Ethics of child management
Objectives of session

• Discuss the ethical principles of clinical care and service provision for patients.
• Emphasis the ethical principles involved with child dental care service provision.
The ethics of patient care

- The principles of ethics are universal and they apply to both research and patient care. These principles are reflected in the following subthemes to be discussed today:
  - Individual autonomy and informed patient choice
  - Distributive justice in commissioning care
  - Beneficience and non-maleficence
First ethical principle

Respect for autonomy and informed patient choice
Respect for autonomy and informed patient choice

• The move away from paternalism health care to a focus on patient autonomy, informed consent, and shared decision making is usually accompanied by increased patient access to information about treatments.
There is a growing public expectation that patients will be fully informed about their illness and the options for treatment, and fully involved in decisions about their health care.
Respect for autonomy and informed patient choice - 3

- The idea of the paternalistic dentist making decisions about diagnosis, investigation, and treatment in the patient’s best interests, and the patient accepting these decisions without question, is no longer tenable.

- The continued practice of paternalistic dentistry is unethical and negates the principle of respect for patient autonomy and informed patient choice.
Respect for autonomy and informed patient choice - 4

• Even in general practice, where there is a tradition of the trusted family physician, there is now an expectation that patients will be consulted and informed at every stage of the health care process.

• Thus, evidence based practice must include the use of evidence in the discussion between practitioner and patient as well as the use of evidence in informing clinical judgment.
Respect for autonomy and informed patient choice - 5

- If the autonomy of patients is to be respected, they must be given information that enables them to make choices that are consistent with how they wish to live their life.
- Evidence based dentistry would seem to be a powerful force for enhancing patient autonomy.
Evidence for use in decision making

- Dental evidence needs to be presented to patients in a way they can understand and can enable them make decisions about their health care.
- This enhances their autonomy only if they can use that information in conjunction with other information that is more specific to them as an individual to help them make an informed decision.
Evidence for use in decision making - 2

- Research evidence is usually evidence about populations of patients rather than individuals.
- Evidence that a particular treatment is not effective in a given patient population may not convince a specific patient who has experienced personal benefit from the treatment.
Evidence for use in decision making - 3

- Evidence based dental practice has to be “patient centred”.
- Patient centred dental care focuses on the practitioner’s understanding of the patient’s true reason for the consultation, and the patient’s real needs and wishes.
Evidence for use in decision making - 4

- Consideration of the individual patient’s background, beliefs, and long term wishes is fundamental to managing their lifetime experience of health and disease including oral health problems.
How does this inform practice

- Evidence based dentistry should contribute to patient centred care but not override it.
- You should acquire skills in using evidence as derived from research outcomes to inform patient care taking cognisance of individual patient’s biopsychosocial situation. Yet respecting the right of patient to a full spectrum of information to help make autonomous decisions.
Beware

• There is a danger that in their enthusiasm for evidence based dentistry, clinicians may replace the paternalistic mantra of “doctor knows best” with the paternalistic mantra of “the evidence knows best”.

• The dentist should be aware that a paternalistic approach to practice reduces the capacity of the patient to be responsible for decision about their individual health. This negates the principle of autonomy.
Beware - 2

- A consequence of empowering patients to make their own health care decisions, or to actively share in the decision making process, is that patients will then have some responsibility for the consequences of their decisions.

- The clinician therefore has the obligation to provide the full range of available information to help patients make decisions.
Discussion

• What does this imply in the way we currently practice dentistry – are students oriented to seek and read dental journals or do you have paternalistic teachers? What do you want as students?

• Do we promote the relationship between research and clinical practice?

• What is our informed consenting process like?
Second ethical principle

Distributive Justice
Distributive justice

• The principle of distributive justice implies that dental care should be equitably accessible to all persons who needs it irrespective of gender, age, socioeconomic status, race, religion, tribe or sexual orientation.

• Clinicians need to continuously be sensitive to the need to be non discriminatory in health service provision.
• Clinical care trustees are expected to deliver health care sensitive to the needs of their local population.
• Reducing inequity is regarded as an important goal of clinical care practice in any locality.
Distributive justice does not imply that everyone should have equal access to everything all the time. This would be an extreme position and lead to severe distortions in availability of dental services.

Competing needs must be balanced fairly and opportunities to access dental care must be equitable.
Distributive justice - 4

- A critical issue that informs access to health care is finance. Where health care access does not take cognisance of disparity in financial capacity of the population, economic favoritism occurs.
- Distributive justice require that the less priviledge should at least, be able to access public health care. There are many innovative solutions possible.
Dist
rributive justice - 5

- This is the least respected principle in the practice of
dental care delivery.
- What's needed is the will to put some flesh on the
bones of distributive justice.
- It's the right thing to do.
Questions

• How sensitive is our dental care delivery system to the needs of the locals?
• Do we promote the ethical principle of distributive justice for health care access with the current way dental care service is provided?
Third principle

Beneficience and nonmaleficience
Beneficience and nonmaleficience

• The principle of beneficience and nonmaleficence acknowledges that the welfare of the patient is central to care.

