

Ethical v/s Unethical Dilemma for a Dentist - Straight from the DCI Rulebook – The Revised Code of Dental Ethics

* Bhavdeep Singh Ahuja¹

*Corresponding Author E-mail: drbhavdeep@gmail.com

Contributors:

¹Chief Consultant, Dr Ahuja
Dentech Smiles Dental Implants
and Clinic, Ludhiana, Punjab.

Abstract

Introduction: Ethics is a science of ideal human character and behavior in situations where the distinction should be made between what is right and wrong, duty must be followed and good interpersonal relations should be maintained. Ethics is a belief that determines the people's behavior as it resides in the realm of human values, morals, individual culture, interpersonal beliefs and faith. Ethical practice in dental health care basically constitutes the bonafide principles of beneficence, non-maleficence, informed consent, respect for integrity and patient autonomy. In the past few years in dentistry, there has been a sudden transition in the balance of decision-making in the dental clinic, determining by the doctor, what is the "best" treatment for the patient has shifted from professional paternalism toward respecting the informed and autonomous decision of the patient. Dental ethics is a moral obligation that encompasses professional conduct and judgment imposed by the members of the dental profession. Dental ethics has to be like a uniform code and every dentist should wear the same one, but alas it's not the way we wish it to be. An ethical challenge that almost every fresher faces is a poor knowledge in ethics and attitude amongst the fellow dental practitioners. As mentioned above, dental ethics represents a set of principles of professional conduct, rules and responsibilities, starting with respect for autonomy, beneficence, non-maleficence and justice – the founding ethical principles that govern any dental practice. The Dentists' Code of Ethics regulations laid down by the Dental Council of India (DCI) in 1976 and revised in 2014 reiterates that it is the duty of every registered dentist to read these regulations, understand his responsibilities and abide by the same when concerned with consultations and treatments offered to fellow dentists and colleagues.

INTRODUCTION

We, Indians are blessed with an illustrious puzzle about ethics in medicine from the time of Charaka (300 B.C.) and Sushruta (800 B.C.). A note in *Charaka Samhita* sums up the ethical orders of those times: "*He who practices medicine out of compassion for all creatures rather than for gain or for gratification of the senses surpasses all*", "*Those who for the sake of making a living make a trade of medicine, bargain for a dust-heap, letting go a heap of gold*", "*No benefactor, moral or material, compares to the physician who by severing the noose of death in the form of fierce diseases, brings back to life those being dragged towards*

death's abode, because there is no other gift greater than the gift of life", "*He who practices medicine while holding compassion for all creatures as the highest religion is a man who has fulfilled his mission. He obtains supreme happiness.*" This passage symbolizes the needs adequate for a good teacher and about who should be studying medicine. It also provides guidance on how to behave with patients and their kins. The most emphasised point is on transcending the requirements of ones body, mind and intellect to reach a state where the birth, death and rebirth cycle is broken. This earliest cipher is replicated in the codes set up by Buddhism and Jainism - offshoots from the Hindu faith. The code of Islamic ethics is not

well defined in india. The teaching in Koran preaches how a muslim doctor is liable to do all he could do to save life and uplift morality. Dentistry is an offshoot of the medicine. As per the WHO, the Dentist:Population ratio in India is 1:7500 which was 1:17500 till the late nineties or 2000. Though, the ratio is apparently optimum in India, but there is an ill distribution of dentists here. The number of dental clinics is more in urban areas and very less in rural areas. There is an obvious tendency for the dentists to settle in metropolitan cities. As per a survey report in 2004, 3/4th of the total number of dentists are clustered in urban areas, which houses only 1/4th of Indian population and vice versa 1/4th of dentists are housed in rural areas which contains 3/4th of Indian population. Crowding of dentists in metropolitan cities leads to unhealthy competition and commercialization. The latter leads to violating the code of conduct put forth by the state dental councils and many of the norms are openly flouted and rules randomly bent. The DCI and its various state counterparts are making every valiant effort to make sure a good ethical standard in medical profession. Hence, the imminent need for a Revised Code of Dental Ethics for all the practicing dentists in India.

REVIEW

Medical and Dental professions have to undoubtedly without any bias provide quality and standard services to patients (albeit at the cost of the same). We are governed by the set of rules and ethical principles to achieve these goals. Since 1960's, dentistry has reached great heights in improving diagnosis and treatment of oral health. Advancement in technology has changed the way of our practices granting more power in our hands. With power, comes the greed. So, the focus on ethical aspects of dentistry is increasing day by day and we as dental practitioners are facing ethical dilemmas on daily basis. In the last decade and a half from 2000 – 2015, we have witnessed significant rise in the number of dentists, dental practices on one hand but the equal rise in dental negligence cases on the other hand. Patients have been more demanding for quality care and the advancement of dental technology in terms of diagnosis and

treatment has opened up newer vistas in treatment planning one side but a regime of ethical ambiguity and uncertainty on the other, thus placing the dental practitioners in a challenging situation in patient care ever than before. So, dentists are expected to be knowledgeable and be able to analyze and attempt to resolve any ethical issues arising in patient care and in day to day practice scenarios. A very limited formal training in health-care ethics for dentists and an over reliance on a few settled experienced 'seniors', sometimes costs them big time. The constantly juggling struggle between right and wrong for a dentist has a significant impact on his attitude resulting in poor or below average patient care and an effect on society, at large. As per a qualitative study conducted in India in dental professionals to assess the ethical challenges prevailing in dental practice in Indian scenario, the top ten challenges faced by the Indian dentists were listed as under:

1. Inadequate sterilization and waste management in dental clinics.
2. Poor knowledge and attitude toward ethics among our dental practitioners: considering ethics and giving importance only to the technical aspect.
3. Competence among dental professionals.
4. The increase in cost of oral health service.
5. Poorly informed consent process.
6. Requirement of consensus about the treatment procedures among dentists.
7. Conflict in advertising.
8. Clustering of dental clinics in urban areas.
9. Disagreement with treatment modalities among dentist and patient.
10. Poor medical record maintenance among our dental practitioners.

