Dental ethics case 21

Extreme makeovers – the ethics of aesthetic dentistry

SADJ May 2012, Vol 67 no 4 p184 - p185

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CASE SCENARIO

A mother and her 14-year-old daughter attended for examination, requesting a "porcelain veneer makeover". On examination, the girl presented with an ideal dentition, and a very clean and well looked-after mouth and teeth that included fissure sealants on the molar teeth. The dentist was perturbed about the request and on further probing was informed that she will be participating in an upcoming teenage beauty pageant and wanted veneers on all her teeth to give her a spectacular smile to increase her competitive edge – 'all the other competitors are also having it done and I want it too'…

COMMENTARY

When an elective decision is taken to provide treatment involving clinical intervention on teeth that are healthy and symptomless, there are a number of ethical and dento-legal risks which are sometimes overlooked. There can be no justification for the destruction of sound teeth for minimal aesthetic gain. Martin Kelleher in a recent editorial in the Dental Update,[1] expanded on "the daughter test", a concept that was originally coined in 2009. In short, this asks the question: "Knowing what you know about the procedure and how it would affect the teeth in the long term, would you carry out the proposed treatment on your daughter or partner?"

Porcelain veneer restorations (PVR) are invasive and irreversible and may even be harmful to a young patient with large pulp chambers. Traditionally PVRs were placed to address aesthetic issues such as unacceptable or peculiar tooth contour, interdental spacing, gingival recession, malformed teeth and worn teeth. Restorative and aesthetic applications for PVRs have increased and will continue to evolve. Patients inspired by culturally and commercially driven aesthetic expectations no longer limit their demands to diseased teeth.[1] In response to these demands, many clinicians are placing elective restorations in young patients and are preparing teeth more aggressively with less regard for preserving enamel. An example Richard Simonsen gives in his editorial "Commerce versus care: troubling trends in the ethics of aesthetic dentistry" is of the placing of eight or ten porcelain veneer restorations for a patient who needs the aesthetic enhancement of one tooth "…thus starting the patient on a cycle of never-ending restorative treatment for many teeth from which the patient can never be extricated… beneficence gone wild".[2]

When considering elective or cosmetic treatment procedures, the patient's health should always be paramount and should always trump the patient's personal desires, even at the expense of patient autonomy. As a profession we have a duty to weigh up the benefits and risks of any procedure, and if the potential harm outweighs the benefits, even patients' requests for treatment should be declined. In general, the indications for porcelain veneer restorations (PVR) are limited and must not include teeth that require preparations into dentine.

While the patient's initial demand for veneers sounds justifiable since 'all the others are having it done', it would be unprofessional to ignore other pertinent issues. Aesthetic sensibilities need to develop within the limits of physiological, morphological and occlusal parameters in restoring function and improving dentofacial and facial aesthetics.[3] During the management of a patient, a dentist makes numerous decisions that are inherently value laden[4] and in this case scenario, the dentist would be acting unprofessionally if he placed the request for aesthetic care before the patient's life and health, oral health and appropriate oral function.[4]

Professional character and virtue are inextricably linked to integrity. Integrity marks the professional who is upright and integral and signifies a wholeness or completeness of character; it does not permit a split between the inner and outer, the word and the deed. As such, it makes possible the fiduciary bond between the professional and the patient.[5] The practice as a healthcare professional is based upon a relationship of mutual trust between patients and healthcare practitioners[6] and 'fiduciary' refers to the trust that the professional will act on behalf of his patient's best interest, even before his or hers own self-interest.[6] It would therefore be in the best interest of this 14-year-old patient that the dentist educates the parent and child about the quality of her smile and the risks of veneers, and if they still demand it, neither provide the treatment nor refer to another dentist.

