

## Ethical Considerations in Paediatric Dentistry: Foundational Articles and Consensus Recommendations, 2021

**American Academy of Pediatric Dentistry.** Policy on the Ethical Responsibilities in the Oral Health Care Management of Infants, Children, Adolescents, and Individuals with Special Health Care Needs, 2018. Available at: https://www.aapd.org/globalassets/media/policies\_guidelines/p\_ethical.pdf. Accessed, May 1, 2020.

**American Academy of Pediatric Dentistry.** Best Practices: Informed consent, 2019. Available at: https://www.aapd.org/research/oral-health-policies--recommendations/informed-consent/. Accessed, May 1, 2020.

Mouradian WE. Ethics and leadership in children's oral health. Pediatric Dent. 2007;29:64-72.

**Adewumi A, Hector MP, King JM.** Paediatric dentistry: Children and informed consent: A study of children's perceptions and involvement in consent to dental treatment. Br Dent J 2001;191:256-9.

## IAPD Consensus Recommendations

Ethics, defined as the moral principles governing our decisions and actions, should guide us in how we behave and relate to each other as human beings. The four principles of ethics: autonomy, beneficence, non-maleficence and justice should therefore be the foundation of our decision-making processes and be applied in all aspects of the management of paediatric patients.

- **1.** Each patient should be treated fairly, without bias, judgement or discrimination based on their culture, religion, beliefs, behavior, special needs or health status.
- **2.** It is unethical to ignore disease or to refuse to provide necessary treatment. Patients should be referred to other health professionals who can provide proper treatment if the needs of the patient are beyond the practitioner's scope or skills.
- **3.** Informed consent should always precede dental treatment. A parent or legal guardian should consent on behalf of minors and patients with intellectual

disabilities. Informed consent should include the following information: diagnosis, treatment options (including no treatment), the risks and benefits, costs and burdens (social and other) associated with each option, as well as opportunity for questions.

- **4.** With the exception of child abuse or if a child is of the age of emancipation, a practitioner may not act in the best interest of the child if the parent/legal guardian is available to practice their legal right to do so.
- **5.** Assent should be obtained from the patient regardless of the age of the child. The child should therefore be involved in the treatment planning and treatment processes as best possible at a pace and level of understanding of the child.
- **6.** The benefit of the treatment should outweigh the risks the child is subjected to (including radiation and behaviour management techniques).
- **7.** Dentists are responsible for their clinical and ethical decisions regardless of opinions or influence of parents/legal guardians or business owners.

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