Not all from the above 10 come under the purview of the DCI Rulebook; however, some do fall in the ambit of the same. Ethics is an

inherent element in dental practice. It is the study of morality in simple terms, a cautious and organized consideration on exploration of good choices and behaviour, whether past, present or future. Morality on the other hand is defined as the dimensional value of human decision making and conduct. The basic principles of morality comprises of words like, 'responsibilities', 'virtues' and 'rights' and adjectives like 'bad' (or 'evil'), 'good', 'wrong' and 'right', 'just' and 'unjust'. By the definitions, ethics refers to the matter of knowing while morality refers to the matter of doing. They are close by the fact that they include the concern of ethics to deliver a rational benchmark for people to adopt or behave in ways distinct from others. Ethics is a big complex domain with several branches or sub-divisions as it deals various aspects of human behavior and making of decisions. Compassion, Competency, and autonomy are not exclusive to dentistry. However, the dental practice being a component of health care, entails dentists to uplift these morals to a greater degree than any other professions. The understanding and concern for another person's suffering by the term competence is a value which is mandatory for any dentist in order to understand the patients problem and help them achieve relief. A greater amount of competence is also expected and required of a dentist. In addition to these values, it is not just the technical information and technical skills which they have to foster but also their attitudes and moral knowledge, as ethical issues keep arising with new modifications in day to day practice and its social and political environment. Autonomy is the principle value in dentistry that has advanced significantly over past few years. Independent dental practitioners have conventionally experienced a greater amount of clinical autonomy in choosing how and where to practice. Considering the similar ethical dilemmas, the Principal Regulations, namely, the "Dentists (Code of Ethics) Regulations, 2014", were published in super-session of the Dentists (Code of Ethics) Regulations 1976. These regulations are Now, called the Revised Dentists (Code of Ethics) Regulations, 2014.

(A) Duties and Obligation of Dentists in General as a Health Professional:

a. Character of Dentist:

1. Be skilled and educated in medical and surgical treatment of oral cavity diseases,
2. Be watchful of the high character of his his duties and the responsibilities he holds as an independent health care professional in the discharge of his duties
3. Shall always remember that the patient care and treatment of diseases rest upon the prompt attention and skill shown by him and be always aware that his reputation, loyalty and professional expertise remain his remain his best recommendations;
4. Shall be liable to treat the patient welfare as dominant to any other considerations and to protect it to the best of his abilities
5. Be polite, compassionate, friendly and helpful to and always at the service of patients and at any circumstances, attitude with his/her patients must be courteous and distinguished.

b. Maintaining Good Clinical Practices:

1. The main goal of Dentistry is to deliver services for the well being of humanity with utmost consideration for the self-esteem of the profession and man.
2. Dentist shall rise to the expectations of the patient's confidence assigned for their care, delivering to every patient a complete degree of service and devotion.
3. They must constantly work and add on to their medical knowledge and skills and make their professional accomplishments available for the benefits of their patients and colleagues.
4. The Dentist / Dental Surgeon must follow the techniques of curing which are based on scientific evidence and must not be involved

in any professional collaboration with anyone who violates this norm.

5. The honoured ethics of the dental profession indicate that the responsibilities of a dentist is not just towards individuals but should also extend to the society.

6. Membership in Dental and Medical Associations and Societies: A Dentist should associate with societies and associations of oral, dental, and related medical professionals and have a prominent role in promotion of general and dental health for the advancement of his/her profession.

7. A Dentist / Dental Surgeon should constantly improve his enrich his knowledge and clinical expertise by taking part in professional meetings as part of Continuing Dental and Medical Education programs / Workshops/ Scientific Seminars as per the guidelines laid down by the statutory bodies from time to time and should register any for any necessary provisions with the state registration bodies or any other bodies as mentioned.

c. Maintenance of Dental/Medical records:

1. It is mandatory for every dentist to maintain the files related to in-patient and out patients (wherever applicable).
2. The patient documents shall be documented for a stipulated 3 years time period shall be maintained for a duration of three years from the time of start of the treatment in a way which is mentioned by the committee or has been approved as a standardized way of documenting
3. Any appeal for any medical or dental records by the patients /authorized attenders or legal authorities involved shall be brought to the notice of the respective body within 72 hours after obtaining a receipt for all valid documents. The certified photocopies of such submissions shall be kept mandatorily.

4. A Registered Dental practitioner must keep a record of all the medical certificates and provide all the details of the issued certificates. While issuing a medical certificate he/she must always record the identification marks of the patient and keep a copy of the issued certificate. He shall not fail to record the thumb mark and/or signature, address and at least one identification mark of the patient on the medical certificates or report. The medical certificate shall be prepared as per the format in Appendix II below (**Attached Image – Appendix 2**).
5. Steps must be taken to digitalize dental/ medical records for the ease of retrieval

APPENDIX – 2
FORM OF CERTIFICATE RECOMMENDED
FOR LEAVE OR EXTENSION OR COMMUNICATION
OF LEAVE AND FOR FITNESS

Signature of patient or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.

Identification marks:-
a. _____
b. _____

I, Dr. _____ after careful examination of the case certify hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit to join service.

Place _____
Date _____

Signature of Medical attendant.
Registration No. _____

(Medical Council of India / State Medical Council of _____ State)

Note:The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

Appendix 2

(Image Source: Google)

d. Display of Registration Numbers:



1. Every Dentist shall mention the unique registration number which has been provided to him by the State Dental Council in his clinic and in all his certificates, prescriptions and money receipts given to his patients.
2. Dental Surgeons shall display only those dental degrees approved by the association or any other degrees including certificates / diplomas and memberships/ honours / fellowships conferred by recognized Universities / recognized bodies under the list of the Council and obtained in a convocation in person or in absentia as suffix to their names. Various qualifications like medical degrees, doctorates, postdoctoral degrees or any other qualification that tells about the knowledge can be denoted in ways that does not convey a false impression to the patient/observer regarding the knowledge of the practitioner or his expertise as a dentist. The associations in various professional committees must not be used in a way which is deceptive to the patients.

e. Prescription of Drugs

Every dentist shall be accountable to recommend and administer drugs in a responsible manner and ensure safe and rational use of drugs. He should as far as possible, prescribe drugs in a generic form.

f. Highest Quality Assurance in patient care:

1. All dentist must make sure that a quality treatment is provided in a way that do not compromise the outcome of treatment.
2. The dentist must be aware about the malpractices by his fellow practitioners that may cause harm to the lives of his patients as well as the public
3. All dentist must be vigilant of immoral practices by quacks.

