

Dental ethics case 16

Pull out my four front teeth ...

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CASE SCENARIO

Carmelita is 14 years old and lives in a government housing estate complex. She presents requesting the removal of her four upper incisor teeth, despite the fact that she says she has no pain or problems with the teeth. On examination it was found that the incisors are caries-free, healthy and well aligned. When asked why it is that she wants her teeth extracted, she says it is because all her friends and some of her family members have had their front teeth extracted and she would like to do the same. Despite counselling against the removal of her teeth, she is adamant that she wants the teeth removed.

COMMENTARY

Friedling and Morris (2007) have reported that intentional removal of incisors as a form of dental modification is relatively common in the Western Cape. They found that that forty-one percent of their study sample had modified their teeth and more males than females were involved in this practice. Six "styles" of modification were identified, but removal of the upper four incisors was by far the most common modification. The main reasons given for dental modification were overwhelmingly peer pressure and fashion during the teenage years. It is seen as a "rite of passage" in the poor socio-economic communities on the Cape Town area.

When an elective decision is taken to provide treatment involving clinical intervention on teeth that are healthy and symptomless, there are a number of associated ethical and dento-legal risks. Respecting Carmelita's request for removal of healthy teeth (autonomy) conflicts with the dentist's knowledge that removal of healthy teeth is not in the best interest of the patient (beneficence).

Patients who seek elective dental treatment often have a vision or goal for their care that is based on information acquired from friends, family and the mass media. Although the patient's aesthetic goals are important in treatment planning, a dentist has an ethical responsibility to educate them regarding realistic goals and appropriate treatment options. Patient autonomy, by itself, is not a rationale for treatment. If a patient made a request for the extraction of a healthy tooth or teeth for his own aesthetic or other goal

(as in Carmelita's scenario), would that be reason enough to carry out the procedure? Patient autonomy allows the patient the right to refuse or select treatment. Patient autonomy does not give the patient the right to choose inappropriate treatment. Inappropriate treatment is not justified simply because it is what the patient believes what he or she wants.

When considering elective treatment procedures, the patient's health and well-being should always be paramount and should always trump the patient's personal desires, even at the expense of patient autonomy. As a profession we have a duty to weigh up the benefits and risks of any procedure, and if the potential harm outweighs the benefits, even requests by the patient for such treatment should be declined. The option of no treatment needs to be re-iterated, as it is the dentist's responsibility to decline to carry out any treatment if it involves the unnecessary or avoidable removal of healthy teeth.

The role of the dentist in educating such communities is crucial and a reflection of the principle of beneficence. Whenever considering the provision of any elective treatment, the dentist needs to think carefully about any potential adverse outcome and the consequences for the particular patient. Any dentist approached with such a request as Carmelita's has an obligation to counsel and discourage unnecessary dental modification. It is also a situation in which paternalism is justifiable. There are many occasions in dentistry where elective treatment is considered or provided. It is important to understand the special nature of the ethical and dento-legal risks that accompany the provision of any treatment which does not, strictly speaking, need to be provided at that moment in time. The solution is to counsel the patients and inform and involve them in the consent process.

Declaration: No conflict of interests.

REFERENCE

1. Friedling LJ, Morris AG. Pulling teeth for fashion: dental modification in modern day Cape Town, South Africa. *SADJ* 2007; **62**(3): 108-113..

Readers are invited to submit ethical queries or dilemmas to Prof. S Naidoo, Department of Community Dentistry, Private Bag X1, Tygerberg, 7505, or E-mail: suenaidoo@uwc.ac.za

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