

# **PROFESSIONAL ETHICS AND LEGAL ACCOUNTABILITY IN ORTHODONTICS: A NARRATIVE REVIEW**

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## ABSTRACT

Ethics and laws are fundamental to safe and trustworthy orthodontic practice. Core ethical principles, including beneficence, non-maleficence, respect for patient autonomy, justice, and professional integrity, underpin the clinical judgment and decision-making processes of orthodontists in routine practice. Orthodontic treatment often involves long durations, significant costs, and visible changes to facial appearance, making clear communication, realistic expectation setting, and informed consent especially important.

Alongside ethics, legal responsibilities help define standards of care and professional accountability. Understanding medicolegal aspects, maintaining accurate records, and addressing complications early can prevent misunderstandings and reduce the risk of disputes. Strong communication and ethical decision-making not only protect patients but also support orthodontists in practicing with confidence and integrity. By blending ethical values with legal awareness, orthodontic care can remain patient-centered, professionally fulfilling, and worthy of public trust.

## INTRODUCTION

Ethics in orthodontics refers to the philosophical principles that guide moral judgment and professional conduct in the delivery of orthodontic care. In healthcare, ethics helps professionals make responsible decisions and act in the best interests of patients and society.<sup>1</sup> Dental ethics focuses on the moral principles that guide a dentist's conduct toward patients, colleagues, and the community, operating at both the individual level—by respecting patient autonomy and welfare—and the societal level—by protecting human dignity, rights, confidentiality, and public health. Although ethics is an integral part of all medical and dental practice, it has received limited specific attention in orthodontics. While orthodontic treatment rarely involves life-threatening decisions, ethical challenges do arise, and important human values are involved throughout the course of care.<sup>2</sup>

## EVOLUTION AND PHILOSOPHY OF ETHICS

Ethical thought began with early mystical beliefs and gradually evolved into philosophical reflection on human behavior. Ancient Egyptian, Babylonian, and Indian traditions emphasized destiny, morality, and the afterlife through texts such as the Book of the Dead, the Vedas, and the Upanishads. Greek philosophers later framed ethics around reason and virtue, with Aristotle emphasizing good living through right judgment and behavior.<sup>3</sup> Over time, ethics became closely linked with religion in the Middle Ages, shifted toward scientific reasoning and equality in the 19th century, and expanded in the 20th century to include diverse moral views, personal choice, and social influences.

## PRINCIPLES OF ETHICS



### Autonomy –

Patient autonomy means respecting a person’s right to make their own healthcare decisions when they can understand their choices. This can sometimes conflict with paternalism, where the doctor decides what they think is best for the patient. At the same time, orthodontists also have professional freedom to choose suitable treatments, decide how care is given, and refuse treatments they believe will not work, while still acting for the good of patients and society.<sup>4</sup> Autonomy in self-care means people take responsibility for their health, make informed choices, and have their values and beliefs respected. In real practice, challenges arise in judging a patient’s ability to

decide, explaining treatment clearly, respecting cultural or religious beliefs, and balancing patient wishes with what the doctor believes is best.<sup>5</sup>

### **Beneficence –**

The principle of beneficence requires physicians and dentists to act better in the interests of their patients by actively enhancing health and well-being, not merely avoiding harm. It obligates dental professionals to provide care that improves oral health and supports optimal function and appearance, as emphasized in the ADA Code of Professional Conduct. The application of beneficence depends on individual patient factors such as age, general health, anatomical conditions, and adherence to oral hygiene practices.<sup>6</sup>

### **Nonmaleficence –**

Nonmaleficence means that a doctor should not harm the patient. It is often explained as “do no harm.” This principle reminds healthcare professionals to avoid causing unnecessary pain, suffering, or damage. When deciding on treatment, the dentist or doctor should carefully compare the benefits and risks and choose the option that causes the least harm. For example, saving a tooth with a root canal may be better than extracting it if it helps reduce pain and preserve function. The main aim of nonmaleficence is to protect the patient and relieve suffering while providing the best possible care.<sup>7</sup>

### **Informed consent –**

Informed consent means that a patient clearly understands and agrees to a treatment or procedure. For consent to be valid, the patient must be able to make decisions, be given complete and honest information, understand what is explained, decide freely without pressure, and agree to the treatment.<sup>8</sup> Doctors must explain not only the risks but also the benefits, alternative treatment options, and the choice of refusing treatment. This helps patients make their own informed decisions. Asking patients to explain what they have understood can help identify confusion or misunderstandings. Informed consent should focus on respecting the patient and their autonomy,

not just on legal protection. Poor communication between doctors and patients has been shown to be a major cause of medical disputes and malpractice cases.<sup>9</sup>

