Ethics In Orthodontics: A Retrospective review

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Abstract

When treating a patient in an orthodontic clinic, significant ethical issues may arise unfolding to the best interests of the patient and decision making for them. The case of a patient with a cleft lip and palate whose parents failed to bring her in for medically indicated orthodontic care is offered. Ethical features of the case are discussed, including the need to benefit the patient, avoid harm, and respect the preferences of the parents. Ethical codes of the American Dental Association and American Medical Association are referenced. Ethical dilemmas include the variance between the orthodontist's commitment to the patient and the need to value the parental autonomy. Parental independence is respected up until the point at which significant harm to a patient may result. The orthodontist's primary ethical responsibility is to the patient and not to anybody else. The orthodontist providing medically indicated care should involve the craniofacial team or hospital social worker when parental decision making is in the query.

Keywords: Ethics, Orthodontics, Treatment, Orthodontic clinic

Introduction

Most experienced ethical dentists are attuned to their own patient's reasonable aesthetic desires and aspirations. Many have invested in further appropriate training and are more than capable, willing and able to help with improving patient's dental appearance by using sensible, biologically sound, minimally destructive, ethical means if allowed to do so. solving aesthetic problems ethically requires very detailed individual discussions and careful evaluation of the various options available (including the ones that other disciplines or skills could possibly provide) coupled with appropriate training and skills before there can be any real hope of achieving appropriate solutions to those problems (1). The number of adolescents receiving orthodontic treatment worldwide has increased considerably, and as a consequence, different techniques and morphological treatment results have frequently been studied. Nonetheless, exceptionally few research projects have looked at patient satisfaction with treatment outcome and the factors contributing to satisfaction (2). Continued existence as a dental specialty requires orthodontics' commitment to innovation and hinges on orthodontics' ability to adapt to the evolving needs of the patients being cared for, to the aspirations of new entrants in the field and to the privations of veteran practitioners entrenched in practice (3). The literature reports that 20% to 50% of all orthodontic

treatment is performed by general dentists with no certificate of specialization in orthodontics (3),(4),(5). While there is no legal basis for impeding general dentists from providing orthodontic treatment, society needs scientific parameters that allow the choice of oral healthcare professionals who are capable of providing the best care in terms of quality orthodontic treatment. Thus, knowledge of the experience of orthodontic communities in different countries can favor the proper political and administrative conduct of institutions involved in orthodontics as a science (4). Although there are ethical dimensions to all medical and dental care, orthodontic interventions were rarely been the subject of specific ethical inquiry. Orthodontists do encounter ethical dilemmas at many levels. Although orthodontist rarely deals with life or death decisions, important human values are at stake in the course of treatment. These include: Preventing pain, preserving and restoring oral function for normal speech and eating, andpreserving and restoring patient's physical appearance and promoting a sense of control over and responsibility for his or her own health (5). Due to the complexities of the human body, dental surgeons (DDS) are increasingly specializing in different professional areas, as already happens in the field of medicine. Dental surgeons have come to understand and internalize the need to specialize in a given field, as performing too many different procedures leaves them subject to more frequent errors, facing disgruntled patients and occasional lawsuits. Another problem currently faced by DDS is the lack of professional ethics. Unhappy with their treatment, patients seek a different professional, who due to fierce and unfair competition, seeking more clients seeking only profits makes depreciative comments regarding their "colleague" Added to all of this, the improve access to information, as the result of globalization, led people to become more aware of their rights (6) . To improve the ethical decisions in a given circumstance evidence-based ethics should be preferred over subjective ethical decisions (7).

Points to be considered to maintain orthodontics a sustainable dental specialty we have to consider 5 keys, namely:

Key 1: Applied craniofacial biology must change to dentofacial enhancement

Orthodontics must expand from applied craniofacial biology with questionable utility in a large proportion of cases to a socio-economic realm along with other enhancement services now performed and accepted by other health professionals such as plastic surgeons, dermatologists, and mental health professionals (8),(9). Orthodontists need to come to grips with the fact that we are performing quality of life enhancements and not really curing a disease.

Key 2: Handicapping malocclusion must change to classification of dentofacial traits consistent with wellness

A century after the introduction of Angle's concept of ideal occlusion as the central tenet of orthodontics and the benchmark for assessing a patient's orthodontic need, there is significant evidence in the literature challenging the validity of this hypothesis (10).The National Institute for Dental Research and the National Research Council of the National Academy of Sciences organized three independent panels to examine the research regarding the definition of malocclusion, variation in dental occlusion and handicapping orthodontic conditions(11),(12),(13).

Orthodontic conditions are a continuum of normal biological variation to developmental anomalies and by defining orthodontics as the specialized branch of dentistry concerned with variations in dentofacial traits, which may affect an individual's overall well-being, occlusion no longer becomes the sine qua non of the specialty (14).

Key 3: Duration of orthodontic residency must change from 3 years to 2 years

There is no scientific data to suggest that orthodontic residency programs greater than 24 months duration produce more capable graduates (15). As well, based on the number of unpublished versus published master's thesis in the orthodontic literature, the specialty should seriously consider the significance of this exercise in orthodontic training programs (16).

Key 4: Encouraging debt must change to requiring fiscal responsibility

It is completely irresponsible and unethical for our specialty to encourage students to incur handicapping levels of debt en route to becoming orthodontists (17),(18).

Key 5: Funding consumer marketing must change to endowing scholarships

General dentists and pediatric dentists are not the enemies. The Commission on Dental Accreditation requires teaching orthodontics didactically and

clinically in both the undergraduate dental curriculum and post-doctoral pediatric dental residency training program. Many non-orthodontists perform valuable orthodontic services to patients and to portray them to the public as ‘‘under’’ educated does not redound to our best interests as an ethical and respected dental specialty (19),(20).

Conclusion

Orthodontists need to come to grips with the actuality that we are performing quality of life enhancements and not really curing a disease and awareness of the experience of orthodontic communities in different countries can support the proper political and administrative conduct of institutions concerned in orthodontics as a science.Times change and the specialty of orthodontics is facing different challenges than it was 25 years ago. Perchance it is time to look at this predicament once again. Take a good, hard look. What is the ethical instance we are trying to set? Can we afford NOT to take a position? There is a way to make the treatment process convenient and just.

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