4. Dentists / Dental Surgeons should not let any attendants who is not included in Dentists Act for any sort of professional practice wherever professional discretion is essential.

g. Exposure of Unethical Conduct: A Dentist shall expose, with no fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. It is the responsibility of the dental surgeon to report to the competent authorities' instances of quackery and any kind of abuse including doctor-patient sexual misconduct, misuse of fiduciary relationship, child abuse and other social evils that may come to their attention.

h. Payment of Professional Services:

1. Dentist who is involved in the professional practice shall give importance to the interests of his patients.
2. The personal financial interests of the dentist must not be conflicting to the treatment needs of the patient.
3. A dentist must reveal his charges before offering the service and not after the commencement of the procedures.
4. The Remuneration charged for such services must be documented in forms with the amount informed to the patient during the treatment time.
5. It is not ethical for the dentist to sign a contract of "no cure - no payment".
6. Dentist who is providing the treatment under the state government must abstain from taking any considerations
7. Eventhough, the dentist aren't liable to provide free check ups to their fellow dentist or their closest family , it can be considered as a courtesy to provide consultations free of charge to them in circumstances where no expenses will be incurred

i. Observation of Statutes:

1. The Dentist must abide by the country laws in performing the professional practice such as the Dentists' Act 1948 and the modifications and also should not assist others in violating these laws
2. The dentist must be compliant in following and implementation of sanitary rules and guidelines made in public health interest.
3. He should follow the provisions of the State Acts like; Pharmacy Act, 1948; Drugs and Cosmetics Act, 1940 ; Narcotic Drugs and Psychotropic substances Act, 1985; Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954; Environmental Protection Act, 1986; Persons with Disabilities Act, 1995 and Bio - Medical Waste Rules, 1998 and such other, Rules, Acts, Regulations made by the Central/State Governments or local Administrative Bodies or any other act related to conservation of health of public.

j. Signing Professional Certificates, Reports and other Documents:

1. An independent dentist who is involved in dental and surgical treatments shall be sought upon to authorize certificates, reports, statements etc.
2. Documents related to injury, disability in oral and maxillofacial region and deaths that occur under a dental surgeon must be authorized for use in courts or for administrative purposes (**Attached Image – Appendix 4**).

Any registered dentist who has been found to have authorized any false documents including any certificate, notification, report or document is expected to get his name removed from register

(B) Duties of Dental Practitioners to their Patients

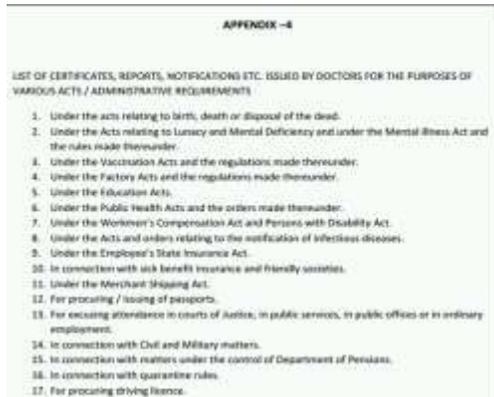
a. Obligations to Patients:

1. Although a dentist may not be accountable to treat all of his patients, he is liable to attend emergencies being

referred to him and be aware about the purpose of his duty and the accountability he is expected to discharge during the time of his practice.

2. Dentist shall provide consultation to their patients only at the time of appointment as far as possible unless and until he/she is unable to attend due to unforeseen delays
3. A Dentist must never forget that the well being and health of his patients depend on his/her knowledge and expertise
4. A Dentist must always be there for the relief of the sick by having regular patient visits at the indicated hours
5. It is advisable for a dental surgeon to get the services of his fellow dentist
6. During the times of a medical emergency, the dental surgeon must be trained to perform standard care including CPR especially during Cardiac arrest for which all dentist must undergo training in basic life support (BLS)
7. A Dental Surgeon should not refuse treatment to his patients based on any discernment of caste, color, nationality, religion or the presence of any contagious diseases or HIV.
8. However, a dentist must adhere to the 'continue to treat' medical ethics once he / she has started the treatment of the patient.
9. However, the treatment may be stopped as and when the the patient wishes or with the treatment completion
10. Treatment may also be stopped if the patient need additional expertise for which the dentist is not equipped. During those situations, the patient must be directed to higher centres or specialist where the patient can be treated

11. Any dentist having any disability harmful to his/her patient or those that can affect his skills is not allowed to exercise his profession.



Appendix 4 (Image Source: Google)

b. Confidentiality:

1. Confidences of the individuals entrusted on the dentist by the patients and any flaws in the patients character seen while treating a patient must not be exposed unless such a disclosure is needed by the laws
2. However, sometimes a clinician should decide whether his duty to society needs him to use the knowledge, gained through confidence as a health care provider to protect a healthy person against a communicable disease to which he is about to be exposed. In such instances, the Dentist should act the way he would want another to act towards his family.

c. Prognosis:

1. The Dentist must neither minimize nor exaggerate the degree of a patient's disease.
2. He should make sure that the patient, his relatives or friends have knowledge about the patients condition as will serve the best interest of the patient

d. The Patient must not be neglected:

1. Although a dentist may not be accountable to treat all of his patients, he is liable to attend emergencies being referred to

him and be aware about the purpose of his duty and the accountability he is expected to discharge during the time of his practice.

2. However, a dentist must adhere to the 'continue to treat' medical ethics once he / she has started the treatment of the patient

3. The dentist should never commit any act of neglect which may prevent his patients from getting required dental/medical care

e. Service:

1. Life, Health and Well-Being: The supreme goal of dentistry is to ensure welfare of the patient. The dentist must be accountable to his patients to ensure the best quality health care in timely manner taking into consideration the limits of his/her patient and the resources.
2. Appropriate and Pain-free Oral Function: The dentist must plan the treatments in a way that deals with exact nature of the dental health with regard to the factors such as patients age. This will depend on the patient's support, commitment and the acceptance of treatment
3. Patient Autonomy: Patient can chose the type of treatment that he/she wish to receive based on the appropriate information about different plans of treatment that meet expert standards of care. The dental surgeon must help the patient chose the treatment plan by providing information regarding the various treatment options
4. Dignity: Dental surgeons must appreciate the worth and safeguard the self-respect and dignity of patients. They should treat all patients having their care, with all due respect and endeavor in all actions to preserve and demonstrate the same.
5. Fairness: A Dental Surgeon shouldn't refuse treatment to his patients based on any discernment of caste, color,

nationality, religion or the presence of any contagious diseases or HIV.