### **Confidentiality –**

Doctors have a responsibility to keep patients' personal and medical information private. Patient consent is required before sharing this information with others. An exception is when information is shared among healthcare professionals involved in the patient's treatment, as this is necessary for proper care. In modern hospitals, where many tests, specialists, and electronic records are involved, maintaining confidentiality has become more challenging. Doctors must be especially careful not to share patient details on social media, with family members, or in public settings. Although confidentiality is very important, there are a few specific situations where sharing information may be allowed or required by law.<sup>10</sup>

### **Justice –**

Justice is an important principle of ethics that focuses on fairness and equality. In healthcare, it means treating all patients fairly, without discrimination, and giving equal access to care and resources.<sup>11</sup> Decisions should be made based on patients' needs rather than personal bias, social status, or ability to pay. The principle of justice also requires healthcare professionals to use resources responsibly and ensure that benefits and burdens of treatment are shared fairly among individuals and society.<sup>12</sup>

## **CODES OF ETHICS-**

### **IOS CODE:**

To uphold the dignity and quality of the orthodontic profession, strengthen ethical standards, expand its role in society, and promote the advancement of orthodontic science, these ethical guidelines are presented. They aim to help members of the **Indian Orthodontic Society** clearly understand their professional duties and responsibilities toward patients, colleagues, and society.<sup>13</sup>

A. Continuing Professional Development in Orthodontics –

An orthodontist's professional status is based on the knowledge, skill, and experience with which he serves patients and society, and therefore lifelong learning is a professional obligation. An orthodontist may share recent advances in orthodontics only with fellow orthodontists through CDE programs in recognized institutions or officially approved study groups of the **Indian Orthodontic Society**, including lectures, demonstrations, and typodont exercises. In general forums, an orthodontist may deliver lectures only to create awareness about the scope of orthodontic treatment, but hands-on or typodont training is strictly prohibited and may invite disciplinary action.

B. Service to Public –

An orthodontist's foremost duty to the public is to provide the highest standard of care and to avoid any conduct that diminishes the dignity of the profession. While an orthodontist may exercise reasonable discretion in patient selection, denial of care on the basis of race, creed, color, or national origin is unethical. The use of professional letterheads for commercial promotion and the use of patients for teaching or research without informed consent, or misrepresentation of the treating orthodontists, are strictly unethical.

C. Regulation of a profession –

Orthodontics is a self-regulated profession, and this responsibility is mainly carried out through professional bodies. Every orthodontist must be a member of a recognized professional society and strictly follow its rules and regulations.

D. Leadership –

An orthodontist should willingly share knowledge, skills, and experience with society within the limits of professional competence. He or she should act as a community leader and work toward improving the dental health of the public.

E. Consultation –

An orthodontist should seek consultation whenever it benefits the patient's welfare. The consultant must maintain confidentiality and should not begin treatment without the consent of the treating orthodontist.

F. Patents and Copyrights –

Orthodontists may obtain patents or copyrights, but these must not restrict research, practice, or public benefit from useful discoveries.

G. Advertising –

Advertising to solicit patients is unethical and lowers the dignity of the profession. Self-promotion through media articles, pamphlets, commercial advertisements, or patient education materials highlighting personal superiority is not permitted.

H. Health Education of the Public –

Orthodontists may participate in public health education through media and lectures, provided it is done with dignity and without self-promotion.

I. Transfer of Patients –

When a patient relocates, the orthodontist must provide a written treatment summary and hand over complete patient records, including X-rays, study models, and photographs.

**DCI CODE:**<sup>14</sup>

**Character of Dentist / Dental Surgeon** - Orthodontist's primary focus should always be the patient's well-being, ensuring that compassionate and skillful care is promptly delivered. This commitment extends to maintaining courteous, sympathetic, and helpful interactions with patients and the public, upholding a polite and dignified demeanor in all circumstances, understanding that their personal reputation and professional competence are paramount.

**Maintaining good Clinical Practices** - Dental surgeons must earn and maintain their patients' trust by providing dedicated and comprehensive care. They should strive to enhance their knowledge and skills and share their expertise for the benefit of patients and peers. Dentists must rely on scientifically proven methods of treatment and avoid professional association with those who do not. The responsibilities of dental professionals go beyond individual care to include a commitment to the well-being of society.

