

# Identification of daily bioethical dilemmas in Turkish dentists

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## SUMMARY

The aim of this study was to demonstrate the range of bioethical dilemmas confronted by Turkish dentists and to suggest educational and policy approaches for dealing with the full range of these bioethical problems. The survey instrument was a self-administered questionnaire. The questionnaire consisted of questions designed to gain a broader insight into what specific bioethical dilemmas have most frequently been faced by Turkish dentists in their day-to-day practice. One hundred and ninety one dentists working at different hospitals responded the questionnaire. All dentists declared that they encountered bioethical dilemmas in their daily practice. Among all respondents, the most powerful factors influencing their approaches to bioethical issues were "conflicting values" followed by "patients' desires". To our knowledge there has yet been no study identifying the type of bioethical problems confronted by the Turkish dentists or the frequency of the dilemmas confronted. This lack of research has produced a knowledge gap concerning medicine providers in the healthcare system who readily identify and deal with bioethical dilemmas. This study attempted to help narrow this knowledge gap and provide educators with some initial findings about which bioethical dilemmas are faced.

**Key words:** Bioethical dilemmas, Turkish dentists

## ÖZET

### Türk diş hekimlerindeki günlük biyoetik ikilemlerin belirlenmesi

Bu çalışmanın amacı Türk diş hekimlerinin karşılaştıkları biyoetik ikilemleri ortaya koymak ve tüm bunların üstesinden gelmede gerekli olan eğitimsel ve stratejik yaklaşımları önermektir. Çalışma aracı, kendi kendine uygulanan bir ankettir. Anket Türk diş hekimlerinin günlük hayatta sıklıkla karşılaştıkları özel biyoetik ikilemlere geniş açıdan bakış sağlamak için oluşturulmuş sorular içermektedir. Farklı hastanelerde çalışan 191 diş hekimine anket uygulanmıştır. Ankete katılan diş hekimlerinin hepsi günlük çalışma pratiklerinde biyoetik sorunlarla karşılaştıklarını belirtmişlerdir. Katılımcılar arasında biyoetik konulara yaklaşımı etkileyen en önemli faktör birbirleriyle çatışan değerler olup, bunu hastaların istekleri takip etmektedir. Bildiğimiz kadarıyla bugüne kadar Türk diş hekimlerinin karşılaştıkları biyoetik problemlerin çeşidini tam olarak tanımlayıp, bunların hangi sıklıkla ortaya çıktığını gösteren hiçbir çalışma yoktur. Bu konudaki araştırma eksikliği, sağlık sistemindeki tıp çalışanlarının biyoetik ikilemleri tanıma ve bunların üstesinden gelmelerinde bilgi boşluğu oluşturmuştur. Bu çalışma, bu bilgi boşluğunu doldurmayı ve hangi biyoetik ikilemlerle karşılaşıldığı konusundaki ilk verileri sunmayı hedeflemiştir.

**Anahtar kelimeler:** Biyoetik ikilemler, Türk diş hekimleri

## Introduction

Ethics is belief and principles that determine people's behavior. Medical ethics has recently been used instead of medical deontology, and need of investigating the responsibilities related to medical ethics has appeared. Lessons related to medical deontology have been taught in medical curriculums for many years. However, they are thought to be inadequate today. At present owing to problems related to occupational values appeared in medical and dentistry faculties, it became necessary to give special attention to these subjects. Differences between deontology and ethic, ethic in dentistry, responsibilities of dentists, context of ethic courses made in faculties, possible problems related to ethic have been investigated (1).

Professionals are usually identified by their commitment to provide important services to clients or consumers and by their specialized training. Professions maintain self-regulating organizations that control entry into occupational roles by formally certifying that candidates have acquired the necessary knowledge and skills. The concept of a medical professional is closely tied to a background of distinctive education and skills that patients typically lack and that ethically must be used to benefit patients.

Health care professions typically specify and enforce obligations, thereby seeking to ensure that persons who enter into relationships with their members will find them competent and trustworthy. The obligations that professions attempt to enforce are role obligations that are correlative to the rights of other persons. Problems of professional ethics usually arise from conflicts of values, sometimes conflicts within the profession and sometimes conflicts of professional commitments (2).

Despite the prominence of ethics in medicine there is little collected information on dentists' perceptions of bioethical problems in practical settings or how physicians feel these dilemmas affect them. Most of

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the published research about this issue has focused on the ethical dilemmas of medical students. There have been few attempts to evaluate healthcare providers in their respective clinical environments. Hence, the type and frequency of bioethical dilemmas that dentists identify are relatively unknown with a few exceptions. There is considerably less discussion, however, of what bioethical issues physicians actually confront, and the impact the resulting dilemmas might have on the dentists as they adapt to the clinical world and make decisions concerning their own conduct and role (3).

