**AWARENESS AND ATTITUDE TOWARDS THE REVISED CODE OF DENTAL ETHICS AND JURISPRUDENCE AMONG DENTAL PRACTITIONERS IN ANDHRA PRADESH – A QUESTIONNAIRE BASED STUDY**

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**ABSTRACT –**

**INTRODUCTION –**D**e**ntistry often referred to an art is that profession that requires mastery and techniques along with profound scientific knowledge. Although dental code of ethics was proposed in 1976 and many of the clinicians got adapted to these regulations, but there were certain things lacking in this 1976 code of ethics. Keeping this in mind the revised dental code of ethics came into existence after almost 38 years in the year 2014 where there were many changes. Though it has been 5 years since the revision of ethical codes most of the practitioners still abide by 1976 regulations, hence this study is an attempt to evaluate the awareness and attitude towards the revised code of dental ethics and dental jurisprudence among dental practitioners in the state of Andhra Pradesh.

**MATERIALS & METHODS –**A cross-sectional questionnaire survey was conducted. The required sample size which was 384. A specially designed questionnaire consisting of 26 close-ended questions divided into two sections was used. The resulting data were coded, and statistical analysis was done using Statistical Package for Social Sciences (SPSS) software version 17.0.

**RESULTS –**. Amongst the 384 dental professionals who have participated in this study and when asked about dentist to mention his/her name on commercial products like toothpastes, toothbrushes etc.,72.7% told it was unethical while others (27.3%) reacted as ethical. When asked about the stages of grievance redressal mechanisms under COPRA, only 48% responded correctly that there were three stages and 52% responded that they were unaware of the answer.

**CONCLUSION –** The present study indicates that the awareness and attitude of dental practitioners towards the revised code of dental ethics and jurisprudence was inadequate. Although there are many recommendations which can be made to the dental profession to alter their behavior, real improvement is quite necessary for all the dental professionals to abide by all the revised rules and regulations of ethics.

**INTRODUCTION :**

D**e**ntistry often referred to an art is that profession that requires mastery and techniques along with profound scientific knowledge. This art and science which has grown from the stage of undifferentiated profession to a stage of advanced profession has come a long way as dentists are considered to be one of the major contributors towards providing a holistic oral health care in the society.

Along with providing the best of oral health care, they also come across instances having to face assaults on account of recent increasing awareness regarding patient’s rights as most of the patients are educated in today’s world.

Keeping this view in mind, dentists as well as other health care professionals are bound to take the Hippocratic Oath, thereby emphasizing their ethical responsibilities towards patient’s society. The Hippocratic Oath is the earliest expression of medical ethics put forth by a Greek physician Hippocrates which includes the principles of medical confidentiality and non-beneficance.

As the dental professionals come across ethical issues and dilemmas in their day to day practice, it is unfortunate to state that they are totally equipped with knowledge in resolving their ethical dilemmas. This is because even though training in ethics in medical field has become mandatory by medical council of India in their under graduate curriculum itself, the dental curriculum on the other hand makes nearly a passing mention with regards to ethical principles. This can be emphasized that dental professionals have less of an appreciation of health care.

Ethics is often referred to as moral philosophy is that which deals with moral conduct and judgement. To be precise, it is the way of stating and evaluating principles by which problems of behavior can be solved distinguishing between what is right and what is wrong. The dentist code of ethics was imposed by members of dental professionals in 1976 and was revised in 2014 by DCI.

On the other hand, dental jurisprudence is a set of legal regulations put forth by each state’s legislature describing legal limitations and regulations related to practice of dentistry. This includes Consumer Protection Act (COPRA), Indian Contract Act & Indian Penal Code. These above mentioned acts which were introduced in India in the year 1986 have worked towards the patient’s rights and responsibilities.

As it is the prime responsibility of dentist to not only ensure the oral health being of patient, it is the duty of every dentist to fulfill their ethical responsibilities towards their patients. There is a growing public concern regarding the ethical conduct of health care professionals, role of ethics has become moral, legal and basic need for almost all stages of clinical practice.

