

Dental ethics proceedings in the state of Paraíba – 2012 to 2023

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Abstract

Dentistry practice which violates the principles of the Dental Code of Ethics can result in ethical proceedings against dentists. This study verified the number of complaints received and ethical proceedings instituted by the Regional Dental Council of Paraíba. A retrospective, cross-sectional study was conducted using secondary data regarding ethical proceedings instituted between 2012 and 2023. Among the 267 complaints received, most reported were dentists (94.5%), men (57.3%), and aged 30 to 39 (38.5%). The most common reasons for violation were unsuccessful dental treatment (46.4%) and improper advertising (27.6%). Of the total cases, 78.9% were solved whereas 21.1% are ongoing. Most of the solved cases were settled (38.5%), and those in progress are awaiting a final opinion (48.3%). Of the cases tried, 71.6% resulted in convictions, and public censure was the most common penalty (39.6%). Ethics should be established during undergraduate studies and respected throughout professional life.

Keywords: Codes of ethics. Ethics, dental. Dentistry.

Resumo

Processos éticos odontológicos no estado da Paraíba – 2012 a 2023

O exercício da odontologia em contraposição aos pressupostos do Código de Ética Odontológico pode acarretar processos éticos ao cirurgião-dentista. O objetivo deste estudo foi verificar a quantidade de denúncias recebidas e processos éticos instaurados no Conselho Regional de Odontologia da Paraíba. Trata-se de estudo transversal retrospectivo, com base em dados secundários referentes aos processos éticos instaurados entre 2012 e 2023. Foram recebidas 267 denúncias. A maioria dos denunciados são cirurgiões-dentistas (94,5%), homens (57,3%), na faixa dos 30 a 39 anos (38,5%). O motivo da infração mais frequente foi tratamento odontológico com insucesso (46,4%) e publicidade indevida (27,6%). Do total dos processos, 78,9% foram arquivados, enquanto 21,1% estão em andamento. A maioria dos processos arquivados foi conciliada (38,5%), e os que estão em andamento aguardam parecer final (48,3%). Dos processos julgados, em 71,6% houve condenação, e a pena de censura pública foi a mais aplicada (39,6%). A ética deve ser estabelecida na graduação e respeitada durante a vida profissional.

Palavras-chave: Códigos de ética. Ética odontológica. Odontologia.

Resumen

Procesos éticos odontológicos en el estado de Paraíba – 2012 a 2023

La odontología respecto a los presupuestos del Código de Ética Odontológico puede conducir a procesos éticos para el odontólogo. Este estudio pretendió estimar las denuncias recibidas y los procesos éticos instituidos en el Consejo Regional de Odontología de Paraíba. Es un estudio transversal retrospectivo, basado en datos secundarios sobre los procesos éticos entre 2012 y 2023. Hubo 267 denuncias. La mayoría de los acusados son odontólogos (94,5%), hombres (57,3%), de entre 30 y 39 años (38,5%). Las razones más frecuentes de infracción fueron el tratamiento odontológico fallido (46,4%) y la publicidad inadecuada (27,6%). El 78,9% de los casos fueron archivados, y el 21,1% están en curso. La mayoría de ellos fueron conciliados (38,5%), y hay un 48,3% que esperan una decisión final. De los juzgados, el 71,6% fueron condenados, y la pena más aplicada fue la censura pública (39,6%). Se requiere la ética en el grado y durante la vida profesional.

Palabras clave: Códigos de ética. Ética odontológica. Odontología.

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Dentistry is regulated by the Federal Council of Dentistry (CFO) and the Regional Councils of Dentistry (CRO), which are responsible, among other functions, for supervising professional ethics throughout Brazil¹. The Dental Code of Ethics (CEO), approved by CFO Resolution 118/2012, establishes the principles of professional practice and regulate the rights and duties of dental surgeons (DC), technicians and assistants and legal entities that operate in dentistry, in the public and private spheres, throughout the national territory¹.

