Ethical principles in dental practice

Moral reasoning, professional duties and defensible clinical decisions

Practical Class 10 · Social Medicine with Medical Ethics · Dental Medicine (English) · 2026/2027

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A technically successful treatment can still be unethical

Opening question

An adult with healthy anterior teeth requests extensive crown preparation for a brighter smile. The clinic offers the dentist a bonus for selling a full treatment package. The patient says: "I can pay, and I consent."

Which facts would you establish before deciding?
What makes a treatment **indicated**, and who benefits from the recommendation?

Today's aim is to move from a preference or intuition to a decision supported by facts, principles, professional rules and reasons the patient can understand.

A signature cannot turn unnecessary treatment into good professional care.

What you should be able to do after this class

1. Distinguish morality, ethics, law and professional deontology.
2. Use consequentialism, deontology, virtue ethics and care ethics to examine a dental decision.
3. Apply autonomy, beneficence, non-maleficence and justice through specification and balancing.
4. Distinguish ethical guidance from binding Bulgarian law and the dental profession's code.
5. Explain consent, confidentiality, competence, independence and patient safety in ordinary dental practice.
6. Analyse a case, defend an action and state what facts would change your decision.

Resources: slides · 15-minute reading · student tasks.

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1. **Morality, ethics, law and professional duties**
2. Ethical theories: four ways of examining a decision
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Morality and ethics are not the same thing

Morality — the beliefs, rules and values by which a group judges conduct as right or wrong. It is learned through family, culture and religion and has **value-orienting, regulatory and formative** functions.

Ethics — the **systematic, critical reflection** on morality: it asks which norms are justified and why.

Level	Question
Descriptive ethics	What do dentists and patients actually believe and do? (empirical)
Normative ethics	What **ought** to be done, and on what grounds?
Applied ethics	What follows for a concrete field — medicine, research, public health?
Metaethics	What do "good", "right", "duty" mean; can moral claims be true?

Medical ethics is normative and applied: it must end in a justified decision, not only in a description of opinions.

Law and ethics ask related but different questions

Question	Law	Ethical reasoning
Source	legislation, treaties, regulations and courts	arguments about welfare, rights, fairness and good professional conduct
Force	enforceable requirements in a jurisdiction	reasons that can justify, exceed or criticise legal requirements
Consequence	legal liability when its conditions are met	moral accountability; professional sanctions where duties are codified

A dental example

A disclosure form lists a manufacturer's payment to a dentist. Disclosure makes the interest visible, but does not settle whether the dentist's recommendation is impartial. The indication and alternatives still need independent justification.

A moral disagreement concerns what ought to be done. Factual uncertainty concerns what is true. An ethical dilemma involves moral obligations that cannot all be fulfilled. Clarify the facts before naming a dilemma.

Deontology: two meanings of one word

Medical deontology — professional duties

From Greek **deon** (duty) and **logos**. The term was used by J. Bentham (**Deontology, or the Science of Morality**, 1834). In the Central and Eastern European tradition **medical deontology** is the doctrine of the dentist's professional duties: conduct towards patients, colleagues and society, confidentiality, collegiality, competence.

Deontological ethics — a moral theory

A family of theories (Kant, W. D. Ross) holding that the rightness of an act depends on **duties and rights**, not only on consequences. Some acts — deceiving, using a person merely as a means — are wrong even when they would produce good results.

Medical ethics	Bioethics	Medical deontology	Medical law
moral problems of clinical practice, centred on the dentist–patient relationship	ethics of medicine **and** life sciences, research, technology, environment, policy	doctrine of the dentist's professional duties — partly codified	binding legal rules on health care, rights and liability

Bioethics: a young name for old questions

- **1927** — Fritz Jahr uses **Bio-Ethik** for the moral attitude towards humans, animals and plants.
- **1970–1971** — Van Rensselaer Potter independently coins **bioethics**; **Bioethics: Bridge to the Future** (1971) calls for a bridge between biological knowledge and human values.
- **1970s** — research scandals, dialysis allocation, transplantation and intensive care give bioethics its biomedical focus; the field becomes interdisciplinary: medicine, philosophy, law, theology, social sciences.

