

Ethics in Aesthetics, Where to Draw the Line?

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ABSTRACT

Five fundamental principles that form the foundation of dental ethics are patient autonomy, non-maleficence, beneficence, justice and veracity and it's under the guidelines of these ethical obligations that a dentist must perform his duties. The demand for aesthetic dentistry in today's time is at its peak. With many dentists deviating from the path of ethical guidelines to achieve instant and better results than their competitors in the 'market' it becomes imperative to reflect upon decision making in aesthetic dentistry and to not cross the fine line between ethical and unethical practice.

Keywords: Aesthetics, ethics, dentist.

INTRODUCTION

Aesthetic dentistry is the science which treats the conditions of sensuous perception. A pleasing appearance in today's world has become a necessity, the smile being a prime asset to an individual's appearance. Feeling attractive is directly related to elevated self-esteem. However, the objectives of aesthetic dentistry need to be met with unscrupulous treatment, keeping in mind dental ethics and adhering to the above mentioned principles.¹

CRITICAL FACTORS IN DIAGNOSIS

Some patients are concerned about their appearance but are not psychologically affected by it. The interests and expectations of such patients needs to be involved in treatment planning as their decision making skills are not affected whereas the autonomous decision making skills of patients who are psychologically affected by their appearance may be impaired.

It is therefore unethical for the dentist to suggest aesthetic treatment modalities to such patients. The dentist should wait for the patient to enquire about their aesthetic concerns. The patients can be informed about dental procedures to enhance their aesthetics in general and asked if they have any concerns about the appearance about their teeth still giving them the rights to be involved in decision making and treatment planning.

Diagnostic aids like video imaging may be used to show patients a magnified version of their smiles that can help them point out defects like discoloured teeth, malaligned teeth and other discrepancies by themselves.

Goldstein affirms the importance of using Computer-generated imaging, enabling the professional to study and discuss the patient's expectations with the dental professional. Digital smile designing helps to evaluate proper length, width, proportion and even shade issues before treatment is implemented. It enables the patient to see the final result. This technique enables the patient, dentist, and laboratory technician all to view the case preoperatively from frontal, lateral, and full-face perspectives before investing their time and money. Digital dentistry can now be achieved with milling units linked to advanced softwares resulting in improved and prompt smile designing via CAD/

CAM systems. The tooth width can be compared with the facial width using the M proportions (METHOT) software.

Thus, treatment plans should be made by the patient and dentist in tandem with each other depending upon the clinical signs and symptoms and accurate diagnosis of each patient.

CRITICAL THINKING

Covenant fidelity is the inner meaning and intrinsic purpose of our creation as human beings. (Paul Ramsey).

The objective of aesthetic dentistry is to improve smiles, thereby upgrading the patient's self-image. However in pursuit of the perfect, ideal smile that the insistent patient or the overzealous dentist has in mind it is not ethical to sacrifice on the sound dental and periodontal structures into dental dust. The need of the hour is to strike a balance between ethics and the dental practitioner's profit. Monetary gains should be secondary to morals. The dentists should render services.

It was found that extended porcelain veneers in anterior corrections necessitates removal of up to 30% of sound dental tissue removal and 62% to 73% of sound anterior tooth structure during the preparation for all ceramic full coverage crowns.²

These preparations, in a desire for the perfect smile may give rise to endodontic problems that is pulpal involvement of the prepared teeth.

A better understanding of the longer term biological consequences of significant 'cosmetic' interventions and an increasing desire to avoid causing collateral damage has become imminent. Ethics and aesthetics/cosmetics are dependent on the degree of the aesthetic problems and the patients who encounter them.³

Aesthetic dentistry and patient's autonomy will always be subordinate to oral health and this hierarchy needs to be maintained. The patient's oral health should not be compromised to enhance his/her aesthetics.

DECISION MAKING

The patient has every right to information prior to deciding the treatment plan. It is a must for the dentist to provide all the treatment options suitable for the patient and to explain the advantages and disadvantages and possible consequences of each of them. This may at times compromise the patients' standard of healthcare as the patient may not choose the best treatment

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option available professionally due to fiscal or any other valid reason but the dentist in such cases should respect the decision taken by the patient as long as it can be justified ethically.

The dentist at the same time cannot be coaxed into providing treatment to patients when it's not needed. The dentist has every right to deny treatment to patients where professional integrity is challenged. Example- veneers in cases where composite restorations may suffice, extraction of healthy tooth.

It is unethical to provide patients' with composite restorations in posterior teeth without informing the patient about the shortcomings of the dental material. Also, the patient has every right to treatment irrespective of his/her age, race, gender, ethnicity. Also, the dentist cannot refuse treatment to a patient positive with blood-borne diseases or other transmissible infections.

