

CHALLENGES IN ORTHO-PERIO AND GENERAL DENTISTRY INTERRELATIONSHIP. LIMITS AND PERSPECTIVES.

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ABSTRACT

Orthodontic treatment has become nowadays more popular than ever. The time when orthodontic treatment was just addressing to children has long passed. We are dealing now with a lot of adult cases that are more difficult to treat and raise many problems not only from the specialist cooperation but also from the ethical perspective. In the end of every orthodontic treatment we should focus only on one thing: the outcome. The outcome of an orthodontic treatment is not only a perfectly aligned row of teeth, it's a sum of many periodontal aspects viewed from a very critical and ethical point of view. Although dental medicine is a liberal profession in which most of the patients have to pay the costs of the treatments privately this is no excuse to ignore the ethical dimension and not to give the patient the right to have access to the best possible specialized interdisciplinary care, autonomy and, self-determination.

Keywords: ortho-perio, cooperation, self-determination, autonomy

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INTRODUCTION

Orthodontic treatment has become nowadays more popular than ever. The time when orthodontic treatment was just addressing to children has long passed. We are dealing now with a lot of adult cases that are more difficult to treat and raise many problems not only from the specialist cooperation but also from the ethical perspective.

It doesn't matter what kind of appliances are used, patients want to have their smiles fixed to the ideal shape or to improve their current status for a further dental procedure, in a shorter period of treatment and with lower treatment costs.

Orthodontic treatment with fixed appliances can be done with buccal esthetic or metallic fixed appliances but in the same time the lingual appliances are available for certain cases. Is the type of appliance the single decision if the doctor or the patient should be consulted?

The outcome of an orthodontic treatment is not only a perfectly aligned row of teeth, it's a sum of many periodontal aspects viewed from a very critical and ethical point of view.

To tell or not to tell the truth? Is that a question anymore?

Before anything the patients have the right to a fair and correct information. This involves that the professionals from the medical field should be well trained in their specialty and their language should be adapted to the capacity of the patient's understanding. In the same time it is essential that the physicians to provide pieces of information related on the patients' problem telling everything that they should know not whatever the patients want to hear.

Every patient is in title to a complete information meaning a comprehensive approach of their problem throughout cooperation with other professionals from different specialties. The team of specialists will present to the patient every advantage and disadvantage of the available treatment options.

There are many current dilemmas if we can ever justify lying to our patients in order to achieve something fruitful for their long term periodontal health by using their strong will to have the orthodontic treatment done faster.

Every orthodontic patient is looking very forward to finish his treatment as soon as possible and with an outstanding result.

We know for sure that an accelerated orthodontic tooth movement, without other additional special treatment, we'll induce periodontal disease that's why no ethical dentist should do that.

Greco is discussing the case of a young orthodontic patient with severe problems of oral hygiene and periodontal disease. He is bringing into discussion a very interesting issue. Are we allowed to manipulate the child and tell him that if he will not improve the oral hygiene then the orthodontic treatment we'll go slower? What about telling him that if he would have brushed his teeth properly the orthodontic treatment would have been done by now? [1]

The periodontal problems should not be hidden from the patients or their parents because if the treatment is delayed than more serious problems can occur afterwards and the entire result of the orthodontic treatment can be compromise.

As Greco says: in every case honesty is the best policy. [1]

Communication breakdown. How do we avoid it?

According to Kalia and Melsen the first visit of a patient to an orthodontist may create a conflict. [2] This conflict may be between the orthodontist and the general dentist, between the patient and the orthodontist, between the

patient and the general dentist and last but not least between the orthodontist and the periodontist.

Treating orthodontic adult cases involves a lot of ethical dilemma. An adult patient that was referred to an orthodontist by the general dentist might not be aware about the complexity of his or her problem and in the same time might not be fully informed about the oral status and what needs to be done in order to achieve a proper rehabilitation [3].

Replacing prosthodontics works in order to perform the orthodontic treatment may be a big issue that can create tension between the patient and the family dentist. That's because the patient can claim that he or she wasn't aware about the orthodontic solution before the prosthodontics treatment and an unnecessary treatment was performed.

The situation might get even more complicated when a periodontal examination is requested and the periodontist will find that the periodontal status of the patient is not proper for orthodontic treatment although the patient visited the general dentist regularly. This is the moment when according to Beauchamp and Childress we have to discover our moral duties towards the patients in every unique situation that we have to deal with. [4]

Borderline relationships and lack of professionalism between dental specialists.

The main obligations of the doctor towards the patients are: diagnosis, information and counselling. The patient has the right to self-determination throughout choosing the desired means of action following presenting all the treatment options by a specialist.

