

Primljen / Received on: 29.11.2020
 Revidiran / Revised on: 12.12.2020
 Prihvaćen / Accepted on: 20.12.2020

ORIGINALNI RAD
 ORIGINAL ARTICLE
 doi: 10.5937/asn2082067Z

ISPITIVANJE STAVOVA STOMATOLOGA O ETIČKIM PRINCIPIMA U SVAKODNEVNOJ PRAKSI

EXAMINING DENTISTS' ATTITUDES ABOUT ETHICAL PRINCIPLES IN EVERYDAY PRACTICE

Katarina Z. Šljivić¹, Maja D. Nikolić², Nebojša S. Krunić^{3,4}

¹UNIVERZITET U NIŠU, MEDICINSKI FAKULTET, STUDENT NA DOKTORSKIM STUDIJAMA, NIŠ, SRBIJA

²UNIVERZITET U NIŠU, MEDICINSKI FAKULTET, KATEDRA ZA SOCIJALNU MEDICINU I HIGIJENU SA MEDICINSKOM EKOLOGIJOM, NIŠ, SRBIJA

³UNIVERZITET U NIŠU, MEDICINSKI FAKULTET, KATEDRA ZA PROTETIKU, NIŠ, SRBIJA

⁴KLINIKA ZA STOMATOLOGIJU NIŠ, ODELJENJE ZA STOMATOLOŠKU PROTETIKU, NIŠ, SRBIJA

¹UNIVERSITY OF NIŠ, FACULTY OF MEDICINE, PHD STUDENT, NIŠ, SERBIA

²UNIVERSITY OF NIŠ, FACULTY OF MEDICINE, DEPARTMENT OF SOCIAL MEDICINE AND HYGIENE WITH MEDICAL ECOLOGY, NIŠ, SERBIA

³UNIVERSITY OF NIŠ, FACULTY OF MEDICINE, DEPARTMENT OF PROSTHODONTICS, NIŠ, SERBIA

⁴CLINIC OF DENTISTRY NIŠ, DEPARTMENT OF PROSTHODONTICS, NIŠ, SERBIA

Sažetak

Uvod: Briga o pacijentima, poznavanje medicinskog prava i usklađenost sa zakonom doprinose efikasnijem rešavanju etičkih dilema, sa kojima se stomatolozi danas često susreću. Pored toga, u određivanju "najboljeg" stomatološkog tretmana, izvesnu ulogu imaju i pacijenti. Cilj istraživanja bilo je ispitivanje stavova stomatologa u Srbiji u vezi etičkih dilema u svakodnevnoj praksi, kako bi se utvrdili faktori koji utiču na njihovo rešavanje.

Materijali i metode: Rad je realizovan kao studija preseka. Istraživanje je obuhvatilo 88 ispitanika, 42 apsolutna stomatologije Medicinskog fakulteta u Nišu i Stomatološkog fakulteta u Beogradu i 46 stomatologa iz privatne i državne prakse. Prvi deo upitnika obuhvatio je socio-demografske karakteristike ispitanika, a drugi deo, sačinjen od 7 pitanja zatvorenog tipa, bio je posvećen određenim etičkim dilemama. Statistička analiza urađena je korišćenjem Excel programa iz Microsoft Office programskog paketa i SPSS programa u verziji 18.0.

Rezultati: Odgovori studenata i stomatologa na pitanja o pojedinačnim etičkim aspektima nisu se znatno razlikovali, osim u domenu 2. pitanja pod b – da li je oralni hirurrg trebalo da izvadi oba zuba na zahtev pacijenta, koji je srčani bolesnik. Pronađena je statistički značajna razlika ($\chi^2 = 18,834$; $p < 0,0001$) u odgovorima stomatologa u odnosu na odgovore studenata.

Zaključak: Znanje većine ispitanika o etičkim principima bilo je zadovoljavajuće. Manji deo ispitanika nije bio dovoljno svestan važnosti primene etičkih principa u stomatološkoj praksi, tako da je potrebno promovisati programe edukacije o lecarskoj etici za stomatologe i studente stomatologije.

Cljučne reči: etička pitanja, stomatološka nega, stomatolozi, odnos lekar-pacijent, zajedničko donošenje odluka

Corresponding author:

Katarina Šljivić, DMD, PhD student
 Address: Kej kola srpskih sestara 17a/7, Niš
 Phone number: 069 40 06 949
 Email: katarinasljivic23@gmail.com

Abstract

Introduction: Patient care, knowledge of medical law and compliance with the law contribute to more efficient dealing with the ethical dilemmas often faced by today's dentists. Moreover, when it comes to determining 'the best' dental treatment, patients also play a certain role. The aim of the research was to examine the attitudes of Serbian dentists related to ethical dilemmas in everyday practice, so as to determine the factors that affect solving the dilemmas.

Materials and methods: The paper was carried out as a cross-sectional study. The research included 88 respondents, 42 final year dentistry students at the Faculty of Medicine in Niš and the Faculty of Dentistry in Belgrade and 46 dentists from both private and state practice. The first part of the questionnaire included socio-demographic information on the respondents, and the second part consisted of 7 closed-ended questions about particular ethical dilemmas. Statistical analysis was done using Excel from Microsoft Office and SPSS, version 18.0.

Results: There were no significant differences regarding the students and dentists' answers about individual ethical aspects, except for the domain of question 2b, whether the oral surgeon should have extracted both teeth on the patient's request, although the patient had a heart disease. A statistically significant difference was found ($\chi^2 = 18,834$, $p < 0,0001$) regarding the dentists' answers in comparison with the students' answers.

Conclusion: The knowledge about ethical principles of the majority of the respondents was satisfying. A smaller proportion of the respondents were not sufficiently aware of the importance of applying ethical principles in dental practice. Consequently, it is necessary to promote education programs about medical ethics for dentists and dentistry students.

