

Ethical issues in clinical orthodontic practice

Anusuya V¹, Amit Nagar^{2,*}

¹Junior Resident, ²Professor, Dept. of Orthodontics and Dentofacial Orthopedics, Faculty of Dental Sciences, King George's Medical University, Lucknow

*Corresponding Author

Email: drnagar05@gmail.com

Abstract

Ethics are the moral principles or virtues that govern the character and conduct of an individual or a group, as a branch of both philosophy and theology, is the systematic study of what is right and good with respect to the character and conduct. As far as biomedical research is concerned, there are various associations, committees, national and international councils that regulate the protocols and ethical guidelines for research involving human subjects. This moral duty is equally important in our day to day clinical practice too. As various committees and councils have given their ethical codes for biomedical and scientific research involving animal and human being individually. This article briefly outlines what basic principles, one should keep in mind to do good clinical practice, ethical justification to their patients and how to apply this to the orthodontic practice.

Keywords: Research, Ethics, Autonomy, Informed Consent, Evidenced Based Medicine

Introduction

Research and experimental development (R&D) comprise creative work undertaken on a systematic basis in order to increase the volume of knowledge, including knowledge of man and society, and the use of this stock of knowledge to devise new applications. R&D may be basic research, applied research or experimental development¹. When the research become scientific then acquiring a new knowledge or interpreting the gained knowledge should be based on measurable evidence, subject to specific principles of reasoning.

In the present scenario, evidence based medicine (EBM) rules the entire clinical practice and all it need is the strong evidence for any single fact that practitioner deals with the patients. Whereas to get strong evidence the present data says that it is the 'meta analysis' that has been done on the particular subject of interest which will provide you with high level of evidence, but to do a good meta-analysis, there should be sufficient number of studies in that particular field of interest with standard protocol, adequate no of subjects, unbiased methodology². Most important is that the entire steps and procedures in any study must have ethical justification.

The word 'ethics' derived from the ancient Greek word "ethikos", concerned with the conduct of human being. Any conduct that is concerned with human beings, either humans as participant or it just have impact on them should be considered for ethics. As far as biomedical research is concerned, there are various associations, committees, national and international councils that regulate the protocols and ethical guidelines for research involving human subjects.

International Ethical Guidelines by Council for International Organizations of Medical Sciences (CIOMS)³ and WHO quote that, any research involving human subjects should have three basic principles

1. Respect for persons
2. Beneficence

3. Justice

Do these guidelines apply only to researches that involve human beings? If the answer is 'Yes' then what about day-to-day clinical practice? When 'ethics' is not a rule but a philosophy, how to find out the ethical justification among ourselves and apply it in our daily clinical routine.

The American Dental Association principles of Ethics and Code of professional conduct (ADA Code)⁴ have given five fundamental principles, which form the foundation of ADA code.

1. Patient autonomy
2. Non-maleficence
3. Beneficence
4. Justice
5. Veracity

Case- M.S.

An 18 yr old girl **M.S.** reported with difficulty in eating as her upper and lower anterior teeth are in cross bite. She is an under-graduate student, belongs to lower middle class family. She has been diagnosed as skeletal Class III malocclusion with mild to moderate severity that could be treated with two plans.

Plan A: Correction of dental problems with camouflage i.e. masking/ leaving the underlying skeletal problem which will be cost-effective.

Plan B: Correction of dental as well as skeletal problem through orthognathic surgery that might need more cooperation from patient with more cost involvement.

1. Patient autonomy ("self-governance")

In the above mentioned scenario, the patient should be explained about both the plans and should be given full autonomy as she is capable to take her own choice that which way she wants to be treated. One should not force her to go for surgery because of more monetary benefit to the practitioner, when she is in need of camouflage treatment and that what she has chosen.

It expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's need, desires and abilities, and safeguarding the patient's privacy⁴.

2. **Non-maleficence** ("do no harm")

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping updated knowledge and skills, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate⁴.

3. **Beneficence** ("do good")

By treating this patient with camouflage approach, improvement in her function can be achieved by establishing good occlusion, thus solving her chief complaint and getting optimal aesthetics, good stability with less invasive procedure and less cost. This provides maximum benefit to the patient with minimum harm i.e. good cost/ benefit ratio.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first⁴.

4. **Justice** (fairness)

Irrespective of patient's lower socioeconomic status, when she is ready to pay for orthodontic treatment she has to be treated with camouflage including retention period. Due to her socioeconomic status, she should not be rejected from being treated. As per AAO's Principles of Ethics and Professional Code of Conduct, Section VI, states, "Members may exercise discretion in selecting a patient into their practice, provided they shall not refuse to accept the patient because of the patient's race, creed, color, sex, national origin, disability, HIV seropositivity status or other legally recognized protected class⁵. Every individual should be provided with equality in treatment, more benefits and less harm to all who needs treatment⁷".

This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people

justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

5. **Veracity** (truthfulness)

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity⁴.

Relationship with the patients

Doctor- patient relationship is the pillar in the success of clinical practice. The relationship starts by voluntary and mutual consent between doctor and patient. The International Principles of ethics for the dental profession states "the needs of the patient are the overriding concern..." the traditional interpretation of doctor-patient relationship in which dentist made the decisions and the patient submitted to them, has almost been completely eliminated. Unless the patient is unable to take decisions or unwilling to take decisions in which the autonomy becomes questionable. As the **Paternalism** has been rejected, doctor must consider the patient values, preferences and involve them in decision-making process.

Informed consent

Informed consent is one of the central concepts of present-day dental ethics, implies that the process of securing consent from a person meets the required standards. It implies that the person from whom consent is sought should have adequate reasoning ability, a clear understanding of the facts, a good idea of the choices available, an appreciation of the implications and comprehension of the consequences⁶.

The patient should be explained about each and every steps of the treatment from problem list onwards, the investigation procedures and complete treatment plan in the patient's own language and taken the informed consent.

Conclusion

Declaration of Helsinki⁷ is being used as the statement of ethical principles to provide guidance to physicians. It states that "It is the duty of physician to promote and safeguard the health of the people. The physician's knowledge and conscience are dedicated to the fulfillment of this duty." Keeping these five basic ethical principles in mind, it is not that we give simple moral justification in our duty but also following these ethical principles will protect us legally being a professional in providing health care with the best possible way to our community.

References

1. OECD (2002) Frascati Manual: proposed standard practice for surveys on research and experimental development, 6th edition.
2. Mantzoukas S. A review of evidence-based practice, nursing research and reflection: levelling the hierarchy. *Journal of Clinical Nursing*. 2008;17:214–223.
3. Council for International Organizations of Medical Sciences, (CIOMS). Guidelines. Geneva: CIOMS, 2002.
4. Council on Ethics, Bylaws, and Judicial Affairs. American Dental Association Principles of Ethics and Code of Professional Conduct. *JADA*.1990;120(5):592-586.
5. Greco P M. When to say no. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2011;140(4):456.
6. Jacob KS. Informed consent and India. *The National Medical Journal of India*. 2014;27(1):35-38.
7. World Medical Association. Declaration of Helsinki. Adopted by the 52nd General Assembly, Edinburgh, Scotland Oct 2000: note of clarification of para 29 added by the WMA General Assembly, Washington, 2002.