. However, the dentist has the right to decline to treat a patient, except for the provision of emergency care, for humanitarian reasons, or where the laws of the country dictate otherwise.

- should refer for advice and/or treatment any patient requiring a level of competence beyond that held The needs of the patient are the overriding concern and the dentist should refer for advice or treatment any patient requiring a level of dental competence greater than he/she possesses.

- must ensure professional confidentiality of all information about patients and their treatment The dentist must ensure that all staff respect patients confidentiality except where the laws of the country dictate otherwise.

- must accept responsibility for, and utilise dental auxiliaries strictly according to the law.

The dentist must accept full responsibility for all treatment undertaken, and no treatment or service should be delegated to a person who is not qualified or is not legally permitted to undertake this.

- must deal ethically in all aspects of professional life and adhere to rules of professional law

- should continue to develop professional knowledge and skills The dentist has a duty to maintain and update professional competence through continuing education through his/her active professional life.

- should support oral health promotion The dentist should participate in oral health education and should support and promote accepted measures to improve the oral health of the public.

- should be respectful towards professional colleagues and staff The dentist should behave towards all members of the oral health team in a professional manner and should be willing to assist colleagues professionally and maintain respect for divergence of professional opinion.
- should act in a manner which will enhance the prestige and reputation of the profession.

Nowadays it is generally agreed that dentists should also consider the needs of society, Moreover, advances in dental science and technology raise new ethical issues that cannot be answered by traditional dental ethics.

Health informatics and electronic patient records, changing patterns of practice and expensive new devices have great potential for benefiting patients but also potential for harm depending on how they are used. To help dentists decide whether and under what conditions they should utilise these resources, dental associations need to use different analytic methods than simply relying on existing codes of ethics

Despite these obvious changes in dental ethics, there is widespread agreement among dentists that the fundamental values and ethical principles of dentistry do not, or at least should not, change. Since it is inevitable that human beings will always be subject to oral disease, they will continue to have need of compassionate, competent and autonomous dentists to care for them.



Does Dental Ethics Change?

There can be little doubt that some aspects of dental ethics have changed over the years. Until recently dentists had the right and the duty to decide how patients should be treated and there was no obligation to obtain the patient's informed consent.

In contrast, the U.K. General Dental Council now advises dentists that: "It is a general legal and ethical principle that you must get valid consent before starting treatment or physical investigation, or providing personal care, for a patient. This principle reflects the right of patients to determine what happens to their own bodies, and is a fundamental part of good practice." Many individuals now consult the Internet and other sources of health information and are not prepared to accept the recommendations of dentists unless these are fully explained and justified.

Although this insistence on informed decision making is far from universal, it does seem to be spreading and is symptomatic of a more general evolution in the patient-dentist relationship that gives rise to different ethical obligations for dentists than previously. Until recently, dentists generally considered themselves accountable only to themselves, to their colleagues in the **dental profession and, for religious believers, to God.**

Nowadays, they have **additional accountabilities** – to **their patients, to third parties** such as **managed health care organisations, to dental licensing and regulatory authorities, and often to courts of law.**

The Role of the FDI

FDI is international organisation that seeks to represent all dentists, regardless of nationality or specialty, the FDI has undertaken the role of **establishing general standards in dental ethics that are applicable worldwide**. In addition to the **International Principles of Ethics for the Dental Profession**, the FDI has adopted policy statements on many specific ethical issues as well as other issues related to oral health, oral health policies and the dental profession .The FDI General Assembly frequently revises existing policies and adopts new ones.

How Does the FDI Decide What is Ethical?

Achieving international agreement on controversial ethical issues is not an easy task, even within a relatively cohesive group such as dentists.

The FDI Working Group on Ethics and Dental Legislation, through the Dental Practice Committee, is responsible for preparing statements on ethical issues, and amendments to existing statements, for consideration and approval by the Council and General Assembly.

In deciding what is ethical, the FDI draws upon the history of dental ethics as reflected in its previous ethical statements. It also takes note of other positions on the topic under consideration, both of national and international organisations and of individuals with skill in ethics.

On some issues, **such as informed consent**, the FDI finds itself in agreement with the majority view. On others, such as the confidentiality of personal dental information, the position of dentists may have to be promoted forcefully against those of governments, health system administrators and/or commercial enterprises.

A defining feature of the FDI's approach to **ethics is the priority that it assigns to the individual patient or research subject**. As the International Principles of Ethics for the Dental Profession state, "The needs of the patient are the overriding concern.

How Do Individuals Decide What is Ethical?

For individual dentists and dental students, dental ethics does not consist simply in following the recommendations of the FDI or **other dental organisations**.

These recommendations are usually general in nature and individuals need to determine whether or not they apply to the situation at hand. Moreover, many ethical issues arise in dental practice for which there is no guidance from dental associations. Individuals are ultimately responsible for making their own ethical decisions and for implementing them.

There are different ways of approaching ethical issues such as the ones in the cases at the beginning of this Manual. These can be divided roughly into two categories: non-rational and rational.

It is important to note that non-rational does not mean irrational (**that is, contrary to reason**) but simply that it is to be distinguished from the systematic, reflective use of reason in **decision making**

Non-rational approaches:

- **Obedience** is a common way of making ethical decisions, especially by children and those who work within authoritarian structures (for example, the military, police, some religious organisations, many businesses).

Morality consists in following the rules or instructions of those in authority, whether or not you agree with them.

- **Imitation** is similar to obedience in that it subordinates one's judgement about right and wrong to that of another person, in this case, a role model. Morality consists in following the example of the role model. This has been perhaps the most common way of learning dental ethics by aspiring dentists, with the role models being the senior dentists and the mode of moral learning being observation and assimilation of the values portrayed.

- **Feeling** or desire is a subjective approach to moral decision-making and behaviour. What is right is what feels right or satisfies one's desire; what is wrong is what feels wrong or frustrates one's desire. The measure of morality is to be found within each individual and, of course, can vary greatly from one individual to another, and even within the same individual over time.

- **Intuition** is an immediate perception of the right way to act in a situation. It is similar to desire in that it is entirely subjective; however, it differs because of its location in the mind rather than the will.

To that extent it comes closer to the rational forms of ethical decision-making than do Dental Ethics Manual obedience, imitation, feeling and desire.

However, it is **neither systematic nor reflexive but directs moral decisions through a simple flash of insight**. Like feeling and desire, it can vary greatly from one individual to another, and even within the same individual over time.

- **Habit** is a very efficient method of moral decisionmaking since there is no need to repeat a systematic decision-making process each time a moral issue arises similar to one that has been dealt with previously.

However, there are bad habits (for example, lying) as well as good ones (for example, truth-telling); moreover, situations that appear similar may require significantly different decisions.

As useful as habit is, therefore, one cannot place all one's confidence in it.



THANK YOU