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Bioethics and Clinical Practice: The Case of the Dental Service

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Abstract:- Talking about ethics, or bioethics, in the professional practice of the health field, leads us to consider that one can fall into administrative, civil, and even criminal irresponsibility, because of the ignorance of basic elements in this field. This document presents the results of a study aimed at dentists / dental surgeons, where the main findings show that more than 50% of the interviewees lack knowledge about conscious bioethics in their clinical practice. It is important to mention that 80% of the interviewees are dentists who also carry out teaching practices at the university level, so it is interesting for future research to analyse the way this reality impacts on the ethical training of university students.

Keywords:- *Bioethics, clinical Practice, dentist*

I. INTRODUCTION

At present and to the extent that new activities have been incorporated within the functions of a health server such as doctors, dentists, psychologists, nutritionists, new and important deficiencies, forgetfulness, absences have also emerged. In this case, there are problems related to ethical training and, therefore, ethical professional performance.

Among these deficiencies is the lack of dignified treatment, the approach to an accessible language, the permanent terminological confusion in different expressions, the lack of basic knowledge about ethics and even more so in the field of bioethics. Thus, as Moreno (2010) mentions, the reality of health care and the relationship with users of health services, becomes a true Tower of Babel, where it is difficult to understand.

It is then that, speaking of ethics, or bioethics, in the professional practice of the health field, can fall into administrative, civil, and even criminal irresponsibility (Vargas, 2009). This becomes important because, at present, inserted in a globalized world, with institutionalized health care, it seems to have seriously lost the ethical responsibility for common sense. For this reason, it is necessary to base the current health servant on a code that makes evident the recommendations for ethical, moral, responsible clinical practice and by own conviction.

To address the issue of Bioethics, it is necessary to know the concept of ethics, since Bioethics represents a neologism of bio-life and ethics, making a reference to ethics or correct behaviour in relation to life. Thus, it is also necessary to speak of morality, which, although many times both terms are used interchangeably as synonyms, they must be used correctly since they are not.

On the etymological origin of each of the words that comprise bioethics, we realize that their meaning is very similar. It was the Latins who translated the Greek term "ethos" by the Latin term "mos-moris", from which our two terms "ethics" and "moral" come. The "ethos" (= character or way of being) means the habitual way of behaving of the person based on his temperament, his way of thinking or his personal habits, while the Latin word invented by Cicero to translate this Greek term, "Moralis" is usually translated by habit and by character and designates the ways and means of behaving that one adopts in his particular and concrete life (Maturana, 1999).

Therefore, the understanding of the concept of Bioethics must begin from its etymological origin, already explained previously, where the purpose, therefore, is to interweave these two realities: ethics and life. The term as such, arises in the 60s in the United States of America, when Potter, its creator, perceived the need to create a new knowledge from which two extremes that until now had been maintained were jointly reviewed. isolated, on the one hand biological knowledge and advances in science, and on the other the moral and human values, typical of ethics as part of philosophy (Quintanas, 2009).

Now, the work of the dental surgeon (dentist) in clinical practice and who, in addition, performs teaching practices for the training of other professionals in the area, requires this same ethical strength and the prevention of reprehensible or unethical acts, needs to be this code that sustains and strengthens its actions for the good of society. Citing Salazar and Quintana (2010), this ethical code is required to monitor aspects of human behaviour in relation to intervention with life, health and respect for human dignity.

Specifically, within the work of the dentist, it seeks to harmonize professional performance, strengthen ethical behaviours, and prevent reprehensible actions through dignified treatment not only with patients but also with the health personnel with whom the dentist is related.

In contemporary bioethics we find a wide range of theories that vary due to circumstantial reasons, different philosophical traditions, or simply economic interests. We will briefly analyse which are the most significant or the ones that have had the greatest influence on the bioethical debate:

a) Principialism: Beauchamp and J. Childress (1979), spoke for the first time about the principles that should govern decision-making in bioethics, these four principles, which constitute the theoretical core of the so-called principles

bioethics, are: principle of autonomy, non-maleficence, beneficence, and justice.
b) Moderate Principialism by Diego Garcia (1989) prioritizes the principles distinguishing two of a higher rank (non-maleficence and justice) and two of a lower rank (beneficence and autonomy). He does not dedicate space to the anthropological foundation and most of his students opt for an ethics of a deliberative nature, sometimes arbitrary, conflictive and to a large extent reach relativistic conclusions.