Key words: ethical issues, dental care, dentists, physician-patient communication, shared decision-making

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Uvod

Medicinska etika, kao oblik primenjene etike, je nauka koja istražuje smisao i ciljeve moralnih vrednosti u medicini, kao i osnovne kriterijume za vrednovanje moralnih aspekata. Koreni medicinske etike nalaze se u drevnim civilizacijama, tako da Hipokratovu zakletvu i danas polažu lekari širom sveta¹, a poslednjih decenija, značaj etike u medicini sve je veći².

Briga o pacijentima, kao najjača etička obaveza zdravstvenih radnika, nalazi se u svim poznatim kodeksima medicinske etike širom sveta³⁻⁵, s tim da su veoma bitni poznavanje medicinskih propisa i usklađenost sa zakonom, gde se posebno ističe bezbednost i poštovanje dostojanstva pacijenata. Ovim se postiže jačanje svesti svih zdravstvenih radnika, uključujući i stomatologe, o ljudskim pravima i etičkim pitanjima, koja su sve složenija i sa kojima se oni sve češće susreću^{6,7}. Stomatolozi u Srbiji najčešće imaju dvostruku ulogu, i to kao zdravstveni radnici i kao zaposleni u ordinacijama, koje posluju po tržišnim principima i suočeni su često sa konfliktnim i specifičnim etičkim zahtevima⁸. Osim toga, konkurencija utiče i na odnos između kolega i na etičke postupke među njima.

Takođe, kao i kod ostalih zdravstvenih radnika, razvoj dobrog odnosa između pacijenta i stomatologa je značajna profesionalna veština⁹⁻¹⁴. Stomatološka praksa stvara više straha i anksioznosti u odnosu na druge oblike zdravstvene zaštite, što doprinosi i lošem oralnom zdravlju pacijenata¹⁵. Shodno tome, odgovarajuće psihosocijalno i etičko ponašanje i efikasna komunikacija sa pojedincima iz različitih populacionih grupa sa kulturološkim razlikama, veoma su značajni u stomatologiji^{10,16}.

Etičke dileme, u kojima se mora napraviti izbor između alternative, koje su nepoželjne i zbunjujuće¹⁷, česte su u stomatologiji¹⁸, a u okviru klasičnog obrazovanja nisu dovoljno obrađene. Osim toga, poslednjih decenija, pravac donošenja odluka u određivanju "najboljeg" stomatološkog lečenja pomerio se sa isključivo profesionalnog odlučivanja ka autonomnom odlučivanju pacijenata, gde je nadležni lekar obavezan da pacijentu dozvoli da učestvuje u donošenju odluka onoliko koliko mu to omogućavaju mentalne sposobnosti i zrelost¹⁹⁻²¹.

Introduction

Medical ethics, as a form of applied ethics, is a science that explores the meaning and aims of moral values in medicine, as well as the basic criteria for evaluating moral aspects. The roots of medical ethics are found in ancient civilizations, so even today the Hippocratic Oath is taken by doctors all over the world¹, and in recent decades the significance of ethics in medicine has grown².

Patient care, as the strongest ethical obligation of medical workers, lies in all the well-known codes of medical ethics all over the world³⁻⁵, provided that it is very important to know medical regulations in accordance with the law, where patients' safety and respect for the dignity of the patient are particularly emphasized. This brings to raising the awareness of all medical workers, including dentists, about human rights and ethical questions which are getting more complex and which they are more and more often faced with^{6,7}. Dentists in Serbia usually have a double role – as medical workers and as employees in dental clinics which do business according to market principles – and they are often faced with conflicts and specific ethical requirements⁸. Furthermore, competition affects the relationship between colleagues and ethical procedures among them.

Likewise, as well as with other medical workers, the development of a good relationship between a patient and a dentist is a significant professional skill⁹⁻¹⁴. Dental practice causes more fear and anxiety than other forms of health protection, which contributes to poor oral health of the patient¹⁵. Consequently, appropriate psychosocial and ethical behavior and efficient communication with individuals from different population groups, with cultural differences, are very important in dentistry^{10,16}.

Ethical dilemmas, where the choice among the undesirable and confusing alternatives has to be made¹⁷, are very common in dentistry¹⁸, and within the framework of classical education they are not covered enough. Furthermore, in recent decades the direction of making decisions about determining the 'best' dental treatment has been changed from entirely professional to autonomous decision-making of patients, where the competent doctor is obliged to let the patient participate in the decision-making process as much as their mental abilities and maturity allow them¹⁹⁻²¹.

Cilj istraživanja bilo je ispitivanje stavova stomatologa u Srbiji u vezi određenih etičkih dilema sa kojima se susreću u svakodnevnoj praksi, kako bi se utvrdili faktori koji utiču na njihovo rešavanje.

Materijali i metode

Studija je dizajnirana kao studija preseka uz upotrebu originalno konstruisanog epidemiološkog upitnika, koji je razvijen nakon detaljnog pregleda literature i odabira radova, koji su ušli u uži izbor za dalju diskusiju istraživačkog tima i pripremu upitnika.