• Evidence based dentistry has the potential to improve patient care, prevent harm, and promote patient health and autonomy.
The reality on the field

- Health professionals’ understanding of both harm to and benefit for a patient can differ sharply from that of the patient.
- Different patients take different views about what constitutes a harm and a benefit, and it is implausible to maintain that the notions of benefit and harm are objectively independent of the patient's judgment.
The reality on the field - 2

• The big dilemma about this issue comes with the discussion around physician-assisted suicide.
• Medical practitioners have long worried that patients who forgo life-sustaining treatment with the intention of dying are killing themselves and that health professionals are assisting in their suicide.
• There is now a consensus in law and biomedical ethics that it is never a moral violation to withhold or withdraw a treatment that has been validly refused.
The reality on the field - 3

• This problem has been replaced by another: Is it harmful or beneficial to help a competent patient who has requested a hastened death?
• In addition to vexed questions about the purported distinction between killing and letting die, the issue presses the question of what counts as a benefit and what counts as a harm.
Questions on the field

• Is requested death in the face of miserable suffering a benefit for some patients while a harm for other patients?
• When is it a benefit, and when a harm?
• Is the answer to this question determined by the method used to bring about death (e.g., withdrawal of treatment by contrast to use of lethal medication)?
Public health, social beneficience, social justice

• The underlying moral problem is how to structure the global order and national systems that affect health so that burdens and benefits are fairly distributed with equitable levels of health and access to health care in place.

• Globalization has brought a realization that problems of protecting health and providing services are international in nature.
Public health, social beneficience, social justice

• “How can we meet health needs fairly with limited resources committed to the task?”
• The “fairly” part of this formulation may be justice-based, but the notion of “limits to resources” conforms to the problems of the limits of beneficence.
• In reality, public health medical practice challenges the principles of autonomy, and beneficience.
Summary

• Biomedical ethics is a growing and evolving field that students and clinicians needs to be conversant with.
• It is not possible to provide the best of care for patients without keeping abreast with evidence deriveable from research.
• Ethics of care must synchronise patient’s autonomy, beneficience and nonmaleficence within the context of public health service that seeks to address inequality.
Ethics of child dental care
Autonomy

• The principle of autonomy refers to the patient's right to make decisions and act on them freely and without interference.

• The principle of respect for autonomy is considered by many to be at the core of modern medical ethics.

• At its most basic, it implies the patient's right to refuse and the physician's obligation to respect that refusal.
Autonomy - 2

• With autonomy, first, the decision-maker should possess the capacity to make the decision at hand.
• The term "capacity" refers to the degree to which an individual has the ability to understand a proposed therapy or procedure, including its risks, benefits, and alternatives; to communicate relevant questions; and to arrive at a decision consistent with his or her values.
• In most situations, the presence or absence of capacity seems clear; most adults are believed to possess capacity unless there is compelling evidence to the contrary. If capacity is in question, psychiatric consultation occasionally is sought.
Autonomy - 4

- The principle of autonomy also secondly recognises that the right of a decision-maker who possesses the capacity to refuse any therapy does not necessarily imply a right to demand any therapy.
- Dentists may have the right, and perhaps even the obligation, to refuse a patient's demand for what clearly seems an inappropriate treatment.
Autonomy - 5

• Because a truly autonomous decision requires a decision-maker who possesses capacity, the principle of patient autonomy usually does not apply in pediatrics.

• Children generally are not believed to possess the capacity to make important medical decisions.
• Capacity, however, should be seen not as an absolute, but as dependent on the question at hand.
• For example, young children generally do not possess the capacity to decide whether to receive medication or surgery, but they may possess the capacity to make lesser decisions, such as how to pace a dental treatment or what flavour of acetaminophen to be given.
Autonomy - 7

- Depending on the age and on the particular situation, children generally should be included in the decision-making process, recognizing and respecting the child's developing ability to participate and, where appropriate, to assent.

- Assent for medical treatment can be sought from children from 12 years of age.
• This principle becomes less clear in the case of adolescents who, although not generally accorded all the same rights as adults, may have the capacity to make medical decisions.

• When dealing with adolescents who have shown capacity to take independent decision, the onus lies on the physician to decide whether parental consent is needed before providing medical care.
Autonomy - 9

• Autonomy becomes increasingly relevant as the adolescent develops the necessary cognitive skills and experience.
• Engaging the adolescent in decision-making regarding his or her own health care recognizes that developing autonomy.
Autonomy - 10

- When a patient does not possess capacity to decide, a surrogate decision-maker speaks on the patient's behalf.
- In the case of children, this role generally falls to the parents.
A 15 year old child comes into the clinic with the mother for a dental check up. The mother tells you there is no medical history of importance. While the mother is out of the examination room, the child informs you she is HIV positive due to her engagement in sex work to help raise money for the upkeep of her junior ones. She admits her mother does not know and she will not like her mother to know about the discussion.