Today's agenda

genetics and genome editing · assisted reproduction · transplantation · end of life · research with humans · artificial intelligence and data · pandemics and public health · climate and health

Medical ethics asks "what should this dentist do for this patient?"; bioethics also asks "what should society allow medicine and science to do?"

Name the kind of rule you are relying on

Kind of norm	Dental example
Ethical argument	An unnecessary irreversible intervention imposes a burden without adequate benefit.
Legal requirement	The Health Act requires informed consent (Art. 87(1)).
Professional duty	The dental ethics code prohibits unnecessary treatment (Art. 15(5)).
Institutional rule	The clinic's procedure for storing consent records; it must comply with higher rules.
Personal conviction	A dentist's views about appearance; these do not determine the patient's values or cancel professional duties.

"The clinic wants it" is a description of pressure, not a complete ethical justification.

Health Act, Art. 87 · Code of Professional Ethics of Dentists, Art. 15

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Consequentialism: judge acts by their outcomes

Utilitarianism (J. Bentham, 1789; J. S. Mill, 1861): the right act is the one that produces the **greatest overall well-being**, counting everyone's interests equally.

- **Act** utilitarianism — evaluate each individual act.
- **Rule** utilitarianism — follow the rules whose general observance gives the best results (e.g. confidentiality kept even when one breach looks useful).

In medicine: priority setting, cost-effectiveness analysis, vaccination policy, triage.

Strengths

impartial; attentive to real effects; influential in public health and the allocation of scarce resources

Weaknesses

may justify sacrificing an individual for the many; consequences are uncertain; the **sum** of benefit says nothing about **who** bears the burden

Deontology: duties, rights and dignity

I. Kant (1785) — the categorical imperative

- **Universal law:** act only on a maxim you could will to become a universal law.
- **Humanity:** treat every person always as an end and **never merely as a means**.

Consequence for medicine: no deception "for the patient's good"; no use of a patient for teaching or research without consent.

W. D. Ross (1930) — prima facie duties

Several independent duties — fidelity, reparation, gratitude, justice, beneficence, self-improvement, non-maleficence. Each is **prima facie** — binding but not absolute ("at first sight"): it holds **unless outweighed** by a stronger duty in the concrete situation.

Strength

protects the individual against being sacrificed for aggregate benefit; grounds rights and informed consent

Weakness

duties conflict (truthfulness vs. preventing harm) and strict rules can ignore context

Virtue ethics and the ethics of care

Virtue ethics (Aristotle)

Asks **"what kind of dentist should I be?"** The right act is what a person of good character with **practical wisdom** (*phronesis*) would do. Medical virtues: trustworthiness, compassion, honesty, courage, justice, prudence, integrity.

Limit: gives little concrete guidance in a new dilemma; "a good dentist would know" is not an argument.

Ethics of care (C. Gilligan, 1982; N. Noddings)

Morality grows from **relationships of dependence** — attentiveness, responsiveness, responsibility for the vulnerable. Persons are seen in their families and communities (**relational autonomy**).

Limit: risk of partiality towards those close to us and of excusing paternalism inside the family; fair distribution of care needs a separate justification.

Other approaches you will meet: **casuistry** — reasoning from paradigm cases (Jonsen & Toulmin, 1988); **narrative ethics** — the patient's life story gives meaning to the choice; **communitarianism** — shared goods and solidarity.

One dental case through four ethical lenses

Case

A capable adult requests extraction of a restorable molar. Root-canal treatment and a restoration are clinically reasonable, but cost more. The patient understands the alternatives and prefers extraction because of financial and personal priorities.

Lens	What it makes us examine
Consequentialism	Expected pain relief, tooth retention, treatment burdens, costs and future consequences of each acceptable option.
Deontology	Truthful information, valid consent, respect for refusal and the duty to offer professionally acceptable care.
Virtue ethics	Honesty about prognosis and fees; humility about uncertainty; courage to resist a profitable but unsuitable plan.
Care ethics	Fear, previous experience, family responsibilities and practical barriers; support without replacing the patient's decision.

Do not infer that extraction is always ethical or always unethical: establish diagnosis, prognosis, alternatives and the patient's understanding. A professional may decline an inappropriate intervention while explaining and arranging appropriate care.

