

Ethical Issues in Orthodontics

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Abstract:

Introduction: Background: Under the influence of a number of variables, such as the malpractice crisis, shifting societal economics, and shifting environmental regulatory structures, the dental profession is going through a significant transformation.

Aim: To review the ethical issues in orthodontics

Method of literature search: Between January 2010 and July 2021, a thorough literature search was conducted that covered the notion of smoking rationalization in databases such as Pubmed, Web of Science, ScienceDirect, Ebsco-host, and Google. Nine articles in total were determined to be pertinent, and their conclusions have been examined.

Conclusion: Orthodontists are expected to act in the best interests of their patients regardless of their financial situation, and occasionally even at the risk of their own safety, according to the moral traditions and codes of ethics of medicine and dentistry.

Keywords: Ethical, Ethical Issues In Orthodontics, Ethical Dilemma, Ethical Issues in Dentistry, Ethics, Clinical Dilemma

INTRODUCTION

Ethics describes medical obligations by asking them to consider and reconsider their actions, judgments, and justifications. It is the application of general ethical principles and rules for solving treatment practices, and medical and research problems. Ethical practice should be followed by all professions.¹

The rules of medical ethics must be followed when dentistry transitions from a shadow profession to a recognized specialty. Additionally, a broader societal view of dentistry has resulted from the increased recognition of the critical relationship between dental health and general health.² The ethical challenges that dentists face now are more numerous and complicated than they were in the past. The dentist is still one of the most trusted professionals.³

According to a 1997 Gallop survey,⁴ dentists were rated as the most trustworthy profession in the country. A number of issues, including as the malpractice problem, shifts in people's economic circumstances, and changes in the regulatory framework of the environment are having a significant impact on dental practice. All research involving humans must adhere to four fundamental principles, according to the Council for International Organizations of Medical Organizations' (CIOMS) 3 International Ethics Guidelines and the World Health Organization. 1. Autonomy 2. Nonmaleficence 3. Beneficence 4. Justice.⁵ Therefore, it is important for dentists to comprehend the Code of Ethics, especially orthodontists. In order to address these challenges and provide guidance on how to apply ethical concepts in clinical practice, this article was created.

METHOD OF LITERATURE SEARCH

An effort was made to be as thorough as possible when conducting the literature search using all popular databases, including Pubmed, Web of Science, ScienceDirect, Ebsco-host, and Google, to make sure that all pertinent studies, both published and unpublished, that addressed ethical concerns in orthodontic practise between January 2010 and July 2021 were taken into consideration. Keywords like “ethical”, “ethical issues in orthodontics”, “ethical dilemma”, and “ethics”, were searched in relevant databases according to their format. This review also includes all the conceptual papers and empirical studies. Members of the review team reviewed each study after a subset of potential research was selected to determine their applicability. Members of the review team not only screened the material for inclusion but also evaluated the scientific quality of the chosen studies, evaluating the rigour of the research design and techniques. The evidence drawn from the included studies was then collected, summarised, compiled, and structured by team members as a final step. The gathered data was then presented here in a useful manner, offering a fresh contribution to the body of existing knowledge. The present review has covered a total of 9 studies that were determined to be pertinent.

DISCUSSION

As with any profession, where all treatment decisions have an ethical component, decisions regarding the care of orthodontic patients are primarily in the hands of the treating orthodontist.⁶ To provide the best potential outcome from the procedure, the orthodontist must give the patient all pertinent information about the treatment.⁷ The ACD test is among the most useful ways for making decisions during dental treatment. Assessment, communication, and decision-making are its three components. Every action is firmly grounded in ADA's ethical principles.⁸ The first step, the evaluation, asks the following questions: Is it true, is it fair, is it correct, and what am I doing legally? The second step, Communicate, asks if the Orthodontist is making an informed decision by asking the following questions. The third step, the decision, focuses on his or her ability to provide treatment with the dentist by asking questions such as: What do I want? When presented with an ethical conundrum, the solutions to these questions should help clinicians

