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# Ethical Omissions by Private Dental Practices in Lahore City and their Implications

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**Received:** August 31, 2020; **Published:** September 28, 2020

## Abstract

**Introduction:** A disciplined dental clinic is preceded by ethical practices and trust between the dentist and the patient. Although ethical guidelines for professional conduct have been in place in Pakistan for clinical dental practices, it seems that many private individual clinics are not fully aware of these standards and are negligent in flowing them in true letter and spirt in one way or another.

**Objectives:** To assess omissions in ethical standards set by the PM&DC, National Bio-ethics Committee and International organisations' by private dental practices of Lahore City.

**Study Design:** A cross-sectional study was conducted.

Place and Duration of Study: All 38 private dental practices in randomly selected union councils of Lahore city were assessed for ethical omissions in their dental practices from to June 2019 - January 2020.

**Material and Methods:** A pre-validated, reliable, pilot tested questionnaire was used to assess omissions in ethical and professional dental practices by private dental clinics in Lahore city in light of the standards, rules and regulations set by the Pakistan Medical and Dental Council (PM&DC), the National Bioethics Committee (NBC) Pakistan and International Organisations. Ethics approval for the study was taken from University of Lahore Ethical Review Committee.

**Results:** It was observed that 97.37% of private randomly selected dental clinics in Lahore city had omissions in the rules set by PM&DC and NBC. An overall 89.47% and 86.84% of private dental clinics had large and coloured sign boards respectively, while 52.63% had attractive pictures on their sign boards. A total of 13.16% of the dental practitioners of these clinics had mentioned additional qualifications apart from their academic qualifications and 26.32% of the dentists had additional captions on their sign board.

**Conclusion:** This paper enumerates the background on the ethical rules of dental practice put forth by the PMDC and the practical implications of these standards particularly with regards to private dental practices in Pakistan. A need to help private dental clinical practices to understand the importance and implications of these standards, facilitation in adaptation and adherence to international gold standards of ethical and professional dental practice according to the need of the time was felt.

***Keywords:*** *Code of Conduct; Dental Clinics; Practitioners; Unethical Practices*

## Introduction

The dental profession is a significant component of the service industry. It is largely dependent on the doctor-patient relationship which in turn is grounded on the principle of "TRUST" [1,2]. In this relationship, ethical and professional practices of the dentists which include preferring the patients' best interests, maintaining confidentiality, anonymity/privacy, allaying fears of the patients and others are essential in building this trust, improving patient compliance and rendering quality services to the patient which improves patient satisfaction and the respect for the profession as well [3].

Ethical practices for a dentist are of utmost importance, in regard, to building trust in this dentist-patient relationship and providing discipled and quality dental services [4]. Providing selfless services i.e. quality service over oneself is the essence of this dental profession. For a dentist, his/her patient is of primary and utmost importance. Furthermore, are his/her professional obligations to the public which includes using their knowledge and skills to the benefit of their communities by becoming active members of their local dental society and in order to do so they must keep themselves updated to the latest advancements in the art and science of dentistry and continue with professional medical/dental education. They also have numerous obligations to their fellow dental colleagues and members of the dental fraternity which includes upholding gold standards or professionalism, citizenship, and ethics [5]. In this way a dentist is obliged to uphold prestige, honour and trust associated with this noble profession [6].

In dentistry, ethics are defined as "the moral principles that govern a persons' behaviour" [7]. Synonymous to ethics are morals which in dentistry "are derived from the code of behaviour considered right or acceptable to the society" [8]. These ethical codes essentially determine principles for professional conduct and set bench-marks for aspiring dentists to fulfil as a minimum requirement for fulfilling their professional obligations to their patients, the public/community and the profession on the whole as well [9]. In Pakistan, under section 33 of the Pakistan Medical and Dental Council Ordinance, the Pakistan Medical and Dental Council has published code of ethical and professional conduct for all dentists registered in Pakistan [10]. The National Bio-ethics Committee- a gazette advisory body on bio-ethics was constituted in 2004. It has constituent committees such as the Healthcare Ethics Committee and Research Ethics Committee with the primary objectives of training healthcare professionals in ethical and professional in the subject of bio-ethics, devising and evaluating curricula of undergraduate medical and dental colleges in regard to ethics and have published manuals and guidelines for ethical practices for healthcare professionals for both clinical practices and research. These guides are endorsed by the Pakistan Higher Education Commission, Pakistan Medical and Dental Council and The College of Physicians and Surgeons Pakistan [11].