Ukupno je distribuirano 100 upitnika, od kojih je 12 upitnika bilo neadekvatno popunjeno. Istraživanje je konačno obuhvatilo 88 ispitanika i to 42 apsolventa stomatologije Medicinskog fakulteta u Nišu i Stomatološkog fakulteta u Beogradu, kao i 46 stomatologa iz privatne i državne prakse. Kriterijumi za učešće stomatologa u anketiranju bili su njihova dobrovoljnost i redovan radni odnos, a za studente upisana 5. godina stomatologije. Upitnik je bio anonimnog karaktera i sastojao se iz dva dela. Prvi deo upitnika obuhvatio je socio-demografske karakteristike ispitanika, kao što su pol, uzrast, ustanova odakle dolaze i mesto boravka. Drugi deo upitnika sadržao je 7 pitanja zatvorenog tipa, koja su se odnosila na različite situacije iz svakodnevne stomatološke prakse, koje su povezane sa etikom. U prvom pitanju, predstavljena je situacija u kojoj je pacijentu, dečaku, stomatolog bez obaveštenja izvadio zub, jer je smatrao da lečenje nema svrhe. Drugo pitanje odnosilo se na starijeg muškarca sa kardiovaskularnim tegobama, kome je oralni hirurg izvadio jedan kutnjak, umesto oba, kako je pacijent tražio. Treće pitanje odnosilo se na pacijenta koji boluje od hemofilije, kome je stomatolog bez konsultacije sa hematologom izvadio zub, koji je bio rasklaćen u znatnoj meri. Četvrto pitanje opisuje situaciju u kojoj stomatolog, u svojoj privatnoj ordinaciji, prvenstvo daje svom prijatelju. U okviru petog pitanja, predstavljen je stomatolog, koji je saznao da je pacijent HIV pozitivan i uskratio mu dalje lečenje zbog toga. U okviru šestog pitanja, prikazan je stomatolog, koji je pacijentu, koji boluje od hipertenzije i dijabetesa izvadio nekoliko zuba, bez propisivanja adekvatne terapije i obaveštenja o mogućim komplikacijama.

Poslednje pitanje opisalo je situaciju u kojoj se pacijentkinja, zbog bola koji se javio u zubu saniranom mesec dana ranije, u odsustvu svog stomatologa, obraća drugom, koji dijagnostikuje hronično zapaljenje periodoncijuma.

The aim of the research was to examine the attitudes of dentists in Serbia related to particular ethical dilemmas which they face in everyday practice, in order to determine the factors that affect their solving.

Materials and methods

The study was designed as a cross-sectional study by using an originally constructed epidemiological questionnaire which was developed after a detailed review of the literature and after the selection of the shortlisted papers for further discussion of the research team and the preparation of the questionnaire.

A total of 100 questionnaires were distributed, 12 of which were inadequately completed. The research finally included 88 respondents, that is, 42 final-year dentistry students at the Faculty of Medicine in Niš and at the Faculty of Dentistry in Belgrade and 46 dentists from both private and state practice. The criterion for the dentists' participation in the survey was their willingness and their regular employment, and for the students to be enrolled in the 5th year of dentistry. The questionnaire was anonymous and it consisted of two parts. The first part of the questionnaire covered socio-demographic characteristics of the respondents such as gender, age, institution where they came from and place of residence. The second part consisted of 7 closed-ended questions which referred to different situations from everyday dental practice, related to ethics. The first question presented a situation in which a dentist extracted a boy's tooth without any previous notice since he considered there was no point in treating the tooth. The second question referred to an elderly man with cardiovascular disorders who had only one of his molars extracted by a surgeon, instead of having them both extracted as the patient had previously requested. The third question referred to a patient suffering from hemophilia, who had a very loose tooth extracted by a dentist without any previous consultation with a hematologist. The fourth question described a situation in which a dentist, in his or her private clinic, gave priority to a friend. In the fifth question, the dentist found out that the patient was HIV positive and denied him further treatment because of that. In the sixth question, a patient suffering from hypertension and diabetes had a few of his teeth extracted by a dentist without being prescribed adequate therapy and given a notice about possible complications.

Ispitanici su birali jedan od ponuđenih odgovora, nakon procene toga koji etički princip je stomatolog prekršio svojom odlukom i kako je, po njihovom mišljenju, trebalo da postupa. Za popunjavanje upitnika dato je vreme od 15 minuta. Istraživanje je sprovedeno od oktobra 2019. do februara 2020. godine.

Deskriptivnom statističkom analizom prikazani su sledeći statistički parametri: aritmetička sredina, standardna devijacija, raspon varijacije, apsolutna frekvencija (N) i indeks strukture (%). Poređenje učestalosti javljanja pojedinih modaliteta atributivnih obeležja između odgovora ispitanika grupa vršeno je Pearson Hi-kvadrat testom i Fišerovim testom tačne verovatnoće. Poređenje srednjih vrednosti numeričkih obeležja između odgovora dve nezavisne grupe ispitanika vršeno je Studentovim t-testom. Statistička analiza urađena je korišćenjem Excel programa iz Microsoft Office programskog paketa i SPSS programa u verziji 18.0. Kao prag statističke značajnosti, korišćen je nivo greške procene manji od 5% ($p < 0,05$). Rezultati statističke analize prikazani su tabelarno i grafički.

Rezultati

U ispitanom uzorku ($n = 88$) studenti stomatologije činili su nešto ispod polovine uzorka (42 tj. 47,73%). Ostali ispitanici bili su lekari stomatolozi. Prosečna starost ispitanih studenata je 24,38 godina \pm 1,65 godina (u rasponu 22 godine – 30 godina), dok su ispitanici lekari bili prosečne starosti 35,63 godine \pm 10,75 godina (u rasponu 26 godina – 62 godine), te se ispitanici ove dve grupe značajno razlikuju po uzrastu ($t = 7,007$; $p < 0,0001$). Više od polovine studenata bili su muškarci, njih 23 (54,8%), a dve trećine ispitanih stomatologa bile su žene, njih 31 (67,4%). Distribucija rodnog rasporeda po grupama, statistički se značajno razlikuje ($\chi^2 = 4,391$; $p < 0,05$), a distribucija rasporeda mesta boravka po grupama nije pokazala statističku značajnost ($\chi^2 = 1,664$; $p > 0,05$) (tabela 1).

