Human trafficking: Role of oral health care providers

E. Nuzzolese

Trafficking in human beings is a modern form of slavery and is a well-known phenomenon throughout the European Union and beyond. After drug dealing and the weapons industry, human trafficking is the second largest criminal activity in the world today and it is a growing crime. The aim of governmental and non-governmental agencies, which are either directly or indirectly involved in combating trafficking in human beings, is the identification and referral of victims of trafficking and also to encourage self-referrals. Identification is the most important step to provide protection and assistance to victims of trafficking. Victims often have a variety of physical and mental health needs, including psychological trauma, injuries from violence, head and neck trauma, sexually transmitted infections and other gynaecological problems, dental/oral problems and have poor nutrition. The author’s experience in the field of community dentistry is presented within. Volunteer dental services are offered to non-European Union patients held in a centre for asylum seekers in Bari (Italy). Dental professionals can, in fact, contribute to the identification, assistance and protection of trafficked persons, as well as offering forensic services to assist the police investigation in order to identify crimes and find the criminal organizations behind them. As for domestic violence and child abuse cases, there are ethical concerns involved in the identification and protection of the trafficked persons, as well as the need for interdisciplinary work and awareness. Adequate training in behavioural science and intercultural learning is paramount in order to avoid misunderstandings and increase sensitivity.

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An Australian government dental scheme: Doctor-dentist-patient tensions in the triangle

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Autonomy of participants is challenged when legislation to provide a public health service is weakly designed and implemented.

Background: Australia’s Chronic Disease Dental Scheme was instigated to provide a government subsidy for private dental treatment for people suffering chronic illness impacting their oral health or vice versa. They were allocated AUD$4250 towards comprehensive treatment over 2 years with their eligibility determined by their general medical doctor.

Research: A qualitative research study was conducted to explore the experiences from the perspectives of the patient, medical and dental practitioner. One of the research outcomes identified a frequently reported level of discomfort in the patient/doctor/dentist triangle. Doctors and dentists reported feeling forced by patients into positions that compromised their autonomy in obeying the intent (if not the law) of the scheme. Additionally, dentists felt under pressure from doctors and patients to provide subsidized treatment to those eligible. In turn, the patients reported difficulties in gaining access to the scheme and in some cases, experiencing full or partially unmet oral health needs.

Reason for Conflict: Poor inter-professional communication and lack of understanding about profession-unique patient-driven pressures, ultimately contributed to dissonance. Ill-defined eligibility guidelines rendered the doctor’s ability to gate-keep challenging.
Outcome of Conflict: Inefficient gate-keeping led to exponential increase in referrals, resulting in unprecedented cost blow-outs. Ensuing government-led audits caused political tensions and contributed to the media-induced vilification of dentists. In December 2013, government financing of dental treatment through Chronic Disease Dental Scheme was discontinued, leaving many Australians without a viable alternative.

Recommendations: There is a need for qualitative research methods to help identify social issues that affect public health policy process. In order to succeed, new health policies should respect, consider and attempt to understand the autonomy of key participants, prior to and throughout

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**Informed consent in community-based oral health research**

S. Singh

The ethical principle of respect for persons presents multiple dimensions to stimulate debate around issues related to informed consent for participation, data management, confidentiality and privacy. The informed consent process is built on a continuum involving a comprehensive explanation of the proposed study; and the declaration of consent (the right to withdraw from at anytime from the study without any negative consequences). All research involving human participants carry a certain level of risk (physical or informational) and it is not possible for the researcher to know all the consequences of participation before a study commences. This presentation will focus around the key issues of information, consent’ and competence in relation to community-based oral health research and outlines some of debates in the informed consent process.

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**Professional consequence for dentists involved in unethical decision-making in South Africa**

N. Nortjé, W. A Hoffmann

The previously gullible and apathetic South African public, generally speaking, is lately becoming increasingly rights-based sophisticated. Patients are no longer accepting inferior quality work and have become more knowledgeable especially regarding the expected skills and professional conduct of dentists. The present study examined archival material as published between 2007 and 2013 of penalties against ethical misconduct. It was found that the majority of ethical transgressions took place in urban settings and the most predominant transgression was charging for services not performed and submitting these claims to medical aids as well as performing sub-optimal interventions. Legally a practitioner who performs such acts may be held liable for the damage or injury suffered by the patient as a consequence of these acts, on the basis of negligence. Penalties imposed by the Health Professions Council of South Africa vary between 5,000 Rand and 15,000 Rand, as well as suspensions of between 9 to 12 months. It is doubtful that transgressors would change their behaviour in the light of the present Continuous Professional Development programmes where attendance is really the only prerequisite and not moral reflection. This study recommends that the Health Professions Council of South Africa need to re-evaluate the effectiveness of their ethical training programmes and adapt the model to incorporate more inclusive learning.

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**Limited rights of minors in the Dutch healthcare**

W. Brands, M. Brands, G. Brands-Bottema
In many countries, if not all, the autonomy of minors is limited. Especially in countries with comprehensive legislation in the field of health law the (lack of) autonomy of minors may create challenges. These problems become more complex if the costs of treatment are not paid by the government or covered by insurance. Some challenges are: At what age is a minor able to decide about his health? As not every treatment is the same, how should the system take this into account? The Netherlands has a long history of very comprehensive health care legislation. This legislation includes a section about the treatment of minors that addresses the questions of the conditions in which the autonomy of minors is limited. Though this legislation is limited to the Netherlands other countries face the same challenges.

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**Can autonomy be limited – an ethical and legal perspective in a South African context?**

S. F. Engelbrecht

The principle of autonomy acknowledges the positive duty on a health care practitioner to respect the decisions of a patient. The principle of respect for autonomy is codified in the International Bill of Rights, the African Charter, The South African Constitution (108 of 1996) and the Patients' Right Charter. The common notion is to protect a person’s liberty, privacy and integrity. Health care practitioners should honour the rights of patients to self-determination or to make their own informed choices. Patients have the right to live their lives by their own beliefs, values and preferences. This implies that a healthcare practitioner should respect the wishes of a patient when a patient makes an autonomous decision.

The principle of respect for autonomy takes into consideration a patient’s choice based on informed consent and the protection of confidentiality of the patient. Informed consent is a process whereby information is shared with a patient to enable an informed decision. It is therefore important for a patient to be well informed to give effect to the notion of making an informed decision. The relationship between the healthcare practitioner and the patient is based on trust and communication. Full disclosure to a patient will empower a patient to make a true informed decision.

It is of particular importance for a health care practitioner to acknowledge and respect the decisions and choice made by a patient so as not to violate a patient’s autonomy.

Can autonomy be limited? It can, if legally required and duly justified. Section 36 of the South African Constitution (Act 108 of 1996) limits rights in the Bill of Rights by application of a general law.

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