6. **Accountability:** The dentist must provide utmost integrity and honesty to the patients. They should practice within their own level of competence. They should be ready seek out to their peer or superiors when they require clinical expertise beyond their ability
7. **Competency:** A dentist shall keep him/her update with current knowledge and constantly try to add on to the existing knowledge
8. **Treatment according to an approved and accepted plan:** The dental surgeon must provide treatment as discussed and agreed upon with the patient.
9. **Provision of Information:** A Dental surgeon should give honest comments and recommendations to the patients for their oral health.
10. **Proper Management of Records:**
 - a. A Dental surgeon should keep a complete records of medical and dental histories, clinical findings, diagnoses and treatment plans for all the patients.
 - b. Such records shall be given to the patient or any other person directed by the patient as and when requested by the patient
 - c. When a patient is transferred to a new practitioner, the original dentist must make sure that a additional copy of patients record is provided to him.
 - d. The Dentist should never manipulate handwritten or electronic documents including the records of the patient in any sort such as making false entries, altering previous entries or faking signs , with the

intention to, injure, deceive or defraud another.

- e. The dentist should not misuse handwritten or electronic documents, including patient records by illicit elimination of these records from their location of instruction or unauthorized use of personal or private information in such documents.

(C) Duties of Dental Surgeons and Specialists in Consultations

a. Consultation Etiquettes:

1. A Dental Surgeon should manage the common dental diseases by the virtue of knowledge and training
2. However, if patient needs the services of a specialist, suitable referrals to Medical or Dental specialists shall be made depending on disease type
3. The specialist should then send the patient to patient's original dentist following the treatment for which the reference was made.
4. Eventhough, the specialist can collect his/her fees, it is not ethical to pay any kind of commissions to the referred dentist
5. A Dental Surgeon shall not receive any commissions in the form of any gifts, money for referrals from any radiologist or chemist or any laboratory people . The referrals must be ethical and must be only done in the best interest of the patient inorder to help in their diagnosis.

b. Consultation for Patient's Benefit: The profit of the patient is of foremost importance in every consultation. The dental surgeons handling the case must be transparent to the patient and his kins regarding the diagnosis and the kind of treatment

c. Punctuality in Consultation: The dentist must be on time and must see his/her patients only at the time of appointments as far as possible unless and until there is some unforeseen delays.

d. Opinions and Disclosure:

1. Any sort of communication to the patient or his representatives made by any Consulting Healthcare Professional and / or the paramedical staff like nurses etc. must happen only in the presence of the Dental Surgeon, except as otherwise agreed.
2. The disclosure of the opinion to the patient or his relatives or friends shall be with the dental surgeon
3. Dissimilarities in opinion must not be told to the patient, however this shall be communicated to the patient when the difference in opinion is major with the the situation honestly and fairly described to the patient or his relatives or friends, It is upto them to seek further advice if they desire.

e. Treatment after Consultation:

1. No decision should stop the Dentist from having variations in treatment in case of any unexpected changes, but the reason for the same must be conveyed/explained to the patient at the next appointment
2. The same privilege, with its obligations, can also be exercised by the consultant in case of an emergency in the absence of the dentist
3. The attending Dentist shall be allowed to prescribe medicine any time for the patient, whereas the consultant shall do so only in case of emergency or as an expert when called for.

f. Patients Referred to Specialists: When a patient is referred to a specialist by the attending Dental surgeon, a case summary of the patient should be given to the specialist, who should communicate his opinion in writing to the attending Dental surgeon.

g. Fees and other charges:

1. A Dental Surgeon must shall clearly mention treatment cost for all the procedures and provide an estimate of all costs likely to be incurred.

2. Any increment in cost must be justified by the Dentist.
3. There is no restriction on displaying of fees and charges in Dental Clinic.
4. Any medicine dispensed by the dentist himself must be clearly mentioned in the Prescription
5. A Dentist must write his name and designation with the recognized degrees along with the registration details in his clinic letter head.
6. The name of the prescribing doctor must be written below his signature in government hospitals where the patient flow is high

(D) Responsibilities of Dental Surgeons to one another:

1. Dependence of Dental Surgeons to each other: A Dental Surgeon must see it as his pleasure and honor to provide services free of charges to other fellow dentists, physicians, and their close family members . However, there is no bar for any dentist to accept fees involved if the treatment cost involved is expensive .
2. Conduct in Consultation: The dentist should not involve in any dishonesty, rivalry or jealousy during any consultation. The Dental Surgeon / Physician handling the case must be given due respect and no comments which would damage the confidence imposed in him shall be made. Any discussion in the presence of the patient and his/her attenders shall be avoided.

Consultant not to take charge of the case: When a specialist is asked to attend a case, the consultant should not take charge nor criticize the referring doctor. He should in fact discuss the plan of action with the referring dentist.

3. Appointment of Substitute: At times when a dentist needs the services of his/her fellow dentist in his/her absence, professional consideration requires the acceptance of such request only when he/she has the potential to perform other duties in addition to his/her responsibilities. A dentist called upon this way

must give predominant interest to the reputation of his fellow dentist. However any such referred patients shall be asked to return to the latter on his/her return.

4. Visiting another Case- When a dentist holding a official position has the responsibility to check and report about a condition and respective treatment, he/she must communicate to the Dental Surgeon in attendance. The Medical Officer / Dental Surgeon occupying an official position must avoid having remarks regarding the diagnosis or the treatment that has been provided.

(E) Duties of Dental Surgeons to the Public and to the Paramedical profession:

1. Dental Surgeons as Citizens:

Dentist must be good citizens, having the adequate training and expertise to be able to give their advice on public health issues. They must have a role in implementing the community laws and in maintaining the institutions that promote the interests of humanity. They should associate with the authorities in the promotion of public health rules and regulations.