Resolution 59/2004 of the CFO (amended by CFO Resolution 201/2019) instituted and regulated the Code of Dental Ethical Proceedings, a document that aims to investigate possible violations of the CFO and precisely apply the penalties through ethical procedures².

Dental practice presents several ethical issues, which can involve the patient, the relationship with colleagues, the organization of health services and society. Dentistry professionals who do not follow the assumptions from the CEO and CFO resolutions will be subject to disciplinary penalties provided for in art. 18 of Law 4,324/1964, ranging from confidential warning to revocation of professional practice³.

Given the increased number of professionals and entities operating in dentistry, a highly competitive labor market that is affected by constant changes and the digital age, proceedings due to ethical and legal infractions have been increasingly common, even with the current legal regulations⁴⁻⁶. Consequently, there is an increased number of ethics-related complaints and infractions that are submitted to CROs throughout Brazil^{5,7}.

There is indisputable need for academic and professional training regarding deontological aspects in order to avoid proceedings, since professionals are generally unaware of ethical obligations or are not prepared to deal with conflicts in this area^{7,8}. Bioethics consists in principles of autonomy, beneficence, non-maleficence and justice, which are fundamental to understand ethical infractions in the dental field. Patient autonomy is compromised when there is no adequate dialogue for diagnostic means, therapeutic measures and risks. Beneficence and non-maleficence are associated with non-compliance with technical limits or promises of unattainable results. While justice is put at risk

when comprehensive patient care is influenced by commercial interests⁹.

Despite the regulations in force, the increased number of ethical proceedings raises reflection on compliance with bioethical values (autonomy, beneficence, non-maleficence and justice), which are possibly being neglected in dental practice due to the competitiveness in the labor market. Thus, this study adopts a deontological, but above all bioethical approach, discussing the moral foundations of the legal practice of dentistry (centrality of, responsibility and respect for patient dignity). The purpose is to examine the number of complaints received and ethical proceedings instituted in the Regional Council of Dentistry of Paraíba (CRO-PB) between January 2012 and December 2023 and to find their framing and outcome.

Method

This is a retrospective cross-sectional study based on the pre-existing database in the CRO-PB, of non-public access. The data were requested from the council, without any contact of the researcher with the collection, so the privacy of all those involved in the judicial proceeding was ensured.

For better systematization of the analysis of collected material, we used a research plan consisting of the following items: number of official complaints or representations; number of ethical proceedings initiated; sex and age of the professionals involved; reason/classification of the ethical proceeding; police station where the proceeding was initiated; procedural phase; outcomes and penalties^{4,5}. The plan was sent to CRO-PB in order to obtain the corresponding information for the period from January 2012 to December 2023. The data were recorded in a database of the Statistical Package for the Social Sciences (SPSS), version 26.0, and analyzed using descriptive statistics.

Results

In the present study, 267 official complaints or representations were filed with the CRO-PB in the analyzed period, of which 99.6% (266) were accepted, with the initiation of an ethical

proceeding. On average, 22.2 proceedings/year were instituted during the study period. The annual description of this quantity is shown in Figure 1.

It was observed that, among the complaints or representations (159, or 59.5%), the official ones prevailed (108, or 40.5%). It is also observed that the number of ethical proceedings instituted was higher in the period from 2012 to 2017 (151, or 56.8%) compared to the period from 2018 to 2023 (115, or 43.2%).

The number of professionals reported totaled 286, higher than the number of ethical proceedings instituted, since more than one professional was cited in a same process. The distribution by sex, age group, type of professional reported and police station where the process was initiated is presented in Table 1.

