

# Dental ethics case 25

## The drug-abusing patient – what are my ethical obligations to treat?

SADJ September 2012, Vol 67 no 8 p474 - p475

S Naidoo

### CASE SCENARIO

A very agitated and nervous 20-year-old presented with severe dental pain, bad breath and complaining about his poor dental appearance. A comprehensive intraoral and radiographic examination revealed 22 carious and erosion lesions. He reported using methamphetamine for the better part of five years and had not experienced problems with the teeth prior to using the drug. The patient's medical and dental histories along with radiographic and clinical findings lead to a diagnosis of "meth mouth." Although a detailed treatment plan with various options were offered to the patient, he requested the extraction of the most painful teeth in the left lower mandibular quadrant and has yet to return for further treatment.

### COMMENTARY

Drug abuse in South Africa, in common with most first world countries, is growing and is a serious public health problem. Surveys show both an increase in the total number of users and, more alarmingly, a decrease in their average age.<sup>1,2</sup> The illegal substance list continues to increase and apart from marijuana and LSD, includes cocaine, heroin, crack, crystal meth, ecstasy, cat, khat, tik and mandrax. Patients who are addicted to drugs or are being treated for drug addiction are often complex to manage when they attend for dental care. Many factors need to be taken into consideration with regard to their treatment planning and clinical attention. Dentists should be aware of these factors in order to manage these patients ethically and effectively.

Drug users are often portrayed negatively because of their attitudes, behaviours and appearance but in fact they fall into a group of vulnerable patients for many reasons including psychiatric and cognitive disorders that may limit their decision-making capacity. The principle of autonomy refers to the right of an individual to make decisions for him/herself regarding his/her treatment, after being given all the necessary and relevant information. However, this principle is used for persons who have the capacity to make their own decisions and becomes problematic for those lacking

that competence. Respect for autonomy creates the following obligations – those of informed consent, confidentiality, truth-telling and effective communication. Many questions have been raised regarding the extent to which drug users possess the mental competence to make voluntary uncoerced treatment choices.<sup>3-5</sup> For informed consent to be valid, comprehension and voluntariness are required.<sup>6</sup>

Benevolence refers to doing good and all dentists have the responsibility to provide beneficial treatment, to benefit patients by not inflicting harm, by preventing and removing harm. The rules of benevolence are to protect and defend the rights of others, prevent harm, remove conditions that will cause harm to others, help persons with disabilities and to rescue persons in danger.<sup>6</sup> However, whenever we try to help others, we inevitably risk harming them.<sup>7</sup> In dentistry it is essential to balance these principles to achieve net benefit for the patient.

Confidentiality is a way of respecting the patient's autonomy and is an especially sensitive matter for the practitioner when faced with substance use in adolescent populations.<sup>8</sup> Furthermore, maintaining confidentiality of personal information is critical as a breach could result in harm and criminal prosecution.<sup>9</sup> In some circumstances it may not be easy to decide what constitutes harm and what constitutes a benefit, but practitioners must have the best interests of the patient in mind at all times.

Justice as a principle implies fairness and in the case of oral health refers to the fair treatment of patients. From a legal point of view fairness to patients is an obligation under the principle of justice. A right may be regarded as an entitlement to something that is considered valuable. In the context of the dentist-patient relationship, the patient has certain rights such as the right to privacy and confidentiality from the dentist. On the other hand, the patient has an obligation to follow the oral health care worker's advice in terms of adhering to prescribed treatments.<sup>10</sup> Whether or not drug use is recognised as a basic right, individuals living with an addiction are among the most stigmatised members of society. Individuals who are addicted to drugs fall into the vulnerable patient category but denying or hindering treatment access to them in the name of justice and protection, paradoxically, may create an injustice and harm individuals because the treatment may have been of benefit to them.<sup>11</sup> While there may be mitigating circumstances related to treatment safety or drug interactions, excluding these patients from treatment and care is unethical.<sup>12</sup>

**S Naidoo:** BDS(Lon), LDS.RCS (Eng), MDPH (Lon), DDPH.RCS (Eng), MChD (Comm Dent), PhD (US), PG Dipl Int Research Ethics (UCT). Senior Professor and Principal Specialist, Faculty of Dentistry, University of the Western Cape. Department of Community Dentistry, Private Bag X1, Tygerberg 7505. E-mail: suenaidoo@uwc.ac.za.