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Principlism: four mid-level principles

Respect for autonomy

respect the informed, voluntary decisions of persons capable of making them; support those whose capacity is limited

Beneficence

act for the benefit of the patient; weigh benefits against risks and costs in the light of the patient's own goals

Non-maleficence

do not inflict unnecessary or disproportionate harm (*primum non nocere*); harm must be justified by expected benefit

Justice

fair distribution of benefits, risks and costs; like cases treated alike; no discrimination

T. L. Beauchamp and J. F. Childress, **Principles of Biomedical Ethics** (1st ed. 1979; 8th ed. 2019). The principles are **prima facie** — binding but not absolute: each binds unless it conflicts with an equal or stronger obligation in the concrete case. They are not ranked in advance.

Specification — narrowing a principle for a context: "respect for autonomy includes the right of an adult with capacity to refuse life-sustaining treatment".

Balancing — deciding which obligation weighs more here; the infringement must be necessary, minimal, and openly justified.

Inside the principles: what they demand and what they do not

Principle	Demands	Does not mean
Autonomy	information, understanding, voluntariness, capacity **for this decision**; respect for refusal	that the patient can demand any treatment; that a diagnosis alone removes capacity
Beneficence	positive action: treat, prevent, rescue, relieve; balance benefit and burden	deciding **for** a capable patient what is good for him (hard paternalism)
Non-maleficence	due care; avoid unnecessary risk; proportionality of risk to benefit	avoiding every risk — no effective treatment is risk-free
Justice	non-discrimination; fair procedures for scarce resources; attention to the worst off	identical treatment for everyone regardless of need

Soft paternalism protects a person whose particular choice is shown, on assessment, not to be autonomous (e.g. in delirium); **hard** paternalism overrides an autonomous choice and needs exceptional justification.

Autonomy requires a process, not a signature

Support the decision

Explain the finding, the options, material risks, likely outcomes, approximate costs and what may happen without treatment. Invite questions and check understanding in the patient's own words. Allow a voluntary decision.

Dental application

A patient may refuse an implant and choose a suitable removable prosthesis. A request for removal of sound teeth does not oblige the dentist to provide an intervention without an adequate indication.

The relevant Bulgarian rules are the **Health Act**, Arts 87–90, and the dental ethics code, Art. 15. Capacity is assessed for the particular decision; anxiety, age or a diagnosis alone does not establish incapacity.

Respect a capable patient's refusal; continue to offer appropriate care and explain the consequences.

Health Act, Arts 87–90 · Dental ethics code, Art. 15 · FDI 2024, doi:10.1016/j.identj.2024.12.006

Beneficence and non-maleficence must be considered together

Decision	Benefit–harm question	Professional response
An irreversible cosmetic procedure	Does the patient's goal justify removal of healthy tissue and future maintenance burdens?	Explore less invasive options and realistic expectations.
A technically difficult procedure	Is the expected benefit achievable within this dentist's competence and facilities?	Consult, refer or arrange supervision.
A diagnostic exposure	Will the information answer a clinical question and affect care enough to justify exposure?	Justify the investigation individually.

These are reasoning examples, not treatment protocols. Avoiding harm does not require zero risk: it requires a defensible indication, proportionality, due care and follow-up.

Dental ethics code, Arts 2(2)–(5), 15(5), 21(1)

Justice: how should health care be distributed?

Theory	Criterion of a fair distribution
Egalitarian (J. Rawls)	fair equality of opportunity; inequalities only if they benefit the worst off
Utilitarian	maximise total health gained per resource (e.g. quality-adjusted life-years, QALYs)
Libertarian (R. Nozick)	entitlement through just acquisition and voluntary transfer; no general redistributive right to health care
Communitarian	shared values of the community define what is owed

Dental application

A service can maximise the number of treatments while leaving people with disability, limited income or transport difficulties without care. Ask both **how much benefit** and **whose access** improves.

Fairness requires a defensible eligibility rule, understandable communication and review of barriers before the patient reaches the clinic.

> *Citizens shall have the right to health insurance guaranteeing them affordable medical care, and to free use of medical services under conditions and procedures determined by law.*
>
> — Constitution of the Republic of Bulgaria, Art. 52(1)

Specify first; then justify the balance

From principle to rule

"Respect confidentiality" becomes: "Do not publish identifiable treatment photographs on a clinic account without an appropriate legal basis and the patient's specific permission for that use." Consent to treatment is a different decision.

