



Practising ethics



David Corless-Smith considers the core principles of ethical dental practice in the GDC's latest guidance.

Standards for dental professionals differ significantly from the General Dental Council's previous ethical guidance. There has been an attempt by the GDC to set out a series of overarching ethical principles, the application of which guides the dental team through any scenario encountered in dental practice that has an ethical component – it is difficult to think of any clinical situation that does not have an ethical issue, although not necessarily an ethical dilemma.

The old guidance by contrast, was a more traditional code of conduct. It prescribed behaviour that it considered to be ethically appropriate in a number of particular situations within dental practice.

The laudable objective of the new guidance is to assist the dental professional in his or her reflection of ethical issues and the focus is therefore on the ethical decision-making process rather than dictating ethically correct conduct.

What assistance does the new guidance provide to the dental professional embarking upon an ethical inquiry and does it improve upon the previous guidance offered?

The guidance states that the dental professional must apply the six core principles according to their own judgment and must be prepared to justify their actions by reference to the principles. Ethical decision-making needs to be structured if the outcome of the decision is to be reasoned and justifiable.

It is therefore unfortunate that there is no protocol for ethical decision-making within the guidance other than this exhortation to apply the principles. This is a serious omission given the focus of the guidance on the decision-making process.

Let us examine the first two principles set out in the latest guidance: 'putting patients' interests first and acting to protect them' and 'respecting patients' dignity and choices'.

Over the past two decades the general consensus among bioethicists and clinicians as to the ethical principles that have the most relevance and application to the practice of medicine and dentistry are:

1. The promotion of well being (beneficence)
2. The avoidance of doing harm (non-maleficence)
3. Regard for a person's self-determination (respect for autonomy)
4. Fairness in the distribution of harm and good (justice).

The GDC guidance has unsurprisingly adopted each of these principles within the six core principles. The principles of beneficence and non-maleficence have been conflated into the guidance's first principle and the principle of respect for autonomy, which is the second principle. The principle of justice has not been elevated to a core principle but is represented within the guidance in the second principle in a derivative rule to treat patients fairly.

However, the guidance does not seek to explain or justify the inclusion of these two principles (or indeed the other four principles). To most dentists (and indeed patients) their inclusion might seem self-evident but in a document that purports to assist dental professionals in their reasoning behind ethical decisions, a modicum of philosophical arguments to explain and underpin the six fundamental principles of ethical dental practice would not have been out of place.

Answering ethical questions in dentistry requires some expertise in philosophical ethics as well as clinical dentistry.

Putting Patients' interests first

What does this actually mean? The old guidance maintaining standards simply stated that a dentist 'as a member of a caring profession should act in the best interest of the patient'. The new guidance similarly does not expand upon this abstract principle.

Why should dental professionals be obligated to act in the best interest of their patients? Is this just a definition of the job of a dental professional – that they care for the oral health of their patients or is there a duty to act in the interests of patients beyond their performance of the job description?

There is little doubt that a dental professional does have such a professional obligation rather than this being simply a matter of personal disposition. The rationale may be that the dental professional's status as a professional with the privilege that this confers in terms of exclusivity of the right to practice dentistry carries a correlative obligation to safeguard patients against the abuse of monopoly.

A major problem with the application of the principle of putting a patient's interests first concerns how the patient's best interests are assessed. Who is the judge of the patient's best interests – the patient or the dental professional?

The patient and dental professional may differ their conception of what constitutes the patient's best dental interests.

While the dental professional is best placed to decide the technically optimal

treatment plan, the patient may take a different view on the best course of action according to his or her values and personal preferences. Thus the notion of a patient's best dental interests encompasses a value judgment as well as a technical dental judgment. It should be clear that the patient is the best judge of what dental treatment will accord with their values and preferences, not the dentist.

The commentary on this principle could have usefully descended into some exposition of the meaning of the principle and made clear that the patient and not the dentist is the arbiter of the patient's best interest and expressly banished paternalism from having any role in the ethics of dental practice. The further commentary that follows, expanding upon this principle, contains some useful guidance dealing with specific miscellaneous topics such as complaints handling, professional indemnity cover, record-keeping, referring patients for a second opinion and whistle blowing.

