Dentistry is a dynamic profession that is continually being reshaped by new scientific evidence, and advances in technology and materials. Treatment options have increased and the approach to care is now aimed more towards prevention and conservation than mere repair. Treatment is increasingly patient-driven rather than entirely dentist-directed, with a greater emphasis on informed consent. The focus and scope of dentistry has also undergone a metamorphosis. Active and aggressive media, which were almost absent 50 years ago, has made our society more aware of appearance and globalised the perception of what is attractive, desirable, and appealing (Mousavi, 2010). Collectively, this has prompted a greater demand for elective aesthetic services such as tooth-whitening, tooth colored restorations, ceramic veneers and crowns, dental implants, and “braceless” orthodontics. This trend has led to an increasing number of dentists positioning their practices to appeal to the aesthetic and dental implant market (Newsome, 2003). The trend towards greater ‘specialization’ by general dental practitioners in aesthetic and implant dentistry combined with increasing patient expectations and demands is likely to set off an increase in complaints, negligence claims and litigation cases. This is clearly reflected by the number and severity of claims that have grown by more than 50% in the last few years (Tiernan, 2010).

**What is aesthetic /cosmetic dentistry?**

Nash (1988) defines ‘aesthetics’ as: “a branch of philosophy dealing with beauty.” It can be both enjoyable (subjective and cosmetic e.g. look better and feel better) and/or admirable (objective and definable e.g. whiter and straighter...
teeth). The formulae for marketing or presenting beauty and attractiveness in the cosmetic industry are simply: “Look better, then everybody treats you better, you will then feel better.”

Facial appearance, specifically the oral region, is of considerable importance in the realm of attractiveness and appearance in contemporary society. Many people seek aesthetic restorative treatment for the same reasons they pursue plastic cosmetic surgery: to enhance social acceptance, self-esteem, and to improve their quality of life (Davis, Ashworth and Spriggs, 1998; Mousavi, 2010).

Aesthetic dentistry is essentially elective procedures performed on normal tissue(s) in order to enhance appearance whilst maintaining functional integrity. The scope of aesthetic dentistry includes procedures such as teeth whitening (bleaching), resin bonded restorations, ceramic veneers and crowns, reshaping and recontouring teeth, orthodontic therapy, implants, periodontal plastic surgery and orthognathic surgery. Aesthetic dentistry is multidisciplinary and includes the oral hygienist, dentist, specialist and laboratory technician. (The achievement of aesthetic enhancement goals in an ethical manner is only possible through patient participation, a multidisciplinary treatment approach and excellence in treatment performance) (Nash, 1988).

Ethically achieving aesthetic enhancement goals is only possible through patient participation, a multidisciplinary treatment approach and excellence in treatment performance.

The aesthetic dentistry revolution and its ethical challenges
There is no doubt that an aesthetic revolution has occurred in the dental profession due to changing and increasing demands for elective aesthetic procedures (Priest and Priest, 2004), primarily popularized by the media and television (Gold, 2002). Access to the internet and various forms of media has increased the public’s knowledge and fuelled its obsession and awareness with image and appearance. In the present, consumer driven society, patients ask their dentist not only for conventional dental therapy for the purpose of restoring oral health (teeth) but also for newer aesthetic procedures that create
beauty and enhance appearance e.g. teeth whitening and replacement of amalgam fillings with resin bonded composites.

Advances in aesthetic and reconstructive dentistry have revolutionized the management of patients with disfigured (malformed), discolored, worn and mal-aligned teeth, inter-dental spacing and disproportioned gums. The dramatic development and improvement in restorative materials and techniques in recent decades has led to an impressive range of capabilities and techniques for restoring these conditions and enhancing an aesthetically impaired dentition or smile. Advanced reconstructive aesthetic procedures such as dental implants, periodontal plastic surgery, orthodontic therapy and orthognathic surgery are also increasingly being used for restoring and reconstructing aesthetically impaired dentitions, jaws and faces.

Although advances in aesthetic dentistry have benefitted patients and improved their quality of life, it has also brought some unique ethical challenges that dental clinicians have to deal with.

Aesthetic services are desirable and lend themselves well to promotional efforts. This trend, driven by the media and by the public demand has begun to foster a practice model of commercialism previously unseen in dentistry (Leffler, 2008). This trend towards commercialism has the potential to tilt the balance or focus of services more towards business interests and profit rather than the patient’s best interest. Dentists are taking advantage of the increasing demand for aesthetic procedures by developing their skills and knowledge in this field and promoting aesthetic procedures in their practice. This places a duty on dental clinicians to reduce potential risks and harm by selecting and providing the most appropriate treatment option for each individual case. Dental clinicians are obligated to upgrade their knowledge and skills on all available treatment options so that they are able to inform patients appropriately and adequately on alternative options, the possible complications and associated risks and to enable them to perform such procedures in a safe and effective manner.
Defining ethics and the fundamental principles of ethics

Nash (1988) defines ethics as: “a branch of philosophy dealing with morality”. Dentists assume unique moral duties in presenting themselves to society as being uniquely qualified to care for their oral health. (Ethics is also used as a generic term for various ways of understanding and examining moral behavior. The application of ethical principles provides various ways of understanding and examining moral behavior, (Beauchamp and Childress, 2001), inquiring why an individual action is right or wrong, or establishing the reasons why a person is good or bad (Jessri and Fatemitabar, 2007).