Table 1. Distribution of professionals' demographics

Variables	n	%
Sex		
Male	164	57.3
Female	122	42.7
Age group		
18-29	47	16.4
30-39	110	38.5
40-49	68	23.7
50-59	44	15.4
Over 60 years old	17	6
Type of professional		
Dental surgeon	279	94.5
Dental prosthesis technician	12	4.1
Oral health assistant	2	0.7
Oral health technician	2	0.7
CRO Offices (n=266)		
Headquarters - João Pessoa (capital)	174	65.4
Regional - Campina Grande	71	26.7
Regional - Patos	15	5.6
Regional - Cajazeiras	6	2.3

The 266 ethical proceedings instituted were classified into 268 reasons, as shown in Table 2. There is a higher frequency of “unsuccessful dental treatment” (46.4%) followed by “improper advertising” (27.6%).

Table 2. Distribution of data related to the reason/framing, outcome of the archiving and processing and penalties of the ethical proceedings instituted in the CRO-PB in the period of 2012-2023

Reason/framing of the ethical proceeding	n (%)
Unsuccessful dental treatment	124 (46.4)
Improper advertising	74 (27.6)
Illegal exercise of the profession	24 (8.9)
Issuance of sick note	13 (4.8)
Interpersonal relationship	16 (6)
DS × DS	5
DS × team	6
EPAO × EPAO (radiology)	2
DS × CRO	1
DS × patient	2
Activity during the term of a suspensive penalty	5 (1.9)
Prescription of medication outside the scope of dentistry	4 (1.5)
Procedure outside the scope of dentistry	4 (1.5)
Lack of decorum	2 (0.7)
Patient abandonment	2 (0.7)
Archiving outcome	
Settled	81 (38.5)
Tried and convicted	53 (25.2)
Withdrawn	26 (12.3)
Tried and acquitted	21 (10)
Prescribed	16 (7.6)
Complaint rejected	7 (3.4)
Reporter not located/deceased	3 (1.5)
Canceled registration	1 (0.5)
Unregistered DS	1 (0.5)
Extrajudicial agreement	1 (0.5)
Total	210
Open process outcome	
Awaiting final opinion	27 (48.3)
Awaiting instruction and settlement hearing	7 (12.4)
Waiting for dative defender	7 (12.4)
Awaiting fulfillment of agreement	5 (8.9)
Awaiting appeal to CFO	4 (7.1)
Awaiting forensics	4 (7.1)
Pending trial	1 (1.8)
Attached to another proceeding	1 (1.8)
Total	56

continues...

Table 2. Continuation

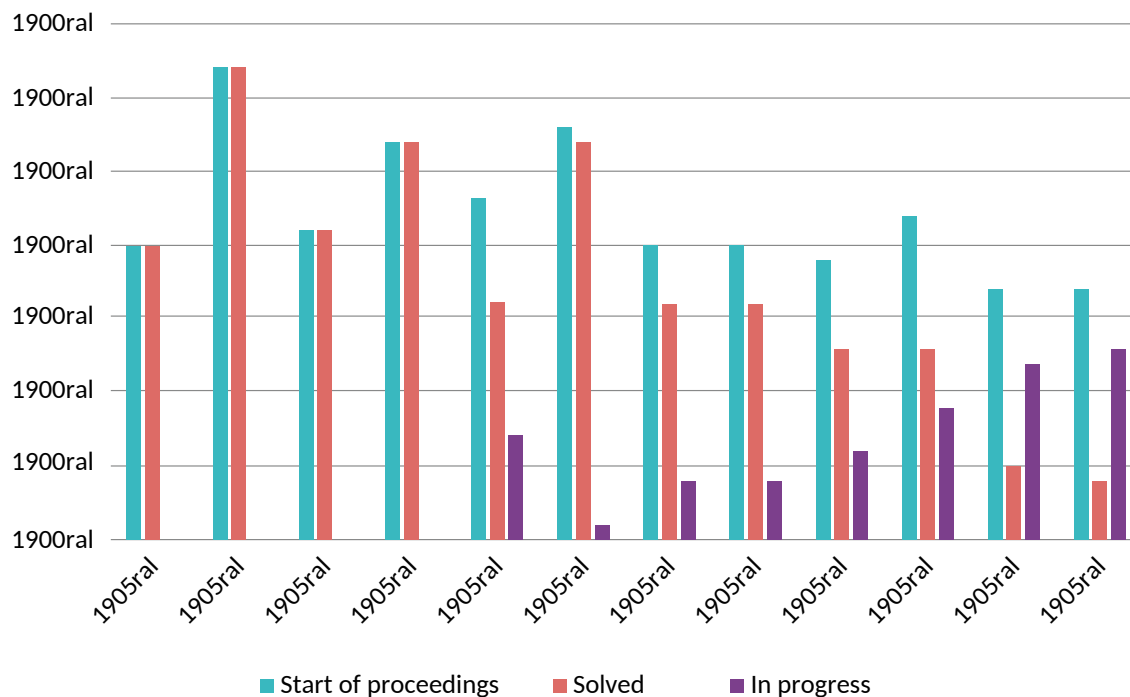
Reason/framing of the ethical proceeding	n (%)
Penalty	
Public censure	21 (39.6)
Confidential censure	20 (37.8)
Confidential warning	11 (20.7)
Suspension of professional practice	1 (1.9)

