

Dental Ethics Case 2: What are your responsibilities to patients who may have an eating disorder?

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CASE

A tall and extremely thin 19-year-old female student attended a dental practice and requested removal of her upper permanent molar teeth. She said that they made her cheeks appear puffy and made her look fat and this may decrease her chances of becoming a fashion model. On examination, apart from the lingual aspects of her upper incisor teeth that were found to be denuded of enamel, there were no signs of caries or of periodontal disease on the molar teeth. These findings raised suspicions of anorexia or bulimia or both. What are your ethical responsibilities?

COMMENTARY

Two ethical principles are in conflict in this situation - on the one hand we should respect the autonomy of the patient and extract the teeth as requested. Autonomy refers to the right of every individual to make decisions for him/herself. The following rules are justified by the principle of respect for autonomy:

1. "Tell the truth"
2. "Respect the privacy of others"
3. "Protect confidential information"
4. "Obtain consent for interventions with patients"
5. "When asked, help others make important decisions"

(Beauchamp and Childress, 2001)

On the other hand, we need to act in the best interest of the patient (beneficence) and do no harm by preserving the teeth (nonmaleficence). However, by not acceding to her request, the patient may go elsewhere for treatment, so by doing nothing we may still be doing harm.

The patient shows some classic signs of an eating disorder and ethically doing good should, at the very least, require you to discuss your concerns with the patient. A medical referral may be necessary. The ultimate act of beneficence will be making the patient aware of her health problem and by assisting her to seek appropriate care and treatment.

Eating disorders are a serious concern and can also have significant consequences on oral health. They represent a clinical challenge to dental professionals because of their unique psychological, medical, nutritional and dental patterns as well as their distinctive characteristics. Eating disorders including anorexia nervosa, bulimia nervosa and binge eating disorder are rare psychiatric disorders characterized by serious disturbances in eating and effects on psychological health. Eating disorders are seen mainly in female patients. However, increasingly they are found in males.

Oral manifestations of eating disorders include dental hypersensitivity, enamel erosion of lingual maxillary anteriors accompanied

with sensitivity to temperature change, raised restorations above eroded tooth structure, anterior open occlusion, xerostomia, cheilosis, enlarged parotid glands, sore throat, mucositis, burning of tongue, bleeding gingiva, decreased salivary flow/enlarged salivary glands and moth-eaten appearance of incisal edges of maxillary anterior teeth. Dental erosion affects 20% of patients with anorexia nervosa, and more than 90% of those with bulimia.

The role of dental practitioners in early identification, referral and case management of eating disorders is crucial as failure to recognize it may lead to serious systemic problems in addition to progressive and irreversible damage to the hard tissues of the teeth.

Physiologic changes associated with eating disorders may be devastating and can lead to mortality. Despite the serious consequences of eating disorders on physical and psychological health and well being, these disorders are often difficult to diagnose. Even when detected, ill clients may be averse to accepting treatment. Thus, oral health professionals must be aware of the signs of eating disorders and be prepared to collaborate with other health care providers to treat them.

Considering the increasing incidence and prevalence of eating disorders it is imperative that oral healthcare professionals participate in a multidisciplinary team effort to provide care for affected patients.

REFERENCES

1. Aranha AC, Eduardo Cde P, Cordás TA. Eating disorders. Part I: Psychiatric diagnosis and dental implications. *J Contemp Dent Pract.* 2008; **9**(6):73-81.
2. Aranha AC, Eduardo Cde P, Cordás TA. Eating disorders. Part II: Clinical strategies for dental management. *J Contemp Dent Pract.* 2008; **9**(7):89-96.
3. Beauchamp TL, Childress JF (2001) Principles of Biomedical Ethics, New York: Oxford University Press.
4. Robb AS, Dadson MJ. Eating disorders in males. *Child Adolesc Psychiatr Clin N Am.* 2002; **11**(2):399-418.

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Ethical CEU's apply to this article

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