Rezultati rada, koji se odnose na distribuciju odgovora ispitanika i razliku distribucije između njih, prikazani su grafički (figura 1) i tabelarno (tabela 2). Na prvo pitanje, preko polovine (57,10%) studenata odgovorilo je to da je stomatolog prekršio princip istinitosti, a skoro identičan odgovor dali su i stomatolozi (52,20%). Na drugi deo pitanja, 85,70% studenata odgovorilo je to da doktor nije ispravno postupio, sa čime se složila i grupa stomatologa u 89,10%.

The last question described a situation in which a patient, feeling a toothache in the tooth which had been treated a month before, due to the absence of her own dentist, addressed another one who diagnosed her with chronic inflammation of the periodontium.

The respondents had to choose one of the given answers, after estimating which ethical principle the dentist violated by making their decisions and how, in their opinion, the dentist was supposed to act. They had 15 minutes to complete the questionnaire. The research was done in the period from October 2019 to February 2020.

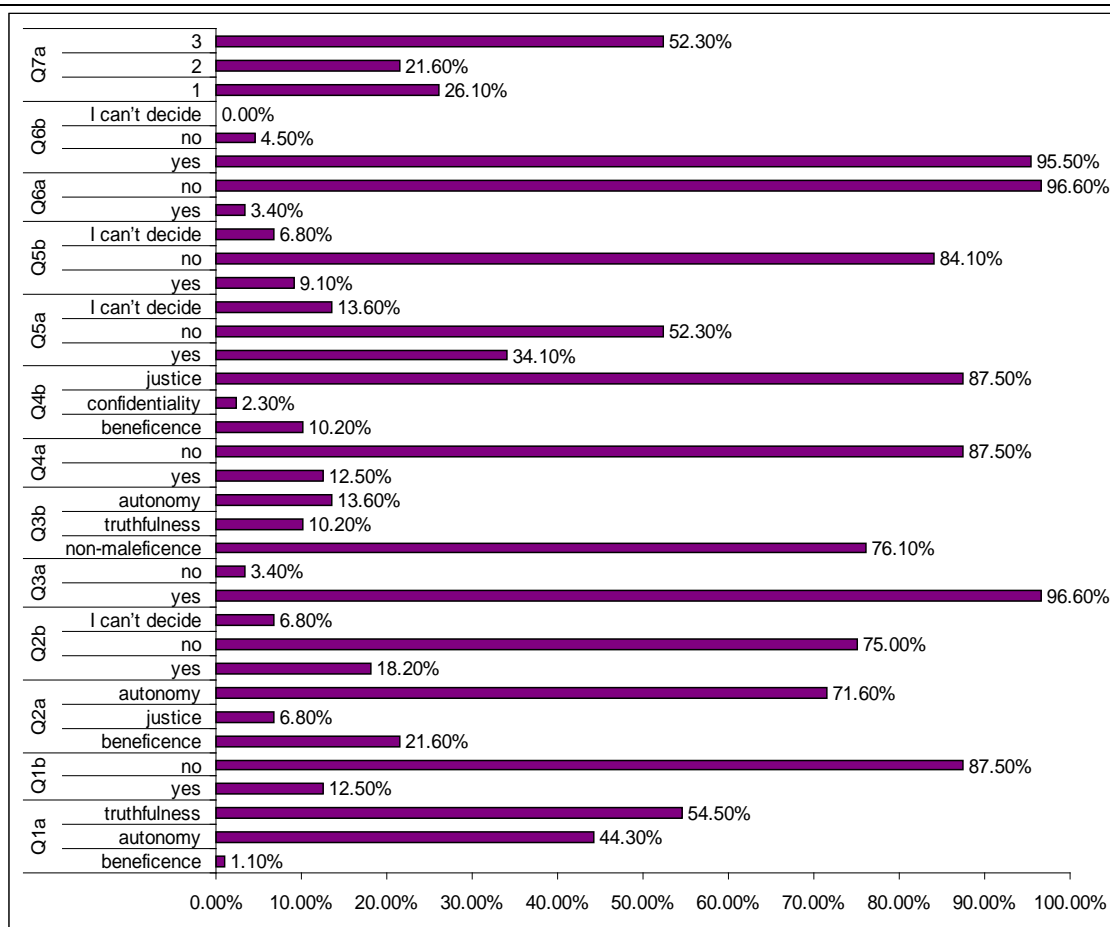
Using descriptive statistical analysis, the following statistical parameters were shown: arithmetic mean, standard deviation, range of variation, absolute frequency (N) and structure index (%). The comparison of occurrence frequency of some attributive feature modalities between the groups was done by using the Pearson Chi-square test and Fisher's exact test. The comparison of mean values of numerical features between two independent groups of respondents was done using the Student's t-test. Statistical analysis was done using Excel from Microsoft Office and SPSS, version 18.0. An estimation error level less than 5% ($p < 0,05$) was used as the threshold of statistical significance. The results of the statistical analysis are shown in tables and graphs.

Results

The examined sample ($n=88$) comprised 42 (47,73%) dentistry students, which was slightly less than half of the sample. The other respondents were dentists. The average age of the surveyed students was 24,38 \pm 1,65 (in range 22 – 30), whereas the average age of the surveyed dentists was 35,63 \pm 10,75 (in range 26 – 62) and these two groups significantly differed according to age ($t=7,007$, $p<0,0001$). More than half of the students were men - 23 (54,8%), and two thirds of the surveyed dentists were women - 31 (67,4%). There was a significant statistical difference in gender distribution according to the groups ($\chi^2=4,391$, $p<0,05$), and there was no statistical significance in regard to the distribution of the place of residence according to the groups ($\chi^2=1,664$, $p>0,05$) (Table1).

