

Prioritization among ethical issues of dental practice in Iran. A modified nominal group study

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Abstract

This study was designed in order to generate a priority list of dentist-perceived important ethical issues in dental practice in Iran. A two-stage modified nominal group study was conducted. At first, the main question of the study was presented to 24 dental specialists through direct interview (16) or e-mail (8, response rate was 75%). After analyzing the interview transcripts and email responses, a list of issues was extracted. The list was presented to a nominal group of 10 dental specialists to prioritize ethical issues according to their frequency and ethical significance. Each participant selected and ranked the five most important issues and then, the sum of ranks for each issue was calculated. The first stage of the study resulted in a list of 26 ethical issues. After grouping and combining related items, the list was condensed into 18 issues. The nominal group session resulted in a prioritised list. The first six issues of the list included: performing procedures without adequate competency, not taking responsibility for one's errors, over-treatment (or unnecessary treatment), inappropriate manners towards patients, unprofessional discussion of a colleague's work, and unprincipled behaviors towards disadvantaged patients.

Conclusions: The results suggest that the problems occurring in the therapeutic relationship between dentists and their patients are the major ethical issues of dentistry in Iran. Issues such as respecting patient's autonomy, confidentiality, taking informed consent, third-party issues, and dentists' duties toward society don't seem to be considered of high priority by dentists in Iran as a developing country.

Key words: ethical issue, dental ethics, prioritisation, nominal group

Introduction

The focus on ethical aspects of dentistry in twenty-first century is rightfully greater than before. The tremendous advances made in dental research and increasing interest in cosmetic dentistry are considered as two of dentistry's greatest success stories of the twentieth century. These advances have in turn yielded two of the most important ethical challenges of dentistry in the twenty-first century [1]. These changes in conditions of practice along with increased expectations of health care consumers [2], third-party payment, infection control requirements, the rise in litigation [3] and

less dental caries and restorative work as a result of successful water fluoridation have given rise to ethical issues that had not been acknowledged until recently. There is an expanding body of literature on dental ethics, reviewing these ethical issues. Based on the works such as series of 52 ethical dilemmas collected by Hasegawa published between 1993 and 2005 [4, 5], Ozar and Sokol's arguments on ethical aspects of dentistry [6], cases gathered by Rule and Veatch [7], dental ethics case series published monthly by Naidoo since May 2010 [8] and some surveys of ethical issues faced by dentists [3,9], a broad, although not exhaustive, list of ethical issues in dental practice is now available for dentists worldwide. Situations such as dentist's behavior towards uncooperative patients, previous poor dental work, patients' requests to manipulate data on an insurance form, or substance dependent patients are known as some of the most important ethical issues in dental practice.

However, a critical look at these proposed lists raises a question: Are the list of ethical issues in dental practice the same in different countries and areas? Couldn't we find an ethical dilemma faced by a dentist in a developing country that does not make sense for one in a developed country, and vice versa? The question becomes more critical when we are considering a prioritised list.

It has been argued in the FDI dental ethics manual that dental ethics varies from one country to another according to different levels of development in dental technology as well as societal values [10]. Besides, it seems that the special context of each country may give rise to particular ethical problems for dentists working there. Cultural and legal features in every community may cause specific dilemmas for dentists. For instance, dentists in some countries are confident that they will not be forced by their government to do anything unethical; while in other countries it may be hard for them to meet their ethical obligations. For example, it might be difficult to maintain the confidentiality of patients when faced by authorities when they require to report 'suspicious' injuries [10]. Another aspect regards the overlap or distinction between ethical and moral questions. 'Ethics' is the study – description,

analysis, justification – of moral judgment and action. In medical ethics – comparable to dental ethics – ‘ethical’ is often preferred as the more intellectual term, whereas ‘moral’ is associated with rather traditional connotations. However, when cultural, social, or personal values come into play, we are usually facing ‘moral’ questions and beliefs; it is, though, acceptable for pragmatic reasons to call them, especially in the context of a caregiver-patient relation, also ‘ethical’ issues.

