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Ethical reflection in dentistry: first steps at the Faculty of Dental Surgery of Toulouse

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Abstract

The goal of this work is to contribute to ethical reflection in the dental profession through the example of a survey of ethical reflection and ethical issues in dentistry conducted at the dental school of Toulouse.

A written survey was given to the heads of departments and to the 6th year students and also to the dental faculty at the hospital dental clinic in order to estimate their level of understanding and concern about these topics.

MESH Keywords Education, Dental; ethics; Ethics, Dental; education; Humans; Questionnaires; Schools, Dental; ethics

Author Keywords ethics; dentistry; teaching

Introduction

Since the end of the sixties and the advent of autonomy for the Faculties of Dental Surgery in France, the teaching of Dentistry has evolved significantly in parallel with scientific progress (1, 2). During that period of time, there has been development in the evolution of the reflection about medical topics in relation to dental practice (examples: muscular dystrophy, AIDS). In addition, because the public is better educated, there has been a significant increase in the kinds and quantity of questions and requests for explanations from the patients in our dental surgeries (e.g. information on recently developed therapies or the quality of materials used) (3). In these respects, developments in dentistry have paralleled those in medicine. But this is not as true in the case of reflection on issues in ethics.

The most recent medical-legal work on patients’ rights results from the law of 4 March 2002 known as “Kouchner’s law”. Respect for the autonomy and dignity of the patients constitutes the central theme of this law, which has had the effect of instituting participation, information, and consent relating to medical treatment undertaken. It is a new way for medical practitioners to consider their patients as co-actors of their treatment. This principle of consent was accepted as ethically fundamental in the field of biomedical research from the time of the code of Nuremberg and is now also expressed in the laws pertaining to bioethics. Because of this, it is now firmly established in the daily practice of general medical practitioners as regards care or prevention.

We wanted to raise the question of the role of ethics in the training of oral health professionals and their aptitude to respond to these social requests, and to do so in a rigorous, valid, scientific way that was devoid of any condescending or pre-formatted attitude. We selected as our research site the Faculty (School) of Dentistry of Toulouse. We wanted to learn whether and when this kind of reflection arises in dental practice and whether there might be a possible census on various ethical questions in dentistry. We also wanted to see if there were any connections between these matters and current university education in dentistry and the practice of oral health care in the hospital training clinic. To this end, we surveyed, by means of a written survey, the department heads, the students, and some of teachers of the Faculty of Dentistry of Toulouse. (Toulouse is one of sixteen French dental schools and is part of the second largest university in France).

Summary of the study

The work was carried out through an investigation involving the students of the sixth year (which is the final year of their dental studies), the university heads of departments, and the dental teachers at the hospital oral health clinic. The quantitative aspect of the results was obtained by using a written questionnaire which made it possible to obtain a large number of responses.

The following results were found.

• From the students:

• 51 questionnaires were collected from a group of 60 students, i.e. 85% responded.
• A very large positive majority appeared in the answer to the question: “Does the teaching of ethics seem desirable to you?”: 88% for, 8% against, 4% without opinion.

The answers to the question “What would be your definition of ethics?” are represented on graph 1.

• Positive answers to the question “Do the following sets of themes concern ethical issues?” are expressed as percentages in table 1.

• From the teachers:

The responses collected did not differ significantly between the heads of department responsible for university education and the hospital clinic teachers. For simplicity, only the answers the hospital clinic faculty are presented here centre. These consist in responses from 17 clinic faculty.

• 88% of the respondents are favourable to the teaching of ethics.

• The attempts to define ethics are similar to the students’ efforts.

• Positive answers to the question “Do the following sets of themes concern ethical questioning?” are expressed as percentages in table 1.

Discussion

There seems to be a very broad consensus in favour of the development of a university program focused on ethical reflection in dentistry. There were, however, no suggestions for how to structure it. The question of the legitimacy of the teachers in charge of this mission was posed, but no suggestions were made about how to address it.

The absence of teaching or continuous training on the topic of ethics undoubtedly explains the hesitations and confusions encountered in the respondents’ attempts to define ethics. However, there were no points missing from the proposals of the students compared with those of the teachers, in fact some of the students’ responses were more informative. It appears that the few exchanges on ethical questions that do take place during various lessons in the dental curriculum (e.g. during sessions on medical rights, medical psychology, etc.) interested the students.

The survey also asked respondents to identify the ethical problems in dentistry. Comparison of answers to this question leads the authors to these remarks.

• Agreement appears on the topics of information and consent. Perhaps the dental profession has an advantage on this subject compared to other medical specialties insofar as the conventional obligation to provide a financial estimate for prostheses and other treatments has been a reality in dental practice for several years. It is advisable, however, to insist on the fact that the signed document only gives an illusion of informed consent. The way in which the consent is obtained and what the patient understands and deliberately consents to certainly counts as much as the consent form legally, and is ethically more important. In this connection, however, two problems remain, even regarding financial matters. Many dentists still perceive the formal requirement of informed consent as a constraint and not as the pursuit of the ethical ideal of a decision shared between the dentist and his patient. Therefore, continued evaluation of the information delivered to the patient, the quality of comprehension by the patient, and the manner of this communication is needed. Clearly, even if the informed consent obtained is genuine as far as the financial charges for, for example, a prosthesis, is concerned, there still remains an immense amount of work to be done about the consent concerning all the other types of activities carried out in a dentist’s surgery.

• A quarter of all people questioned did not consider the taking into account of pain as an ethical problem. For some, pain still seems to be only a technical problem, solved by treatment. The differences between pain and suffering, physical and psychical, must be carefully studied and incorporated into dentists’ ethical reflections.