make the best and most moral decisions for the care of their patients.⁹ From the perspective of assessing the ethical aspects of the case, the first step is to have a clear understanding of the medical indications. This covers the advantages or disadvantages of potential interventions as well as the effects of not receiving treatment.¹⁰ The following step is for the orthodontist to respect the patient's family's autonomy about treatment choices, although not without considerable misgivings about whether or not the child's best interests would be served by this course of action.⁶ Considering the elective nature of the interventions, the child would not be in any grave or immediate danger if the interventions were not provided.¹¹ Respect for patient autonomy is another cardinal ethical principle "under this principle" the ADA guidelines state, One of the dentist's key responsibilities is to meaningfully involve patients in treatment decisions while taking into account their requirements, preferences, and capabilities.¹² The Orthodontist should inform the patient of the proposed treatment, and any reasonable alternatives.¹³ This discussion should also include the likely outcomes without any treatment. Conflicts between the orthodontist's desire to respect community-based care and the need to speak up for the child's best interests as well as between the need to respect family autonomy led to ethical issues in this case.¹⁴

Under one hypothetical situation, Treatment dilemmas in cases with class II. Division I, sub malocclusion, with 3-4mm overjet and pleasing alignment of their teeth. Facial aesthetics is very important for this type of patient and their family members. They do not consider malocclusion a major problem but are willing to consider treatment if it is needed. In both non-extraction and extraction outcomes, the after profile is less pleasant than the pre-treatment face. With surgical treatment, one could also make the case that the patient facial balance is more pleasing before treatment.¹⁵ Dental function presumably would be better if the occlusion were ideal but facial aesthetics were more important than the function of the patient.¹⁴ In these types of cases, the smile is already pleasing and there would be no assurance the facial balance could be improved through either orthodontic treatment or orthognathic surgery. The major issue is who decides which treatment is most appropriate for an individual.

Orthodontic therapy is compared to a three-legged chair, in the words of a former professor. The loss of one limb is devastating. Do you understand how autonomy affects whether orthodontic treatment can go on?¹⁶ As Orthodontists, we are trained in behavioural management techniques to facilitate the care of patients of all ages.¹⁷ It does not matter if the current complaint is an acute periapical abscess or a Class II malocclusion. Because what we do to patients has immediate clinical consequences. Forcing unwilling young people to undergo multiple years of orthodontic treatment can have consequences that, due to many factors, can undermine relationships with future healthcare providers over the next few decades. Most people will agree that some orthodontic problems that require fixed orthodontics are done when the autonomy of young patients are overridden by their parents. However, in the absence of disability issues, other aspects, such as the patient's level of interest and self-motivation, should be related to the

patient's autonomy.¹⁸ Allowing minors to decide whether to start treatment is more appropriate in orthodontics than in other medical and dental disciplines. Postponing the start of treatment after consulting with the patient and his parents may be the strategy of choice.¹⁷ In another hypothetical scenario, a patient aged 11 years reported to the clinic with complaints of spacing in between two central incisors. Now, the question that arises here is whether treatment should start at this age or shall we wait. As its etiology could be because of genetic factors or as simple as an eruption of permanent canines. If you wait, then the patient might visit another orthodontist who might start the treatment. Here we need to make our patients understand the importance of time and erupting status of teeth. The selective nature of our services and a major factor in our involvement in orthodontic treatment require respect for the opinions of our patients. Respect the autonomy of patients who refuse treatment if the orthodontist decides to postpone or reject selective treatment after making sincere and compassionate efforts to explain the benefits of treatment is needed.¹⁹ As the old saying goes, "You can lead a horse to the water, but you can't drink it." All medical conditions are affected by greater issues such as cultural, social, and financial concerns, and these factors inevitably influence patient care and treatment decisions.²⁰ Why did the family struggle with treatment planning? There are several possible reasons for this, including a lack of understanding of the importance of treatment and the cost of care and travel. Despite all treatment modalities available to provide better treatment to patients, Orthodontist faces many limiting factors. Treatment given in a growing phase is more effective on patients. Growing patients can receive functional appliances to aid growth and bring harmony to occlusion. We need to make patients understand the importance of proper alignment of teeth and its impact on their lifestyle.

CONCLUSION

Professionalism emphasizes career as a correction to commercialism, no longer to trade or markets. It is constructed on and prioritizes on the principles of ethics over private self-hobby, enterprise, and organizational systems. The moral traditions and codes of behavior of medication and dentistry require orthodontists to behave within these principles no matter what are the economic arrangements. In the case of children, this profession requires understanding the autonomy of the affected person & the outcome of the treatment.

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