**Title:**

The Covid-19 uncertainty and ethical dilemmas in dental practice

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**Abstract**

COVID-19 pandemic has hit health care hard. Dental practice has been in near-total suspension ever since the pandemic began. The extended period of lockdown has negatively affected patient care as many vital dental procedures are not being performed due to its high-risk nature. Fear among dentists and emphasis on infection control measures is further delaying re-opening of dental practice further compromising the oral health of patients. In this paper, we discuss the various ethical dilemmas encountered in dental practice affected by the uncertainty of Covid-19.

**Main document**

The COVID-19 pandemic has changed practices and behaviours world over. Dentistry as a profession is particularly affected due to the very nature of dental practice. Proximity with patients and predominance of aerosol generating procedure has raised concerns regarding safety of dentists and patients alike(1). Thus, a near total yet inevitable suspension of dental practice has raised several many questions including ones on the ethics of dental practice.

Dental care in India is largely provided through private sector which comprises of dental clinics, hospitals, and teaching institutions. Public sector institutions have constraints in their reach. However, it remains the affordable means to receive dental care in the country. Private sector offers care most often at a higher costs(2).

Cut down to the status of oral health in the country, it needs to be understood that dental diseases are very common, with dental decay or gum problems being the predominant among them(3,4). Dental diseases are chronic in nature and the result of delay or lack of intervention corresponds to poorer prognosis. Dental infections commonly manifest as pain which oftentimes, is unbearable. Antibiotics and analgesics are only given to reduce the bacterial load and offer symptomatic relief and are at best regarded as only temporary solutions. Definitive treatment for dental infections which could be tooth-related or gum-related involves removal of the source of infection either by means of clearing away of the dental plaque (scaling), sterilizing the tooth (root canal treatment) or removal the offending tooth (extraction).

Within this context, we analyse dental practice in times of COVID-19 pandemic through the ethical lens. Guidelines provided by various dental bodies have opined that triaging of patients based on the urgency of dental treatment is essential(5–8). These guidelines further suggest that patients must be screened through tele dentistry first. With the lockdown extending for over two months and full-fledged dental practice yet to resume in even relatively “safe zones”, there has been an uncertainty in the management of even common dental diseases which has left patients in the lurch. In addition to the above, there has been an abrupt halt to many on-going advanced dental procedures like root canal treatments, gum surgeries, tooth aligning which require multiple visits and follow-ups.

Dentistry is expected to normalize only at a slow pace as COVID-19 has brought about an unprecedented emphasis on a critical but often overlooked component in dental practice; that of infection control. The recommendations by professional organizations on infection control measures for dental practice requires several structural and work practice controls and additional investment on personal protective equipment which would be difficult for single-doctor and small clinics to implement immediately. The shortage of Personal Protective Equipment (PPE’s) has also been a cause for concern(9).

During the period of lock-down, dentistry has been largely restricted to provision of emergency services for acute dental problems. As a result, only tooth extractions and pharmacological management were performed. After delaying elective and even urgent procedures for over two months, the demand for definitive dental care is now on the rise. But guidelines from regulatory authorities and professional bodies have maintained that aerosol generating procedures and elective dental procedures be deferred till the situation normalises or to perform such procedures with higher levels of PPEs(5,6,8). Fear among dentists and unpreparedness regarding infection control measures has also contributed to the delayed re-opening of dental practice. In such a scenario, many are forced to prescribe repeated regimens or higher grades of antibiotics for unresponsive cases well aware that it goes against the policy of antibiotic stewardship. Alternatively, if extraction is chosen as the means to alleviate the patients’ condition, can we negate the fact that the patient may have been denied the option to salvage the tooth. The categorizing of procedures as urgent and elective is generally based on the dentist’s perspective (normative need). In many instances, problems deemed not urgent by the dentist may be of urgent need to the patient (perceived need) due to various factors. The gap between the normative need and perceived need is yet another dilemma dentists must face. To cite an example; a patient with the need for replacement of teeth citing difficulty in chewing food may be considered as a non-emergency (as the patient has no complains of pain, infection, swelling etc) but for the patient it is a case of dire need to eat properly. The question here is who decides what is an emergency and who should receive care? Within the limitations of a pandemic, how do we justify the ethics of our decision making.

In the early days of lockdown, the extreme caution exercised by deferring treatment was viewed as an ethical barter for the larger good of the community. Avoiding high risk dental procedures and postponing elective procedures was akin to controlling of spread of Covid-19. It also was viewed as a contribution to ensure that there was no wastage of PPEs, a precious resource which was already in shortage. With no definite end point in site, and the wrongness of indefinitely postponing any health care intervention, the importance of non-maleficence (doing no harm) and patient’s rights needs to be weighed and deliberated.

Then again, Justice perhaps is a principle that has been violated ever since dental practice has been suspended. The moral and ethical duty to provide dental care for patients irrespective of age, sex, caste, disease status has been compromised. The dental needs of the economically and other underprivileged sections of the society are met by the dental safety net. The dental safety net in India is comprised of public sector hospitals, dental schools which offer services at discounted rates, outreach programs and budget dental clinics(10). The need for strict infection control in the form of PPE, has added to the cost of care, which needless to say pushes the economically backward populations further away from receiving dental treatments. The added burden on the existent inequality in provision of care to the poor violates the principle of equality and justice. While facilities are very few in the public sector, dental teaching institutions and budget clinics will have to additionally invest on infection control measures further rising the cost of dental care which is expected to trickle down as additional costs for the patients. This is directly expected to affect the disadvantaged groups.

Autonomy or patient’s rights has also been a point in question. Autonomy issues are commonly encountered in dental practice due to the availability of alternate treatments for common dental conditions. This is best explained with an example of managing a case of severely infected tooth. While root canal treatment has been promoted as a better alternative in terms of post treatment morbidity, removal of offending tooth (extraction) has been the traditional option. Root canal treatments are aerosol generating procedures while extraction produce comparatively less amounts or no aerosol. The principle of autonomy is at stake if the patients demands a root canal therapy, but the dentist wishes to perform an extraction in the best interests of the current situation and protecting himself. There is a conflict between patient preferences and dentists concerns in performing a high-risk treatment. However, in the larger realm of public good, individual benefit may be overlooked. In cases of public health emergencies, individual autonomy may be lost(11,12).

Also, in a country where oral health receives little priority due to several reasons(13), one must contemplate if this pandemic has modified “for the worse” the way people look at the need to seek care for their oral health. Have we as dentists in some way contributed to that mentality. Should we have supported our patients psychologically more or should we have approached it differently?

Ethical decision making is going to be difficult proposition in these trying times. Deliberations on the ethics of dental care during the COVID-19 pandemic should impact and evolve the way we make our decisions.

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