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Ethical Foundations in Paediatric Dental Practice

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Abstract

Ethical foundations in dental practice are essential for ensuring patient trust, professional integrity, and high standards of care. Dentistry, as a healthcare profession, requires adherence to ethical principles such as autonomy, beneficence, non-maleficence, and justice. These principles guide decision-making in clinical practice, patient interactions, and professional responsibilities. Informed consent, patient confidentiality, and equitable treatment are crucial aspects of ethical dental care. This article explores the core ethical principles in dental practice, common ethical dilemmas, and the role of professional codes in maintaining ethical integrity. It emphasizes the importance of ethical decision-making to uphold patient well-being and public trust. By integrating ethical considerations into daily practice, dental professionals can ensure a fair, compassionate, and patient-centered approach to oral healthcare.

Key Words: Ethics, Clinical Dentistry, Dental Education, Medico-Legal

Introduction

Pediatric dentistry, focusing on the oral health of children from infancy through adolescence, encompasses unique challenges that intertwine clinical practice with ethical and legal considerations. In India, the medicolegal landscape of pediatric dentistry is shaped by a confluence of statutory regulations, ethical mandates, and societal expectations. Understanding these aspects is imperative for dental practitioners to ensure compliance, uphold patient trust, and mitigate legal risks. ¹

Principles of Practice

Ethics in dentistry refers to the moral principles guiding professional conduct, emphasizing responsibilities such as patient autonomy, beneficence, non-maleficence, and justice. These principles are particularly pertinent in pediatric dentistry, where patients may lack the capacity to make informed decisions. Dentists must navigate the delicate balance between parental authority and the child's best interests, ensuring that treatments are both ethically sound and culturally sensitive.

A prevalent ethical issue in pediatric dentistry is obtaining informed consent. Given that minors cannot legally provide consent, practitioners must

secure permission from parents or legal guardians. This process involves thoroughly explaining the proposed treatments, potential risks, benefits, and alternatives in a manner that is comprehensible to both the child and the guardian. Failure to obtain proper consent can lead to ethical breaches and legal ramifications. ²

Legal Framework Governing Pediatric Dental Practice in India ³

The practice of pediatric dentistry in India is governed by a mosaic of laws and regulations designed to protect patient rights and ensure the delivery of standard care. Key legislations include:

- The Dentists Act, 1948: Establishes the Dental Council of India (DCI) and regulates dental education and practice standards.
- Consumer Protection Act, 1986: Classifies patients as consumers, allowing them to seek redressal for deficiencies in medical services, including dental care.
- Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002: While primarily targeting medical practitioners, these regulations offer ethical guidelines applicable to dental professionals.

- **Drugs and Cosmetics Act, 1940:** Regulates the use of drugs and materials in dental treatments, ensuring safety and efficacy.

Adherence to these statutes is non-negotiable. Non-compliance can result in legal actions ranging from monetary penalties to the suspension or revocation of dental licenses.

Informed Consent in Pediatric Dentistry

Informed consent is a cornerstone of ethical dental practice. In pediatric dentistry, this process is nuanced due to the patient's age and comprehension levels. Dentists must ensure that parents or guardians are fully informed about the nature of the treatment, associated risks, benefits, and available alternatives. This discussion should be documented meticulously, with consent forms signed and dated.

Moreover, involving the child in the discussion, appropriate to their maturity level, fosters trust and cooperation. This practice not only aligns with ethical standards but also enhances the child's dental experience and adherence to treatment plans. According to American Academy of Pediatric Dentistry (2023) informed consent is a process where a healthcare provider shares essential details about a diagnosis and treatment options with a patient, enabling them to make a voluntary and informed choice to accept or decline care. Legally, minors cannot provide informed consent, and adults with intellectual disabilities may lack the capacity to do so. In such cases, parents or legal guardians have the authority to approve or refuse treatment, while efforts should be made to seek the child's or incapacitated adult's agreement whenever possible. When the special care needs are encountered Supported decision-making (SDM) is an emerging concept of consent where decision making is retained with the individual along with the consent of the trusted advisors protecting the legal and ethical obligations of the pediatric dental health care providers. 4

Negligence and Standard of Care 5

Negligence in dental practice refers to the failure to provide the standard of care that a reasonably competent practitioner would offer under similar circumstances, leading to patient harm. In pediatric dentistry, common areas where negligence claims may arise include:

- **Misdiagnosis or delayed diagnosis:** Failing to identify dental caries, malocclusions, or oral pathologies in a timely manner.
- **Improper treatment:** Performing procedures without adequate skill or failing to follow established protocols.
- **Lack of informed consent:** Proceeding with treatments without proper authorization from guardians.
- **Inadequate infection control:** Neglecting sterilization protocols, leading to cross-contamination or infections.
- **To defend against negligence claims,** practitioners must maintain comprehensive patient records, including diagnostic findings, treatment plans, consent forms, and follow-up notes. These records serve as critical evidence of the care provided and the decision-making process.