Specification

State whose interest is protected, what action is required and in which circumstances. A general principle needs a concrete meaning before it can guide conduct.

Balancing

Identify competing obligations, test alternatives, choose the least harmful justified infringement and state the reasons. An attractive outcome is insufficient if a less intrusive option achieves it.

An ethical balance does not authorise a legal breach. Check whether an exception exists, whose authority it requires, and how it must be documented.

Critiques of principlism

No method for conflicts

Clouser & Gert (1990): the principles are "chapter headings" that remind us of themes but do not tell us what to do when they collide; balancing can hide intuition.

A European alternative

Rendtorff (2002), Barcelona Declaration (1998): **autonomy, dignity, integrity, vulnerability** — more relational and closer to European law (Oviedo, Art. 1: dignity and identity of the human being).

Defence and refinement

Gillon (1994; 2003): four principles **plus attention to scope** — to whom do we owe these duties? — with respect for autonomy as "first among equals".

Relational and cultural critique

Care and virtue ethics: principles neglect relationships and character. In family-centred cultures decisions are often **shared** — but sharing a decision is not the same as taking it away from the patient.

Clouser & Gert: doi:10.1093/jmp/15.2.219 · Gillon: doi:10.1136/bmj.309.6948.184; 10.1136/jme.29.5.307 · Rendtorff: doi:10.1023/A:1021132602330

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The Hippocratic tradition: lasting core, clear limits

The Hippocratic Oath (c. 4th century BCE) obliges the physician to:

- honour the teacher and pass on the art;
- use treatment to help the sick "according to my ability and judgment", never to injure;
- give no deadly drug and no abortive pessary;
- abstain from injustice and sexual relations with patients and their households;
- keep silent about what is seen and heard in treatment.

Primum non nocere is a later Latin formula, not a line of the Oath.

What survives

beneficence, non-maleficence, confidentiality, professional integrity, duties beyond self-interest

What is missing

the **patient's consent** — the physician decides "by my judgment"; no concept of justice in access; a guild oath sworn to gods, not a public, accountable standard

Consent and accountability developed through several instruments

Instrument	Date	Contribution
Percival's Medical Ethics	1803	A systematic account of duties to patients, colleagues and institutions.
Nuremberg Code	1947	Voluntary participation and protection from unjustified research harm.
WMA Declaration of Geneva	1948; revised 2017	A modern physician's pledge, including dignity, autonomy and care for the physician's own health.
WMA Declaration of Helsinki	1964; revised 2024	Ethical review, consent and protections in research involving humans.
Belmont Report	1979	Respect for persons, beneficence and justice in research.
Oviedo Convention	1997	A binding treaty for its parties: dignity, equitable access, consent and privacy.

The WMA instruments address medicine and research. The FDI provides dental professional guidance. Neither organisation's policy statement replaces Bulgarian law.

WMA Geneva: doi:10.1001/jama.2017.16230 · Helsinki: doi:10.1001/jama.2024.21972 · Council of Europe, CETS 164

FDI guidance places ethics inside everyday dentistry

The FDI's **Ethics in Dentistry** policy was adopted in September 2024 and published in 2025. It connects the four principles with truthfulness, accountability, integrity, compassion and professional responsibility.

The patient relationship

Information and consent should be a two-way discussion. Recommendations must address the patient's well-being, including the consequences and costs of reasonable options.

The professional environment

Financial incentives, commercial interests and digital communication can affect clinical judgment. Recognise conflicts, retain competence and protect confidentiality.

The FDI Dental Ethics Manual 2 (2018) offers case-based discussion. Use it with national requirements; it is not a Bulgarian statute.

FDI, Ethics in Dentistry 2024, doi:10.1016/j.identj.2024.12.006 · FDI Dental Ethics Manual 2, 2018 (no DOI)

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Which sources bind a dentist in Bulgaria?