Tabela 1. Demografske karakteristike ispitanika
Table 1. Demographic characteristics of respondents

	Students Studenti (n=42)	Dentists Stomatolozi (n=46)	Total Ukupno (n=88)	Statistics Statistika
Age (yrs) Uzrast (god)				t=7,007
Mean±SDXsr ± SD	24,38±1,65	35,63±10,75	22,55±12,85	p<0,0001
min-max	22 - 30	26 - 62	22 - 62	
Gender (N %) Pol (N%)				
Male Muški	23 54,8%	15 32,6%	38 43,2%	$\chi^2 =4,391$ p=0,036 p<0,05
Female Ženski	19 45,2%	31 67,4%	50 56,8%	OR=2,502 CI (1,053-5,945)
City Grad Niš	31 73,8%	28 60,9%	59 67,0%	$\chi^2 =1,664$ p=0,197 p>0,05
Other Ostalo	11 26,2%	18 39,1%	29 33,0%	OR=1,812 CI (0,731-4,49)



Grafikon 1. Distribucija odgovora ispitanika (n=88) po pitanjima
Figure 1. Distribution of respondents' answers (n = 88) by questions

Tabela 2. Upoređivanje etičkih stavova ispitanika po grupama
Table 2. Comparison of ethical attitudes of respondents by groups

Question pitanja	Answers Odgovori				Statistics Statistika	
	Students Studenti		Dentists Stomatolozi			
	N	%	N	%		
Q1a	beneficence	0	0,00%	1	2,20%	$\chi^2=1,051$
	autonomy	18	42,90%	21	45,70%	p>0,05
	truthfulness	24	57,10%	24	52,20%	
Q1b	yes	6	14,30%	5	10,90%	$\chi^2=0,234$
	no	36	85,70%	41	89,10%	p>0,05
Q2a	beneficence	10	23,80%	9	19,60%	$\chi^2=0,268$
	justice	3	7,10%	3	6,50%	p>0,05
	autonomy	29	69,00%	34	73,90%	
Q2b	yes	15	35,70%	1	2,20%	$\chi^2=18,834$
	no	23	54,80%	43	93,50%	p<0,0001
Q3a	I can't decide	4	9,50%	2	4,30%	
	yes	41	97,60%	44	95,70%	Fisher exact
	no	1	2,40%	2	4,30%	p=0,534 n.s.
Q3b	non-maleficence	36	85,70%	31	67,40%	$\chi^2=5,647$
	truthfulness	4	9,50%	5	10,90%	p>0,05
	autonomy	2	4,80%	10	21,70%	
Q4a	yes	8	19,00%	3	6,50%	Fisher exact
	no	34	81,00%	43	93,50%	p=0,073 n.s.
Q4b	beneficence	5	11,90%	4	8,70%	$\chi^2=2,05$
	confidentiality	0	0,00%	2	4,30%	p>0,05
	justice	37	88,10%	40	87,00%	
Q5a	yes	13	31,00%	17	37,00%	$\chi^2=2,037$
	no	21	50,00%	25	54,30%	p>0,05
	I can't decide	8	19,00%	4	8,70%	
Q5b	yes	6	14,30%	2	4,30%	$\chi^2=4,711$
	no	35	83,30%	39	84,80%	p>0,05
	I can't decide	1	2,40%	5	10,90%	
Q6a	yes	2	4,80%	1	2,20%	Fisher exact
	no	40	95,20%	45	97,80%	p=0,466 n.s.
	yes	40	95,20%	44	95,70%	Fisher exact
Q6b	no	2	4,80%	2	4,30%	p=0,657 n.s.
	I can't decide	0	0,00%	0	0,00%	
	1	12	28,60%	11	23,90%	$\chi^2=0,423$
Q7a	2	8	19,00%	11	23,90%	p>0,05
	3	22	52,40%	24	52,20%	

P7a

1. da obavesti pacijenta o nepravilnom lečenju prethodnog stomatologa

2. da ponovo popravi zub, ali da ne obavesti pacijenta

3. da porazgovara o problemu i sa pacijentom i sa njegovim stomatologom

Q7a

1. to inform the patient about the improper treatment of the previous dentist

2. to repair the tooth again, but not to inform the patient

3. to discuss the problem with both the patient and his dentist

Na drugi deo pitanja, 85,70% studenata odgovorilo je to da doktor nije ispravno postupio, sa čime se složila i grupa stomatologa u 89,10%.

Kod drugog pitanja, većina studenata (69,00%), kao i većina stomatologa (73,90%) odgovorila je to da je oralni hirurški prekršio princip autonomije ličnosti, poštujući pravila struke, kako ne bi naškodilo pacijentu. Statistički značajna razlika pronađena je u odgovorima na drugi deo pitanja ($\chi^2=18,834$; $p < 0,0001$), gde je 54,80% studenata izjavilo to da oralni hirurški nije trebalo da izvadi oba zuba, dok su stomatolozi bili izričitiji u tom odgovoru (93,50%).

U odgovoru na treće pitanje, obe grupe ispitanika složile su se oko toga da je stomatolog trebalo da konsultuje hematologa; studenti u 97,60%, a lekari u 95,70%. Najveći broj ispitanika obe grupe, 85,70% studenata i 67,40% lekara, smatrao je da u ovom slučaju nije ispoštovan princip neškodljivosti.

Kod sledećeg pitanja, 81,00% studenata i malo veći procenat doktora, 93,50%, bio je mišljenja da je stomatolog pogrešio, dajući prednost svom prijatelju. Većina ispitanika, 88,10% studenata i 87,00% doktora, odgovorila je to da je prekršen princip pravednosti.