2. Public and Community Health:

Dental Surgeons, particularly the ones engaged in public health dentistry, must take up the responsibility to provide awareness to the public regarding oral health and prevention of diseases of the oral cavity such as dental caries, periodontal health, precancerous lesions and oral cancer. At all times the dentist must notify the concerned public health authorities or hospitals about every case of communicable disease under care, in accordance with the rules and regulations of the health authorities.

3. Pharmacists / Nurses:

Dental Surgeons must identify and endorse the services of different

paramedical teams such as Dental Hygienist, Mechanic, Pharmacy and Nursing as professions and must take their help as and when required

(F) Unethical Acts: A Dental Surgeon should not aid or commit any of the following acts which shall be construed as unethical. For the purpose of this regulation, a dental surgeon refers to all registered practitioners whether they are in individual private practice, attached to hospitals, teaching hospitals or employed by others whether they are corporate or otherwise:

1. Advertisement: The global opinion regarding the issue of ethics of advertisement by Dental/Medical professionals has changed significantly over the last few decades. A Dentist or a group of Dentists shall advertise in a way that they maintain a decorum, not forgetting the high moral obligations and the value that the society offers them on the nature of their work provided that they maintain decorum, keeping in mind the high moral obligations and the value that society places on the important nature of their work and the moral character and integrity expected of them. Dentist are expected to exhibit integrity, honesty, fidelity and selfless service. Any financial commitment must be only secondary to the welfare of his/her patients. Under such circumstances, it is unethical -

a. To indulge in demeaning solicitation and false promises through advertisements or direct marketing of individuals, clinics or hospitals in contravention of the National Advertising Council or any other body regulating advertising in the country;

b. To publicize, indirectly or directly or being related or linked with any organizations including corporate bodies that indulge in activities in a way that gives unfair professional advantage by targeting vulnerable groups and conducting camps and other promotional activity in schools, colleges, old age homes and distributing handbills, claim vouchers and other business promotional activities. Registered

charitable organizations including registered body of Dental or Medical persons which provide free dental care and treatment out of altruism are however exempted;

c. To be linked with or employed by those who procure or sanction such misleading advertisements or publication through press reports that promise inducements, rebates and false benefits;

d. To get campaigner for getting patients in a way which is profitable; or being associated with or employed by those who procure or sanction of such employment;

e. To use or exhibit any disproportionately large sign, other than a sign which in its character, position, size and wording is merely such as may reasonably be required to indicate to persons seeking the exact location of and entrance to, the premises at which the dental practice is carried on, and nowhere else;

f. To allow the use of the name of the dental surgeon to label commercial products such a tooth brush, paste and powder, mouth washes etc

g. To allow for the issue of the Dentist opinion regarding any technique ,device , in the regular or lay papers or journals unless and until authenticated by scientific studies;

h. To indulge in alternate commercials in the name of enlightening the public through magazines, TV programs or periodicals. Information to the people with good intention and faith must not carry any addresses or phone numbers of the dentist or the clinic to get patients to come to their clinic

i. To market in electronic media including TV shows, which shows names, addresses and phone number of dentists or of the clinic as on-screen 'scrollers',

1. SOLICITING:

a. Canvasing of patients, directly or indirectly, by a Dental Surgeon, by a group of Dental Surgeons or by organizations or institutions is not ethical

unless it is permitted under the provisions mentioned (below from 2 d., 2 e. and 2 f.).

b. A Dental Surgeon must not use his name to advertise through any form alone or in association with others which is aimed at at inviting attention to him or to his professional achievements, skill, qualification, specialities, associations, affiliations or honors that would result in his self promotion

c. A Dental Surgeon must not give any person approval, recommendation, endorsement, or statement in relation to any drug, nostrum remedy, surgical, or therapeutic article, or appliance or any commercial product or article with respect of any property, quality or use thereof or any test, demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form of advertising through any mode neither he/she boast of cases, operations, remedies or permit the publication of report thereof through any mode for any compensation or otherwise.

d. A dental surgeon is, however, permitted as an ethically acceptable practice to make a formal announcement in press on starting practice, on change of type of practice, on changing address, on temporary absence from duty for a prolonged period of time, on resumption of practice after a break a prolonged period and/or on succeeding to another practice.

e. He can also give a press insert regarding the accessibility of services with no assertions of having claims of being the 'best' or 'first' particularly when similar facilities are previously available in other places via Phone directories, Yellow pages or on the web but should only serve as general information to the public. However,

any statement about any superior skills over the rest will be considered illegal

- f. Maintenance of websites about dental clinics or dentists in which all details furnished is accurate would not be seen as illegal practice and internet can also provide information about available amenities and the remuneration for the same which can help the patients to make decision through a open system. However, the websites must not claim false statements that are misleading to the public.

With above clear cut deadlines, conflicts in advertising can be resolved in the minds of budding practitioners who consider advertising as an important tool to generate awareness and knowledge amongst people but as reiterated above, advertising by a dentist must not misrepresent fact or give false interpretations and should be in such a form that false expectations of favorable results is not done.

1. Publicity and Signage:

- a. Printing of self-photograph or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self advertisement and unethical conduct on the part of the physician. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical;
- b. Using or exhibition of any sign, other than a sign which in its character, position, size and wording is merely such as may reasonably be required to indicate to persons seeking the exact location of, and entrance to, the premises at which the dental practice is carried on is considered unethical. These include:

(1) Use of sign-board with the use of such words which trivialize the dignity of the profession or notices in regard to practice on premises other than those in which a practice is actually carried

on, or show cases, or flickering light signs and the use of any sign showing any matter other than his name and qualifications;

(2) Putting name board at on a pharmacy shop or at places where the dentist do not stay or work

- c. A Dentist must not pose to be a expert by having qualifications in his office boards or in the office stationary (visiting cards, letterheads, etc.,) until he holds a qualification recognized by respective authority in the department. A Dentist shall have the right to perform all the different branches provided he/she exhibits necessary qualification, competence and training in the respective branches.

4. Patent and Copyrights: A Dentist can have patency for appliances, operating tools, and Copyright forms, procedure and methods. However, this shall be not ethical if the profits obtained from patents cannot be made available to the large population in times of need.

