[Print Version]
[PubMed Citation] [Related Articles in PubMed]

The Angle Orthodontist: Vol. 69, No. 4, pp. 295-299.

Ethics for orthodontists

Wendy E. Mouradian, MD;^a M. Lena Omnell, DDS, MSD;^b Bryan Williams, DDS, MSD^c

^aWendy E. Mouradian, MD, Children's Hospital and Regional Medical Center, PO Box 5371/CH-47, 4800 Sand Point Way NE, Seattle, WA 98105-0371. Wendy E. Mouradian, Craniofacial Center, Children's Hospital and Regional Medical, Center; assistant professor, Dept. of Pediatrics; and faculty associate, Dept. of Medical, History and Ethics, University of Washington School of Medicine, Seattle, Wash.

^bM. Lena Omnell, Orthodontics and Craniofacial Orthopedics, Children's Hospital and Regional Medical Center; affiliate associate professor, Dept. of Orthodontics, University of Washington School of Dentistry, Seattle, Wash.

^cBryan Williams, director, Dental Medicine, Children's Hospital and Regional Medical Center; and affiliate associate professor, Dept. of Orthodontics and Pediatric Dentistry, University of Washington School of Dentistry, Seattle, Wash.

ABSTRACT

When treating children, important ethical issues may arise relating to the best interests of the child and decision making for minors. The case of a child with a cleft lip and palate whose parents failed to bring her in for medically indicated orthodontic care is presented. Ethical features of the case are discussed, including the need to benefit the patient, avoid harm, and respect the preferences of the parents. Ethical codes of the American Dental Association and American Medical Association are referenced. Ethical dilemmas include the conflict between the orthodontist's obligation to the child and the need to respect parental autonomy. Parental autonomy is respected up until the point at which significant harm to a child may result. The orthodontist's primary ethical responsibility is to the child, not the parents. The orthodontist providing medically indicated care should involve the craniofacial team or hospital social worker when parental decision making is in question.

KEY WORDS: Best interests standard, Children, Cleft lip and palate, Craniofacial team, Decision making, Ethics, Orthodontics, Patient autonomy, Surrogacy.

Submitted: July 1998 Accepted: January 1999.