Kod 5. pitanja takođe nije pronađena statistički značajna razlika, u odgovorima. Polovina studenata, 50,00%, kao i 54,30% stomatologa, opredelila se za odgovor da lekar nije trebalo da prećuti. Kada je reč o drugom delu pitanja, 83,30% studenata tvrdilo je da stomatolog nije trebalo da obavesti pacijentove rođake o njegovoj bolesti, sa čim se složilo i 84,80% stomatologa.

Na 6 pitanje, 95,20% studenata i 97,80% stomatologa odgovorilo je to da doktor nije postupio ispravno. Isti procenat, 95,20% studenata smatrao je da je doktor trebalo da obavesti pacijenta o mogućim komplikacijama. Isto mišljenje zastupalo je 95,70% stomatologa.

Na poslednje pitanje, nešto više od polovine ispitanika, 52,40% studenata i 52,20% lekara odgovorilo je to da bi stomatolog trebalo da popriča i sa pacijentom i sa njegovim ordinirajućim lekarom o problemu.

The results of the paper which refer to the respondents' answers and the distribution difference among them are given in graphs (Figure 1) and tables (Table 2). Regarding the first question, more than half of the students (57,10%) said that the dentist violated the principle of truthfulness, and almost an identical answer was given by the dentists (52,20%). In the second part of the question, 85,70% of the students said that the dentist did not do the right thing, and the group of the dentists also agreed with that in 89,10%.

In the second question, the majority of the students (69,00%), as well as the majority of the dentists (73,90%) said that the oral surgeon violated the principle of autonomy, respecting the rules of the profession so as not to harm patient. A statistically significant difference was found in the second part of the question ($\chi^2=18,834$, $p<0,0001$), where 54,80% of the students said that the oral surgeon should not have extracted both teeth, while the dentists were more explicit in giving the answer (93,50%).

In the third question, both groups agreed that the dentist should have consulted a hematologist, the students in 97,60%, and the dentists in 95,70%. The greatest number of both groups of the respondents, 85,70% of the students and 67,40% of the dentists, considered that the dentist's act did not meet the principle of non-maleficence.

In the next question, 81,00% of the students and slightly higher percentage of the dentists, 93,50% thought that the dentist had made a mistake, giving priority to his friend. The majority of the respondents, 88,10% of the students and 87,00% of the dentists, said that the principle of justice was violated.

In the 5th question, there was no statistically significant difference either. Half of the students 50,00%, as well as 54,30% of the dentists, chose the answer in which the dentist should not have kept quiet. In the second part of the question, 83,30% of the students claimed that the dentist should not have informed the patient's relatives about their disease, and 84,80% of the dentists agreed with that.

In the 6th question, 95,20% of the students and 97,80% of the dentists said that the dentist did not do the right thing. The same percentage, 95,20% of the students considered that the dentist should have informed the patient about possible complications. 95,70% of the dentists had the same opinion.

Diskusija

Na osnovu dobijenih odgovora ispitanika u ovom istraživanju, može se reći da su stavovi apsolutno stomatologije i stomatologa o pojedinačnim etičkim aspektima uglavnom usklađeni.

Po pravilu, stomatolog je dužan da pruži pacijentu relevantne informacije i to ima etičke i potencijalno pravne implikacije^{22,23}. Kako su, kada je reč o prvom pitanju, obe grupe ispitanika imale podeljene stavove, može se reći da u našoj stomatološkoj praksi još nije usvojen definitivni stav u vezi informisanosti pacijenta o lečenju. U ovoj situaciji, u sukobu su princip dobrotvornosti sa principom autonomije i principom istinitosti. Kod uplašanih i kod pacijenata koji ne saraduju, kako bi obezbedio neophodno lečenje, najbolje je da stomatolog ispoštuje princip dobrotvornosti, što znači da mora narušiti ostala dva principa. Ovo očigledno zbunjuje stomatologe u našoj sredini, te je potrebno razjašnjenje podržano od strane profesionalnih organizacija i strukovnih udruženja.

Manje dilema kod ispitanika, bilo je kod drugog pitanja, budući da se većina ispitanika složila da je doktor ispravno postupio, jer je pacijenta lišio dodatne, bespotrebne intervencije i terapije antibioticima, iako nije ispoštovao princip autonomije ličnosti. U odgovorima na drugi deo pitanja, pronađena je statistički značajna razlika: vođeni većim iskustvom u radu i principom neškodljivosti, stomatolozi su bili izričitiji u tome da oralni hirurrg nije trebalo da izvadi oba zuba, već da sačuva zub čija je karijesna lezija mogla da se popravi. Primena nepotrebnih, preteranih ili neefikasnih medicinskih postupaka ili lekova štetna je za mnoge pacijente, naročito za one starije i one koji imaju druga oboljenja, te stoga često predstavljaju etički problem^{24,25}. Stomatolog treba da informiše pacijenta o njegovom zdravstvenom stanju i rizicima, razumljivo i jasno, rečima koje će pacijent sigurno shvatiti, u skladu sa njegovim obrazovanjem i uzrastom. Suština informacije je u tome da pomogne pacijentu da samostalno donese pravu odluku, što može da uradi jedino ako zna sve potrebne informacije^{26,27}.

Stomatolozi se u današnjoj praksi često susreću sa pacijentima koji imaju različite vrste poremećaja koagulacije krvi, kakva je hemofilija²⁸.

In the last question, slightly more than half of the respondents, 52,40% of the students and 52,20% of the dentists answered that the dentist should talk to the patient and their attending physician about the problem.

Discussion

On the basis of the respondents' answers in this research, it can be said that the attitudes of final year dentistry students and dentists about individual ethical aspects mostly agree.