DS = dental surgeon; EPAO = entity providing dental care (clinics)

Of the 266 ethical proceedings instituted between 2012 and 2023, 21.1% (56) were still in

progress at the time of data collection, while 78.9% (210) had been solved. The data on the status of the ethical proceedings instituted in the period from 2012 to 2023 are shown in Figure 1. It is observed that most (81, or 38.5%) solved cases were settled, while most of those in progress (27, or 48.3%) are awaiting a final opinion. Of the 74 proceedings tried, 53 (71.6%) were convicted, and public censure was the most applied penalty, in 21 proceedings (39.6%). Of the cases acquitted (21, or 28.4%), 95.2% were dismissed by unfounded action and 4.8% after appeal to the CFO.

Figure 1. Status of ethical proceedings instituted in CRO-PB per year



Discussion

The ethical proceedings initiated are mainly due to failures in the professional-patient relationship, unrealistic expectations and improper advertising. The high number of proceedings possibly shows an imbalance between the bioethical principles of autonomy, beneficence, non-maleficence, justice and dental practice. Improper advertising is considered a bioethical concern, given that the veracity of information, the manipulation of patient expectations and the commercial use of

health as a product are contrary to the principles of bioethics.

Brazil has seen an exponential growth in the number of dental schools, which, consequently, leads to an increased number of professionals entering the labor market every year¹⁰. In Paraíba, the proportion of 1 DS per 537 inhabitants is characterized as high concentration by the World Health Organization¹¹. Such saturation can cause mercantilist professional behavior, in which professionals are induced to use unethical strategies to stand out in the labor market and attract clients¹².

Due to the wide access of Brazilians to the internet, social networks have become a growing field for digital marketing, and DSs maintain profiles on them to obtain more visibility and a good clientele. However, social network posts have caused a significant increase in ethical infractions, for promising treatments that cannot be performed on all patients and for improper advertising, among others¹³.

The raise in proceeding numbers is not justified only by the increased number of professionals, inadequate actions and/or competition in the labor market, but also by the awareness of the population that seeks their rights and health, which results in a more questioning posture in relation to the investments made, the interventions, and the desired and obtained results¹².

Motta and collaborators⁵ and Bouchardet and collaborators⁷ observed a significant increase in ethical proceedings initiated at the CRO of Minas Gerais between 2006 and 2011 (955 proceedings) and in Santa Catarina between 2013 and 2017 (835 proceedings), respectively. In Paraíba, between 2010 and 2015, Prudente⁴ reported the institution of 86 proceedings, an average of 14.3 proceedings per year surveyed, with an irregular variation in the distribution of the number of proceedings per year. This irregular institution of proceedings per year was also observed in the present study, but with a higher average of 22.1 proceedings instituted per year surveyed. The present study also shows a decreased number of proceedings in the period from 2018 to 2023 compared to 2012 to 2017. Rocha¹² also observed a reduction in the number of ethical proceedings in the CRO of Ceará between 2021 and 2023 compared to 2015 to 2020.