Dentists and dental surgeons are encouraged to continually enhance their professional knowledge by actively participating in continuing dental and medical education programs, scientific seminars, workshops, and professional meetings, in accordance with regulations established by relevant statutory bodies..

### **Maintenance of Dental Records –**

Every dental surgeon is required to maintain accurate and complete records for both out-patients and in-patients, where applicable. These records should be retained for a minimum of three years from the start of treatment, using a format prescribed by the Council or one that is widely accepted as a standard method of documentation. When a request for dental or medical records is made by the patient, an authorized representative, or a legal authority, the records should be provided to the appropriate authority within 72 hours after obtaining a valid receipt. It is advisable to retain certified photocopies or duplicate copies of all records that are released.

### **Display of Registration Numbers –**

Every dental practitioner should clearly display their State Dental Council registration number within the clinic and include it on all prescriptions, certificates, and financial receipts issued to patients.

Dental surgeons should only use recognized dental degrees, certificates, diplomas, fellowships, or honors as suffixes to their names if they are approved by the Council or awarded by recognized universities or bodies, either in person or in absentia.

**Prescription of Drugs –**

Every dental surgeon should prescribe and administer medications responsibly, ensuring their safe and rational use. Whenever possible, medications should be prescribed using their generic names.

**Payment of Professional Services –**

A dental surgeon must prioritize the well-being of patients over personal financial interests. Fees should be clearly communicated before treatment begins, and payment must match the amount and form agreed upon at that time. It is unethical to promise payment only if treatment is successful. Dentists working for the State should not seek or accept any personal gain for their services. While not required, it is considered courteous to offer free or discounted consultations and treatment to fellow dental or medical professionals and their immediate families, especially when no major costs are involved.

**ORTHODONTIST – PATIENT RELATIONSHIP**

The orthodontist–patient relationship is fundamental to successful treatment and is guided by ethical principles including autonomy, beneficence, non-maleficence, and justice. Its role is particularly significant in orthodontics due to the elective and long-term nature of care. Effective communication improves patient understanding, reduces anxiety, and enhances cooperation, leading to better clinical outcomes and fewer complications. Conversely, poor communication and limited personal interaction reduce adherence, compromise treatment standards, and increase dissatisfaction and medico-legal risk. Strengthening this relationship is therefore essential for optimal orthodontic care.<sup>15</sup>

**Patient Satisfaction –**

Patients expect a comfortable and supportive doctor–patient interaction combined with technical competence and clear explanations of procedures.<sup>16</sup> When these expectations are unmet, dissatisfaction may arise, leading to missed appointments, poor compliance, increased anxiety, and suboptimal orthodontic outcomes. A calm, confident, and unhurried approach by the clinician has been shown to improve patient satisfaction and adherence to treatment.<sup>17</sup>

**Verbal communication –**

Miller and Larson reported that adolescent patients are often uncommunicative and may respond poorly when interacting with authority figures such as orthodontists. Effective care requires understanding the patient's personal circumstances, dental knowledge, and motivation, as these factors influence adherence to advice. Patient engagement may be reflected in the extent and detail of verbal responses during consultations.<sup>18</sup> Lack of attention to individual needs has led some patients to seek orthodontic treatment in general practice settings, valuing attentive listening and rapport even when perceived treatment quality may be lower.

**Orthodontist Behavior-**

Encouraging and guiding behaviors are fundamental counseling skills in orthodontic practice. Clinicians gather information by initiating conversation and using active listening cues, such as brief verbal acknowledgments or repetition of patient statements. Patient engagement is further enhanced through “symmetrical answering,” in which clinicians provide clear and detailed responses rather than vague or evasive replies. A more advanced encouraging technique is paraphrasing, whereby the clinician restates the patient's concerns in their own words, prompting clarification and deeper patient involvement in the discussion.<sup>19</sup>

**Orthodontist guidance behavior –**

Orthodontists should guide patient conversations to obtain essential information while clearly communicating their intentions. This is achieved through strategic questioning, including closed yes/no questions and open-ended questions that encourage detailed responses. When discussions deviate, clinicians may redirect the conversation. Patient engagement can be maintained through speaker signals and direct address, reinforcing attention and participation.<sup>20</sup>

**Patient cooperation –**

Patient cooperation can be improved by openly addressing parent–child concerns and clearly explaining the purpose and benefits of treatment. Emphasizing visible improvements and treatment delays caused by noncompliance may motivate patients. Encouraging positive behavior through

praise is generally more effective than criticism, though cooperation ultimately varies due to individual patient personalities.<sup>21</sup>