c) Utilitarianism and functionalism: rooted empiricist, materialist and based on the theories of Bentham and Stuart Mill (Araujo, 2000). He considers that what produces the greatest well-being and benefit for the greatest number of people is good. A cost-benefit calculation is made, and the practical result is what is decided. It is generally associated with the functionalist vision, such as that of P. Singer: for Singer the foundation of being a person is the ability to be conscientious, therefore, there is a distinction between human and person. Every living being of the *homo sapiens sapiens* species would be a human being, while only a human being capable of performing acts of reason would be a person. This means that neither the *embryo*, nor the *fetus*, nor the *anencephalon*, nor the individual in a coma, nor the severely disabled patient, are persons. This anthropological conception, followed by a merely pragmatic reasoning, makes Singer's position drift towards liberal positions in which eugenics, euthanasia, abortion, among others, are allowed.

On the other hand, the principle of Autonomy is present when talking about the rights of the patient, through their informed consent when accessing or not accessing a dietary regimen, when respecting their eating habits and customs linked or not to religious beliefs, as in the cases of strict vegetarians and Jews. Among the clinical situations where autonomy has been most disrespected, we find the indication of special nutritional support (Tubau, 2011).

Non-Maleficence can be violated when we commit malpractice, either through incompetence or negligence. Faced with this malpractice, at least two factors seem to intervene: 1) professional vocation; and 2) Sense of belonging and reference in our professional work, linked to the vision of the health center as a community. On the other hand, Charity refers to adequate and high-quality care, both for the relationship with the patient and with the relatives, having great significance (Araujo, 2001).

In this document, we define conscientious ethical practice as the dental professional's self-perception, regarding whether they act in accordance with the Ethical, Bioethical and Deontological Principles in their clinical practice. The results presented here are part of a study whose objective was to know the application of ethical conduct in the professional practice of the general practice and specialty dentist in the public and private sector in the city of Tuxtla Gutiérrez, Chiapas, Mexico.

II. METHODS

The present study was exploratory, descriptive, and cross-sectional. Within the methodological process, a questionnaire with closed dichotomous, polytomous or categorized questions was applied to personnel who were active in the clinical professional practice of the dental area.

The participants of the interviews were dentists with a professional license who practice clinical practice. They were selected by the non-probabilistic method at the convenience of the researcher; having as a sample 50 subjects chosen or sought in public or private institutions, colleges of dental surgeons, civil associations, offices, and private clinics, considered sources of direct information in relation to their clinical professional practice.

III. DISSCUTION

Regarding the knowledge of the bill of rights of Dental Surgeons, only 50% of the interviewees affirm that they know it. Also, 60% do not know about the bill of rights of patients.

On the other hand, regarding the variables of professional training and independent training, relating them to basic ethical knowledge, 80% stated that they had received ethical education in their professional training, however, in the last month 100% had not had any approach to reading about these topics.

Specifically on theoretical-basic knowledge, 60% do not know the Geneva Declaration, the existence of the Universal Declaration of Bioethics and the National Bioethics Committee.

Regarding institutions and universities, 90% responded that there is no ethics committee in their workplace, or that if it exists, they do not know it or what its functions are. A small percentage (10%) responded that there is an ethics committee that promotes discipline and attention to responsible, ethical, and institutional action.

IV. CONCLUSION

In conclusion, the present study yielded important results for the area of professional ethics since ethics as clinical practice was evaluated, indicating the knowledge and practice in dentistry. There are deficiencies from professional training, although it is stated that a high percentage received this training within their professional studies. Schuftan (1983) and Araujo (2001) point out that there is a need for professionals in general, committed to caring for human health, who can open to the knowledge of human nature and society in general.

That is why, under the study of conscientious ethical conduct, we conclude that dental practice is not carried out 100% with ethical quality, since daily practices are maintained without the fundamental foundations.

As additional data, it was detected that 80% of the interviewees are dedicated to university teaching practice, either within public and / or private institutions. This should be considered for possible studies that allow us to analyse the quality of ethical training in university studies. It is necessary to consider the relevance of the fact that the trainers of future professionals do not have the basic knowledge of bioethics to

transmit and disseminate to future generations the human and professional values essential for health care.

Both for the analysis of conflicts and for common deliberation, it is necessary to deepen training in bioethics; as well as, have terms that facilitate the understanding of those involved in therapy, that is, facilitate communication and treatment between the health servant and the patient, and in this case, improve relationships based on the ethical actions of the dentist.

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