Dentistry has historically been a caring profession with core ethical obligations that center on the duty to treat and prevent disease and ultimately to promote well-being (Simonsen, 2007). Our clinical decision-making, behaviour and standard of care is guided by a professional or ethical code of conduct, which is based on four fundamental ethical principles.

The four fundamental principles of ethics that set the moral boundaries and ethical guidelines and duties that drive treatment decisions are (1) beneficence (promoting or doing good), (2) non-maleficence (preventing harm), (3) autonomy (patient right to make or participate in decision-making and make their own choices) and (4) justice (fairness in treating each other justly) (Beauchamp and Childress, 2001). Our duties to act in the best interest of the patient, doing good, preventing harm, truthfulness and fairness reflect the underlying nature of the dentist-patient relationship. Ethics help clarify the path of what’s appropriate and what’s not.

**Beneficence (To promote or to do good)**

The principle of beneficence expresses the concept that professionals have a duty to care for and to act in the patient’s best interest. Under this principle the dentist’s primary obligation is service to the patient with the aim of benefiting or improving the patient’s oral health condition. The most important aspect of this obligation is the competent and timely delivery of appropriate and safe dental care within the bounds of clinical circumstances presented by the patient (American Dental Association, 2005). Patients rely on trust and on their
dentist's expert and professional diagnosis to assess their treatment needs. The dentist, by virtue that he is also the ‘seller’, may use his information advantage to induce overtreatment. Inappropriate or unnecessary care (overtreatment) is usually based on wrong treatment decisions, giving more importance to the interests of the dentist or his practice rather than serving the patient’s best interests. The second part of this series: “Ethical considerations of overtreatment – Patient interests vs. business interests” is based on the principle of beneficence.

Non-Maleficence (Do no harm)
This principle expresses the concept that dental clinicians have a duty to refrain from harming the patient e.g. doing irreversible harm or placing teeth at risk by selecting appropriate therapies and informing patients of unavoidable risks (ADA, 2005; Thomas and Straus, 2009). Under this principle the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and limiting and managing risks with the ultimate aim of minimizing harms and maximizing benefits for the patient.

Quality and safe dentistry can only be provided when both the clinician and the patient make treatment-planning decisions based on the patient’s general health status and specific oral health and aesthetic needs. The treatment recommended should be safe, predictable, cost-effective, and respectful of patient preferences, aimed at preserving normal tissue and function and based upon current scientific evidence (American Association of Endodontists, 2007).

The third part of this series, based on this principle, will cover the topic of: “Balancing benefits and risks”.

Autonomy (right to self-determination)
The principle of autonomy expresses the concept that dental clinicians have a duty to respect the patient’s right to select or refuse treatment according to their desires, within the bounds of accepted treatment. Dental clinicians’ primary obligations include involving patients in treatment decisions in a meaningful way with due consideration being given to the patient’s needs, desires and abilities, facilitated by the process of informed consent (Leffler, 2008).
Informed consent is obtained by conducting a structured, formal consultation with a patient to explain the goals of treatment, alternative options, the probable benefits (advantages) and risks (disadvantages) of treatment, alternative options, prognosis or treatment outcome, costs and the risks of non-treatment. (Nash, 1988). Dental health care providers are obligated to tell the truth, protect confidentiality and respect privacy (Jessri and Fatemitabar, 2007). By communicating relevant information effectively, openly and truthfully, dental practitioners assist patients to make informed choices about all treatment options available and to participate in achieving and maintaining optimum oral health, rather than promoting the most profitable option.

Part 4 of this series is based on the principle of autonomy, will discuss:

“**Informed consent – How much information is adequate?”**

**Justice (fairness)**

The fourth fundamental ethical principle is justice. Justice expresses the concept of fairness in treatment, respect for people’s rights, and demands consideration of fair distribution of scarce resources (Jessri and Fatemitabar, 2007). Justice requires that dental healthcare providers ensure that patients are given the same treatment options as anyone would receive in a similar position.

**Conclusion**

Dental clinicians that are providing aesthetic dental services that are evidence-based; built on the foundational concepts of beneficence, non-maleficence, truthfulness and respect for patient autonomy; and in keeping with professional standards of care, are fulfilling their professional and ethical obligations. The ethical principles are the moral rules, foundations and justification for our treatment decisions and behavior. Failure to adhere to the fundamental ethical principles not only violates the trust placed in the dental profession, but also leaves the clinician vulnerable to litigation.

Dental practitioners should embrace this changing market as long as they leave their patients in as good as, or better health than they found them in, while meeting their demands. (Dental practitioners should embrace this changing
market, attempting to meet their patients' demands, but always leaving them in as good as or better health than they found them in.)

References