Pakistan being a developing middle income country has numerous challenges in healthcare, particularly dental care including limited numbers of a developed, professional work force and resources for training and professional development of the dental workforce such as training institutes or colleges are also less in number, poorly equipped and irregularly distributed geographically [12,13]. Furthermore, the dentist-population ratio i.e. 1:23000 [13] and imbalances in the geographical distribution of the dental workforce in rural and urban locations, crowding of dentists in major cities, commercialization of the profession (advertising and marketing dental services for financial gains) and others tend to undermine the professional conduct of dentists as reported in previous studies [12,14-16].

Lahore being one of the major cities, provincial capital and the largest city of the district is densely populated with numerous private dental clinics run by university qualified i.e. BDS/MDS dentists.

## Aim of the Study

The aim of this study was to assess the extent and types of omissions to ethical dental practices by private dental clinics in this metropolitan city of Pakistan in accordance with the national and international ethical codes of practice.

## Materials and Methods

A cross-sectional observational study was conducted in the city of Lahore. Lahore city has 150 union councils and 9 towns. Randomly through lottery method two towns were selected. These two towns had 18 union councils in total, 9 from each town. From these union councils through computer generated allocations 4 union councils from each town were shortlisted.

A list of all private dental practices from these union councils Lahore city with registered dental practitioners was formulated.

Sample size was calculated using the formula [17]:

$$n = \frac{t^2 \times p(1-p)}{m^2}$$

Description:

n = Required sample size

t = Confidence level at 95% (standard value of 1.96)

p = Estimated prevalence of malnutrition in the project area

m = Margin of error at 5% (standard value of 0.05).

A total of 38 functional private dental clinics were found in the selected union councils which was above the required sample size of 33 clinics. All 38 clinics were included in the study and dental practitioners and owners of all these 38 clinics consented to participating in this study.

The following were considered as ethical omissions in private dental practices in accordance with the code of ethical and professional conduct set up were included:

1. Employment of any dental workforce member not registered in the PM&DC dentists' register or any other state dental register to practice dentistry.
2. Any clinical practice styling their dental clinic/chambers with the title of a "dental hospital(s)".
3. Any deviation from the stated legislation on prescription of medicinal drugs.
4. Any misleading, improper or false certificates or testimonies directly or indirectly concerning the dental practice or dental workforce that is untrue.
5. Immoralities in professional relationships.
6. Employment of any illegal or secrets treatment methods promising radical cure.
7. Exhibition of any sign which was positioned, sized or worded falsely or was misleading.
8. Using a sign board larger than 0.9m x 0.6m, flickering lights and others as per international standards.
9. Using any abbreviations other than those indicating dental qualifications of the dentists.

10. Allowing the use of the dentists' name for marketing of oral care products.

The exclusion criteria included any private dental practice unwilling to participate in this study.

The response rate was a 100% since all 38 private dental practices consented to participate and their were no refusals. Data was analyzed through SPSS (Statistical Package for Social Sciences) version 21.0. The responses to questions were coded as numeric in order to facilitate the data entry in same software. Data was then recorded in order to carry out analysis. For categorical variables K-test of proportions (Marascuilo procedure for intergroup differences) was used. Value of $p < 0.05$ was considered as level of significance.

## Results

All 38 private dental practices responded enthusiastically in this survey and hence a response rate of 100% was achieved.

28.95% of all private dental practices were run/owned by dentists having a basic Bachelors in Dental Surgery (B.D.S) qualification. 71% of the private clinical practices in these two towns were owned by postgraduate clinically qualified dentists i.e. Fellowship of College of Physicians and Surgeons or University Qualifications like MDS or M.phil holders as shown in figure 1.