• Agreement was also general on the ethical importance of questions about access to and exclusion from care. Nevertheless, although the principle and the benefit of the French “Universal Medical Coverage” program are widely affirmed, some imperfections of the system were inevitably underlined. Some respondents also noted that these ethical issues are connected with the question of the possible duties of the patients.

• The survey question relating to ethical fees yielded divided, even negative, opinions. It nevertheless seems intimately connected to the preceding question. The question of the ethical justification of remuneration for practitioners also depends on a dialogue with all concerned that would include explaining to the lay participants the complexity of our work as dentists.
The question relating to the dignity and respect of the person demonstrated a consensus. But, with regard to the definition of ethics, there was a lack of precision in respondents' answers on the meaning of the concept.

Varied answers were obtained on the specifically ethical important of three other points: quality of care, procedural safety and safety of materials. Especially on the first point, respondents identified a link with the matter of fees, not only as a technical matter, but also from an ethical perspective.

Other ethical issues relevant to dental practice did not appear in the results of the survey. But the authors propose that the following issues nevertheless deserve to be addressed.

The marketing authorizations of the biomaterials used in dentistry constitute an important ethical subject in themselves. There are also ethical questions related to the consent of patients when such or such a product is being used by a dentist for the first time (i.e. independently of the issue of informed consent, etc., in formal research), especially with the diversity of the products currently available to dentists.

Oral implant surgery has been expanding rapidly in France in recent years. This technique makes it possible to avoid resorting to removable prostheses, which are often badly perceived by patients. The cost is relatively high and the amount covered by health insurance is nil. One teacher mentioned his embarrassment at the idea that the hospital's dental clinic was not able to offer such treatment for patients who were sometimes young and often socially disadvantaged as well.

The obligation for continuing education is now in place in our profession. But it is still common to hear some practitioners say that it is to better use an older but well-mastered technique rather than a recent poorly assimilated one! Who does that favour: the reassured practitioner or the patient who does not receive the technically most recent care? The principle of equity towards our patients clearly raises a serious ethical question about such a view.

As genetics moves forward, our patients' susceptibility to certain diseases with oral repercussions is likely to become a source of difficult ethical questions.

The impact of our actions on the environment and its protection certainly constitutes an ethical question for dentistry. Proper disposal of waste products (heavy metals in particular) has become a matter for ethical consideration in recent years; but many other environmental issues (ionizing radiations, for example) deserve careful ethical consideration.

**Conclusion**

Dental ethics has a rightful place within the general field of ethics. Medical ethics does not constitute a separated entity from the practice of medicine. The same follows when applied to dentistry. Dental practice is characterized by a very particular bond between human beings that is structured around the problem of suffering. Thus training in professional ethics can lead health professionals from a dissymmetric relation to their patients towards more reciprocity and exchanges.

Certainly one objective of the university, and therefore of the State that supports the university, is to train technically qualified practitioners capable of caring for the population with the greatest possible efficiency. Especially when most dental professionals will be in independent practice, out of the public institutions, this must be a goal for the university that trains them. The quality of the meticulous work carried out by dentists is dependent on the motivation of those who perform it and this motivation depends on the development of the dentist's self-esteem as a health professional. The presentation of the ethical objective to students, together with a caring attitude towards the other person, is a very much needed part of the dental curriculum. Moreover, the education of dental surgeons as citizens, conscious that the institution has trained them is an institution of the public that entrusts them with a mission of public health, constitutes a priority for dental schools.

This objective will not be achieved without a global view of the only subject of fundamental importance with which the practitioner is faced, namely the person and not just the mouth. Awareness of the social sciences, relevant aspects of psychology, and dental ethics, is the condition sine qua non for this.

The survey reported on here has demonstrated that the demand for an introduction to dental ethics, if not spontaneous, is nevertheless real and is something supported by both students and teachers. To this end, the authors propose to support and develop ethical reflection with determination within the discipline of dentistry. The next step is to define, in cooperation with our teaching colleagues and dentists in practice outside the academy, all that is at stake in the ethics of dental practice.

**References:**

Graph 1
Definitions of ethics according to students

- Concept of values: 4%
- Concept of action to be taken: 3%
- "What is good or not good to do": 5%
- Morals of practitioner: 27%
- Set of fixed rules: 15%
- Respect of the person: 14%
- Conformity with conscience: 12%
- Various: respect of the laws, humanistic doctrines, rational attitude, concept of principle, deontology: 7%
- "Commanded by morals, recommended by ethics": 5%
- Guide the behavior: 5%
- Agreement with the current data of science: 3%

References:
Table 1
Positive answers to the question: "Do the following sets of themes concern ethical questioning?"

<table>
<thead>
<tr>
<th>Theme</th>
<th>Students</th>
<th>Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent</td>
<td>86%</td>
<td>82%</td>
</tr>
<tr>
<td>Information</td>
<td>84%</td>
<td>82%</td>
</tr>
<tr>
<td>Human dignity</td>
<td>80%</td>
<td>88%</td>
</tr>
<tr>
<td>Access to/exclusion from care</td>
<td>78%</td>
<td>76%</td>
</tr>
<tr>
<td>Taking pain into account</td>
<td>74%</td>
<td>59%</td>
</tr>
<tr>
<td>Refusal of care</td>
<td>70%</td>
<td>53%</td>
</tr>
<tr>
<td>Quality of the care given</td>
<td>64%</td>
<td>47%</td>
</tr>
<tr>
<td>Law of 4 March 2002 (Kouchner's Law)</td>
<td>60%</td>
<td>53%</td>
</tr>
<tr>
<td>Concept of medical safety</td>
<td>54%</td>
<td>41%</td>
</tr>
<tr>
<td>Concept of material safety</td>
<td>51%</td>
<td>29%</td>
</tr>
<tr>
<td>Question of fees</td>
<td>46%</td>
<td>47%</td>
</tr>
</tbody>
</table>