Ethical Oral Health Care and Infection Control

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The purpose of this article is to relate ethical principles to the delivery of global oral health care delivery, related particularly to infection control. In both developed and less developed countries, delivery of dental care may be highly variable in adherence to established infection control principles. Since the scale of oral disease is nearly universal among most global populations, a shortage of dental providers globally combined with the prevalence of delivery of oral care in street markets or by untrained practitioners around the world presents ethical dilemmas. A growing global population, particularly of older adults, and insufficient formal training programs in countries with emerging economies create challenges in delivering care to meet the need for optimal oral health.

Delivery of oral care in less developed countries is challenged by non-dental providers providing oral care in non-traditional and “street dentistry” venues. This is creating additional challenges in interprofessional education and collaboration related to common infection control issues. Infection control by practitioners means providing safe, ethical, and evidence-based oral health care for patients and providers, as well as ensuring that care is delivered in the community in a culturally competent manner. The recent outbreak of the Ebola virus in West Africa and reported cases in developed countries has focused the world’s attention on the critical need for adequate and proper utilization of personal protection equipment (PPE) during the provision of care by health workers. Reports of dental outbreaks of other infectious diseases in the U.S. states of Oklahoma, West Virginia, Missouri, and Colorado, which rely on passive methods for detection, point to the larger ethical problem of the potential impact of lapses in infection control compliance in the dental setting.

Since active surveillance of health care-associated infections (HAIs) in the U.S. does not extend to dental practices, the extent of disease transmission from dental treatment and its contribution to HAIs is not known. However, adherence to infection control standards constitutes an ethical standard for the conduct of dental treatment. Compliance with established infection control guidance (for example, guidance from the Centers for Disease Control and Prevention [CDC]) is part of the ethical conduct of dental practice to avoid HAIs.

Infection Control and Ethics

Each infection control practice is related to the five principles of health professions ethics: autonomy, nonmaleficence, beneficence, justice, and veracity. While these principles may overlap, they are the foundation of professional ethical conduct. These principles apply to individual health practitioners, who are increasingly working to enhance interprofessional collaboration for patient-centered care and to ensure safe oral care delivery. Table 1 shows how these basic ethical principles apply to common infection control practices.

Standard infection control includes a number of specific practices, such as PPE, sterilization and disinfection of items used in care provision, prevention of cross-contamination, a sanitized care facility, proper waste disposal, and worker protection. Specific infection control practices and suggestions are outlined in a compliance calendar and checklist, as well as measurement tools for the safe and ethical conduct of dental care for each patient by practitioners. Serious shortcomings in infection control in developing countries have occurred when these nine practices were evaluated: knowledge of infectious occupational hazards; personal hygiene and care of hands; correct application of PPE; use of environ-
Conclusion

Practices and policies for extending and expanding oral health care must be based on ethical and safety concerns by persons delivering oral prevention, treatment, and care to patients. Infection control standards provide a case study of application of ethical principles and should be adhered to with vigilance. These must be applied daily, weekly, monthly, and annually; use of a standard checklist, even one that is part of an electronic record, may help with compliance with standard infection control.

Any national policy assessment should include regulatory standards for regulating providers of oral care, worker protection, protection of the safety of patients during care, and provider registries monitoring providers. This includes assisting global communities with limited resources and training facilities by helping to establish mechanisms to ensure regulatory standards prevail rather than care by non-educated providers. Since regulatory authority varies widely among countries, standard regulatory authority to ensure the safety of dental care for patients and providers is an ethical imperative. Such standards should include active surveillance of HAIs in dental care settings and methods to monitor HAIs during the delivery of dental treatment, even in highly variable care settings around the world.

REFERENCES

Table 1. Application of ethical principles to common infection control practices

<table>
<thead>
<tr>
<th>Ethical Principle</th>
<th>Application to Basic Infection Control Practices</th>
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<tr>
<td>Autonomy: human right for self-determination</td>
<td>Education; standards of infection control used; enlightened decision making based on proper informed consent.</td>
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<tr>
<td>Nonmaleficence: do no harm</td>
<td>Protecting patient and health care worker during care; ensuring safety controls are in place throughout the instrument handling and operatory disinfection processes.</td>
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<td>Beneficence: benefits</td>
<td>Providing safe care for patients and providers; affirming patient/provider trust and confidence.</td>
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<td>Justice: ensuring equality</td>
<td>Protecting community from HAIs; fairness.</td>
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<td>Veracity: truth</td>
<td>Right thing to do/consistency across all populations; community-centered, safe dental care delivery acknowledging culturally applied principles.</td>
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