5. Running an Open Shop (Dispensing of Drugs and Appliances by Physicians): A Dentist shall not be allowed to start a shop for selling medicines recommended by practitioners other than him or for selling medical appliances . However a dentist can sell or supply medicines/ dental appliances in his/her clinic without any patient exploitation. The drugs written by the dentist or purchased for a patient from pharmacy must include the generic name as well as drug formulae

6. Rebates and Commission:

a. A Dentist may not receive or give nor offer to give, receive or solicit any sort of commissions or gifts as a favour for recommending of any patient or treatment. A dentist should not indirectly or directly be involved to carry out the division, reduction, or reimbursing of any fee for medical, surgical or any other treatment.

b. The above provisions shall be duly followed and applicable to by giving all rights

to the recommending, physician or any person, any specimen or material for diagnosis or other study/work. However, this rule does not prevent the payment of remuneration to a duly qualified person by the other

7. **Secret Remedies:** The recommendation of a secret drug/ remedial agent by the physician, the composition/ manufacture of which he is unaware is unethical and is prohibited. All drugs prescribes must carry a clear proprietary formula with a generic name.

8. **Human Rights:** A Dentist must not support or assist in inflicting torture or physical trauma or cover up of the torment caused by groups in a act of violation of human rights.

9. **Unethical Practices:** Some of the unethical practices for a dentist:

a. A Dentist must not employ another dentist who is not registered in the state dentist register, However, he is allowed to retain the services of a medical practitioner or anaesthetist as and when necessary.

b. Signing under the name or authorizing any certificate that is false, misrepresentative or providing fake certificates or testimonials to people

c. Use of abbreviations after the name of the dentist except for the ones indicating his/her dental degrees conferred on him/her during his/her dental career and which follow the definition of 'recognized dental qualification' or any other educational certificates from a standard university obtained by attending a convocation indicating exemplary achievement. Any degree conferred on an honorary basis should be suffixed with the words "Honoris Causa". Such unacceptable abbreviations include, but not necessarily restricted to the following which are not academic qualifications like R.D.P. for Registered Dental Practitioner; M.I.D.A. for Member, Indian Dental Association; F.I.C.D. for Fellow of International College of Dentists; M.I.C.D. for Master of International College of Dentists; F.A.C.D. for Fellow or American College of Dentists; M.R.S.H. for Member of Royal Society of

Hygiene; F.A.G.E. for Fellow of Academy of General Education, etc.

d. Submitting wrong information at the time of evaluation in a dental college

e. Simultaneously working in two or more colleges as a duplicate faculty

f. Being convicted for any act by any court will mean unethical

g. Not improving his/her academic knowledge by taking part in meetings as part of Dental Education programs.

(The above Point g. added in terms of Gazette Notification in terms of (2nd Amendment) notification published on 19.09.2018 in the Gazette of India)

1. **Naming and Styling of Dental Establishments:** A dentist or a group of dentist can mention to their institution as a "dental clinic", however if surgical treatment of dental and maxillofacial diseases are performed under local or general anesthesia and if in-patient facilities are available for post-surgical care, the institution may be referred to as a hospital; However, the hospital shall fulfill the mandatory requirements for hospitals in respective states
2. **Contravention of Statutory Provisions:** A Dentist shall not breach laws mentioned above and the rules which are made as they are amended time to time, involving an abuse of privileges conferred there under upon a dentist, whether such contravention has been the subject of criminal proceedings or not.

12. Signing of Certificates: A Dentist is required as per law to give or shall be called upon time to time or demanded to give certifications, documents, or reports authorized by them in their capacity for use in courts or elsewhere or for administrative purposes etc. A Dental Surgeon shall not authorize any certificate which is false, misrepresentative. However, he/she should be liable to providing his/her patients the certificates necessary for their health.

13. Doctor-Patient Sexual Misconduct: A Dentist must not involve in any act of sexual misconduct with his/her patient by misuse of his/her professional relationship .

14. Abiding by all Laws of the Land: A Dental must abide by the laws of the land neither should aid anyone in the violation or be active in any issues that is against public policy. He must not indulge in any criminal acts that is punishable by the court.

Relationship with Pharmaceutical Companies and Medical and Dental Industry:

i. Gifts, Travel, Hospitality and Monetary Grants: A Dentists should not be benefitted by any pharmaceutical or allied health care. He must not consider accepting any travel inside or out of the country via rail, air, ship, cruise, paid vacations etc. for any pharmaceutical or any allied health care industries. No sort of compensation in the form of cash or monetary grants shall be received by any dentist from any pharmacy/ allied health care sector for the purpose of an individual under any pretext. Any sort of financial aid for research or study shall only be received through approved Professional Organizations by modalities laid down by law / rules / guidelines adopted by such approved institutions, in a transparent manner

ii. Dental / Medical Research: A Dentist may perform, participate, and perform projects aided by pharmaceutical and other related healthcare sectors. A Dentist is required to know following of the below mentioned points (Point) must be undertaken to ensure that the study being conducted is proper. Thus, to accept such a position a Dentist must :

- (1) Make sure that proposal for research has authorisations from the concerned authorities .
- (2) Confirm the project(s) have the authorization of national / state / institutional ethics committees / bodies.
- (3) Guarantee the research satisfies all the legal criteria suggested for research.

(4) Make sure the details of finance are disclosed publicly at the start of the research

(5) Confirm that adequate amenities are given to volunteers needed for the project.

(6) Ensure that unnecessary exploitations of any animals are done and if at all done, must be done in a scientific and humane way

(7) Ensure that while accepting such an assignment a Dentist have the right to announce the outcomes of the research for greater interest of society by inserting such a clause in the MOU (Memorandum of Understanding)

iii. Maintaining Professional Autonomy: While dealing with pharmaceutical and allied healthcare industry, a Dental Surgeon shall always ensure that there shall never be any compromise either with his / her own professional autonomy and / or with the autonomy and freedom of the medical institution.

iv. Affiliation: A Dentist can be employed for pharmacy, allied healthcare sectors as an advisory official, as consultants, as researchers, as treating doctors or in any other professional capacity. In doing so, a medical practitioner must always:

(1) Make sure that his professional morality and liberty is upheld.