Moreover, if we take a hypothetically universal list of ethical issues in dentistry for granted, there is no evidence that prioritization of that list by dentists in different countries would end up in a common priority list. Rather, we can expect the opposite: even among European general practitioners and internists, differences regarding the ethical difficulties they perceive are visible mirroring also the various health care systems of the respective countries [11]. The legal, cultural and organizational aspects of dental practice in communities may pose situations that raise the importance and frequency of different issues.

For example, an issue such as obtaining informed consent is regarded as a very important issue in communities with governing liberal culture while in more traditional communities with a still dominant paternalistic approach in the dentist-patient relationship obtaining informed consent or disclosing the diagnosis to the patient may not be considered valid norms. In order to compare actual ethical challenges faced by dentists in different regions, we need more studies especially in developing and underdeveloped countries. Such studies may also be the requirements of exploring ethical aspects of dentistry while “oral health care ethics is in its infancy” [12]. Empirical research informs bioethics and helps to relate normative-ethical issues to real life and the practice of healthcare. Time has come to accept the fruitful exchange between descriptive and normative ethics research [13].

The aim of this study was to provide a list of dentist-perceived important ethical issues faced by dentists in Iran and to rank the items according to their relative importance. The importance of an ethical issue was defined as being dependent of both its ethical significance and its relative frequency among dentists in Iran, taken as an example of a developing country.

Method

To explore Iranian dentists-perceived most important ethical issues, we employed a modified Nominal Group Technique (NGT), where the structured format enables participants to contribute to a specific problem and the output is a set of issues to address, ranked by their perceived importance [14–16].

NGT is a structured, multi-step, facilitated group meeting technique used to elicit and prioritize responses to

a specific question [17]. The nominal group technique involves the following steps:

- 1) silent, written generation of responses to a specific question,
- 2) round-robin recording of ideas,
- 3) successive discussion for clarification, and
- 4) voting on item importance [17–19].

The optimal size for a group is typically taken as about 10, with 15 as an upper limit [20].

The highly structured format of an NGT session equally weights the input from all participants, controls the irrelevant and evaluative types of discussion and minimises the process loss and inefficiencies of unstructured and interactive group meetings [15,16]. The data generated by this process is quantitative, objective, and prioritised [21].

In the basic method, the generation phase is an inherent stage of the nominal group session. In our study, after obtaining institutional review board approval, we conducted a preliminary phase in order to generate a more detailed and expanded list of ideas, compared to what would result from the basic method, to be ranked in the nominal group session. That first round stage included enquiries about the main question of the study via direct interview or email. 22 dental specialists answered the question: “what are the most important ethical issues in dental practice in Iran?”. An *important ethical issue* was defined as an issue that has two characteristics: to be ethically significant, and to be relatively frequent among Iranian dentists. The participants were asked to refer to their experiences, intuition and observation in order to identify those behaviors that are most common among and most morally rejected by Iranian dentists, i.e. posing serious ethical challenges to the profession by violating ethical principles and values. It was clarified that based on the definition, neither a widespread trivial issue nor an uncommon critical one can be regarded as an important ethical issue. Moreover, in order to avoid confusion between law and ethics, interviewees were asked to exclude issues that most Iranian dentists consider as actually legal ones. The abstract definition of *ethical issue* was not discussed in any of the interviews, rather, the emphasis was put on the real ethical issues or ethically relevant ones¹ based on the interviewee’s experiences, moral intuition and observation.

In each interview, after we introduced and explained about the main question of the study, the interviewees responded the question. The remainder of the session was set aside for the clarification of the statements. Email enquiry included a request for answering the main question of the study.

A purposive sample of 11 Iranian dental specialists was identified, having increased to 24 through snowballing during the study, the generation phase was completed

¹ By ‘ethically relevant issues’ we mean many issues that are not strictly ethical in the academic sense, but cause ethical trouble.

with 22 subjects. The main characteristics of the participants were first their ethical sensitivity and then their connectedness to dentists through, for example, dental clinic management, engagement in dental NGOs or responsibility in dental audit committees. The main question of the study was presented via direct interview (16) or e-mail (8, response rate was 75%), since they were not directly accessible during the study period. The interviews were conducted at the interviewee's workplace (either private dental office or academic office) and took an average of 17 minutes to complete. The interviews were audio-recorded with participants' permission and transcribed. All the transcripts and email responses were analyzed using the constant comparison method [22, 23] in order to develop a coding frame and extract a list of answers.