Record Keeping and Documentation 6

Meticulous record-keeping is a legal and ethical obligation in dental practice. For pediatric patients, records should encompass:

- **Medical and dental histories:** Including any congenital conditions, allergies, or previous treatments.
- **Clinical findings:** Detailed notes on examinations, diagnoses, and radiographic interpretations.
- **Treatment records:** Documentation of procedures performed, materials used, and patient responses.
- **Communication logs:** Records of discussions with parents or guardians regarding treatment options, risks, and consents. These records not only facilitate continuity of care but also serve as legal documents in case of disputes or litigations.

Managing Child Abuse and Neglect Cases

According to the American Academy of Pediatric Dentistry (AAPD), child dental neglect is the "willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain or infection." Pediatric dentists are often in a unique position to identify signs of child abuse or neglect, such as

unexplained injuries, poor oral hygiene, or behavioral indicators. 7,8

In 2012, the Indian Parliament introduced the Protection of Children from Sexual Offences (POCSO) Act to specifically address cases of child sexual abuse and exploitation. The Supreme Court of India and the Law Commission had long recognized the necessity of a dedicated law for safeguarding children from such offences. This legislation aligns with India's commitments under the Convention on the Rights of the Child (CRC), which mandates legal and other protective measures against child sexual exploitation. Additionally, it upholds the constitutional objective of ensuring the protection and well-being of children while preventing their exploitation. 9

This may involve:

- Documenting findings: Recording any signs or symptoms suggestive of abuse or neglect.
- Consulting with colleagues: Seeking second opinions to corroborate concerns.
- Referring to appropriate authorities: Notifying child protection services or law enforcement when necessary, while maintaining patient confidentiality as much as possible.

Handling such sensitive situations requires empathy, cultural competence, and a thorough understanding of legal obligations and protections.

Advertising and Professional Representation

The Dental Council of India sets guidelines on advertising to maintain the dignity of the profession and prevent misleading claims. Pediatric dentists must ensure that any promotional materials or public communications are truthful, not sensationalized, and do not create unjustified expectations. Violations can lead to disciplinary actions and erosion of public trust.

Continuing Professional Development

The primary aim of oral health education is to enhance knowledge, which can encourage the adoption of positive oral health behaviors, ultimately leading to improved oral health. The World Health Organization has introduced a fundamental oral health care program for less industrialized countries, which incorporates oral health education and highlights the importance of integrating it with other dental health initiatives,

such as preventive, restorative, and emergency care. In recent years, there has been growing interest in evaluating the effectiveness of oral health education programs. This aligns with the increasing demand for evidence-based research to guide policymakers in resource allocation. Several systematic reviews have been conducted on existing studies, indicating that oral health education can effectively improve knowledge in the short term and, to some extent, influence behaviors like regular tooth brushing and healthy eating habits. Continuing professional education aims to solve the problems that professionals encounter during their course of practice and achieve professional competence. It helps in correcting errors in professional performance and renewing the fund of knowledge and skills to maintain high level of proficiency throughout a professional's career.

Gambhir et al (2025) 10 had noted a significant participation in CDE programs during their dental practice with similar results in the state of Karnataka, yet only 38% were regular in their participation which needs to be improved.

Conclusion

As Benjamin Franklin once said, "An investment in knowledge pays the best interest." In today's fast-evolving world, people are becoming increasingly aware of their surroundings, including medical and dental negligence. As a result, healthcare professionals must exercise greater caution and precision in their treatments to avoid potential legal complications, which can be both challenging and stressful. Dentists, in particular, are facing a growing number of legal disputes from dissatisfied patients. Therefore, it is essential for all healthcare providers, including dentists, to have a thorough understanding of the medico-legal aspects of their profession.

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