As a rule, a dentist is obliged to provide a patient with relevant information and it has both ethical and potentially legal implications^{22,23}. As both groups of the respondents had divided attitudes regarding the first question, it can be said that our dental practice has not adopted a definite attitude related to informing patients about their treatment. In this situation, the principle of beneficence is in conflict with the principle of autonomy and the principle of truthfulness. When it comes to anxious patients and patients who are not willing to cooperate, in order to provide the necessary treatment, the best way for the dentist is to adhere to the principle of beneficence, which means that they have to violate the other two principles. This obviously confuses the dentists in our environment, so an explanation supported by professional organizations and associations is necessary.

The respondents had fewer dilemmas in the second question since most of the respondents agreed that the dentist did the right thing as he prevented the patient from an additional, unnecessary intervention and antibiotic treatment, although he did not adhere to the principle of autonomy. In the second part of the question, a statistically significant difference was found in the answers: guided by greater work experience and the principle of non-maleficence, the dentists were more explicit when saying that the oral surgeon was not supposed to extract both teeth, but to save the tooth whose carious lesion could have been fixed. The use of unnecessary, exaggerated or inefficient medical procedures is harmful to many patients, especially to the elderly or those who have other diseases, and it is often considered an ethical issue^{24,25}. A dentist should inform a patient about their medical condition and risks, understandably and clearly, using words that the patient will certainly be able to understand, in accordance with their education and age.

Kod trećeg pitanja, većina obeju grupa ispitanika smatra da je stomatolog narušio princip neškodljivosti i da je morao uključiti hematologa u donošenje odluke. Etički princip o izbegavanju nanošenja štete pacijentu potiče još iz Hipokratovog načela *primum non nocere*, što znači “prvenstveno ne naškoditi”. Ako stomatolog unapred predvidi moguće komplikacije, a pri tom je svestan da može naškoditi pacijentu, uputiće ga oralnom hirurgu, koji će sprovesti preoperativnu pripremu i indikovanoj intervenciji moći da izvede bezbedno. Ovakav stav karakterističan je za zdravstvene sisteme, koji podrazumevaju dostupnost specijalista i razvijenost, tako da se odgovori smatraju veoma pozitivnim.

Etički stav stomatologa zasniva se na individualnom osećaju odgovornosti prema pacijentu i proceni toga šta je ispravno ponašanje. Zakonske regulative i profesionalni kodeksi lekarske etike ne garantuju primenu etike u praksi. Zato, stomatolozi mora da obrate pažnju na granice odnosa lekar–pacijent, da poštuju pacijenta i brinu za njegovo dobro, u skladu sa naučnim znanjem i etičkim principima²⁹, mada su u svakodnevnoj praksi, etički aspekti uglavnom pitanja navike³⁰.

Na četvrto pitanje, većina ispitanika dala je odgovor da je prekršen princip pravednosti. Pravednost je etički princip, koji lekare obavezuje da sve pacijente isto tretiraju, bez obzira na pol, rasu, nacionalnost, veru, socijalnu ili političku pripadnost. Stomatolozi bi trebalo da se trude da zastupaju stav empatije, da poštuju ličnost svakog pacijenta, njihovo dostojanstvo i intimu. Ako pravednost shvatimo kao nediskriminaciju, onda to podrazumeva jednaka prava stomatološke zdravstvene zaštite za sve pacijente³¹.

I kod pitanja iz upitnika koje se fokusira na neizlečivu, zaraznu bolest, odgovori ispitanika obeju grupa su homogeni i ukazuju da na to da je kod nas usvojen stav da pacijent ima pravo da bude istinito obavешten o svom zdravstvenom stanju. Uvažavanjem principa adekvatnog informisanja pacijenta i članova njegove porodice, primenjuje se i princip autonomije^{26,27}. Ipak, kako je reč o neizlečivoj, ali i prenosivoj bolesti, samo saznanje da je pacijent HIV pozitivan, imaće zastrašujuć i negativan uticaj na njega i otvoriće etičku dilemu – šta će doneti više koristi pacijentu, da li mu odmah reći istinu ili prećutati i uputiti ga infektologu.

The essence of the information is to help the patient make the right decision by themselves, which they can do only if they have all the necessary information^{26,27}.

In today's practice, dentists often encounter patients who have different kinds of blood coagulation disorders, such as hemophilia²⁸. In the third question, the majority of both groups believe that the dentist violated the principle of non-maleficence and that he had to involve a hematologist when making the decision. The ethical principle about avoiding doing harm to a patient originates from the Hippocratic principle ‘*primum non nocere*’, which means ‘first, do no harm’. If a dentist anticipates possible complications, being aware that they can do harm to the patient, they will refer them to an oral surgeon, who will carry out preoperative preparation and will be able to carry out the indicated intervention safely. This attitude is typical of health care systems which imply the availability of specialists and development, so the answers are considered to be very positive.

The ethical attitude of dentists is based on the individual feeling of responsibility towards the patient and the assessment of what is the correct behavior. The legislation and the professional code of medical ethics do not guarantee the application of ethics in practice. Therefore, dentists have to pay attention to the boundaries in the doctor – patient relationship, they have to respect the patient and care about their well-being, in accordance with scientific knowledge and ethical principles²⁹, although in everyday practice, ethical aspects are mostly a matter of habit³⁰.

In the fourth question, most of the respondents said that the principle of justice was violated. Justice is an ethical principle which obliges doctors to treat all of their patients in the same way, regardless of their gender, race, nationality, religion, social or political affiliation. Dentists should put an effort to advocate an attitude of empathy, to respect the personality of each patient, their dignity and intimacy. If justice is understood as non-discrimination, than it implies equal rights to dental health care for all patients³¹.

When it comes to the question dealing with an incurable infectious disease, the respondents' answers in both groups were homogeneous and indicate that we have adopted the attitude that the patient has the right to be truly informed about their medical condition.

