Ethical v/s Unethical Dilemma for a Dentist

Part – I

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(P.S. The above topic will be published in a series of 4-5 articles containing many parts – each part roughly 2,000 words)

ABSTRACT

Ethics is a science of ideal human character and behavior in situations where the distinction should be made between what is right and wrong, duty must be followed and good interpersonal relations should be maintained. Ethics is a belief that determines the people’s behavior as it resides in the realm of human values, morals, individual culture, interpersonal beliefs and faith. Ethical practice in dental health care basically constitutes the bonafide principles of beneficence, non-maleficence, informed consent, respect for integrity and patient autonomy. In the past few years in dentistry, there has been a sudden transition in the balance of decision-making in the dental clinic, determining by the doctor, what is the “best” treatment for the patient has shifted from professional paternalism toward respecting the informed and autonomous decision of the patient. Dental ethics is a moral obligation that encompasses professional conduct and
judgment imposed by the members of the dental profession. Dental ethics has to be like a uniform code and every dentist should wear the same one, but alas it's not the way we wish it to be. An ethical challenge that almost every fresher faces is a poor knowledge in ethics and attitude amongst the fellow dental practitioners. As mentioned above, dental ethics represents a set of principles of professional conduct, rules and responsibilities, starting with respect for autonomy, beneficence, non-maleficence and justice – the founding ethical principles that govern any dental practice. The Dentists’ Code of Ethics regulations laid down by the Dental Council of India (DCI) in 1976 and revised in 2014 reiterates that it is the duty of every registered dentist to read these regulations, understand his responsibilities and abide by the same when concerned with consultations and treatments offered to fellow dentists and colleagues.

INTRODUCTION

We, Indians are blessed with an illustrious code on medical ethics since the days of Charaka (300 B.C.) and Sushruta (800 B.C.). A passage in the Charaka Samhita sums up the ethical injunctions of those times:

"He who practices medicine out of compassion for all creatures rather than for gain or for gratification of the senses surpasses all",

"Those who for the sake of making a living make a trade of medicine, bargain for a dust-heap, letting go a heap of gold",

"No benefactor, moral or material, compares to the physician who by severing the noose of death in the form of fierce diseases, brings back to life those being dragged towards death's abode, because there is no other gift greater than the gift of life",

"He who practices medicine while holding compassion for all creatures as the highest religion is a man who has fulfilled his mission. He obtains supreme happiness."

The glorious code embodies the criteria for a good teacher and who should study medicine. It also offers counseling on behaviour with patients and their
relatives. Especially striking is the emphasis on transcending the needs of the body, mind and intellect in order to reach a state where the cycle of birth – death – rebirth is broken. This ancient code is reflected in the codes set up by Buddhism and Jainism – offshoots from the Hindu faith. The Islamic code of ethics was not as well defined in India. Based on the teaching in the Koran, the Muslim doctor was expected to do all he could to save life and promote morality. Dentistry is an offshoot of the medicine. As per the WHO, the Dentist: Population ratio in India is 1:7500, which was 1:17500 till the late nineties or 2000. Though, the ratio is apparently optimum in India, but there is an ill distribution of dentists here. The number of dental clinics is more in urban areas and very less in rural areas. There is an obvious tendency for the dentists to settle in metropolitan cities. As per a survey report in 2004, 3/4th of the total number of dentists are clustered in urban areas, which houses only 1/4th of Indian population and vice versa 1/4th of dentists are housed in rural areas which contains 3/4th of Indian population. Crowding of dentists in metropolitan cities leads to unhealthy competition and commercialization. The latter leads to violating the code of conduct put forth by the state dental councils and many of the norms are openly flouted and rules randomly bent. The Dental Council of India and its various state counterparts are making every valiant effort to ensure a high moral standard in the medical profession. Hence, the imminent need for a Revised Code of Dental Ethics for all the practicing dentists in India.