Source	Role
Constitution	Dignity, equality, privacy, bodily integrity and health care; Arts 5(4), 29, 32 and 52.
Ratified treaties	Oviedo is binding for Bulgaria from 1 August 2003; qualifying treaties have priority over conflicting domestic provisions under Constitution Art. 5(4).
Statutes	Health Act; Medical Establishments Act; Health Insurance Act; Act on the Professional Organisations of Physicians and Dentists; liability legislation.
EU law	A separate legal order with primacy within its scope; GDPR applies to processing personal data, including health data.
Professional rules	Code of Professional Ethics of Dentists; rules of good dental practice; statutory professional self-regulation.
Local policies	Clinic procedures must comply with the applicable higher rules.

Health Act patient rights apply in dental care too. A distinction between professional and legal sources does not mean that professional rules are optional.

The dental code has its own rules and article numbers

Article	Duty, paraphrased for teaching
2	Competent, timely, quality care; safe conditions; infection prevention; act within competence.
3(2)	Protect professional independence when accepting contractual obligations.
11–14	Respect dignity; do not discriminate; protect patients above personal or professional loyalty; emergency assistance and continuity.
15	Explain options, risks, likely costs and outcomes; obtain consent; do not recommend or provide unnecessary treatment.
21, 25, 27	Refer when needed; keep complete records and confidentiality; maintain knowledge and skills.

Code of Professional Ethics of Dentists: State Gazette No. 34/2006, amended No. 18/2017. These are the dental articles; do not substitute the physicians' code or its article numbers.

Bulgarian Dental Association, consolidated code linked from bzs.bg/documents/

Consent and refusal: distinguish the applicable rules

Health Act	Meaning for practice (paraphrase)
87–88	Obtain informed consent and give timely, understandable information about diagnosis, options, risks and prognosis. Persons authorised by law are involved where required.
89(1)	Written information and consent for surgery, general anaesthesia and the other higher-risk methods covered by this provision.
89(2)	The emergency exception has statutory conditions; pain or scheduling pressure does not remove the consent requirement.
90	Refusal and its documentation; paragraph 4 concerns a decision by the head of the establishment when refusal coincides with a threat to life. It is not a routine power for a dentist to override refusal.

The dental code additionally addresses written consent/refusal for specified methods, complex or expensive treatment and drug trials (Art. 15(3)). Read the code with the statute. Today's cases concern capable adults and non-life-threatening decisions.

Health Act, Arts 87–90 · Dental ethics code, Art. 15

Confidentiality, commerce and colleague loyalty have limits

Confidentiality

Keep records complete and access controlled. The dental code protects private information and makes the dentist responsible for the team's observance of confidentiality (Art. 25). A teaching purpose does not by itself authorise identifiable disclosure.

Independence and safety

A sales target does not justify unnecessary treatment. Protect patients when a colleague's conduct or health creates a reasonable concern about safety (Art. 12); act on observed risks without public accusations or a speculative diagnosis.

The 2017 code also restricts commercial advertising (Arts 8–10a); patient permission for an image does not make every advertisement permissible. Explain findings honestly and avoid unfounded disparagement of colleagues.

Dental ethics code, Arts 3(2), 8–10a, 12, 15(5), 17–18, 25

Professional self-regulation is enforceable

The Bulgarian Dental Association

Practising dentists belong to the statutory professional organisation and regional register. Regional professional ethics commissions examine alleged breaches; the chair of the regional board issues the penal decree under the statutory procedure.

Accountability can take several forms

Professional administrative sanctions are distinct from employer discipline, civil damages and criminal liability. The existence of a complication does not by itself establish negligence; the facts and the applicable legal conditions matter.

The dental code refers to statutory sanctions in Art. 29 and procedures in Art. 30. A complaint is an allegation requiring examination, not a finding of guilt.

Act on the Professional Organisations of Physicians and Dentists, Arts 3–5, 37–42 · Dental ethics code, Arts 28–30

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A structured method in eight steps

1. **Facts** — medical (diagnosis, prognosis, options, uncertainty), the patient's values, the context, conflicts of interest and the applicable law.
2. **The ethical question** — formulated from the position of the decision-maker.
3. **Stakeholders** — patient, family, team, other patients, society.
4. **Principles and duties** — which are in tension, and why?
5. **Options** — more than two: compromise, time-limited trial, second opinion, ethics consultation.
6. **Weighing** — benefits, harms, fairness, legality of each option.
7. **Decision and justification** — the reasons that make one option weightier.
8. **Communication and review** — how to tell the patient and family; what would change the decision.