In the same time the doctor will never try to impose his decision to the patient and he will always put the patient's interest first.

There are many situations when an orthodontic case can be solved in different ways. The problem arising is to keep the ethical dimension whenever more specialists are treating the same

patient. The principle of autonomy that derives from the Greek words “autos” (self) and “nomos” (law) should always be a guideline in the dental practice [5].

A 15 years old female patient presented to the orthodontic clinic in order to receive treatment. She was really unhappy with her appearance and she was decided to improve that through orthodontic treatment. Even if this case will be treated like an adult one, the patient was not in the position to decide for herself and the informed consent from the mother was needed [6].

After performing the clinical examination and evaluated the x-rays and study casts, the orthodontist referred the patient to an oral surgeon in order to have four premolars extracted for starting the orthodontic treatment. The orthodontics specialist referred the patient to a periodontist in order to assess her and evaluate the status from the periodontal point of view.

Because the oral surgeon's office was in another neighbourhood the mother decided to go to their regular dentist to have it done. When she arrived in the dental office she presented the letter to the dentist and asked him for his opinion. The general dentist said that in his eyes this is not a four units extraction case and he can refer her to another orthodontist that treats all cases without any extraction. The mother accepted the solution and made an appointment with the recommended orthodontist.

This attitude is in deep contradiction with the Deontological Code of the Dentist meaning a breaking of the articles 9, 35, 36 and 37. These articles emphasize that the dentists should not perform treatments that are not in accordance with their professional competence, should not judge the treatments done by another colleague and should not determine a patient to go and see another doctor than the patients decided. In the same time when more doctors are treating the same case they have to inform each other and take responsibility of their treatments [6].

Although she accepted the non-extractional solution proposed by her general dentist she

went to see the periodontist, as she was advised by the first orthodontist. The periodontist confirmed that the patient presented some moderate signs of periodontal disease and it was mandatory to receive periodontal treatment before starting the orthodontic treatment. She was informed as well that due to crowding and thin periodontal biotype the patient would need a periodontal follow up during the orthodontic treatment in order to avoid any complications like recessions and periodontitis.

The periodontist underlined as well that due to the lack of space in the dental arches and the periodontal condition, the four units extractions were needed in order to achieve the alignment of the teeth without any periodontal compromise.

The next day the mother took her daughter to see the second orthodontist who was treating cases without extractions. He was informed about the first orthodontic treatment plan and about the periodontist's opinion on this case and he was asked if he could still treat the case without extracting the four premolars.

According to Cummings and Mercurio it should also be noted that a child has a right to be informed and to participate in decision-making as appropriate for age and mental state. [7] In our case the parent didn't ask the opinion of the child about the treatment plan although the age would have allowed her to express a pertinent point of view.

Without asking for x-rays, study models, periodontist opinion or an informed consent from the parent, the second orthodontist bonded the appliance in the same day.

Ethical problems arising

The general dentist although he have seen that the letter for orthodontic extractions was addressed to another colleague specialized in oral surgery he accepted to see the patient. More he informed the treatment plan on which he had a much smaller or almost no expertise in and manipulated the mother of the patient to see another orthodontist. Because the patient was not in the position to decide for herself

being a dependent person on her parents, her mother was easily influenced by the idea that someone else could do the same job without her child having four premolars extracted. On the other hand although the periodontist presented her a very clear picture of the case and told her that this is an ortho-perio situation that will require the cooperation between two specialists she still went for the easiest solution thinking that she is protecting her child but actually doing the exact opposite thing. The attitude of the general dentist was partially against the article 13 of the Deontological Code of the Dentist because he didn't perform and orthodontic treatment on the patient but he broke article 36 by sending the patient to another specific orthodontist than he chose in the beginning. [6]

The second orthodontist was acting totally unethical because he disregarded the opinion of a fellow specialist, didn't evaluate the periodontal status and didn't consult with the periodontist who examined the case and didn't ask for an informed consent. He also didn't give the parent a time to decide for her child because he bonded the appliance immediately and in this way the case couldn't be treated by someone else. The second orthodontist sets a diagnosis in accordance with his professional expertise but he neither informs nor advise the patient in any way.

CONCLUSIONS

Compared to general medicine the trend to specialize in dental medicine is rather new. That's why there are still many dentists who think that their opinion is the best in every field of dentistry and they refuse treating cases together with colleagues with a larger expertise. The difference between a general dentist and a specialist is significant and this cooperation between them should be a closer one.

Although dental medicine is a liberal profession in which most of the patients have to pay the costs of the treatments privately this is no excuse to ignore the ethical dimension and not to give the patient the right to have access to the best possible specialized interdisciplinary care, autonomy and to self-determination.

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