Dental ethical proceedings follow the legal procedures and can be instituted by the chairman of the competent council, by means of an official or representation complaint, after an initial opinion of the ethics committee, which must indicate the framing of the infraction in the CEO. If the complaint is unfounded, it will be solved. If any type of ethical infraction is found, the ethics committee chairman will schedule a settlement and instruction hearing. The reported party must attend with their defense and with a lawyer, preferably. If there is no agreement between the parties, the proceeding

will be submitted to forensics (if applicable), whose expert will be appointed by the council. The expert report will be analyzed with the other elements of the proceeding by the ethics committee, which will issue an opinion according to the rules of the *Code of Dental Ethical Proceeding*².

CRO-PB adopts the conduct adjustment agreement (TAC) tool for advertising and publicity infractions, which has minimized the initiation of ethical proceedings involving this matter. The aforementioned provision was adopted through CRO-PB Resolution 3/2016¹⁴.

The present study showed that most complaints were of representation, as observed by Prudente⁴ in 69.8% of the proceedings instituted in Paraíba and by Pena and collaborators⁸ in 61.2% of the proceedings instituted in the CRO of Pará in the period from 2007 to 2010. In turn, Pacheco, Silva-Júnior and Meireles¹⁵ observed official complaints in 66.5% of the proceedings instituted in the CRO of Espírito Santo between 2000 and 2011, and Rocha¹², in 82.2% of the proceedings.

Regarding the profile of the reported parties, most were male professionals in the age group of 30 to 39 years, consistently with previous studies^{8,12,15}. Despite being the majority in the dental class, women seem to be more cautious when it comes to professional ethics.

Prudente⁴ reported that the main reason for opening ethical proceedings in the CRO-PB was patient dissatisfaction with dental treatment (60.5%), so there is a pattern, since this reason predominated (46.4%) in the proceedings initiated in the last twelve years according to the present study. Pena and collaborators⁸ and Bouchardet and collaborators⁷ obtained similar results.

It is expected that more and more patients dissatisfied with dental treatment will resort to legal measures to remedy the unsatisfactory result. Professionals should promote strategies to avoid such outcome. One of such strategies is to maintain good communication with patients, which includes transmitting adequate and detailed information on diagnosis, treatment planning and execution, with completion and signature in the medical record. The consistency of patients' expectations to the expected results is fundamental for the success of any work as it avoids dissatisfaction¹⁵.

Irregular advertising, the second main reason for ethical infractions in the present study, was the prevalent reason in the studies of Rocha¹², Motta and collaborators⁵ and Pacheco, Silva-Júnior and Meireles¹⁵.

Gonçalves and collaborators¹³ observed that profiles of clinics and DSs from Paraíba on the social network Instagram somehow violated the regulations for advertising and publicity. They also noted the importance of a solid academic training and efficient advice and supervision by the CFO/CRO on social networks, in order to avoid infractions and thus ensure the proper ethical operation of dentistry and foster a good reputation of the profession.

As for the procedural phase, in the present study most cases were solved (78.9%), while Rocha¹² observed a higher number of cases in progress (55.8%). As for the outcome of the solved proceedings, we obtained a higher percentage of settled proceedings (38.5%), similarly to the results of Pena and collaborators⁸ and Pacheco, Silva-Júnior and Meireles¹⁵. According to Rocha¹², conducting negotiation may be more advantageous to professionals than continuing proceedings and being subject to a possible conviction. In some cases, the reported party chooses to recognize the legitimacy of the complaint by “complying” with the complainant’s requests, in order to avoid the stages of the proceeding, which is exhausting.