Three common errors

treating ethics as arithmetic · letting one principle automatically win (the "autonomy trap" or the "paternalist trap") · confusing "legal" with "ethical"

The four-box method (Jonsen, Siegler & Winslade)

1 · Medical indications (beneficence, non-maleficence)

diagnosis and prognosis; goals of treatment; probability of success; plan if treatment fails

2 · Patient preferences (autonomy)

has the patient been informed and does he understand? Capacity? Earlier wishes? Who decides if he cannot?

3 · Quality of life

expected functioning, symptoms and well-being as evaluated with the patient; biases of the evaluator

4 · Contextual features (justice, law)

family, finances, religion, resources, law, conflicts of interest of the clinicians

Both methods lead to the same place: an ethically defensible decision, considering all affected parties, that can be **explained publicly**. Help: clinical ethics consultation or a committee with that function, where available in the institution; legal advice.

Worked example: declining a profitable cosmetic request

Return to the opening case

Healthy anterior teeth; a request for extensive crowns; a sales bonus. There is no urgent clinical need. The patient has decision-making capacity.

Step	Reasoned action
Facts	Assess the teeth, goals, expectations and alternatives; make the financial interest explicit.
Principles	Autonomy protects choice among acceptable options; non-maleficence challenges unnecessary irreversible tissue loss; beneficence asks what improves well-being.
Rule	The dental code prohibits unnecessary treatment (Art. 15(5)) and protects professional independence (Art. 3(2)).
Decision	Do not recommend an unnecessary intervention. Explain the reasons respectfully, discuss appropriate less invasive options and offer an independent opinion.
Review	A different clinical diagnosis might change the options. Consent or a larger fee alone would not establish an indication.

Case 1 · “Tell her daughter, not the patient”

Situation

A capable 72-year-old patient needs an oral biopsy for a suspicious lesion. Her daughter asks the dentist to call it a harmless ulcer and discuss the findings only with her. The patient has asked direct questions and has not declined information.

1. Identify the factual uncertainties and the ethical question.
2. Apply autonomy and care ethics without assuming that family involvement is unwanted.
3. Draft two opening sentences for the conversation with the patient.
4. Explain who may choose to decline information or authorise another person to receive it.

Consider Health Act Art. 92: the right to decline specified information has a statutory qualification concerning risk to others; the decision is documented, and authorisation of another person is written.

Case 2 · A scarce appointment and unequal access

Situation

One urgent dental appointment remains. Patient A reports severe pain but needs an interpreter and has limited income. Patient B has comparable clinical urgency, speaks the clinic's language and offers to pay more. Both can benefit from the available care.

1. Which facts could change the clinical priority?
2. Distinguish need, expected benefit, ability to pay and ease of communication.
3. Propose a fair tie-breaking procedure between genuinely comparable claims.
4. State what the clinic owes to the patient who cannot be seen in this slot.

A defensible answer begins with clinical urgency and likely benefit, provides communication support and safe alternatives, and explains the allocation rule. Justice does not require identical treatment despite different needs.

Case 3 · A colleague asks you to conceal a complication

Situation

During a root-canal procedure, an instrument separates. The supervising dentist says: "Leave it out of the record; the patient is comfortable." You are a student assisting under supervision. No harm has yet been established.

1. Separate the complication from concealment and from a proven finding of negligence.
2. Identify the immediate clinical review and supervision needed.
3. Explain the duties of truthful communication, complete documentation and safe follow-up or referral.
4. Describe how a student can raise the concern through the clinical supervisor or appropriate institutional route.

Do not attempt treatment beyond your competence. Discuss what is known, what remains uncertain and the available management options without blame or speculation. Dental code Arts 2, 12, 15, 21 and 25.

A defensible decision names both reasons and actions

Reasoning checklist

Facts and uncertainty → ethical question → stakeholders → principles and duties → feasible options → balance and legality → decision → communication and review.

Exit task

Write three sentences: identify one conflict in a dental case; justify your preferred option using two principles and one professional rule; name one fact that would change your decision.

Good dental care combines a sound indication, the patient's informed participation, proportionate risk, fairness and accountable professional judgment.

Next class: occupational stress and burnout in dentistry.

Thank you for your attention!