This study aims to demonstrate the range of bioethical dilemmas confronted by Turkish dentists. The study was designed to obtain descriptive baseline data and to suggest educational and policy approaches for dealing with the full range of bioethical problems confronted by these dentists.

### Material and Methods

This study was designed to elicit dentists' opinions about three issues: 1) how do Turkish dentists most often identify or recognize an ethical dilemma? 2) type and frequency of ethical dilemmas which Turkish dentists encounter during their day-to-day practice, and 3) their resources utilized in resolving ethical dilemmas. The survey instrument was a self-administered questionnaire, which was developed specifically to collect data on addressing objectives of this study. We developed a structured questionnaire and used it in interviewing a large cross-section of different dentists regarding the ethical problem about daily medical practice. A structured interview schedule was developed and pretested by a trained interviewer. To examine test-retest reliability, 20 respondents were interviewed twice, with a one-week interval between interviews. At least 90% of the respondents provided identical answers to all items on both administrations of the test. The interview schedule was therefore considered to have an adequate test-retest reliability.

The questionnaires were given to the participants during routine training hours and they were asked to fill it in under observation. The data were collected and entered into the SPSS package software for statistical analysis.

### Results

One hundred and ninety one dentists working at different hospitals responded the questionnaire. Dentists were asked to rank forty three ethical dilemmas in order of importance to their medical practice. By asking participants to rank bioethical dilemmas relative to each other, the survey tried to determine what dilemmas were considered "most important" in the day-to-day practice of the physicians. When questioned as to whether these specific topics had presented ethical conflicts for them "frequently", "often", "sometimes", "rarely", or "never", the physicians stated that ethical dilemmas regarding excessive amount of patients (93, 27.8%), patient wronged owing to procedure and regulation (60, 17.9%), patient wronged owing to bureaucratic reasons (57, 17.1%), insufficient condition about patient examination and treatment (40, 11.9%) occurred most frequently, followed by dilemmas regarding friends' private/privilege demand about patient (36, 10.7%), prescription without examination of patient (36, 10.7%), and colleagues' private/privilege demand about patient (34, 10.2%).

In solving ethical problems met by participants solutions are classified according to their values. Methods used in solving ethical problems and their importance order were shown in Table I.

According to participants some solutions have same value, so total of rates increases 100%. While Table I was investigated among the methods, method solving ethical problems without giving any harm to people was found to be most effective (61.4%). But, protecting limited resources option was assessed to be the most ineffective by all participants. Moreover,

Table I. Values used in solving ethical problems

Values used in solving ethical problems (n) (%)	Importance sequence					
	1	2	3	4	5	6
By increasing happiness and goodness of patient	41 (22.0)	63 (33.9)	39 (21.0)	19 (10.2)	8 (4.3)	16 (8.6)
Not giving harm to patient	116 (61.4)	40 (21.2)	9 (4.8)	11 (5.8)	7 (3.7)	6 (3.2)
By giving importance to society and organizations' interests	14 (7.4)	39 (20.7)	56 (29.8)	49 (26.1)	23 (12.2)	7 (3.7)
By giving importance to his/her own interests	10 (5.3)	9 (4.8)	24 (12.7)	40 (21.2)	48 (25.4)	58 (30.7)
By protecting limited resources	5 (2.7)	9 (4.8)	32 (17.0)	53 (28.2)	63 (33.5)	26 (13.9)
By taking any risk	11 (5.9)	23 (12.4)	27 (14.5)	17 (9.1)	34 (18.3)	74 (39.8)

solving ethical problems by increasing patient's happiness was found to be as second effective method.

Participants were asked whether they participated in any course on ethics or not. Answers given by participants are shown in Table II. When Table II was analyzed it was found that 32.3% of the participants did not participate any course on ethics, and only 23.6% of them participated private courses. It was found that when participants' working hour increased their attendance to courses also increased. Only 39% of the participants participated ethics courses during their bachelors' degree and only 5% of them participated to them during their expertise training. In terms of titles it was found that practitioners participated courses more frequently than dentists.

With whom participants chose to talk on ethical problems were classified according to their priority. Priority of people to whom applied for ethical problems and their importance order was shown in Table III. When Table III was analyzed according to all par-

ticipants, the most popular method was "I would want help from other colleagues" (42.4%). Other popular methods were "I would want help from ethical committees", "I would read regulations and directives", "I would apply to administrators and reliable elders". All participants were agree not to ask ethical problems to religious leaders.