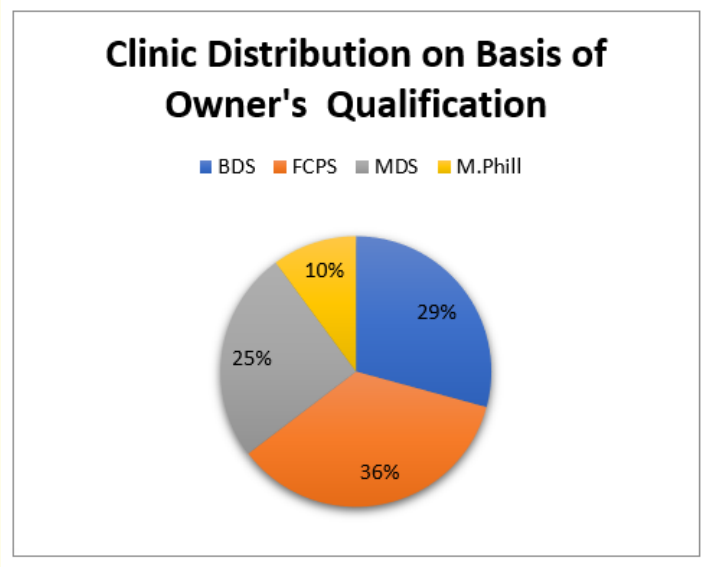


***Figure 1:*** *Distribution of the private dental clinics according to the qualifications of the practitioners/owners.*

An overall 97.37% of the dental clinics had deviated from national and international ethical and professional standards. 89.47% of the dentists were found using a large sign board measuring greater than 0.6 metre by 0.9 metre. 26.32% of the dentists had used additional captions like, "Your partner in Oral Health", "Dentistry at its Best", "Family Dentist" and "Gold medallist" in examination. An overall 92.11% of the dental clinics had attractive symbols, pictures or wordings on the board.

Among the eleven BDS qualified dental practitioners run independent dental practice 9 clinics had a large sign board and 08clinics had a coloured board. Three (27.27%) of the dentists had mentioned additional qualifications. Four dentists had additional captions.

Out of the 27 post graduate qualified dental practitioners' run independent private dental in clinics, 25 clinics had large and coloured sign board. Only two practitioners had mentioned additional qualification and only 6 practitioners had additional captions on their boards as shown in table 1.

| Deviations from ethical norms | Yes | No | Total |
|---|---|---|---|
| | n (%) | n (%) | n (%) |
| **Sign Board (More than 0.6 metre by 0.9 metre)** | | | |
| BDS | 09 (81.82) | 02 (18.18) | 11 (100.0) |
| Post Grad | 25 (92.59) | 02 (7.41) | 27 (100.0) |
| Overall | 34 (89.47) | 04 (10.53) | 38 (100.0) |
| **Coloured Sign board** | | | |
| BDS | 08 (72.73) | 03 (27.27) | 11 (100.0) |
| Post Grad | 25 (92.59) | 02 (07.41) | 27 (100.0) |
| Overall | 33 (86.84) | 05 (13.16) | 38 (100.0) |
| **Additional qualifications** | | | |
| BDS | 03 (27.27) | 08 (72.72) | 11 (100.0) |
| Post Grad | 02 (07.41) | 25 (92.59) | 27 (100.0) |
| Overall | 05 (13.16) | 33 (86.84) | 38 (100.0) |
| **Additional Captions** | | | |
| BDS | 04 (3636) | 07 (63.64) | 11 (100.0) |
| Post Grad | 06 (22.22) | 21 (77.78) | 27 (100.0) |
| Overall | 10 (26.32) | 28 (73.68) | 38 (100.0) |
| **Pictures on board** | | | |
| BDS | 05 (45.45) | 06 (54.55) | 11 (100.0) |
| Post Grad | 15 (55.56) | 12 (44.44) | 27 (100.0)1 |
| Overall | 20 (52.63) | 18 (47.37) | 38 (100.0) |

***Table 1:*** *Ethical omissions by the private dental practices of Lahore city.*
*BDS: Bachelor of Dental Surgery; Post Grad: Post Graduation (FCPS, MDS, M.Phil).*

## Discussion

The purpose of this study was to observe and report omissions by private dental clinics in Lahore in context of the standards of national and international ethical professional practices and code of ethics set by government and international bodies.

