

Ethical dilemmas in dentistry

The field of dentistry is a science that has all the components of education, from preventive and therapeutic to cosmetic domains. Ethical dilemmas and concerns will be part of the science of dentistry, as it has situations with varied ethical considerations and complexities.^{1,2}

Taking the example of dental education, from the undergraduate to the postgraduate levels, you could encounter ethical concerns from the stage of oral diagnosis to treatment. Say for example, during a routine oral diagnosis, an oral medicine specialist finds a patient (husband with two children) with a chronic painful tooth infection that needs to be referred to the Oral Surgery Department or to the Endodontist – what should he do? Refer the patient to either one of them or go for laboratory investigations to rule out other causes of infection, including the acquired immune deficiency syndrome (AIDS), before the referral? Here a consultant is required to take informed consent for undertaking a diagnostic test for AIDS. (Respect for Autonomy)³

Once he decides to go for laboratory investigation and finds the patient to be AIDS positive what should he do with the patient and the referred consultant?

The Oral Medicine dentist informs the patient that he suffers from AIDS and the patient goes into shock, making the dentist question whether informing the patient about the condition was beneficial or harmful. Bring no harm to the patient is one ethical principle that will get violated if the revelation harms the patient, with a fragile mindset to cope with the finding, with psychological consequences. If the consultant is able to convince the patient about his AIDS presence – is it right or wrong on his part to warn the referred consultant about the status of the patient's infection or not. If yes, are we violating the privacy act that the patient is entitled to have, if he has requested the doctor not to reveal his illness? If the dental council insists that the consultant must be warned and shown the results of the patient before being operated or treated, then this rests on a thin edge of uncertainty bordering on the patient's autonomy to the physician's safety.

Once the consultant comes to know that the patient is having AIDS – if he declines the treatment – can we call it medical negligence or is the dentist right to refuse treatment on the basis of his individual human rights?

If he accepts the results of the patient and proceeds with the treatment of say controlling the tooth infection, which is symptomatic rather than curative – is it for relieving the discomfort of the patient or must he refer him to an AIDS specialist before he treats him? Even if he does – if he identifies Kaposi's sarcoma in the patient – what should he do? Is it binding on him to refer the patient to a counselor, or beforehand warn the family about the patient's infection? If he does and the family of the patient is psychologically devastated and pushes the marriage to the doorsteps of divorce – is it an ethically valid decision made by the dentist? Is it ethical on his part to refer him to the counselor and leave the rest to the patient – is it morally right to leave a patient with AIDS at such a level? If he does not follow his advice or meet the counselor, what if he spreads the disease to his wife and family?

If during the treatment the patient bleeds and the blood gets sprinkled on the dentist's face and eyes – what advise will the dentist get – please wash thoroughly with soap and antiseptic and do not worry – says the AIDS specialist. However, the dentist's mind, filled with anxiety, warns him and pushes him toward an AIDS test, in spite of being knowledgeable – what should the dentist do – go for the test or follow a safe hygienic procedure? This illustrates the complexity of the ethical concerns that may arise out of a simple situation, making it very complex, as it involves many steps in the treatment schedule and the dentist-patient relationship.

Keeping the above-mentioned scenario in mind, a dentist must be aware of the basic ethical guidelines he needs to follow in his professional career, apart from having the knowledge to deal with such situations, to protect himself from situational anomalies. The dentist has to have good communication skills, with clarity of mind to analyze the situation. He needs to understand the four governing principles of ethics:

It is very essential that dentists who practice in a place with a higher prevalence rates of AIDS practice with a knowledge of the ethical guidelines. Respect for autonomy, beneficence, non-maleficence, and justice are the founding ethical principles that govern medicine and dental practice. These principles are termed as 'Prima facie,' meaning that the principles are binding, unless they conflict with another moral principle.³

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Therefore, it is imperative that dental practitioners are given a primer course in ethics, to help build their professional communication skills, to promote personal as well as patient safety measures.

S. Omer Sheriff, Dhastagir Sultan Sheriff¹

Department of Conservative Dentistry and Endodontics,
Adhi Parasakthi Dental College, Melmaruvathur,
Tamil Nadu, India, ¹Department of Biochemistry
Benghazi University, Faculty of Medicine,
Benghazi, Libya
E-mail: dhastagir@yahoo.ca

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