Savremena medicinska etika potvrđuje to da i HIV pozitivni pacijenti imaju puno pravo na stomatološke usluge, koje se u tom slučaju obavljaju po posebnom protokolu. Što se tiče drugog dela pitanja, odgovor većine ispitanika obe grupe bio je negativan. Princip poverljivosti podrazumeva se u profesionalnim kodeksima etike, a posebno se poštuje u pogledu HIV-a. Sukob se javlja između interesa odnosa lekar-pacijent, u smislu poverljivosti i interesa javnosti za zaštitu od zaraznih bolesti. Pretpostavlja se da samo pacijenti sami mogu znati da li će drugim osobama reći od koje bolesti boluju, zbog rizika i mogućih posledica u njihovom privatnom, javnom i profesionalnom životu³². Takođe, pacijenti imaju obavezu da se ponašaju odgovorno i da ne ugrožavaju druge u svojoj okolini.

Odgovori na šesto pitanje usklađeni su sa prethodnim stavovima i naši ispitanici prihvataju princip autonomije, jer je pacijent sa punim pravom trebalo da bude obavešten o mogućim komplikacijama. Bolesti rizika u stomatologiji, gde takođe spadaju dijabetes i hipertenzija, uglavnom zahtevaju drugačiju proceduru lečenja, tj. preoperativnu pripremu i saglasnost lekara pre vađenja zuba. Studenti i stomatolozi, u najvećem procentu, složili su se sa prethodnom činjenicom.

Savremeni kodeksi stomatološke prakse usmeravaju doktore stomatologije ka pružanju svih potrebnih informacija pacijentima, ali i ka izbegavanju kritikovanja svojih kolega pred njima i uopšteno u javnosti³³. Što se tiče poslednjeg pitanja, najveći procenat ispitanika obeju grupa nije želeo da degradira kolegu, što je etički ispravno, pa je njihov odgovor glasilo da stomatolog treba da porazgovara o problemu sa pacijentom i njegovim stomatologom.

Rezultati dobijeni u ovom istraživanju sreću se i u drugim radovima koji se bave sličnom problematikom. Upitnik koji je korišćen u ovoj studiji, prvenstveno je ukazao na osnovna etička načela u svakodnevnoj stomatološkoj praksi. Mnogi istraživači koristili su brojne druge, detaljnije upitnike, kojima se ispituje primena ostalih etičkih principa i to može biti imperativ za naredna istraživanja kod nas. Ograničenje ove studije je to da se korišćeni upitnik zasniva na subjektivnoj proceni, tako da se ne može izbeći pristrasnost odgovora ispitanika.

Respecting the principle of adequately informing the patient and their family members, the principle of autonomy is also applied^{26,27}. However, since it is about an incurable, but also transmitted disease, just knowing that the patient is HIV positive, has an intimidating and negative impact on them and it raises an ethical dilemma, should the patient be told the truth immediately or referred to an infectologist?

Contemporary medical ethics confirms that even HIV positive patients have the full right to get dental services, which are, in that case, performed according to a special protocol. In the second part of the question, most of the respondents from both groups had a negative answer. The principle of confidentiality is implied in the professional codes of ethics, and it is especially respected when it comes to HIV. There is a clash between the interests of the physician-patient relationship in terms of confidentiality and the interests of the public to prevent infectious diseases. It is assumed that only patients themselves can decide whether they are going to tell other people about the disease they have, due to the risk and possible consequences on their private, public and professional lives³². Furthermore, patients are obliged to behave responsibly and not to endanger the others in their environment.

In the sixth question, the answers are in accordance with the previous attitudes and our respondents accept the principle of autonomy, since the patient should have been informed with the full right about possible complications. Risk diseases in dentistry, which include diabetes and hypertension, mostly require a different treatment procedure, that is, preoperative preparation and the physician's consent before tooth extraction. The students and the dentists agreed with the previous fact in the highest percentage.

Contemporary codes of dental practice direct dentist towards providing their patients with all the necessary information, but they should also avoid criticizing their colleagues in front of the patient or generally in public³³. In the last question, the highest percentage of both respondent groups did not want to degrade their colleague, which is ethically correct, and they said that the dentist should discuss the problem with the patient and his dentist.

The results obtained in this research can also be found in other papers dealing with similar problems. The questionnaire used in this study primarily pointed out the basic ethical principles in everyday dental practice.

Zaključak

Stomatolozi i absolventi stomatologije u Srbiji imaju slične stavove u vezi etičkih dilema iz svakodnevne prakse. Znanje, u pogledu poštovanja etičkih principa, uglavnom je zadovoljavajuće. Samo manji deo ispitanika bio je u nedoumici ili nije bio dovoljno svestan važnosti primene etičkih principa u stomatološkoj praksi. To ukazuje na to da treba promovisati programe edukacije o lekarskoj etici i značaju odnosa lekar–pacijent za stomatologe i njihove saradnike, koji će im pomoći da izgrade još bolju profesionalnu komunikaciju sa pacijentom, ali i međusobno i da unaprede ishode lečenja.

Many researchers have used many other, more detailed questionnaires which examine the application of the other ethical principles and it could be an imperative for further research in our country. The limitation of this study is the fact that the used questionnaire is based on subjective assessment, so the respondents' bias cannot be avoided.

Conclusion

Dentists and final year dentistry students in Serbia have similar attitudes related to ethical dilemmas from everyday practice. The knowledge about respecting ethical principles is mostly satisfying. Only a small number of the respondents were in doubt or they were not sufficiently aware of the importance of applying ethical principles in dental practice. It implies that we should promote educational programs about medical ethics and the significance of the physician-patient relationship for dentists and their coworkers, which will help them build even better professional communication with the patient, but also communication with each other, and it will help them improve treatment outcomes.

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