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Ethical Considerations in Cosmetic Dentistry

Sihem Hajjaji[1], Shayma Karray[1], Hayet Hajjemi[1], Abdelatif Boughzela[1]
[1]Department of Dentistry, Farhat Hached University Hospital, Sousse/ Tunisia

Abstract— *In recent decades, aesthetics have taken an increasingly important place in dentistry. Today it has become a major concern in all areas of dentistry. Practitioners have had to respond to the increase in a more or less expressed but still present demand from patients for "invisible" care. Dental practice which was once restorative and functional and possibly aesthetic, has now become preventive, conservative and immediately aesthetic. Therefore, between aesthetics and care, we will define the place of the dental surgeon today, as well as the best way to meet patient demand. Finally, we will draw the ethical reflections that must be asked by practitioners.*

Keywords— *Smile, aesthetics, smile design, ethics, care contract, medico-legal liability.*

I. Introduction

Dentistry is a science, dental surgery is an art, and our practice is at the crossroads between care and appearance, between functional rehabilitation (chewing, phonation) and aesthetics. These two facets are not contradictory, but on the contrary, intertwined for optimal, complete and customizable care for each patient.

Dentists are often faced with requests from patients for a "perfect" smile, which some say is aligned and white teeth, resembling an image commonly conveyed by the media. Each dentist responds in his own way to these increasingly demanding aesthetic demands. Some specialize in developing "aesthetic" treatments; others focus on different parameters, such as function or disease prevention. So between aesthetics and care, what is the place of the dental surgeon today? What ethical reflections should we ask ourselves as a practitioner? How to meet patient demand?

In this article, we will be interested in cosmetic procedures in dentistry, as well as the ethical questions that arise from them.

II. Aesthetics in Dental Medicine

Aesthetics are no stranger to classical dentistry. Quite the contrary: every classical dentist has been a dentist who practiced aesthetics, because this has always played its role in conservative dentistry, periodontology as well as dental prosthetics and oral and jaw surgery. In these rather traditional branches of dentistry, the primary goal is to heal a tooth affected by the disease. A doctor who does not care about aesthetics when performing reconstruction will not be able to succeed in his intervention, because aesthetics are precisely a criterion for the good quality of medical treatment. A dental prosthesis which is admittedly functionally flawless but which does not meet the aesthetic criteria will not constitute a good result from a medical point of view, despite its good functioning. However, orientation according to the criteria of aesthetics is not here the primary objective of the treatment of the disease, but only a subordinate objective included in the essential objective of the treatment of the disease.

When the intervention is based on aesthetic considerations as the primary and exclusive motivation and there is not even the secondary care of a diseased tooth: the treatment is then purely aesthetic. In such cases, a healthy tooth is changed by a doctor, not because of any medical indication, but only because the patient expresses a wish.

The aesthetic revolution in dentistry

Nowadays, the public is more and more attracted to dental aesthetics due to the development of the concept of beauty, widely disseminated through internet strategies, current trends in cosmetic dentistry and media coverage devoted to the reshaping of the smile (Smile Makeover) (figure 1). People now know that the aesthetics of the smile play a key role in the feeling of personal well-being, social acceptance, and success in work and in relationships, all of these factors aimed at the constant perception of self-esteem. The aesthetic expectations and demands of patients undergoing dental treatment have increased significantly. Today, cosmetic dentistry is considered as a game of balance between the teeth, the gums, the lips, the face and the whole individual, that the practitioners, as architects, artisans and sculptors of the smile, are able to shape (figure 2). The engagement in this type of dentistry involves a coordination of all the expertise necessary to see in its entirety the art and the visual perception thanks to the evaluation of the conceptual balance and the composition of the dental elements as part of the face and smile.

Manufacturers have quickly responded to changes in aesthetic demand by designing and developing new materials and materials corresponding to this aesthetic expectation, for example in terms of photo-mimicry, adhesion or Osseo integration. To meet the aesthetic demand of patients, each discipline has adapted its clinical protocols and developed new products and materials integrating all the new techniques in terms of aesthetics.

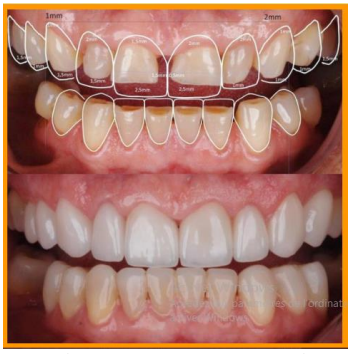

Fig. 1. Correction of the smile by the concept of Hollywood smile

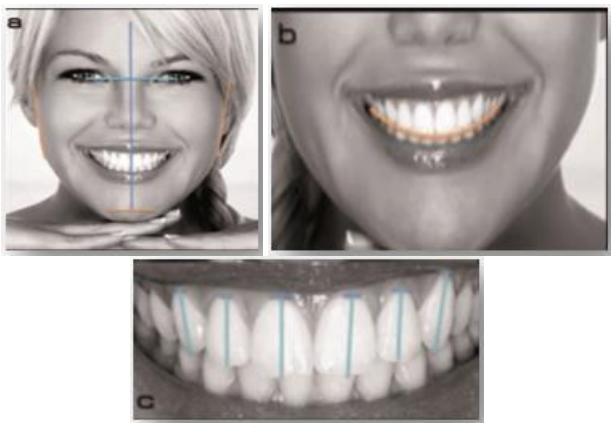

Fig. 2. Aesthetic analysis of the face for a harmonious integration of the smile

III. Ethical Considerations in Cosmetic Dentistry

The real driving force behind most of the advances and transformations in the field of restorative, prosthetic, implant and orthodontic dentistry has been the ever-increasing demand from patients for dentistry that restores function but above all that improves or transforms the aesthetics of the smile.