How do you handle this situation?
Beneficence and patient interest

- The principle of beneficence underscores the moral obligation to act for the benefit of others, including protecting the rights of others, preventing harm to others, and helping those in danger.
- The principle of beneficence can be seen as requiring the physician to act in the patient's best interest.
Beneficience and patient interest - 2

• When deciding between two therapeutic options, the dentists should choose the one that maximizes the benefits compared with burdens to the patient.
At times, beneficence can conflict with the principle of autonomy. For example, if a dentist feels strongly that a certain treatment would benefit a patient who possesses capacity, but the patient refuses the treatment, the two principles seem to require very different actions.
Beneficience and patient interest - 4

- Currently, if the patient possesses capacity, autonomy generally is seen to trump beneficence in the United States and many other countries, although possibly not universally.
Beneficience and patient interest - 5

• This idea was expressed eloquently and succinctly by the American jurist Benjamin Cardozo in a famous case in the early 20th century:

"Every human being of adult years and sound mind has the right to determine what shall be done with his body; and a surgeon who performs a procedure without his/her patient's consent commits an assault, for which (s)he is liable in damages."
• This fundamental tenet of ethics still stands and applies to refusal of any treatment, surgical or medical, by an adult who has the capacity.
• The situation is more complex, however, when the patient possesses the capacity regarding some decisions, but not others, particularly in the case of children.
Beneficience and patient interest - 7

- In the case of children, this role to take a decision on the health care need always falls to parents, based on an understanding of their fundamental right to speak for and determine what is done to their child.
- Parental authority is however, not absolute and can be limited based on a consideration of the child's best interests.
Justifications for parental authority include:

• They are responsible for bringing up their children, and that responsibility requires having rights for decision-making.

• Apart from the children, parents are the ones most likely to have to live with the consequences of any decisions made.
• Parents are assumed to know the child best.
• Affection and close family ties make parents most likely to reach decisions based on the child's best interest.
Beneficience and patient interest - 8

Parental authority, although widely accepted, is more limited than patient autonomy. For example, although competent adults have the right to refuse even lifesaving medical treatment for themselves, they generally are not accorded the right to do so for their children.
"Parents are free to become martyrs themselves. However, it does not follow that they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves."
Decision making

• It is expected that parents will decide for a child based on their assessment of the child's best interest.

• Such judgments, however, are often difficult and subjective, and when the balance of benefits and burdens to the child is not clear, the paedodentists generally should defer to the parents' preference.
However, when a parent's decision about an important dental question seems to the physician to be "clearly opposed" to the child's best interest, the physician should seek to override that parental decision.

The threshold of clarity may vary among dentists; dentists likely differ in their degree of deference to parents in difficult ethical judgments.
In the rare case in which a paedodontist is concerned that a child is being denied this basic right due to parental choice, help from others, such as the hospital ethics committee and, in rare circumstances, the courts, should be sought as time allows.
In the relatively rare situations involving ongoing disagreement regarding a child's best interest and treatment, it should be remembered that the best approach to medical decision-making in child care is for the parents, paedodontists, and, when appropriate, the child to discuss the relevant information and the risks and benefits of the various options to arrive at a decision together.
• The parents' right to make dental decisions for their children should not be seen as absolute, but neither should it be forgotten.
Summary

• The unique dentist-patient-parent triad that exists in paedodontics require careful consideration of the ethical principles involved when making health-care decisions in a child, including patient autonomy, parental authority, beneficence; and the patient's best interests.
The rights and obligations of all involved, as well as the importance of the family unit, must be taken into account.

Recognizing the difficulty sometimes inherent in balancing the best interests of the patient with parental rights, institutional ethics committees may be called upon to help resolve ethically challenging cases.
Question

- What and where are the existing national guidelines on child care management and resolution of ethical dilemma in child care?
- Where are biomedical ethical guidelines for child management in Nigeria?
- What guideline informs the teaching of ethics in Nigeria?
Quiz 1

• In the child dental practice:
  o Paternalistic care is a welcome development
  o Autonomy ensure that the child is involved in self care
  o Parental concerns and interest should always supersede that of the child as parents know best
  o Equality care should be ensured for all children within the locality of the practice
Quiz 2

• The age of assent in Nigeria is:
  o 6 -12 years
  o 8 to 12 years
  o 12 to 17 years
  o Any age above 18 years
  o None of the above
Quiz 3

• Autonomy implies:
  o The right to demand any therapy
  o The capacity to be able to make the right decision
  o At no time can the child be involved in making decisions with respect to their health
  o The need to seek reprisal from an ethics committee where the paedodontists feels the right of the child is being infringed
Acknowledgement

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