However the relevance of the application of this principle to these situations has not been explained and in relation to some of the guidance, is not even immediately apparent and might more appositely have been placed in the guidance on the second principle.

Respecting patients' dignity and choices

This is a call to respect a patient's right to have control over their own lives and be able to make their own decisions according to their own preferences and choices without interference.

This right to autonomy or self-determination is clearly highly valued and derives from a recognition that other people matter as does how they live their lives. This boils down to respect for the intrinsic value of life – just as you think that your life matters, so do your patients.

In the context of healthcare this right of self-determination translates to control over decision-making that concerns one's bodily integrity, both physical and mental.

It is the patient whose health is at issue and if a patient's autonomy is to be respected, it is the patient and not the

dental professional who should take the decision as to what happens to their body. Pleasingly this is made clear in the commentary on this principle.

The corollary of accepting that a patient is responsible for authorizing their bodily interventions is that they should do so freely, in the knowledge of the possible risks and benefits and with information as to alternatives where these exist. This is the necessity to obtain a voluntary and informed consent from a patient.

The new guidance has recognized the central importance of patient consent to ethical dental practice and supplemental guidance is provided in a separate document entitled: Principles of patient consent.

This guidance on consent sets out in reasonable detail the three elements of an ethically valid consent namely:

1. Competence – a patient must have sufficient ability to understand the nature of the treatment and the consequences of undergoing and forgoing the proposed and alternative treatments.
2. Voluntariness – a patient must freely submit to the treatment without coercion or undue influence.
3. Knowledge – a patient must have sufficient comprehensive information regarding the nature and consequences of the proposed and alternative treatments.

This is a quantum improvement on the previous guidance, which simply stated that the dentist must explain to the patient the treatment proposed, the risks involved and the alternative treatment. The new guidance should hopefully make it clear to dental professionals that dental decision-making is no longer their sole province and that the paternalistic tradition of 'dentist knows best' has given way to a new respect for patient's rights.

A case study

To compare the utility of the previous and present guidance to dental professional who might wish to reach a reasoned ethical decision, consider the following clinical scenario.....

A 50-year-old female patient presents to a dentist for the first time. She indicates to her new dentist that she has been treated

by a number of dentists over her lifetime and has continued to require multiple fillings, root treatments and crowns in an attempt to keep her teeth.

She is extremely frustrated with the time she has spent with dentists and the expense of the repeated dental treatment she has received. She now has problems with her gums and her previous dentist advised her that she would need extensive periodontal treatment.

She has come to the new dentist with a request for the extraction of all her teeth and the construction of complete upper and lower dentures.

Upon examination, including radiographs, the dentist is of the opinion that a full clearance is not necessary and her remaining teeth can be saved. He explains this to the patient but she insists that she wishes to be free of dental problems once and for all.

Consulting the new guidance, the dentist would hopefully note that both the principle of acting in the patient's best interests and respecting the patient's dignity and choices are relevant to this scenario.

The dentist takes the view that the patient's best dental interests are to preserve her remaining teeth. Respecting her decision to do what she wants with her body would result in the loss of her remaining teeth and cause a deterioration in her oral health.

The guidance does not provide any sensible advice as to the steps that the dentist should follow to reach an ethically defensible treatment decision. There is no model for ethical decision-making.

The dentist should first ensure that he has all the relevant facts to form his decision....is the patient's choice one borne of frustration and desperation rather than being the outcome of her consideration of all the relevant information about the pros and cons of losing all her teeth and wearing complete dentures against undergoing further treatment to retain her teeth?

The patient's choice may change if she is better informed, thereby removing the ethical dilemma for the dentist.

The next step is to consider all the alternative options open to the patient and identify the relevant ethical principles that impact on each option. If the relevant principles lead to conflicting outcomes, the options should be ranked by prioritizing, with reasons, one or other of the ethical principles.

If the dentist follows such a protocol he will not necessarily be guided to the 'correct ethical decision' but will at least arrive at an 'ethically justifiable decision'

The new guidance falls short in assisting the dentist to do this. As the GDC is charged with setting and enforcing ethical standards of dental practice and conduct, it is incumbent upon it to provide real practical advice to dental professionals in relation to the achievement of those standards.

Originally published in The Dentist
September 2005