As a dentist in general practice, I was recently given first-hand experience of over-serving by a local colleague when one of my regular patients came back to see me after a two year absence. At his last visit two years earlier, routine bite-wing radiographs had confirmed that he required only minimal treatment, which included the possible need to root fill the lower left first permanent molar. The patient then decided to seek a second opinion, whereupon the second dentist carried out extensive restorative treatment. After experiencing a few problems over the next year or two, the patient decided to return. Radiographic examination revealed that twelve posterior crowns had been placed by the new dentist, who had also endodontically treated all twelve of the teeth.

COMMENTARY

The Health Professions Council of South Africa defines "over-serving" as the supply, provision, administration, use or prescription of any treatment or care (including diagnostic and other testing, medicines and medical devices), which are medically and clinically not indicated, unnecessary or inappropriate under the circumstances or which is not in accordance with the recognised treatment protocols and procedures, and without due regard to both the financial and health interests of the patient. Furthermore, "the healthcare practitioner shall not provide a service or perform or direct certain procedures to be performed on a patient that are neither indicated nor scientific or have been shown to be ineffective, harmful or inappropriate through evidence-based review". The duty of care is an important professional and ethical responsibility and in a healthcare profession such as dentistry, there is a more benevolent concept that professionals have a duty to be honest and trustworthy and the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity. When a dentist deliberately takes improper advantage of the fact that the patient is not in a position to know precisely what treatment is being provided for them, this position of trust is violated and is therefore unethical as well as a breach of contract and/or a criminal offence. Maintaining professional integrity and autonomy should be a priority.

Sound treatment planning begins with and is founded on the principles of beneficence, non-maleficence and veracity. Benevolence refers to doing good and the active promotion of goodness, kindness and charity. All dentists have the responsibility to provide beneficial treatment, to benefit patients by not inflicting harm, by preventing and removing harm; Dental practice is firmly rooted in the principle of "primum non nocere" – "first do no harm". Veracity is the principle of truth telling, and it is grounded in respect for persons and the concept of autonomy. The dentist has a duty to communicate truthfully. This principle expresses the concept that professionals have a duty to be honest and trustworthy and the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity. When a dentist deliberately takes improper advantage of the fact that the patient is not in a position to know precisely what treatment is being provided for them, this position of trust is violated and is therefore unethical as well as a breach of contract and/or a criminal offence. Maintaining professional integrity and autonomy should be a priority.

Before subjecting a patient to any proposed treatment, his/her tacit agreement is essential. This is both an ethical and
a legal requirement. A competent patient will be able to make a choice based on an understanding of the information given to him/her, an appreciation of the diagnosis, the procedure proposed and its consequences, and will be able to reason and weigh up the various treatment options. According to the National Health Act of No 61 of 2003, Chapter 2 Section 6, the following information must be given to the patient (User of health care service):

- Range of diagnostic procedures and treatment options available
- Benefits, risks, costs and consequences associated with each option
- User’s right to refuse care and explain implications, risks and obligations of such refusal
- Furthermore, this information must be provided in a language that the patient understands and in a manner that takes into account the patient’s literacy level.

CONCLUDING REMARKS

Dentists should follow high ethical standards and a patient’s best interest should be the primary goal and always take precedence over any consideration of profit or personal gain. A dentist who recommends and performs unnecessary dental treatment or services is engaged in unethical conduct. Unnecessary services include treatment that is not required given the patient’s current clinical circumstances and desires and the substitution of more extensive and consequently more expensive (and profitable) procedures for a simpler, more effective and less expensive procedure. Providing unnecessary services may also have legal implications and can amount to fraud with the associated legal ramifications. The challenge is to be able to differentiate between the concept of “overtreatment” from a “difference of opinion”. It is important to recognise that there are differences of opinions regarding the approaches to treating patients. Therefore, comprehensive and accurate records would be needed by both attending dentists to support their clinical judgement, if this case ever resulted in a complaint.

Declaration: No conflict of interest declared.

References
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