(2) Guarantee that the interest of patients must not be compromised

(3) Ensure that the affiliations are by law.

(4) Ensure that such associations are transparent and disclosed.

v. Endorsement: A Dental surgeon may not promote any product or drug of the industry openly. Studies that has been done on the performance of drugs maybe be submitted to suitable scientific bodies or Issued in scientific journals.

(G) Punishments and Disciplinary Actions: A Dentist should not aid or be involved in any actions that are unethical.

1. It shall be understood that the list/instances of offences and unethical practices that has been mentioned does not constitute the entire list of scandalous acts that calls for action and that by putting up such a notice the DCI or the State councils are no way exempted from considering and dealing with any other form of misconduct on the part of a registered dentist. Situations may arise from time to time in relation to which there may be questions of professional misconduct that do not fall in any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such circumstances as in all others, the DCI and/or State Dental Councils have to consider and decide upon the facts brought before the Dental Council of India and/or State Dental Councils.

2. It is documented that any complaints with respect to any sort of professional. Any complaint relating to the professional misconduct shall be raised upfront before the suitable Dental council for appropriate action. Once the complaint related to the misconduct is received, the respective authority orders an investigation and provides an opportunity for the convicted practitioner to be heard in person or through a pleader. Once found guilty, the respective council may punish the offender or instruct the exclusion for a specified time period from time of register of the complaint. However, this removal of name from register will be published in local press as well as in the publications of different Medical and Dental Associations/ Societies/Bodies

3. In cases where the penalty for the offender involved the removal of the name from the register for a stipulated period of time, the respective council shall also instruct the restoration of the name after the completion of the term for which the name was ordered to be removed

4. Verdict on any sort of allegations against an offending Dental Surgeon must be considered in a time period of six months

5. During the time of complaint, the council may bar the dentist for practicing

6. Professional inability of the registered dental surgeon shall be adjudged by a peer group set up according to the guidelines of the State Dental Council. An ethics committee shall be set up by the state dental council for this purpose which includes experienced professionals of integrity and good reputation in the prominent dentist in the state.

7. When the state Government or any concerned authority is told that a complaint in the name of a negligent professional is not considered by the council for 6 months, then the government or any other higher authorities has the reason to believe that no justified reason is available for not deciding on the complaint in a stipulated time period. The state government or any authority may-

a. Direct the concerned State Dental council to conclude and decide the complaint within a stipulated time frame.

b. May refer the pending grievance immediately or after the expiry of stipulated time period

c. Transfer the case to the ethical Committee of the State Dental Council for the fastened disposal within a period of not more than 6 months from the time of register of the issue with the state government

8. If any individual is not happy with verdict by the state dental council regarding the grievances against a unethical practitioner, he/she can approach to the state government in a period of 60 days from the date of the verdict issued by the state government. If the state government is convinced that the appellant was denied a chance to appeal within 60 days due to a sufficient cause, may further allow it to be presented for a period of 60 more days.

DISCUSSION

As soon as dentistry changed gears in this modern era, the law suits have increase manifold making our attention to ethics to be higher than before. With the introduction of NABH standards and the looming Clinic Establishment

Act (applicable already in many states of India), ethical standards in modern dentistry are advancing rapidly with full gusto. As a responsible general dentist, it is imperative for us to learn to handle ethics issues practically side by side to carve out our own niche professionally. The core issues in dental ethics will always be primarily the ethics of the dentist-patient relationship, patient confidentiality and the urgent need to obtain informed consent. Consent is a often misused and a confused term in dental practice set ups. The process of informed consent is required for compliance with the law and the need of a written informed consent, thus, requires a thorough knowledge on the part of the dentist (need to alter the curriculum), unbiased presentation of all options available in priority wise sequence (even if you are offering the same option or not) and consequences (malpractice or negligence suits) including costs (litigation and damages awarded) and the probability of all outcomes (in some situations whether followed the road less traveled but ethical). It also requires the capability of the dentist to communicate effectively (in patient's language) on a level to satisfy the patient about all choices. Some of us don't know that it is not necessary to obtain informed consent for clinical examination and routine radiography. In general, the consent process provides an opportunity for the dentist to create a good patient-dentist relationship by communicating with the patient regarding the details of the treatment, tailoring the information to the specific needs and understanding of the patient. It also allows the patient to express his opinions, fears and concerns unabashedly. This can build patients' trust and confidence on the dentist as they feel they are in control of the decisions (autonomous process) in their treatment. Many dentists are not aware of the professional indemnity insurance either as the same is used for providing compensation to the patient if the dentist was found guilty/negligent as per law and it is available at damn cheap rates for as low as Rs. 700-1000 for Rs. 10 lacs coverage which sometimes includes pre-litigation costs and document coverage as well). Although law and ethics have similarities, law may be better defined as the sum total of rules

and regulations by which a society is governed. Healthcare malpractices can be challenged under two main categories in the court of law, that is, civil and criminal depending on the nature of offence. A third category lies under Consumer Protection Act (CPA), 1986, where professional services provided by the dentist can be challenged under the deficiency of service. Medical/Dental Records are the most important factors needed to prevail in the lawsuit. Therefore, there is a need for oral health professionals to update their understanding on ethics, informed consent, CPA and its amendments along with professional indemnity insurance.

SUMMARY

In general, whenever a seminar on medico-legal ethics (MLE) is conducted, many of the colleagues give it a royal ignore totally to keep minting money at their clinic practice. I have personally experienced the same whenever I lecture on MLE, Practice Management and Finance together, the least attendance is in MLE followed by Finance and the maximum attendance being in Practice Management where the colleagues are hungry for a few fast track tips to earn by hook and crook and are really not bothered if ethics is involved in that or not. The rising cost of dental education and an even higher cost to setup clinical practice means every month a good amount of EMI has to be paid and when the need is there, it really doesn't matter sometimes to a few colleagues where does the money come from following a straight path or via crossing the line. If at all, you get a gathering at such a seminar and the subject of medical or dental ethics is brought up for discussion (I have myself experienced this myself), inevitably, someone raises an apparently logical question: "When society at large is corrupt and unethical, how can you expect dentists or doctors to remain honest?" The question assumes that if everyone is doing wrong, we are entitled to follow suit. It also shows that most of us in the dental profession, though literate are not educated enough to be able to transcend our baser impulses. In doing so, of course, 'we are cheating for a heap of gold'. We have also forgotten two lessons taught