Although dental code of ethics was proposed in 1976 and many of the clinicians got adapted to these regulations, but there were certain things lacking in this 1976 code of ethics. Keeping this in mind the revised dental code of ethics came into existence after almost 38 years in the year 2014 where there were many changes. Though it has been 5 years since the revision of ethical codes most of the practitioners still abide by 1976 regulations, hence this study is an attempt to evaluate the awareness and attitude towards the revised code of dental ethics and dental jurisprudence among dental practitioners in the state of Andhra Pradesh.

AIM & OBJECTIVES:

To know the Awareness and Attitude towards the revised code of dental ethics and dental jurisprudence among dental practitioners in Andhra Pradesh.

* To assess the dental practitioners awareness about dentists (Code of Ethics) revised regulations in 2014.
* To know their awareness & attitude about dental jurisprudence and legal liabilities

MATERIALS & METHODS –

A cross‑sectional questionnaire survey was conducted to assess the awareness & attitude towards the revised code of dental ethics and jurisprudence among dental practitioners in Andhra Pradesh. The target sample size was 384.

INCLUSION CRITERIA -

1. They should have a private practice

2. Their clinic should be located in Andhra Pradesh.

EXCLUSION CRITERIA -

1. Dental practitioners who were absent or not available on the day of the visit

2. The clinic located outside Andhra Pradesh

3. Dentists who were not willing to participate.

The study was conducted from February 2019 to April 2019. A specially designed questionnaire consisting of 26 close‑ended questions were used. The first section of the questionnaire consisted of the questions related to respondent’s age, sex, qualification, and number of years of clinical practice. The second section consisted of questions related to their awareness & attitude on the revised code of dental ethics and jurisprudence.

The study population was selected using cluster random sampling. Once they satisfied the inclusion criteria, the purpose of the study was explained to them and formal consent was obtained. The questionnaire was distributed to them and all the questions were explained. They were assured of the confidentiality of their responses and were requested to give appropriate answers. The filled questionnaire was collected on the same day.

STATISTCAL ANALYSIS –

Statistical analysis was done using Statistical Package for Social Sciences (SPSS) Statistics for Windows, Version 17.0, SPSS. Percentages were calculated for the responses given by the dentists and was used to assess the level of significance.

RESULTS –

The age of the participants ranged from 25 to 65 years with the mean age being 38. Of the 384 participants, 195 (51%) were males and 189 (49%) were females. 278 (74%) participants completed postgraduation and 106 (26%) were undergraduates.

When the dentists were asked regarding the Dentist Act, about 65% of the dentists were aware that the Dentist Act was given in the year 1948 and 76% knew that the dentists (Code of Ethics) regulations was given by the DCI. When asked about the principles of ethics, 80.3% were aware of the fact that there were 6 principles of ethics whereas 20.7% were unaware of that fact.

When asked about the maintenance of patient records,83.6% of the professionals responded negatively that records need not be maintained whereas 16.4% responded positively. Among the positively responded practitioners, 68.2% of them told that 3 years of records has to be maintained while remaining 31.8% told that 5 years records have to be maintained.

Table 1: AWARENESS REGARDING DENTAL ETHICS

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Awareness regarding dental ethics | Dentists’s response | P value |
| 1. | How manyprinciples are there in dental ethics?   1. 9 2. 6 | 345(80.3)  39 (20.7) | 0.001 |
| 2 | Do you think each & every patient records should be maintained?   1. Yes 2. No   2.a., If yes, for how many years?  a) 3years  b) 5 years | 63 (16.4)  321 (83.6)  262 (68.2)  122 (31.8) | 0.12 |
| 3 | Is it necessary to obtain informed written consent even for clinical examination and routine radiography?  a) Yes b) No  3.a., Consent is invalid when given under  a) 15 years of age  b) 12 years of age | 204(53.1)  180(46.9)  303(78.9)  81(21.1) | 0.23 |
| 4. | Dentists can use abbrevations of memberships in associations or organizations as a suffix to their names  a) Yes b) No | 190(57.5)  194(47.7) | 0.2 |
| 5. | Is it mandatory to offer free consultations to fellow dentists and their family unless involving expensive materials and time?  a) Yes b) No | 160(41.7)  224(58.3) | 0.12 |

The dental professionals when asked about the informed consent for clinical examination & routine radiography, nearly half (53.1%) of the respondents reacted positively stating that it was necessary while remaining (46.9%) reacted negatively.