REVIEW

Medical and Dental professions have to undoubtedly without any bias provide quality and standard services to patients (albeit at the cost of the same). We are governed by the set of rules and ethical principles to achieve these goals. Since 1960’s, dentistry has reached great heights in improving diagnosis and treatment of oral health. Advancement in technology has changed the way of our practices granting more power in our hands. With power, comes the greed. So, the focus on ethical aspects of dentistry is increasing day by day and we as
dental practitioners are facing ethical dilemmas on daily basis. In the last decade and a half from 2000 – 2015, we have witnessed significant rise in the number of dentists, dental practices on one hand but the equal rise in dental negligence cases on the other hand. Patients have been more demanding for quality care and the advancement of dental technology in terms of diagnosis and treatment has opened up newer vistas in treatment planning one side but a regime of ethical ambiguity and uncertainty on the other, thus placing the dental practitioners in a challenging situation in patient care ever than before. So, dentists are expected to be knowledgeable and be able to analyze and attempt to resolve any ethical issues arising in patient care and in day to day practice scenarios. A very limited formal training in health-care ethics for dentists and an over reliance on a few settled experienced ‘seniors’, sometimes costs them big time. The constantly juggling struggle between right and wrong for a dentist has a significant impact on his attitude resulting in poor or below average patient care and an effect on society, at large. As per a qualitative study conducted in India in dental professionals to assess the ethical challenges prevailing in dental practice in Indian scenario, the top ten challenges faced by the Indian dentists were listed as under:

1. Inadequate sterilization and poor waste management in dental clinics.
2. Poor knowledge and attitude towards ethics among our dental practitioners: considering ethics and giving importance only to the technical aspect.
3. Competence among dental professionals.
4. The increase in cost of oral health service.
5. Poorly informed consent process.
6. Requirement of consensus about the treatment procedures among dentists.
7. Conflict in advertising.
8. Clustering of dental clinics in urban areas.
10. Poor medical record maintenance.
among our dental practitioners.

Let us take them up one by one:

1. **Inadequate sterilization and poor waste management in dental clinics**: The topmost ethical challenge cited has always been the inadequate sterilization and poor waste management in many dental clinics. Standard infection control includes a number of specific practices such as PPE (personal protective equipment), prevention of cross-contamination, proper waste disposal and staff protection. Most of the general dental practitioners are not following universal sterilization protocol precautions forgetting the vital fact that sterilization barrier only can prevent the transfer of bacteria/infection from one patient to another. Many dental practitioners are not following the adequate health-care waste management practices and flouting the Bio-Medical waste rules with total impunity forgetting that improper waste disposal contaminates the environment, we all live in. Now in most of the states, the SPCB (State Pollution Control Board) under the aegis of CPCB (Central Pollution Control Board) has intensified the norms making it mandatory for almost every practicing dentist to follow them sternly as the philosophy by them is very simple that it is the duty of every dentist that bio-medical waste was disposed in a proper manner in the interest of safety of environment we all live in. Thus, it is the duty of the dentists (HCF – Health Care Facility) themselves to get enrolled with waste management company/service provider (CBWTF – Common Bio-Medical Waste Treatment Facility), get approval (authorization) from the District (Local) Pollution Control Board and carefully make sure, that they do not dispose health-care waste along with the regular kitchen waste. The Local Pollution Control Board on the other hand is also making sure that it indulges in regular and surprise checkups of the clinic to make sure that those
safe practices are being followed earnestly. A common side effect of these wrongly followed waste practices has been a needle-stick injury in dental clinics because of wrong way of disposing of used syringes and needles. Correct ways and means have to be instituted and adopted along with a calm approach to dispose off the same in the desired manner to prevent needle-stick injuries in dental clinic. Therefore, it becomes the moral duty of the dentist that waste is disposed in a proper manner in the interest of safety.