INFORMED CONSENT

Any elective treatment should only be made after obtaining valid and complete informed consent. The consent process is a critical part of the provision of any treatment and it has become one of the most important and topical ethical is-

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sues in dentistry, as well as in medicine. It is the duty of the clinician to explain each of the various treatment possibilities, what they involve and how they compare in terms of treatment duration, costs, etc. It is important that this comparison include the risks, limitations and disadvantages of each of the treatment alternatives, as well as their benefits and advantages. If a patient is only presented with a limited range of options – perhaps because the clinician has a personal preference for certain options, then the way is left open for the patient to argue, after the event, that they would never have agreed to proceed with the treatment if it had been explained to them that another possible treatment option existed, which they would have chosen if only it had been offered to them. It is very common for patients to mount a similar argument if the benefits of a particular procedure had been explained to them in glowing terms, without any corresponding emphasis on the risks, limitations and possible disadvantages of the treatment in question.

It is imperative then to explain all the possible options (including the option of doing nothing at all) in a fair and balanced way and give the patient the opportunity to ask questions. The option of no treatment needs to be re-iterated, as it is the dentist's responsibility to decline to carry out any treatment if it involves the unnecessary or avoidable destruction of healthy tooth structure.

SUMMARY OF ETHICAL CONCERNS

Nonmaleficence: The credo "first do no harm" is even more critical when treating healthy teeth for aesthetic reasons, because the treatment offers no direct health benefit. In the absence of any health benefit, it is important to present the most conservative treatment option that meets the patients aesthetic goals.

Veracity and informed consent: Veracity requires that we tell the truth but also that we do what we say and say what we do. If we describe treatment to the patient as being conservative or minimally invasive, we should perform treatment that is indeed conservative. Aggressive preparation of mal-aligned teeth for PVRs is not minimally invasive or conservative treatment. As mentioned above, valid informed consent requires full disclosure of risks and benefits. The clinician must discuss the biological and functional consequences of the treatment choice, as well as the aesthetic limitations.

Patient autonomy: Patients who seek aesthetic dental treatment often have a vision of or goal for their care that is based on information acquired from the mass media. Although patient's aesthetic goals are important in treatment planning, a dentist has an ethical responsibility to educate them regarding realistic goals and appropriate treatment options. Patient autonomy, by itself, is not a rationale for treatment. If a patient made a request for the extraction of a health tooth or teeth for his own aesthetic or other goal, would that be reason enough to carry out the procedure? Patient autonomy allows the patient the right to refuse or select treatment from a number of appropriate options. Patient autonomy does not give the patient the right to choose inappropriate treatment. Inappropriate treatment is not justified because it is what the patient believes what he or she wants.

CONCLUDING REMARKS

There are many occasions in clinical dentistry where elective treatment is considered or provided. It is important to understand the special nature of the ethical and dento-legal risks that accompany the provision of any treatment which does not, strictly speaking, need to be provided at this moment in time. The solution is to inform and involve the patient in the consent process and to resist the temptation to guide a patient too forcibly or too quickly towards a specific treatment option.

In 1992 Ozar and Sokol[7] proposed a hierarchy of values for the ranking of professional values. The rule of the hierarchy being that it is unethical to take any action that puts a lower item on the list ahead of a higher item on the list:

1. the patient's life and general health;
2. the patient's oral health;
3. the patient's autonomy;
4. the dentist's preferred choice of treatment;
5. aesthetic values;
6. efficient use of resources.

Therefore a patient's oral health always trumps aesthetic values. Furthermore, a dentist will be acting unethically if "he or she chooses to provide treatment to a patient that enhanced the patient's oral health but put the patient's general health in jeopardy".[8]

There is a continuing and increasing demand for the provision of cosmetic dentistry. However, patient's high expectations, together with differing perceptions of appearance, means that smile makeovers remain a risky business and there has been increasing litigation from patients who are dissatisfied following aesthetic treatments.[9] The on-going tension between function and fashion and the pursuit for the aesthetic "ideal" make dentists ethically obliged to refuse to provide treatment that they deem unnecessary and that may cause harm. As a profession we have a duty to weigh up the benefits and risks of any procedure, and if the potential harm outweighs the benefits, even patients' requests for treatment should be declined. Business and dentistry are indeed inextricably linked, but it is the good of our patients that must always prevail over the motive to make a profit.

Declaration: No conflict of interest declared

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