
Editorial

The ethics of practice

In an institutional environment, significant controls are applied to the conduct of research and researchers who wish to investigate issues that require human or animal use. Scrutinising ethics committees oversee and sanction all applications to safeguard and preserve the health and safety of participants. The procedure for acquiring ethics approval is sometimes an agonising process to ensure that all adverse possibilities are considered and human participants have a right of redress and procedural pathways to follow should misadventure or offence occur. Laboratory animals are not quite so fortunate but must be managed in a caring and pain-free manner.

Is this so in private clinical practice? Patients are advised of treatment options, outcomes and possible adverse effects before a decision to proceed is made. They are required to sign an informed consent document but are they really informed to a level of full understanding such that they become responsible for their decisions? With exceptions, patients are undergoing orthodontic treatment for the first time and have no concept of expectations except for the largely positive information provided by the clinician and the likely negative accounts delivered by their peers.

In these circumstances, patient ignorance can be a blessing. Patients may be blissfully unaware that the procedure being conducted on them is being performed for the first time, the appliance being inserted is largely untested, the magical bracket is unproven as is the new arch wire material. Do we not try things out on our patients to see what happens, in the expectation that the right option has been made? After all, there is only the assurance from a supply company that all will be well.

This system of trial and error would not survive in an institutional environment in which hospitals are fearful of medico-legal consequences. All procedures and new materials are required to be passed through evaluation committees with supporting documentation attesting to the safety of the product. In the majority of instances safety assurance cannot be provided. No longer can new materials be trialled on institutional patients. A recent example of rejection was the free supply of a new aligner material that could not be accepted because it did not fulfil occupational health and safety requirements. A new nickel-chromium wire was also denied use for the same reason. It is then with trepidation that research clinical trials are entertained because the administration involved to gain approval and acceptance is overwhelming and can be denied by a simple typographical error!

On one hand there is the rigidity of a government/institutional/hospital system and, on the other, the freedom of private practice experimentation. It could be true that new products and procedures are developed and are trialled for efficacy by private clinicians to determine outcome. Surely there is an ethical dilemma in this practice that needs to be considered. After all, the patient's best interest and health and welfare remain uppermost.

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