A list of dentists-perceived important ethical issues in dental practice in Iran was identified in the first phase. The list was explored by two members of the research team in order to condensing the remarkably similar issues addressed [24]. The resulting list was regarded as the material for ranking in the nominal group session; it could have been established more rapidly, although less comprehensively, reached through the first two stages of classic nominal groups, reflection and pooling.

Ten out of 16 interviewed dental specialists participated in the nominal group session. Participants were informed that the purpose of this session was to prioritise among the list of ethical, or ethically relevant, issues resulted from the former phase. First, the group moderator restated the study question and clarified some essential points that had seemed vague according to the interviewees in the previous phase. Then, he presented the list of nominated issues, along with their brief descriptions and examples cited in the interviews. The participants were given an opportunity to briefly discuss the nominated responses for the purpose of clarification to ensure each response was understood from a common perspective and add possible previously neglected issues. Three suggestions were made for adding new issues to the list; although after discussion, the group reached a consensus that they could be merged in three other issues formerly present in the list. The final phase consisted of a prioritising exercise where each participant anonymously selected five issues from the formerly generated list that they felt were the most important. Then, they ranked their five issues in terms of relative importance (1 = least important to 5 = most important). Subsequently, the ranks for each of the selected responses were summed across participants in order to derive a group level result.

Results

In sum, 22 dental specialists responded to the main question of the study in the first phase, via interviews or e-mail (table 1), and 10 of them participated in the nominal group session. Most participants were male (nearly 80% in both phases). All participants were practicing in their private offices in urban areas, while the majority of them (17 out of 22 in the first phase and 9 out of 10 participants of nominal group session) were also employed as a lecturer in Iranian dental schools. The mean age of participants in the first and second phases was 52.2 (SD = 9.3) and 48.2 (SD = 8.6), respectively.

Table 1: Specialty of the participants in the first phase

Specialty	Number
Dental public health	5
Restorative dentistry	1
Endodontics	3
Prosthodontics	1
Pediatric dentistry	2
Oral diseases	2
Periodontics	2
Orthodontics	4
Maxillofacial surgery	2

The first phase including interviews with 16 specialist dentists and email communication with 6 others resulted in 26 items as the important ethical issues among Iranian dentists. Following the first phase, we examined the list of 26 nominated ethical issues as important ones and systematically combined those that we viewed as being substantively similar or overlapping (e.g. several issues addressing impoliteness or inadequate attention toward patients were combined to form one issue: inappropriate manners towards patients). The final refinement of the original issues resulted in the retention of 18 suggestions for possible inclusion in the list of ethical, or ethically relevant, issues. The final list for the prioritization exercise consisted of 18 ethical issues.

Fifteen of the eighteen factors were selected by at least one participant of the nominal group session. The relative importance of each topic is reflected by the number of participants selecting a given factor and the sum of the ranks given to that factor (Table 2). Performing procedures without adequate competency, not taking responsibility for one's errors, over-treatment (or unnecessary treatment), inappropriate manners towards patients, unprofessional discussion of a colleague's work, and unprincipled behaviors towards disadvantaged patients were considered as relatively more important than the other selected topics.

Table 2: List of ethical, or ethically relevant, issues in dental practice in Iran ranked in the nominal group