UNETHICAL MARKETING

Another growing concern in today's time is aggressive marketing that the dentists are indulging into to lure patients. Practitioners ought to promise only what can be delivered to the patients without crossing limits of professionalism. 'Misleading reporting' that is delivering distorted information, leaves a wrong impression on the patients. Unethical marketing does not maintain the hierarchy of oral health over dental aesthetics. Its sole purpose is to generate additional business. Care should be taken not to offend other practitioners/colleagues via their marketing strategies.

DUTIES OF THE DENTIST

Patients care should be the dentist's primary concern. Making the patient understand the treatment and at the same time respect their views by involving them in decision making. The dentist should be constantly updated in professional skills and upcoming technologies. Any confidential information of the patient should be protected.

EVALUATION OF EXTRA-ORAL AND INTRA-ORAL FEATURES

Diagnosing and treating aesthetic problems ethically requires an elaborate evaluation of the patient (Table-1).

Extra-oral features	Intra-oral features
Horizontal line of reference. Ophriac line Intra-alar line Bipupillary line Commissural lines	Gingival architecture and bioform
Vertical lines of reference. Mid-facial line	Gingival aesthetic line
Lip-line	Periodontal biotype and bioform
Smile-lines	Tooth morphology
	Incisal embrasure
	Tooth position
	Contact areas
	The golden proportion
	Biologic width
	Aberrant frenum
	Black triangles
	Gingival hyperpigmentation
Table-1: Evaluation of extra-oral and intra-oral features	

HARD-TISSUE CONSIDERATIONS

Square teeth are considered more masculine and round teeth more feminine. Some women demand more rounded shaped teeth whereas men may desire square teeth giving a bolder look. In such cases the dentist should reduce the amount of tooth structure conservatively as the damage done is irreversible.

Cosmetic contouring in cases of crowding may be the treatment of choice for many practitioners however the occlusion of the patient should not be hampered in doing so. The thickness of enamel also should be taken into consideration. Excess reduction of enamel may cause dentine exposure leading to discolouration, also such teeth are more prone to fracture thereby compromising aesthetics. The practitioner has to choose the best option between cosmetic contouring, orthodontics, bonding, crowning or fixed prosthesis with least damage to hard and soft tissues.

SOFT TISSUES CONSIDERATIONS

The human tissue biotype is classified as thin, normal or thick.⁴ In cases with thin biotypes, alveolar dimension preservation is vital to enhance aesthetics. Thin biotypes have a greater prevalence of recession initial gingival thickness being the most predictable factor for the success of complete root coverage procedures (Baldi C, Weisgold).⁵

Gingival scallop morphologies can be high, normal and flat. A high scallop leading to recession and creation of black triangles is noted because of the disparity between the bone contour and the free gingival margin. A discrepancy greater than 4mm is found to be problematic thus making it unfavorable for aesthetics.⁶

The combined dimensions of the connective tissue attachment and junctional epithelium averages to 2.04mm this is called the "biologic width". Aesthetic demands often require "hiding" of restorative margins below gingival margins. Invasion of this zone frequently while placing restorations leads to crestal bone loss, gingival recession, clinical attachment loss and or localized gingival hyperplasia. Authors have recommended minimal requirement of 3 mm to 5 mm of healthy supracrestal tooth structure to allow completion of restorative procedures.

The frenum is considered to play a role in the development of the diastema, sometimes it is thought it can be a result of it. Surgical intervention in children of a young age may not have been necessary, as the diastema has a self-corrective capacity. With the eruption and approximation of the maxillary anterior teeth, the frenum usually undergoes pressure and becomes atrophic.

The saturation of melanin pigments can cause unaesthetic dark gingival display in an otherwise coral pink gingiva. It may be a cause of embarrassment in smile-conscious individuals. It would only be justified to undergo surgical correction for the same only if the patient is fair skinned with moderate to severe gingival pigmentation or in patients with a high smile-line.

TREATMENT COST

The principle of 'veracity' ensures a trustworthy relationship between the dentist and the patient. The dentist has to provide the patient with the treatment plan along with the estimate cost at the very outset. Any failure in doing so is considered to be a serious lapse tantamounting to misconduct. Cases of dentists

deliberately overcharging the patients are not uncommon. Ethical problems related to billing can involve charging fees disproportionate to the services rendered, intended to make undue profit for the dentist rather than being reasonable and fair in the best interests of the individual patient.⁷ Reporting of complex or more expensive procedures than what were actually done and billing for services not rendered are fraudulent.

CONCLUSION

The above mentioned references enable the practitioner to create symmetry and balance from the anatomical features. These hard and soft tissue considerations permit the surgeon to plan more predictable gain in the field of aesthetic dentistry ethically. When these principles are adhered to, they result in a functionally correct and a highly aesthetic smile. It is thus, the duty of the dentist to motivate patients in improving their smiles however bearing in mind the ethical limits thereby not hampering the biology of the dentition and the periodontium in the long term. Adhering to the ethics of dentistry and working with a religious mind with an eye on the patient's welfare rather than money will give dental professionals eternal satisfaction and righteous earnings.

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