Cosmetic dentistry was born in the United States with Doctors Charles Pincus and Ronald Goldstein who created the first Academy of Cosmetic Dentistry in 1976. All specialties have had to review their clinical protocols and develop new materials that incorporate advances in adhesion and Osseo integration.

The rapid evolution of the practice of dental surgery in recent decades must lead practitioners to reconsider their practice, particularly in the face of standards and protocols concerning aesthetic smile rehabilitations. The dental aesthetic craze is encouraged by the development of techniques related to dentistry and widely reported by the media. A "smile culture" is observed and dentists participate in standardizing the smile by establishing standards and protocols. Ethical questions can be asked concerning this “normalization” and this “standardization” of the smile. The smile is the object of creation of standards, in particular because the company values health as goal of the existence but also because an important place is granted to the image and the aesthetic appearance, going as far as exclude what does not correspond to "standards". A smile appears as an outward sign of good health, both physical and social. The standardization of the smile corresponds to an aesthetically agreed smile, meeting the standards created and in line with popular standard smiles, within the social norm, not being the subject of an average standard. The patient makes a request (or the practitioner an offer) to standardize his smile. It seems that today, the "mission" of the dental surgeon is the reconstitution of a biological normativity, in a correct aesthetic measure, and from a "naturalistic" perspective.

In dentistry, traditionally, the functional aspect is at the service of aesthetics and vice versa. There would be a danger of obscuring the main objective of the profession, which is to heal, by wanting to enter into aesthetic challenges. It is up to the practitioner to find the compromise within the dilemma that arises between the wishes of the patient and the cultural demands in the face of medical rationality. Indeed, the goal is not to become a "smile technician" by following protocols to the letter, standardized for all individuals. Patient participation in the decision, information, and informed consent to the overall treatment plan should take precedence.

Ethical issues in cosmetic dentistry:

The art of the dentist covers the field of expertise in the field of knowledge of dental care but also in the relationship with others. The code of ethics is developed around five intersecting principles and should guide the conduct of any dental surgeon:

- *Patient autonomy*

Today, the patient must be informed of all the therapeutic possibilities and free to make decisions regarding the choice of treatment.

This principle also refers to the informed consent of the patient, which should not be induced by the influence of the practitioner.

If the patient is involved in making aesthetic decisions, his preferences become paramount.

Listening and participation of the patient in compromises, their information and informed discussions are essential. Communication is a key element of aesthetic therapy, in order to understand the reasons for aesthetic demand, expectations, and best assess the emotional dimension of the act to be performed.

- *Do no harm*

The practitioner must above all treat, and respect the Latin precept "primum non nocere" (first, do no harm). The aesthetic practice undertakes acts on the human body and has repercussions on its psychological state and in its relation to others. The practitioner must be able to define his field of skills and knowledge, and know how to refer or refer to another practitioner or specialist when the problem exceeds him.

If the patient has not received all the appropriate information and consents to a cosmetic procedure more mutilating at the level of dental structures than another less invasive procedure, this patient has therefore been harmed, particularly in the long term.

- *Evaluate the benefit risk ratio*

The treatment should have benefits that outweigh the negative consequences of the treatment.

The professional capacity of the dental surgeon is well defined “The practice of dentistry includes the prevention, diagnosis and treatment of congenital or acquired diseases, real or suspected, of the mouth, teeth, jawbones and adjoining tissues, in accordance with the terms set by the Code of ethics of the profession”.

The question should be asked whether the patient would be better off after treatment than in his absence. If an aesthetic treatment aimed at improving the appearance can be a benefit, if it involves a significant reduction in tooth structure, which requires, for example, devitalization treatments then will not necessarily be considered advantageous.

- *To be fair*

The healthcare professional must put the best interests of the patient first, and be impartial in their actions and medical explanations.

In each case, the practitioner must find a compromise between the patient's wishes and cultural requirements on the one hand, and what he considers to be in line with the biological and medical limits on the other.

The practitioner can also encourage the patient to worry about the aesthetics of his smile, and influence it according to his own taste.

- *Be true*

The profession imposes to stick to the proven and acquired data of science. Simonsen, in the first volume of "Essentials of Esthetic Dentistry", denounces the violation of this principle through the promotion of sciences not recognized and promoted by websites and dentists.

IV. Conclusion

The patient's participation in the decision, his information and informed discussions are fundamental elements of the patient-practitioner relationship. Diagnosis is the cornerstone of any medical approach. We must know how to refuse certain requests from the patient that do not correspond to our sensitivity as a caregiver and as an individual.

Professional ethics are an essential value, to be favored in an attitude of assertiveness and intellectual honesty. In the success of the treatment, the patient's satisfaction is paramount, because his dissatisfaction automatically makes the treatment a failure. However, patient satisfaction is not the only proof of treatment success. The quality of treatment must also be assessed on objective criteria. Finally, awareness-raising work is necessary, by finding for each patient the balance between the cultural requirements to which it will be necessary to respond, and what modern medical rationality imposes as "physiological good".

Aesthetics and function must be two sides of the same coin that patient and practitioner view together.

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Correspondence: Dr Sihem Hajjaji, Associate Professor in Fixed Prosthesis, Department of Dentistry, Farhat Hached University Hospital, Sousse/ Tunisia
Mail: sihemhajjaji@gmail.com