2. Poor knowledge and attitude towards ethics among our dental practitioners and considering ethics and giving importance only to the technical aspect: Ethics indeed is extremely important but it does differ from one dentist to another so conveniently; infact from one doctor to another doctor as well. It always has been a self governed or self regulated phenomenon. What we feel ethical and right might not be the same for others and thus, a uniform code wherein patient interest is of utmost importance has to be there first, followed by his needs, his finance and lastly, the dentist’s economic consideration and most importantly, it should be binding on all the dentists alike, be it rural or urban, rich or poor, old or new. Lack of ignorance is not always bliss and just because a dentist is not aware of the law or ethics, this doesn’t always make him immune from any mishap. In other words, a dentist who is unaware of ethical issues can land himself in deep trouble and can’t cite incomprehension as a reason for the same. Lack of knowledge about the subject as well as lack of commitment mostly leads to under treatment of the patients. Dentists have to keep updating themselves by participating in the continuing education sessions and seminars that provide information, strengthen clinical competencies and enhance professional judgment. While it is not possible for any dentist to be abreast of all
advancements, dentists should make every effort to at least be familiar with clinical developments that may potentially affect their practices including the general scientific basis of such developments and related issues and problems especially the programs related to medical ethics and law. Most of us, when we graduated had just a chapter on Ethics and its considerations in Final year BDS, which we conveniently skipped citing it to be the least important when studying for the final year examination. Though, the chapter itself wasn’t sufficient to have a complete knowledge about the ethics and currently in this existing scenario with Medico-legal and negligence cases raising its venomous hood every now and then especially in Metros and to an extent, now in Class B Centers as well.

3. Competence among dental professionals: The alarmingly dropping competence among dental professionals is a big cause of worry amongst the dentistry circles. The competent dentist usually is able to diagnose and treat the patient's oral health needs and is wise to refer when it is in the patient's best interest and also when falling outside the ambit of his own skill set. Maintaining a thorough competence does require a continual self-assessment about the outcome of patient care and involves a commitment to life-long and continuous learning. Ideally, we should never criticize the fellow/ neighbouring dentist, however incompetent he might be because in the long run, it only maligns our own profession only. There is always a nicer way of putting across the mistakes rather than blunt criticism because by telling the patient that the former dentist was wrong, we are indirectly sowing the seeds of mistrust in him for the profession in general. There might not be a direct law for and against the same situation (vis-à-vis colleagues’ criticism), but again as I said, ethics is foremost a self governed phenomenon. Most colleagues
don’t know only as to what should be done in such situations so they believe that the only way they can grow is by criticizing another colleague. I have a self written quote for this situation:

There are always other ways in life to professionally climb up without using your competitor (neighbour) as a step (ladder).

~ Bhavdeep S. Ahuja

Do your best without even bothering to stick your neck out to see how many patients your neighbour is having or making your assistant to do the same coveted job (of peeping outside). It leads to nothing but envy, jealousy and negative feelings otherwise. Also, you really don't have to bad mouth your colleagues, undermine the dental materials they are using or malign their lab work to justify your good or superior work all around. Your work should speak for itself and not the comparisons. Comparative advertising does nothing but create a bad blood in the longer run. Incompetence can also lead to over and under treatment as unhealthy competition amongst dental colleagues is putting unnecessary burden on patients as most dentists are not practicing the golden policy of wait and watch, like for e.g. performing the restorations even in incipient caries lesions armed with an extremely money minded approach. The pre and post treatment regimens have taken over most of the cosmetic modules in dentistry and this sometimes vehemently involves the ethical issue of over-treatment especially when not needed. It has nowadays become a marketing strategy to project smile makeovers to the patient that involve extreme destruction of tooth structure and that also involve superseding the desired branch of dentistry applicable in that patient, for e.g. in cases of a young male with proclined anteriors; the suggested path is intentional root canal treatment followed by composite veneers or Zirconia crowns or similar stuff. In reality, it is again
an ethical question as to whether we are doing justice to the patient by subjecting unnecessarily him to those extreme treatment modalities.

(To be Continued)

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Dear Readers: Important Announcement

The above article by Dr. Bhavdeep S. Ahuja will be published in 4-5 parts.

The above is Part I.

Check out WJASR Volume 3 Issue 2 March-April 2020 for the II\textsuperscript{nd} part of the above article.
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