Ethical issue/dimension	Example	Individual rank scores	No. of votes	Total group rank scores
Performing procedures without adequate competency	To perform root canal therapy of a wisdom tooth, lacking competency in endodontics	5, 3, 1, 3, 1, 2, 5	7	20
Not taking responsibility for one's errors	To discharge patient after breaking the root of the tooth during its extraction without adequate attempt to extract the broken root or informing the patient	4, 3, 5, 1, 5	5	18
Overtreatment / unnecessary treatment	Restoring a discolored tooth or a superficial arrested decay	3, 5, 1, 3, 2, 3	6	17
Inappropriate manners towards patients	Impoliteness or inattention to the patient	4, 2, 5, 5	4	16
Unprofessional discussion of a colleague's work	Bad mouthing a colleague in front of patient	5, 1, 4, 4	4	14
Unprincipled behaviors towards disadvantaged patients	Not to examine or guide the patient attentively since he or she cannot afford treatments	4, 3, 3, 2	4	12
Imprecise or false presentation of the treatment plan	Implant in the case of bridge, restoration by laser in the case of composite restoration	1, 4, 4	3	9
Treatment planning based upon marketing	Tending towards implant treatment to profit from a manufacturer's discount	2, 2, 1, 4	4	9
Exaggeration in presentation of the problem to the patient	Presenting a decay as a life-threatening problem	2, 2, 3	3	7
Exaggeration about the quality of materials or techniques	To give a verbal guarantee for an amalgam restoration	1, 5	2	6
Taking on more than optimum number of patients		2, 2, 1	3	5
Not taking adequate history	Starting examination with «open your mouth», Focusing on mouth without proper attention to general health	4, 1	2	5
No ongoing self-education		5	1	5
No oral-health education		4	1	4
Not performing less financially beneficial procedures	Performing an expensive luxury procedure on a tooth without restoring the class I decay of adjacent tooth	3	1	3
Sexual relationship with the patient				
No follow-up				
Not obtaining informed consent				

Discussion

In this study, a modified nominal group of dental specialists was used to generate and prioritise a list of important ethical issues faced by Iranian dentists. This list shows a variety of ethical, or ethically relevant, problems that are considered significant and prevalent among dentists in Iran as a developing country. To our knowledge, there are few published surveys on ethical issues in dentistry, mostly confined to developed countries. Therefore, exploring these dilemmas and questions, especially in developing countries, seems to be a requisite for enriching dental ethics literature, in order to sensitise dental professionals to the significance of ethics in dentistry. Also, this investigation offers the chance to an authentic, culturally sensitive approach towards developing and further improving dental ethics in Iran, instead of presupposing that survey results from other continents (mostly available from European or North American studies) would be valid for other regions of the world.

The first step of this study resulted in developing a list of 18 major ethical issues encountered by Iranian dentists. The majority of issues were relevant to the problems occurring in the therapeutic relationship between dentists and their patients with a focus on the dentist's behavior and action in the context of treatment leaving 'patient ethics' or societal aspects aside. Performing procedures without adequate competency, not taking responsibility for one's errors and overtreatment (or unnecessary treatment) were the first top three issues of the priority list that arise in the dentist-patient relationship. Each of these three issues was regarded as the most important ethical issue in dental practice in Iran by two participants of the nominal group. Also, each item was considered one of the five most important issues by 5 to 7 members of this group. Different dental codes of ethics formulate norms of how dentists should respond to these issues. For example, on the issue of over-treatment, the American Dental Association's Principles of Ethics and Code of Professional Conduct advises that: "A dentist who recom-

mends and performs unnecessary dental services or procedures is engaged in unethical conduct” [25]; or in order to prevent dentists from performing procedures without adequate competency, Code of Ethics for Dentists in the European Union state that “the dentist must undertake only those treatments that they are competent to perform, and must refer a patient if a recommended treatment is beyond their competence” [26].

The fourth important issue, showing inappropriate manners towards patients, is relevant to the dignity of patients and their right to be treated with respect. In a broader outlook, dignity is described as an element of responsiveness, one of the ultimate goals of the health care system [27]. Impoliteness, inattention and haughty behavior toward patients were mentioned as some concrete examples of inappropriate manners towards patients taking place in dental offices.

The next issue was unprofessional discussion of a colleague’s work, as a case for ethical issues arising in dentists-colleagues relationship.

Finally, the issue of unprincipled behaviors towards disadvantaged patients was found relevant to trigger potentially high-occurring financial conflicts between dentists and patients in countries such as Iran where dental insurance coverage is limited and most of the visits to dentists must be paid out of pocket [28].

