

Ethical Decision Making- An Oral Surgeon's Perspective

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Abstract: Like other fields of medicine, modern dentistry includes codes of ethics that are established by a set of guiding principles. These codes are mainly based on moral standards, religious convictions, and social and cultural considerations, provide direction for dental professionals in their day-to-day work and also set standards for oral surgeons in upholding their moral and professional obligations to patients, the general public, and the profession itself. The moral guidelines and rationale sources that must be used in order to carry out an ethical practice are known as ethical principles, which include To do no harm, To do good, Respect, justice, veracity and confidentiality. This review article provides an outline of how these concepts serve as the cornerstone of contemporary dental practise and are therefore essential to how it operates.

Keywords: Ethics, Dental surgeon, Principles of ethics, Beneficence, Non-Maleficence, Autonomy, Justice

INTRODUCTION

The Greek word "ethos," which means custom or character, is where the word "ethics" originates. (1) An established set of moral precepts that direct behaviour norms is known as ethics. (4) Dental surgeons should be required to follow a code of ethics that goes beyond a list of appropriate and improper behaviour. (1)

One of the earliest significant documents in ethical history is the Hippocratic Oath. The teachings of this ancient text are still revered by physicians today. (2)

It has been observed that even in this pessimistic age, the majority of people still have faith in the medical professionals who care for them, with dentists ranking among those with the highest levels of public confidence. (2)

It is pivotal for an oral surgeon to be aware of this fact and to frequently consider its implications, especially in light of the way dental practise appears to be mutating due to malpractice crises, shifting economic conditions, regulatory changes, and other factors. (2)

Dentistry has always taken pride in being a self-regulatory field. The dental profession has created high standards of behaviour for its members as well as disciplinary mechanisms to look into claims of misbehavior and, if required, punish the violators in return for the privileges accorded to them by society and the trust given to its members by patients. (2)

In fact, the majority of surgeons who have little to no training in bioethics face several ethical dilemmas in their line of work. The primary objective of this article is to highlight how surgeons deal with ethical challenges at work and to emphasize the significance of ethical standards in surgical practise. (4)

DISCUSSION

The ethical aspects of oral surgery are significant, and they include a number of guiding concepts.

Ethics are crucial in the decision-making process for the treatment element as well. Three ethical models could guide the relationship between a surgeon and a patient:

1. Paternalistic model:

In this type of ethical model, the dental surgeon makes the best treatment decision for the patient based on what is right for him, disregarding what the patient might want. For example, if a dentist rectify the midline diastema with a restoration, it might be against the patient's desire as he considers it to be a part of his individuality.

2. Engineering

In this kind of ethical model, operator is as objective as a scientist and gives the patient total decision making authority. This sort of relationship is additionally not favorable because it leaves no room for the operator's choice and the patient's desires can be unreasonable, which cannot be met clinically.

model:

3. Social contract model

This ethical framework is founded on real human interaction, friendship (philanthropy) and humanism, in which the both the patient and dental surgeon acknowledges one another's duties and rights.

The most popular and favoured kind of ethical model is this one. (1)

PRINCIPLES OF ETHICS

The goals of the profession are oriented based on the principles of ethics. They give direction and offer legitimization for the Code of professional conduct and the Advisory opinions. These are the objectives to be aimed by each single member of the dental fraternity and are ground within the classic characteristics of the profession. (2)

There are numerous principles that dental professionals must be aware of in their clinical practice. The major principles are:

- a. To do no harm (non-maleficence)
- b. To do good (beneficence)
- c. Respect for persons
- d. Justice
- e. Veracity or truthfulness
- f. Confidentiality (1)

a. To do no harm (non-maleficence)

"Non-maleficence" is the first principle, derived from the ancient maxim "primum non nocere" which when translated from Latin; refers to "first, do no harm". It is the responsibility of the dental surgeon to prevent intentional harm and safeguard the patient by minimizing any associated risks.(2)