## Discussion

The majority of recent literature on bioethics tends to focus on bioethics education (what material should be taught, how the material should be taught, and how it should be analyzed). There is considerably less discussion, however, on what bioethical issues physicians actually confront, and the impact the resulting dilemmas might have on the physicians and their practice. As in other scientific area, there has been a sharp increase in recent years in the variety and complexity of ethical problems in the practice of medicine. Therefore, this study was designed to

**Table II.** Number of courses that participants attended

Parameter	Groups	Education related to ethics/Where did you participate the course? (n) (%)			
		Not participated	At university	At expertise training	Meeting/Courses
General		71 (32.3)	86 (39.1)	11 (5.0)	52 (23.6)
Sex	Female	45 (31.9)	52 (36.9)	6(4.3)	38 (27.0)
	Male	71 (22.0)	64 (19.8)	110 (34.1)	78 (24.1)
Age	≤34	27 (36.5)	30 (40.5)	7 (9.5)	10 (13.5)
	35-40	25 (32.5)	27(35.1)	4 (5.2)	21 (27.3)
	41+	18 (28.6)	25 (39.7)	0 (0.0)	20 (31.7)
Working duration	≤4 years	26 (39.4)	27 (40.9)	7 (10.6)	6 (9.1)
	5-14 years	28 (31.1)	32 (35.6)	4 (4.4)	26 (28.9)
	15+ years	18 (28.6)	25 (39.7)	0 (0.0)	20 (31.7)
Title	Practitioner	45 (28.3)	72 (45.9)	0 (0.0)	41 (25.8)
	Others	28 (44.4)	14 (22.2)	10 (15.9)	11 (17.5)

**Table III.** "With whom would you prefer to talk for solving your ethical problems?"

With whom would you prefer to talk for solving your ethical problems? (n) (%)	Priority order						
	1	2	3	4	5	6	7
Professional colleague	75 (42.4)	27 (15.3)	10 (5.6)	37 (20.9)	17 (9.6)	7 (4.0)	4 (2.3)
Mentor or superior	33 (19.1)	64 (37.0)	38 (22.0)	15 (8.7)	13 (7.5)	6 (3.5)	4 (2.3)
Spouse/family member	7 (4.2)	3 (1.8)	24 (14.5)	12 (7.3)	28 (17.0)	82 (49.7)	9 (5.4)
Lawyer	9 (5.4)	14 (8.4)	33 (19.8)	41 (24.6)	47 (28.1)	21 (12.6)	2 (1.2)
Ethics committee	34 (20.2)	32 (19.0)	34 (20.2)	29 (17.3)	31 (18.5)	5 (3.0)	3 (1.8)
Regulations and directives	34 (20.0)	34 (20.0)	29 (17.1)	24 (14.1)	19 (11.2)	28 (16.5)	2 (1.2)
Religious leader	8 (5.1)	0 (0.0)	1 (0.6)	6 (3.8)	2 (1.3)	12 (7.6)	128 (81.5)

extend current knowledge about ethical dilemmas in the healthcare and to identify reoccurring ethical issues and themes in the practice (4).

Ethical dilemmas may perplex physicians because strong reasons for a course of action may be balanced by powerful countervailing arguments. Common sense, clinical experience, being a good person, and having a good intention may not guarantee that physicians will know how to respond appropriately to such dilemmas. Ethical dilemmas provoke powerful emotional response, and strong emotions often are a clue to the presence of an unresolved ethical issue. However, emotions alone are not a satisfactory way of resolving ethical dilemmas (5).

Ethical processing can be seen as having several components: to learn to recognize bioethical dilemmas; to “unpack” the dilemma and thoughtfully consider the issues and people involved; to become attuned to one’s own rationales and motives, noble and otherwise; to develop a flexible framework with which to address and ideally resolve bioethical issues with patients and colleagues of varying seniority; and to establish a personal ethic appropriate to one’s role on the medical team (6).

Although 23.6% of participants attended courses on ethics, the quality and quantity of this education is not clear enough. Thus, courses on ethics should be developed by Dentistry Unit, and standardization should be achieved. Moreover, all graduated-dentists must be obliged to participate these courses at regular intervals.

When participants came up with ethical problems they wanted help firstly from their colleagues, and secondly from ethic committees. But by means

of courses on ethic dentists’ knowledge can be improved and their belief in ethic committees can be increased.

Previously there was no system in place to adequately identify the type of bioethical problems being confronted by Turkish physicians working in different medical field, nor the frequency in which the dilemmas are occurring. This lack of research had produced a knowledge gap concerning whether medicine providers in the healthcare system readily identify and deal with bioethical dilemmas. This study attempted to help narrow this knowledge gap and provide educators with some initial findings on what bioethical dilemmas are being faced and how frequently. We conclude that most of ethical dilemmas are caused by dentists lack of knowledge on this subject. There is a need for increased ethics education among Turkish dentists.

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