

A principled approach



David Corless-Smith reviews the GDC's latest ethical guidance

As from June 1 all dental professionals – dentists, dental hygienists and dental therapists – have been governed in their working lives by new ethical guidelines laid down by the General Dental Council. As the regulatory body, the GDC is responsible for the protection of dental patients by setting appropriate standards of practice and conduct for dental professionals. In this role as maintainer of professional standards, the GDC – in common with all professional regulatory bodies – has an obligation to set out, in sufficient detail, the standards of ethical behaviour expected of those licensed to practice within the profession. Such standards will, of course, evolve with the changing ethics of society and, in particular, society's expectations of healthcare professionals.

The GDC has issued its latest ethical guidance at a time when the competence of the regulatory bodies of healthcare professions to maintain standards within their professions is coming under particular scrutiny. The new guidance presently comprises three documents. The core guidance is set out in a document entitled *Standards for dental professionals*. This is supplemented by further guidance on the issues of consent and confidentiality contained within separate documents which are entitled *Patient Consent* and *Principles of Confidentiality* respectively. A fourth document dealing with teamwork issues which is entitled *Guidance for the dental team* is due to be published in October.

This guidance replaces the previous guidance *Maintaining Standards*, although it is not retrospective in effect so that complaints in relation to misconduct that took place before June 1 will be dealt with by reference to *Maintaining Standards*.

The first observation to be made of the new guidance is how svelte it is – three documents comprising some 18 short pages against *Maintaining Standards* rather thicker 90 pages. The scope of the topics covered by the new guidance is considerably narrower than its predecessor. The new guidance appears to have eschewed the previous rather prescriptive advice relating to particular aspects of dental practice in favour of a distillation of ethical dental practice into six overarching principles (except rather curiously, in respect of the provision of dental treatment under general anaesthesia and conscious sedation, which retains its own specific guidance annexed to the main standards guidance).

Further, the guidelines apply in their entirety to all registered dental professionals, now termed registrants who presently comprise dentists, dental hygienists and dental therapists – as opposed to the previous distinct and separate guidance to dentists, hygienists and therapists. It is envisaged that the guidance will apply equally to dental nurses and dental technicians as soon as these professionals come under the GDC's disciplinary jurisdiction. This is in keeping with the new emphasis on team working within the practice of dentistry.

The guidance now requires dental professionals to adopt and apply the following six principles in their practice of dentistry.

- To put patients' interest first and act to protect them
- To respect patients' dignity and choices
- To protect the confidentiality of patients' information
- To cooperate with other team members and colleagues in the interests of patients
- To maintain their professional knowledge and competence
- To be trustworthy

To attempt to categorise the ethical principles underlying dentistry is a daring task. Traditionally codes of professional conduct have contained a prescriptive statement of behaviour to be followed in specific situations frequently encountered in professional practice. *Maintaining standards* followed this format. Rarely do such professional codes contain any analysis of (or indeed even reference to) the underlying ethical principles that seek to justify or explain the guidance given. Again *Maintaining Standards* did not.

Of course to be of any use in the real world of professional practice, a code of conduct must descend into practical advice and judgments in relation to specific scenarios. However, there will be many professional scenarios for which the correct course of action has not been prescribed by a code of conduct and which produces an ethical dilemma that needs to be resolved by the professional. An understanding of the conflicting ethical principles involved in a particular scenario helps the professional to assess the relative priority of the applicable moral principles and provides a reasoned approach to resolving the ethical problem within that situation. For example, when examining a new patient a dentist identifies substandard dental work. Does the dentist's ethical duty of fidelity and trust to the patient demand full disclosure to the patient of the poor work or does the dentist's bond of loyalty to professional colleagues require that he does not report the substandard work to the patient? A reasoned consideration of the underlying conflicting ethical duties owed to the patient and to colleagues can enable the dentist to resolve the dilemma.

This scenario, although probably familiar to many dentists, is not expressly addressed in the new *Standards Guidance* (or indeed any previous ethical guidance provided by the GDC). However, the GDC's exposition of the principles underpinning the guidance can assist the dental professional's ethical reasoning in this and other ethical dilemmas not specifically advised upon and, is therefore a very welcome inclusion

The question to be explored over this series of four articles is whether the new guidance has struck the right balance between sufficiency of explanation of the underlying ethical principles and adequate detail in the practical applications of the guidance offered.

In response to this enquiry, the GDC might respond that it would be impossible to provide sensible ethical guidance for the myriad of scenarios that a dental professional could conceivably face in clinical practice. While it must be readily accepted that any code of professional practice could not hope to include every possible facet of practice which has an ethical component that is not to say that such a code must not aspire to be as comprehensive and practical a guide as is possible to the application of ethical principles to professional practice. If a regulatory body is to enforce a satisfactory standard of conduct for a professional person then it is incumbent upon it to provide transparent and comprehensive guidance upon the standards expected. In this way professional misconduct can, to an extent, become avoidable and greater protection thereby afforded to the clients of professional services.

The six principles identified as the fundamental principles of dental practice by the GDC make an interesting selection. The first principle of putting a patient's interests first and protecting them might be viewed as either two separate principles or a single principle. The principle of acting in the patient's best interests or, put another way, acting for the benefit of the patient is known as the ethical principle of 'beneficence' and has long been accorded a special status by the caring professions such as medicine and dentistry. The duty to benefit a patient is accompanied by the duty to do no harm or to protect the patient, which is known as the principle of 'non-maleficence'. The principles of

'beneficence' and maleficence' can be looked upon as a single principle with the promotion of a patient's well being at one end of a continuum and the prevention of harm at the other end.

The second principle of respecting a patient's dignity and choices is the ethical principle of respecting a person's autonomy or right to control their own lives and make their own decisions. This principle has gained primacy over the first principle within dental ethics over the past two decades and this is acknowledged by the prominence of this principle throughout the guidance. The question as to who should judge a patient's best interests – the patient or the dentist – is now firmly answered to be the patient's decision.

The third principle of protecting the confidentiality of a patient's information is based on the obligations of fidelity and honesty, which are aspects of the second principle of respecting people.

The fourth principle of co-operating with other team members in the interests of the patients is a more curious choice of a fundamental ethical principle. The ultimate objective of this principle, namely to benefit the patient appears to be a repetition of the first principle. The distinction between the two principles seems to be that the first principle represents the individual obligation of the dental professional to benefit the patient against the team obligation of the fourth principle. It is doubtful whether these amount to, two fundamentally different ethical principles.

The fifth principle of maintaining professional knowledge and competence appears to be a practical application of the first and second principles rather than a separate ethical principle in its own right.

The sixth principle of trustworthiness is a fundamental ethical principle but as with the third principle is an aspect of the second principle of respecting people.

Each principle is expanded upon in a separate section within the GCD guidance and examples of both generic and specific applications of each principle are given.

The six individual principles together with their applications will be discussed in some detail in the subsequent articles in this four-part series. The next article will deal with the principles of putting patient's interests first and respecting patient's dignity and choices.

Initially published in *The Dentist*
July/August 2005 edition