Pacheco, Silva-Júnior and Meireles¹⁵ showed other reasons for solving ethical proceedings in the CRO of Espírito Santo: of the total of 332 proceedings solved, 32.8% were due to the withdrawal of the complainants, followed by lack of proof (27.3%), settlement between the parties (22.7%) and TAC agreements (17.2%).

With regard to the penalty applied to tried and convicted cases, it may be a confidential warning, confidential censure, public censure, suspension of professional practice and revocation of professional practice, with or without a pecuniary fine of 1 to 25 times the amount of the annuity and double in case of recurrence¹. The penalties are proportional to the infractions committed, both in terms of severity (extent of damage and its consequences) and frequency of infractions.

The warnings are milder, as they are usually the first contact of the offender with the complaint¹.

In the analysis of the cases judged in the CRO-PB, there was a tendency to convict the reported professionals (71.6%), as occurred in the studies of Bouchardet and collaborators⁷. In total, 39.6% of the cases judged in the CRO-PB during the study period resulted in public censure in an official publication, with penalties ranging from one to four times the amount of the annuity collected annually by the CRO. The penalty most frequently applied in the studies of Rocha¹², Bouchardet and collaborators⁷ and Pacheco, Silva-Júnior and Meireles¹⁵ was a confidential warning, in 34.2%, 60.3% and 57.1% of cases, respectively.

As for the outcome of the proceedings in progress, it was observed that 48.3% of the open proceedings are awaiting a final opinion. The analysis of Prudente⁴ showed a higher percentage of proceedings in progress at CRO-PB than this study: of the 86 complaints, 31.4% were in progress, while 16.6% of the defendants were convicted, 5.8% of the complaints were solved and 4.6% were rejected. It should be noted that, according to art. 58 of CFO Resolution 59/2004², all ethical proceedings must be completed in the CRO within a maximum period of twelve months. In the event of a need for a longer term, the CRO must request the CFO to extend it, citing its reasons.

The present study provided a deontological monitoring of the ethics-related complaints and proceedings instituted in the CRO-PB between 2012 and 2023, and an update of the data from the study of Prudente⁴, which evaluated the ethical infractions in the same council from 2010 to 2015.

Given the context presented, it is essential that professionals have adequate knowledge of professional regulations and know how to properly interpret and understand the CEO and the resolutions established by both the CFO and the CROs. It is important that professionals respect ethics and have ethical rigor in their daily routines, in order to ensure the prestige of the profession, since non-compliance with regulations can demonstrate a lack of responsibility of dental professionals towards society. Thus, it is necessary to strengthen the continuing education

and bioethics education of professionals, so the dentistry practice does not follow only standards, but rather bioethical principles with moral values, respect for the patient and social responsibility.

Final considerations

Over the years, there has been a trend of a decreasing number of ethical proceedings instituted in the CRO-PB. The predominant reason or framing

was unsuccessful dental treatment, and most cases were solved and settled.

Professional ethics must be established in undergraduate programs and constantly reinforced by class councils in order to create a foundation for a more ethical professional practice. Bioethics should be considered a primary factor in decision-making, centered on the patient, respect for autonomy, adequate communication and social media use within the limits established by the Dental Code of Ethics.

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Participation of the authors

Anderson Christian Ramos Gonçalves, Misma Taihara Ramos de Oliveira, Maria Clara Silva de Vasconcelos and Joyce Raianne Santos Sá participated in the study design, data request to Regional Council of Dentistry of Paraíba, data collection and analysis, preliminary drafting of the manuscript and general review. Ana Karina Almeida Rolim, Ana Beatriz Costa Almeida, Ramon Targino Firmino, Faldryene de Sousa Queiroz Feitosa and Luciana Ellen Dantas Costa worked on data analysis, critical review and approval of the final text.

Data availability: All data used or generated in this study are described and presented in full in the body of the article.

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