

**KEY POINTS THAT DETERMINE THE ROLE OF BIOETHICS IN THE WORK OF A
DENTIST**

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Abstract: The 21st century is a time of the supremacy of the market economy in most countries of the world, which could not but affect relations in both the interpersonal and professional spheres. Simultaneously with the development of private medicine, this fact is increasingly noted in the form of a gap between two statuses for a person who needs medical care, that is, a consumer of a medical service - now he acts as both a patient and a client. A similar trend is also found in dental practice, which since the end of the last century has become more and more prominent and acquired the features of commercialization. Specifically, to regulate moral and ethical conflicts that arise both because of and as a result of the binary status of the consumer of a medical service, a new direction has been formed in bioethics - dental bioethics.

Keywords: Dentistry, dualism, dental bioethics, ethical dilemmas, hierarchy of values.

INTRODUCTION

Today, it should be recognized that dentistry is a unique field of medicine in the sense that its degree of commercialization is higher than in many others. This explains the countless number of private dental clinics in the cities of Uzbekistan and the post-Soviet space.

MATERIALS AND METHODS

First of all, dentistry is a component of the health care system aimed at preserving and maintaining oral health, and dentists are specialists with perfect skills and abilities in their field. But at the turn of the 20th and 11th centuries, dentistry also turned into a commercial service, which led to the emergence of duality in the status of the consumer of dental services. In Western countries with developed market economies, such a consumer is considered binary: as a patient in need of help and as a client purchasing dental services. In this regard, there is a need for a more detailed study of classical bioethical principles in dental practice. However, society does not view dental care as a standard market good, but rather sees dentists as specialists with specific knowledge and skills and entrusts them to fulfill their professional responsibility by giving priority to the well-being of their patients. A dentist, like any doctor, assumes, first of all, obligations to society to provide high-quality dental care. And here it is important to add: in accordance with moral and ethical standards [1]. These moral and ethical norms, obligations and standards are the subject of study of a new direction in bioethics that emerged in the 1990s. – dental bioethics [2]. The field of bioethical regulation in dental practice is very diverse. It highlights several areas:

- relationship between doctor and patient;
- relationships within a professional group of dentists;
- relationships between dentists and other groups of medical specialists;
- relations of property and profit in dental practice;
- attitude to new scientific achievements and criteria for their use in dental practice;
- relations on the market of drugs used in dental practice;
- aesthetic standards of dental care;
- dentists' attitude to social and natural factors influencing the health status of patients;
- principles of isolation of this professional group in society;
- attitude to the authorities and laws in force in a given society;
- relationships within the professional group of medical workers in dental practice;

– the moral status of the patient in relation to his health and the doctor’s recommendations.

RESULTS AND DISCUSSION

A different approach in defining bioethical standards in dentistry is taken by David T. Ozar, a scientist from Loyola University (Illinois, USA), who believes that the bioethical basis of dentistry is the system of values he himself developed, recognized in the profession, in its approaches to treatment. In hierarchical order, their values are arranged as follows [3]:

1. Life and health;
2. Proper and painless oral functioning;
3. Patient autonomy;
4. Preferred Practice;
5. Aesthetic values;
6. Cost;
7. Other external factors.

The very existence of these values, as well as their ranking, is contradictory both within dentistry itself and outside it. For example, there is a certain risk to the patient's life every time local anesthesia is used in the name of painless dentistry, but most dentists believe that the risk is justified. Others may prioritize patient autonomy over dental health and proper functioning [4]. But where all opinions are united is the presence of certain specific dilemmas, expressed in the form of questions that cannot be answered unambiguously. And even if dentists do not often deal with issues of life and death, they are always entrusted with human life, which in maxillofacial pathology is always complicated by intense pain, discomfort, disturbances of physiological functions (speech, chewing), which in general significantly reduces the quality of life. The dentist’s task is to eliminate discomfort and restore the natural anatomical and physiological norm in patients. Therefore, the following questions inevitably arise in dentistry:

1. If a new patient's examination reveals previous poor dental work, should the patient be told about this? Should the dentist contact the previous doctor to discuss the problem?
2. Is it ethical for a dentist to engage in self-promotion, assuring that his service will definitely help the patient, while possibly misleading the patient?
3. Can a practicing dentist, wanting to restore the aesthetic characteristics of the dentition, tell a patient who has no complaints that his teeth are unattractive?
4. Is it ethical for a dentist to refuse to treat a patient with an infectious disease? What obligations does a dentist have regarding information about the presence of an infection in a patient?
5. How should a dentist behave when providing assistance to a patient who is unable to make a decision on his own? Is it possible in this case to refuse to provide him with assistance? What should a dentist consider to choose the best treatment method for such a patient? [5]

The scope of dental bioethics also includes the following issues:

- What is the ideal model of the relationship between a dentist and a patient?
- What is the ideal model of relationships between a dentist and his colleagues? Is competition acceptable?
- What is the ideal model of the relationship between the dentist and society as a whole?
- Is a patternist approach necessary in dental practice?
- Who is a patient for a dentist? Patient or client? Object for assistance or object for profit?
- What are the competency standards for a dentist?
- What needs to be done to ensure access to dental care for all segments of the population?

CONCLUSION

Another topic to be added to curricula and reflected in training seminars could be the topic of “Electronic Health Records” (hereinafter referred to as EHR), the use of which has achieved

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significant success over the past few years. Since 2017, the Tashkent State Dental Institute, for the first time in the Republic of Uzbekistan, has included a mandatory course “Bioethics” in the 2nd year of undergraduate education. This was done with the aim of introducing international training standards. Dentists must have a broad outlook, be multi-faceted, thoughtful, non-selfish specialists and, at the same time, be attentive and cordial towards patients. This can be achieved through in-depth integration of bioethical principles into dental education.

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