The results showed omissions of gold standards of professional conduct and ethical code laid down by the PMDC and international organizations on an alarming scale. This lack of adherence and negligence can be deemed as a deviation from disciplined professional attitude with overwhelming implications for the profession of dentistry in general as well.

A total of 97.37% of the dentists (owners or practitioners) of private dental practices accepted carelessness and omissions of ethical standards and rules set by PMDC in one way or the other and 89.47% of the dental clinics omitted standards of ethical and professional conduct with respect to the size of the board. These findings are critically higher than the findings of a similar study conducted by Sabarinath., *et al*. in the Chennai city (India), who reported 69% of the sign boards were large in size [18].

In our study, a total of 92.11% of the dental clinics had attractive symbols, pictures or wordings on the board, greater than the findings of Sabarinath., *et al*. wherein 68% of the clinics had attractive symbols, pictures or wordings [18]. For a lasting dentist-patient relationship, trust is essential. Which in turn is reflected in the quality of care provided by a dentist in a dental clinic. Care is deemed substandard if it undermines a patients' willingness to a procedure, is substandard, there is a breach of confidentiality or privacy of the patient or when care is motivated by financial gains [19]. Advertisements are also closely related with the quality of care being provided [20]. According to the ADA "dentists should not misrepresent their…competence in anyway that would be false or misleading". From our study, we can conclude that a possibility that the rising competition, capitalistic market trends, misleading marketings' for financial and other gains leading to a rat race and this vicious cycle of greater financial achievements at the cost of damaging doctor-patient relationships and trust could have been the compulsion that has led to the negligence of the PMDC and other international standards/rules by the private dental practices particularly in regard to the advertisements of oral care, use of large or colored sign boards others.

Thompson HE [21] very aptly in view of honour and integrity of a profession describes it as being either tangible or intangible, placing services above any/all personal gains. Hence for moral welfare of our communities and patients [22], it is worth mentioning here that the service provider, be it private or public dental practice, should accurately and fully explain making the patient and general public aware of the services offered and competence of dental practitioners offering their skills [18]. In our study, in contrast 13.1% of the clinicians had used other than their academic qualifications on their sign boards, which can be misleading for the general population.

The code of ethics and professional conduct by PM&DC was laid down four decades ago. Since then the dental profession, has witnessed marked advancements including the marketing of and by dental service providers, it is equally essential to modify this code to better suit the challenges of current digital era.

It is suggested that the PMDC keeps a strict and firm check and balance on all clinical practices (private or public), particularly in situations such as misleading and tempting patients from for unnecessary procedures like cosmetic services, which may not at all be important to the individuals.

Regulatory Authorities like National Health Services (UK) have already laid down rules regarding website advertisements. It is noteworthy here that even the developed countries face with the same problem as the developing countries that is to ensure an ethical practice is run at an upheld gold standard. The authors suggest that national regulatory bodies also take into consideration the impact of virtual marketing which could be misleading for the public and device policies and regulations in this regard as well [23].

This study focused on the most obvious omission(s) and deviation from ethical practice and professional conduct by private dental practices i.e. the signboard colour and material written but limitations lie in the sample size, the lack of knowledge and time to evaluate other aspects of ethical conduct that could portray a better picture of the possible side-track that our current practices show. It is recommended for future studies that more research be done at other key urban and rural locations of Pakistan and to explore and better understand the current trend among dental professionals and dental practices in the context of dental ethics, professionalism and conduct.

## Conclusion

A dentist's actions should be ethical and professional with the will to enhance the prestige and the reputation of the profession. Private clinical practices in Pakistan have been negligent in upholding gold standards of ethics and professionalism and a strong shift from quality to mass practice is being observed in Pakistan. Governing bodies like the PMDC are requested to take appropriate steps including the revision of its rules and regulations, the ethical code of professional conduct for dentists and supervision, strict implementation and adherence to these rules and regulations with dire consequences in litigation in case of any reported violations. It is also the moral responsibility of the dentists to self monitor their activities and during undergraduate and postgraduate trainings emphasis on ethics and professionalism should be given by teaching institutes in both curriculum and clinical practices.

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**Volume 19 Issue 10 October 2020**