Almost all of these issues are discussable in clinical ethics, while other expectable issues were just missing: e.g. there was no proposed issue about the ethical problems arising in the dentist-society relationship – a gap that may be attributable to probable relative unfamiliarity of dentists in developing countries with the conceptualisation of the societal aspects of dental practice. Furthermore, none of the nominated issues touched the ethical aspects of research in dental practice. In addition, there was no item on the list related to confidentiality, although this is one of the most argued subjects in modern medical and dental ethics literature [29]. Added to the considered low priority of ‘not obtaining informed consent’ in our study, it may be inferred that the more an ethical issue is relevant to ‘patient autonomy’ rather than ‘patient health’, the higher would its priority be in Western societies with a dominant liberal culture compared to societies where different ideologies are prevailing. It may be attributable to the political and structural differences between different countries, too. Further studies on dentists’ attitudes toward patient’s autonomy in developing countries seem necessary.

The first four top ranking issues in our study were similar to the first broad category of ethical concern within the dental profession identified by the Queensland survey: problems arising from the quality of care provided by other members of the profession, including under- and over-servicing and apparently substandard treatment [9]. In contrast, problems relating to dental health insurance that were proposed as the second

group of ethical concern in that survey were not acknowledged by the respondents of our study.

An American survey in the 90’s illustrated that difficulties in dealing with patients and ethical issues arising from the practices of fellow dentists were the most commonly reported general area of ethical problems encountered by dentists [3].

The high-ranked issues in our study are somehow consistent with the five factors Christensen offered on why the public’s attitude toward dentistry may be changing. They include: “having a commercial self-promotional orientation; planning and carrying out excessive treatment; charging high fees without justification; providing service only when it is convenient; refusing to accept responsibility when treatment fails prematurely” [30].

It is worthy to note the possible limitations and difficulties of this study. First, a difficulty of the study lied in the definition of an ethical issue, the core component of the question of the study. Research by Hasegawa and colleagues reveals differences between dentists’ views about what constitutes an ethical problem [31]. Similarly, in our study, neither the interviewees, nor the participants of the nominal group, shared a common concept of an *ethical issue*. This could be regarded as an effect due to the inherent complexity of moral notions and questions as well as ethical reflection. There is an overlap between the language of morality and that of some other disciplines such as law and this has been a source of substantial debate about the relation between them. However, in our study, having asked to exclude legal issues, the dental specialists distinguished the ethical aspects of dental practice from non-ethical ones, and – in the light of relatively little education in ethics – solely based on their own intuition. According to the qualitative and exploratory design of this study, the resulted list could be known as the main approaches of Iranian dentists to ethical aspects of dentistry. In the eyes of ethicists, however, the resulted list may include some issues that are hardly relevant to ethics.

A further point is that, although an *important* issue was defined by being both *frequent* and *ethically significant*, the interviewees may have been likely to mention those issues that had made the most impression on them rather than the most frequent and representative ones, as reported in the study of Hurst et al. [32].

Moreover, since the participants included only dental specialists working in urban areas, generalisations to all dentists should, of course, be made cautiously, as should generalisations to countries, even developing ones, other than Iran. It may be claimed that in our study the specific interests of dental specialists have given priority to particular problems such as ‘performing procedures incompetently’. Further studies investigating essential ethical issues perceived by general dentists and dentists working in rural areas could be informative in this regard. The sample also included a

greater number of male than female dentists, mirroring the composition of the Iranian dentist community. Nevertheless, in an Australian survey, no differences have been reported in the ethical dilemmas encountered by male and female dentists [9].

In conclusion, the study identified a list of prioritised important ethical, or ethically relevant, issues in dental practice in Iran. The six top priority issues include: performing procedures without adequate competency, not taking responsibility for one's errors, overtreatment (or unnecessary treatment), showing inappropriate manners towards patients, unprofessional discussion of a colleague's work, and unprincipled behaviors towards disadvantaged patients. Ethical issues such as respecting patient autonomy, confidentiality, obtaining informed consent, third-party issues, and dentists' duties toward society have been paid less or even no attention by the dentists in our study. To further advance our understanding of ethical aspects of dentistry, there is a need for more comprehensive studies of ethical issues arising in dental practice. In light of these studies in different countries we can find out whether important ethical dilemmas encountered by dentists differ in developed and developing countries. They would also be a prerequisite to develop strategies for tailored clinical ethics support [33] in dentistry taking cultural needs and identities into account.