## **LAW –**

Dental law governs the practice of dentistry through legal and regulatory frameworks aimed at protecting patient safety, ensuring ethical conduct, and defining professional responsibilities. Dental hygiene practice involves both legal and ethical obligations, including licensure requirements, confidentiality, and compliance with practice acts, safety regulations, and reporting laws. Understanding dental jurisprudence is essential to prevent malpractice, uphold professional standards, and ensure quality oral healthcare.<sup>22</sup>

## **LEGAL CONCERNS FOR AN ORTHODONTIST-**

Orthodontists are not exempt from medical malpractice litigation, particularly in an era of increasing consumer awareness and patient expectations. Neglected orthodontic treatment failures may be construed as malpractice, allowing patients to seek legal redress. Therefore, sound knowledge of medico-legal principles and preventive measures is essential for safe orthodontic practice. Common causes of orthodontic malpractice are outlined below:

**Root Resorption** - Mild apical root resorption of approximately 1–2 mm during orthodontic treatment generally does not compromise the long-term stability of the teeth. However, when excessive orthodontic forces result in the loss of more than one-quarter of the root length, the vitality of the affected teeth may be jeopardized. Teeth with pre-existing short roots or a pipette-shaped morphology are particularly susceptible to root resorption.<sup>24</sup>

**Loss of Periodontal Ligament (PDL) Support** - Fixed orthodontic therapy commonly results in temporary gingival inflammation and the formation of pseudo-pockets. However, in patients with pre-existing periodontal disease, orthodontic treatment may increase the risk of gingival recession and alveolar bone loss.<sup>25</sup>

**Caries/Decalcification** - Patients seeking the orthodontic treatment have been reported to develop enamel opacity. To avoid white spots on enamel patients should be instructed to maintain good oral hygiene and periodic scaling of teeth should also be done when required.<sup>26</sup>

**Soft Tissue Damage** - Untrimmed or sharp ends of orthodontic archwires may lead to discomfort and ulceration of the oral mucosa. Additionally, patients with hypersensitivity to nickel–titanium (NiTi) wires may experience mucosal irritation, including redness and soreness.

**Error in Diagnosis and Treatment Plan** - Inadequate early detection of underlying periodontal conditions during orthodontic treatment may result in progressive bone loss. Therefore, tooth extractions should be carefully planned and clinically justified.<sup>27</sup>

**Failure to Obtain Informed Consent:** Careful attention must be given to obtaining informed consent by clearly explaining all available treatment options, along with the potential risks and limitations associated with orthodontic therapy.

**Anchorage Loss:** Loss of anchorage during orthodontic treatment may result in compromised occlusion, residual spaces, or traumatic bite relationships, ultimately leading to unsatisfactory treatment outcomes.

*Nonnegligent Acts*<sup>28</sup> –

- In emergency situations, the absence of formal consent does not automatically constitute negligence.
- Patient dissatisfaction due to non-compliance with orthodontic instructions does not imply practitioner negligence.
- High treatment fees alone do not amount to negligence, the burden of proof rests with the patient. To reduce medico-legal risk, practitioners should maintain detailed case histories, obtain informed consent, keep accurate records, and refer to specialists when necessary.
- Patients should be informed about the possibility of relapse, especially in cases of appliance breakage or poor retention compliance.

- The importance of maintaining good oral hygiene during orthodontic treatment must be clearly explained.
- Documentation of negative records, such as missed appointments or refusal of investigations, is essential for legal defence.
- Prescriptions should include the practitioner's recognized qualifications and relevant patient details.
- Employing qualified staff, obtaining professional indemnity insurance, maintaining effective communication, and regularly updating professional knowledge through continuing education are crucial in preventing medico-legal disputes

### **Conclusion –**

Ethical practice is the backbone of quality orthodontic care. Upholding principles such as beneficence, non-maleficence, autonomy, justice, honesty, and confidentiality ensures that treatment decisions truly serve the patient's best interests. Given the long duration, financial burden, and psychosocial impact of orthodontic treatment, clinicians must carefully balance treatment goals with patient well-being, manage expectations, and communicate transparently about risks and outcomes.

While orthodontic failures can occur, early diagnosis, timely correction, and clear communication can often prevent complications from escalating. In situations with medicolegal implications, thorough documentation, sound knowledge of legal responsibilities, and appropriate legal support are essential. Ultimately, continuous ethical education, thoughtful adoption of new technologies, and open professional dialogue strengthen trust, protect patients, and make orthodontic practice not only safer and legally sound, but also more fulfilling.

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