The moral requisite of the dental profession lies in the realisation of the oral surgeon's ability to know his own limitations while rendering dental care which includes timely referral of the patient to a specialist or other professional.(2)

In certain courses of treatment, some pain is inevitable in achieving the desired outcome; however, the final choice regarding the level of pain that can be tolerated by the patient must be decided by the patient. (3)

Additionally, research and examination, revelation and discussion of surgical complications, inclusion of medical lapses, and good communication are few of the ethical issues in the framework of non-maleficence when it comes to a surgeon's duties. (4)

b. To do good (beneficence)

Beneficence ("do good"), This principle can be explained by the dictum "does well and avoid evil". (2)

Promotion of patient's welfare is the sole responsibility of the operator.

Considering the patient's needs, desires and values, the dentist is obligated to deliver competent and prompt dental care to the patient. (2)

Surgical proficiency, constant professional development, research and innovation in surgery, rational conduct; equipment maintenance and adequate operating conditions, and lessening harm (including pain control) are some of the key ethical issues in the context of beneficence. (4)

To cite an example, while performing a Le Fort I osteotomy on a 15 year old Jehovah's witness patient, who is unwilling for blood transfusion due to her faith, the surgeons ensured additional counselling and preoperative planning about the products and procedures that are acceptable to the patient, before undergoing surgery. This safeguarded the patient by adhering to the principle of beneficence.(5)

c. Respect for persons

Respect for persons primarily includes autonomy and informed consent as ethical principles. (1)

1. Autonomy

Autonomy ("self-governance") is a term derived from the Greek; Autos (self) and Nomos (rule, governance, or law). According to this principle, the operator's prime duties involve protecting the patient's privacy and meaningfully including the patient in treatment decisions while taking into account their requirements, desires, and abilities.

Respecting someone's autonomy entails accepting that person's right to make informed decisions without compulsion or undue influence from others and in accordance with his or her own values and wants. (2)

In dentistry, patient input plays a significant role in decision-making. Also, rather than evaluating autonomy preferences generally, patient autonomy should be taken into account with regard to particular medical decisions, which suggests that health care workers need to be trained in communication skills. (6)

2. Informed Consent

To acquire informed consent, one must go through a number of steps rather than just signing a document. Throughout the course of treatment, it is the process of having fruitful, educational conversations with the patient.(7)

The major goal of the consent procedure is to give patients adequate information so they can maintain their right to comprehend their alternatives and make a decision about their health condition in an informed manner.(7)

And besides, it is equally essential for medical professionals to formally document patient permission in order to protect themselves against legal or malpractice consequences.(7)

In addition to informed consent, British Dental Association(BDA) also defines the following types of consent:

- a. Implied consent
- b. Verbal consent
- c. Written consent (8)

The most common procedure in oral surgery is the extraction of an impacted lower third molar, which makes it an ideal case study for researching informed consent. The patient must be advised that this surgical extraction involves a number of unavoidable postoperative problems, such as trismus, swelling, or pain. Yet, this surgical procedure carries with it two hazards that could have significant legal repercussions.

Examples include damage to the lingual nerve, which results in hemilingual paresthesia, and damage to the inferior alveolar nerve, which alters sensation in the lower lip and chin on the affected side. (9)

Because of the nature of the technique, informed consent is particularly crucial for orthognathic surgery. It is an elective procedure, and the patient frequently gets treatment to improve both appearance and functionality. While there are high expectations, there is also a chance of becoming dissatisfied. (12)

d. Justice

Justice(fairness and equality) is morally required to act in a way that fairly weighs the conflicting arguments. (4).