When enquired about free consultations to fellow dentists and their family, 58.3% of them didn’t offer consultations whereas 41.7% of them charged fees. Dental professionals when questioned about advertisements to show people about their clinic, nearly more than half (69.5%) of the respondents mentioned clearly that it was unethical while 30.5% of them declared as ethical.

Amongst the 384 dental professionals who have participated in this study and when asked about dentist to mention his/her name on commercial products like toothpastes, toothbrushes etc.,72.7% told it was unethical while others (27.3%) reacted as ethical. When questioned about the response towards their patients calls& speak politely,62.2% of the practitioners told that they will always respond whereas 37.8% reported that will not respond.

When asked about institiuting standard care for example in case of cardiac episodes or basic life support, 80.5% responded that they have to be aware of it while 19.5% told they should not be aware of these things. The dental professionals when asked regarding the patients who were HIV positive or having any other contagious disease, 88.5% correctly answered that it was unethical to refuse the treatment whereas 11.5% refused the treatment.

In the present study, it was quite interesting that the dental practitioners (72.4%) took commission from laboratory, radiologist or dispensing chemists in the form of money or gift. When asked about the case summary of the patient whenever he/she is referred to a specialist, only 46.4% responded that case summary should be provided to the specialist when referred whereas 53.6% told there need not be any case summary of the patient.

It was quite shocking that half of the respondents (55.5%) employed unregistered dental hygienists or technicians. Another interesting fact was that 59.6% of practitioners prescribed medicines unaware of its composition. Among the respondents, 61.2% told that they would announce the fees before rendering the service while remaining 38.8% told that would not tell about the fees. When enquired about the details of the disease to be known by patient and his/her relatives, 77.3% of the practitioners reported that it was necessary to inform the patient while remaining 22.7% responded it was not necessary.

Of the 384 participants,62% responded that they were aware of professional indemnity insurance, only 8.3%% responded that it was done for giving compensation to the patient if the doctor was found guilty while remaining 29.9% & 61.5% reacted that it was done for protecting the clinic and protecting costly treatment. Regarding the questions asked on consumer protection act enactment, it was quite interesting that 40% of the professionals were aware of it, while remaining 60% were not aware. When asked about the stages of grievance redressal mechanisms under COPRA, only 48% responded correctly that there were three stages and 52% responded that they were unaware of the answer. Similarly, when asked regarding the compensation limit under the district forum, about 61% responded that they were unaware of the answer and remaining 39% responded correctly that it was 5 lakhs.

Table 2 : AWARENESS ABOUT DENTAL JURISPRUDENCE

|  |  |  |  |
| --- | --- | --- | --- |
| S.NO. | KNOWLEDGE REGARDING DENTAL JURISPRUDENCE | DENTIST’S RESPONSE | P VALUE |
| 1. | Are you aware of professional indemnity (repayment) insurance?  a) Yes b) No  4.a., If yes, it is done  i) for giving compensation to the patient if doctor is found guilty.  ii) for protecting the clinic  iii) for protecting costly equipment | 239(62)  105(27.3)  32(8.3)  236(61.5)  115(29.9) | 0.12 |
| 2. | In which year COPRA was enacted?   1. 1986 2. 1992 | 246 (64)  138 (36) | 0.2 |
| 3. | In India, the COPRA consists of \_\_\_\_ stages grievance redressal mechanisms  a) 2  b) 3 | 267 (69.5)  117 (30.5) | 0.01 |
| 4. | According to COPRA; under district forum, a person can claim compensation up to  a) 2 lakh  b) 5 lakh | 81 (21.1)  303 (78.9) | 0.12 |
| 5. | Treatment provided at hospitals, health centers or dispensaries free of charge are excluded from the COPRA  a) True  b) False | 229 (59.6)  155 (40.4) | 0.01 |

DISCUSSION –

The present study was a sincere effort to investigate dental practitioners consent with dental ethics and jurisprudence. The study was first of its kind, and minimum literature was availablefor comparing with other studies.

The dentists (Code of Ethics) regulations were laid down by the Dental Council of India (DCI) in 1976 and later it was revised in the year 2014. It is the duty of every registered dentist to read these regulations, understand his responsibilities, and abide by the same.

Dental jurisprudence is a set of legal regulations set forth by each state’s legislature describing the legal limitations and regulations related to the practice.