Currently, the ways to reduce addiction include legal frameworks, punitive interventions and/or rehabilitation. Restorative justice may be another option – it is an approach to justice that focuses on the needs of victims, as well as the involved community instead of a focus on legal principles and punishment. In this instance, the victim plays an active role in the process and is encouraged to take responsibility for their action. Restorative justice is based on a theory of justice that considers crime and wrongdoing to be an offence against an individual or community, rather than the State. It aims at blending current punitive and distributive justice measures to provide societal alternatives to deal with individuals struggling with substance abuse<sup>13</sup>. Dentists have a role in restoring lives and effecting change through ethics-based intervention education especially since decisions are not as independent or autonomous as we may want.

When a practitioner recognises the symptoms and signs of drug abuse, the patient should be referred to a physician or substance abuse rehabilitation centre ([www.sancanational.org.za](http://www.sancanational.org.za)). Restoring the dental appearance of patients recovered from drug abuse may help them regain self esteem.<sup>13</sup> Establishing a good rapport and bond of trust will encourage this group of patients to return and obtain the often much-needed dental care. There are many ethical issues related to the management of vulnerable patients who abuse drugs and the ethical principles of autonomy, beneficence, non-maleficence and justice become even more important to uphold.

**Declaration:** No conflict of interest.

#### References

1. Pluddeman, A, Myers, BJ, Parry, CD. Surge in treatment admissions related to methamphetamine use in Cape Town, South Africa: implications for public health. *Drug Alcohol Review* 2008a; 27(2): 185 -9.
2. Pluddeman, A, Flisher, AJ, Mathews, C, Carney, T, Lombard, C. Adolescent methamphetamine use and sexual risk behaviour in secondary school students in Cape Town, South Africa. *Drug Alcohol Review* 2008b; 27(6): 687-92.
3. Andreou C. Making a clean break: Addiction and Ulysses contracts. *Bioethics*. 2008; 22: 25–31.
4. Carter A, Hall W. The issue of consent in research that administers drugs of addiction to addicted persons. *Accountability in Research*. 2008b;15(4):209–25.
5. Hall W, Carter L, Morely KI. Addiction, neuroscience and ethics. *Addiction*. 2003; 98(7): 867–70.
6. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. New York: Oxford University Press, 2001.
7. Gillon R. Medical Ethics: Four principles plus attention to scope. *BMJ* 1994; 309, 184-8.
8. Brody J, Waldron H. Ethical issues in research on the treatment of adolescent substance abuse disorders. *Addict. Behav*. 2000; 25: 217–28.
9. Buchanan D, Khoshnood K, Stopka T, Shaw S, Santelices C, Singer M. Ethical dilemmas created by the criminalization of status behaviors: case examples from ethnographic field research with injection drug users. *Health Educ. Behav* 2002; 29: 30–42.
10. Moodley K, Naidoo S. *Ethics and the Dental Team*. Van Schaik Publishers, Pretoria, 2010.
11. Khan A, Warner H, Brown W. Symptom reduction and suicide risk in patients treated with placebo in antidepressant clinical trials: an analysis of the food and drug administration database. *Arch. Gen. Psychiat*. 2000; 57: 311–7.
12. Ostini R, Bammer G, Dance P, Goodwin R. The ethics of experimental heroin maintenance. *J. Med. Ethics* 1993; 19: 175–82.
13. Goodchild, J. H., Donaldson, M., Mangini, D. J. Methamphetamine abuse and the impact on dental health. *Dentistry Today* 2000; May: 1-7.

*Readers are invited to submit ethical queries or dilemmas to Prof. S Naidoo, Department of Community Dentistry, Private Bag X1, Tygerberg 7505 or email: [suenaidoo@uwc.ac.za](mailto:suenaidoo@uwc.ac.za)*