in recent times. The mystic sage from Bengal, *Ramakrishna Paramhansa* (1836 – 1886), commented on the Indian penchant for idol worship and offered a suggestion that could be used by all Indian doctors to the advantage of their patients: "If God can be worshipped in images of clay, should He not be worshipped in one's fellow beings?" Mahatma Gandhi (1869 – 1948) offered a talisman to be used when we are in doubt as to the course of an action or when we are obsessed with ourselves and our own wellbeing: "Recall the face of the poorest and weakest man whom you may have seen and ask yourself if the step you contemplate is going to be of use to him and you will find your doubt and yourself melting away". Dental professionals belong to a group of health-care providers that are governed by a uniform code of ethics. An important component of ethics is the informed consent, which corresponds to the basic principle of patient autonomy and respect. Informed consent signifies that every patient should provide autonomous, voluntary and informed consent for the treatment rendered to him/her. The process of informed consent is also helpful in improving the dentist-patient relationship thereby providing quality treatment. Overall speaking, the ethical principles are integral to the Dental profession. The Dental Council of India has made it clear that all Dentists should maintain the highest ethical standards. Highest practice standards reaffirm and strengthen the values to which all Dentists should aspire. Ethical guidance should be positive, demonstrating best practices and providing guidance on the appropriate standards of personal and professional behaviour. Those dentists, whose actions or conduct fall below the expected standard, dishonour not only themselves but the profession as a whole. Such actions open them to allegations of professional misconduct which may in turn result in the loss of their livelihood, their professional standing and considerable damage to personal reputation. However, maintenance of standards should not be regarded as a burden. As per the various court room verdicts, it is merely the exercise of what is to be expected from reasonable people under normal circumstances as the courts don't expect us to be Hercules. They understand that

Medical/Dental science is a not a perfect science and many things are based on assumptions as well. So, our work ethics and culture needn't be court phobic. Although, there has been an ever increase in the number of malpractice suits brought against the dentists in the past few years, but it doesn't necessarily mean that every action of ours should be guided by court of law. Ethics was always self governed but in present times, the DCI has needed to step in and issue the revised code of ethics because of the increasing court cases where standards have been found to be deteriorating and going below the prescribed guidelines. We should adhere to those prescribed standards; never compromise on the same and for the rest, GOD is there to take care of all of us. Apart from the usual technical know-how and skill, the dentists should possess a fair amount of knowledge about the legal process to avoid any liabilities. There has to be a fair amount of distinction made about the concept of Dental Negligence and provisions of the various laws enacted. Ethical decisions can be difficult to make but the dentists must be aware of the legal elements of malpractice. The dentists should try to keep the standard of the Dental treatment as a top notch priority. A fair amount of education about the ethical issues enables the dentist to deal effectively with patients and can be a solution to many of dentistry's professional challenges. Ethics must be incorporated in the University BDS Syllabi of all Dental Graduates with immediate effect along with some aspects of Practice Management and Finance management as well as a youngster these days finds himself at the crossroads after freshly graduating out from the college.

CONCLUSION

Bertrand Russell said:

'Man is not a solitary animal, and so long as social life survives, self-realization cannot be the supreme principle of ethics'.

Dentistry, as part of healthcare, is at the centre of the fabric of society. Ethics and law cannot be ignored and for that reason, it is essential for every Dental healthcare professional to get a good amount of knowledge of ethics in dentistry



and the best would be by adding it in syllabi of graduates. My personal judgment on the above amended Code of ethics by Dental Council of India (DCI) is that it is a poor blatant copy of the Medical Code of Ethics given by the Medical Council of India (MCI). If you go through the act twice (first read won't give you much idea though), you can see many things are oft repeated just for the sake of it under different categories and sub headings. The copy part is clear especially from a few places of Medical code of ethics like Appendix 1 and Appendix 2 whereas in actuality, there are no appendices attached to the Dental code of ethics. Secondly, as I mentioned, there are many things which general dentists (except Oral Surgeons) don't do either like issuing of certificates and entry on register with identification marks etc. Thirdly, I found many things which are in a double standard. On one hand, the code encourages us to live cordially with our fellow colleagues and neighbours and not bad mouth about each other and their work (if seen to be shoddy) and on other hand, expects us to expose an unethical conduct done by a fellow colleague. I understand from my experience that Dentistry is one such community which hasn't yet united even till date either at IDA forum or any such other platform. There have been made many efforts at various times in various cities (under a parallel non-IDA platform) and have been successful as well to some extent to unite 60-70% colleagues of the town but not more. Under the IDA platform, on an average not more than 25-30% of dentists unite and that too as members, the total strength is never seen in any event through out the year. What I believe is, if Dental ethics has to be like a uniform code and every dentist should wear the same one, how you will convey the same unless they are at a same platform. Going by my experience, the seniors have their own egos to unite with youngsters; the middle ones are too busy minting money and doing the balancing act while the youngsters are too shy or too outspoken for their age, to say the least. Recently, I was in Punjab and Haryana High Court, Chandigarh with a friend for a hearing in his property case. As the proceedings were on, at around 10.25 am or so (25 minutes into the start

of session), around 30-35 lawyers came to the court room and literally told the judges of double bench to adjourn the court for the day (with such mind blowing audacity to someone who is incharge of that room) since one of their colleague was beaten or manhandled by some police officer. Upon talking to the same friend, he reiterated that lawyers were too strong with their unions (this stopping of proceedings was a routine for them) and they don't let a page turn in the court room in case of any such incident. I wondered which association is not united; take any Class IV (workers etc.) association, any labourers union, any safai waala and close home, our own IMA (Indian Medical Association). Hence, even I wait for the day, when IDA or any such dentist body will unite and create a feeling of oneness amongst each other so that we stop pulling each other's legs. For the time being, we the dentists are busy cutting each other's roots silently but perfectly. I hope this message of mind reaches the bigwigs or the hot shots of Indian Dentistry in administration of either the DCI or IDA and they pay some heed to the conclusion penned by me as it is best to act before it is too late for everyone.

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