As this act was laid back in way from 1976, the revised code differed from the earlier code of ethics and jurisprudence, many changes were incorporated in the revised code of ethics. Regarding the duties and responsibilities of dentists, consultation protocol, punctuality, appointment of substitute, consultant not to take charge of case, dependence of dentists to each other were incorporated.

When mentioned about the unethical acts, newly introduced things which should not be encouraged by dentists were advertisements, soliciting, publicity, patent & copyrights, running open chemist shops, rebates and commission, secret remedies, endorsement, connection with pharmaceutical companies and receiving gifts2.

The new regulations to be followed in the dental clinic were maintenance of clinical records, certified registration number by the State/ National Dental Council of India and high quality assurance to the patient.2

Most of the participants had good knowledge regarding the year in which the Dentists Act was given and that the dentists (Code of Ethics) regulation was given by the DCI. Only 19% knew that the dentists (Code of Ethics) regulation came into force in 1976. About 32% were aware that the code was revised in 2014 and the differences were found to be statistically highly significant. It is the duty of every registered dentists to read, understand, and abide by the same, in fact, they have to provide a declaration form set for this purpose in front of the Registrar of State Dental Council.

Nearly, half of the respondents did not know that it was unethical to use abbreviations of memberships in associations or organizations as a suffix to their names. This clearly shows their lack of knowledge regarding dental ethics which can be correlated with results of the study done by Keshavan et al.12

The practitioners gave different opinions when asked about consultations and treatments to fellow dentists. According to the revised regulations, it was not mandatory to offer free consultations and treatment to the fellow dentist and their immediate family which is again similar to the study conducted by Keshavan et al.12

Same holds true when asked about the advertisements of dental clinics. According to the revised code, it was not unethical to advertise the dental clinics provided the decorum, and moral obligations were maintained. About 74% correctly answered that it was unethical for a dental surgeon to refuse a treatment because the patient was HIV positive, which is similar to a study conducted by Prasad et al.4

Most of the participants (53%) did not know that it was ethical for a dental practitioner to sell drugs and dental appliances in his clinic, as long as there was no exploitation of the patients. In the present study, only 46.9% responded correctly that it is not necessary to obtain informed consent for clinical examination and routine radiography which is in contrast to the study conducted by Janakiram and Gardens, in which about 77% responded correctly.6

In general, the consent process provides an opportunity for the dentist to create a good patient–clinician relationship by communicating with the patient regarding the details of the treatment, modify the information to the specific needs and understanding of the patient. It also allows the patient to express his/her opinion and concerns. This can build patients’ trust and confidence on the dentist as they feel they are in control of the decisions in their treatment.15

When asked about COPRA, about 40% answered that they were aware of it. However, when subsequent questions were asked related to it, the responses were not satisfactory. Only 48% responded correctly that there are three stages of grievance redressal mechanisms under COPRA and 52% responded that they were unaware of it. Only 39% knew that treatment provided at hospitals, free of charge were excluded from the COPRA which was statistically highly significant. These findings are in sharp contrast to the study conducted in Ghaziabad, where more than 90% of the respondents gave correct answers to the questions regarding COPRA. A study conducted by Singh et al. revealed that awareness of COPRA was higher among medical professionals compared to dental professionals.16 This difference may be due to the fact that medical professionals deal more with medical negligence cases. There are different clinical dental services which are involved in claims. According to a study by Milgrom et al., the largest proportion of claims involved were concerned with oral surgery and fixed prosthodontics.5

Though there are limited studies available regarding the dental ethics and jurisprudence, there is always lack of awareness, knowledge among dental practitioners towards the revised code. So, it is always necessary to know about the new regulations given by DCI by almost every dental practitioner who run a private clinic and always abide by the ethics.

The validity and reliability of questionnaire‑based surveys can be influenced by design, question content analysis, and response rates. The advantage of using a questionnaire as a data collecting method is the possibility of collecting a lot of data from a large number of respondents relatively quickly and inexpensively.

CONCLUSION

The present study indicates that the awareness and attitude of dental practitioners towards the revised code of dental ethics and jurisprudence was inadequate. Although there are many recommendations which can be made to the dental profession to alter their behavior, real improvement is quite necessary for all the dental professionals to abide by all the revised rules and regulations of ethics. This could be done and change can be established only when there are changes in legislation and social policy of the state.

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