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Zusammenfassung

Diese Studie hatte zum Ziel, eine Liste der wichtigsten ethischen Fragestellungen über Zahnarztpraktiken aus der Perspektive von Zahnärzten im Iran zu erstellen. Durchgeführt wurde ein zweistufiges Nominalgruppen-technik-Verfahren. In einem ersten Schritt wurde die Hauptfrage der Studie an 24 Zahnexperten gestellt (in direkten Interviews [16] oder per E-Mail [8]; mit einer Rücklaufquote von 75 Prozent). Anhand der Analyse der transkribierten Interviews und der E-Mail-Antworten wurde eine Liste von Themen erstellt. Diese Liste wurde einer Nominalgruppe von 10 Zahnexperten präsentiert, die die ethischen Fragestellungen anhand ihrer Häufigkeit und Wichtigkeit priorisierten. Jeder Teilnehmer wählte die wichtigsten fünf Themen und teilte diesen einen Rang zu. Aus dieser Rangliste wurde

für jedes Thema die Summe berechnet. Das Resultat der ersten Stufe der Studie war eine Liste von 26 Themen. Durch das Gruppieren und Zusammenfassen ähnlicher Themen wurde die Liste auf 18 Themen komprimiert. Aus der Sitzung der Nominalgruppe ging eine Prioritätenliste hervor. Die ersten sechs Themen der Liste beinhalteten die folgenden Problemstellungen: Behandlungen ohne entsprechende Kompetenz vornehmen, keine Verantwortung für die eigenen Fehler übernehmen, Überbehandlung (oder unnütze Behandlung), unangebrachtes Verhalten gegenüber den Patienten, unprofessionelle Diskussionen über die Arbeit von Kollegen und gewissenloses Verhalten gegenüber benachteiligten Patienten.

Fazit: Die Ergebnisse suggerieren, dass die Probleme, die im therapeutischen Verhältnis zwischen Zahnärzten und ihren Patienten entstehen können, zu den wichtigsten ethischen Themen der Zahnmedizin im Iran gehören. Themen wie das Respektieren der Patientenautonomie, Vertraulichkeit, Einverständniserklärungen, Beziehungen zu Dritten und die Verpflichtungen von Zahnärzten gegenüber der Gesellschaft scheinen unter Zahnärzten im Iran als Entwicklungsland keine hohe Priorität zu genießen.

Résumé

Cette étude a pour but d'identifier par ordre de priorité les enjeux éthiques perçus par les dentistes en Iran. Une méthodologie par groupe nominal modifié en deux étapes a été employée. Dans la première étape, la question principale de l'étude a été présentée à 24 spécialistes en médecine dentaire lors d'interviews (16) ou par e-mail (8, taux de réponse 75%). Après analyse des transcriptions d'entretiens et des réponses e-mail, une liste d'enjeux a été extradite. Cette liste a ensuite été présentée à un groupe nominal de 10 spécialistes en médecine dentaire afin de les mettre en ordre de priorité selon leur fréquence et leur importance éthique. Chaque participant a sélectionné dans l'ordre les cinq enjeux les plus importants, et la somme des rangs a été calculée pour chaque enjeu. Cette première étape a produit 26 enjeux éthiques. Après les avoir groupés et combinés, la liste a pu être condensée à 18 enjeux. La session de groupe nominal a ainsi produit une liste par ordre de priorité. Les premiers six enjeux de la liste incluaient: pratiquer les interventions sans compétences adéquates, ne pas prendre la responsabilité de ses erreurs, le surtraitement (ou traitement inadapté), le comportement inadéquat vis-à-vis des patients, la discussion non professionnelle du travail d'un collègue, et le comportement inadéquat avec des patients désavantagés.

Conclusions: Les résultats de cette étude suggèrent que des problèmes survenant dans la relation thérapeutique entre les dentistes et leurs patients sont les enjeux éthiques principaux de la médecine dentaire en Iran. Des enjeux tels que le respect de l'autonomie, la confi-

dentialité, le consentement éclairé, des situations impliquant des tiers, ou les devoirs des dentistes envers la société ne semblent pas être considérés comme ayant une priorité élevée en Iran, un pays en voie de développement.

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