Everyone must receive equitable treatment from the surgeon. This principle conveys the idea that professionals have an obligation to treat patients, coworkers, and society fairly.(2)

Dental surgeons should not refuse to accept patients into their practises or refuse to provide dental care to patients because of the patient's race, creed, colour, sex, or ethnic origin, even though they are allowed to use reasonable discretion when choosing patients for their practise in the interest of the public.(2)

It is unethical to decide not to treat someone just because they have the Human Immunodeficiency Virus, Hepatitis B, Hepatitis C, or another blood-borne disease, based on that one fact alone.(2)

e. Veracity or truthfulness

This encompasses being truthful without lying and preserving one's integrity.(3)

While it is the aim of every medical professional, including oral and maxillofacial surgeons, to carry out their tasks as accurately as possible, mistakes can occasionally happen.(10)

In instances such as extraction of wrong tooth, It is ideal if the operator discloses the truth and alerts the patient to any discrepancies straightaway.(10)

f. Confidentiality

The established rule of confidentiality states that nothing should be shared with anyone else without the patient's consent, with the exemption that necessary auxiliary staff, like record keepers, may need to be aware of some details in order to carry out their duties. (10)

Patients may have contagious illnesses that could cause them to infect others, necessitating a violation of confidentiality in such cases.(10)

The right to confidentiality of people with HIV infection and the violation of confidentiality to defend the health of third parties have both been addressed by the Supreme Court of India. According to the court, the right to confidentiality and privacy is not judicially enforceable.

When third parties are at risk, this right may be legitimately restricted. (11)

MEDICOLEGAL CHALLENGES: A SURGEON'S HEADACHE

The range of practise has always been debatable since a maxillofacial surgeon serves as a bridge between the medical and dentistry professions.(12)

Maxillofacial surgeons may be asked to appear as expert witnesses in court instances involving assault and traffic accidents, among other things. They should therefore be familiar with the steps necessary to record evidence in these circumstances.(12)

A medical dental lawsuit is frequently brought about by damage to neural structures sustained during oral or implant surgery; the forensic scientist's legal responsibility is to ascertain whether the dental surgeon is responsible for malpractice and whether there is a causal connection between the objective and subjective elements, as well as to assess any active behaviour or omissions suspected of having caused the injury.(13)

The patient's consent must always be obtained in stages prior to any intervention, especially when surgery is involved, as it is of the utmost importance.

The provider must educate the patient about their condition, available diagnostic and therapeutic choices, prognosis, treatment results, or in the case of non-intervention, benefits and potential drawbacks.(13)

NEGLIGENCE

When a clinician fails to employ reasonable care and skill in providing services to a patient, fails to safeguard a patient from an unreasonable risk of danger, injury, loss, or damage, or otherwise breaches their duty of care, this is considered negligence.(14)

Features of a Negligent act in surgery:

1. That the surgeon had a duty to exercise reasonable care.
2. That the medical professional/surgeon did not uphold that standard.
3. A harm occurred as a result of the carelessness.
4. There must be a direct or causal link between the negligent act and the harm it caused. (14)

MISCONDUCT

Professional misconduct is described as improper, abusive, or unlawful behaviour on the part of a professional and suggests a deliberate breach of morality with the goal of improving the interests of the clinician. (14)

Claiming for services that were never provided, providing unnecessary care, disobeying rules governing the dental profession, wrongfully pertaining to a patient, issuing false medical certificates, breaching confidentiality, and failing to obtain valid informed consent are a few examples of professional misconduct. (14)

DENTAL MALPRACTICE

The failure of a dental expert to adhere to the accepted standards of care for his or her profession that results in harm, injury, or loss is known as dental malpractice. (14)

Reasons for dental malpractice

1. Inadequate or insufficient diagnostic testing
2. Insufficient record keeping and lack of informed consent
3. Errors in treatment
4. Unsuccessful and uncertain results which are not normally expected from a procedure
5. Insufficient patient management and communication

(14)

Conclusion

Both the dentistry profession as a whole and individual dental surgeons have a responsibility to acknowledge the sacred fidelity and the solidarity of the relationship that already exists with society. The dental surgeon has a responsibility to live his or her professional life in accordance with morally sound beliefs, and to keep their knowledge and skills up to date.

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