

Knowledge, Attitude and Practice of Medical Ethics among Dental Professionals in Dental Unit, Chittagong Medical College

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Abstract

Background: Medical ethics is the disciplined study of morality in medicine and concerns the obligation of Physicians and health care organizations to patients as well as the obligations of patients. Every nation can, however, make certain adjustments and provide unique explanations of medical ethics that are consistent with their own cultures. Like any other profession, dentistry has obligations to both the communities in which it operates and its patients. As it is crucial that dental practitioners comprehend and uphold the code of ethics that has been authorized by Bangladesh's Ministry of Health researchers aimed to assess the awareness, attitude and practice of medical ethics among dental professionals.

Materials and methods: This cross-sectional observational study was conducted at Dental Unit in Chittagong Medical College from July 2022 to July 2023, among conveniently selected 80 patients, age ranging from 22 years to 59 years. For data collection a self-administered, 30- itemed structured questionnaire encompassing three sections: general information, knowledge, attitude and practice of ethics in dental healthcare professionals was used.

Results: Among the respondents 42 (52.5%) were fresh BDS graduates, 18 (22.6%) were lecturers & equivalent, 11 (13.9%) were Assistant Professor & above and the rest 9 (11.3%) were post graduate trainees. Knowledge, attitude and practice were adequate among 86.3%, 95.0% and 91.3% participants respectively.

Conclusion: Knowledge, attitude and practice were adequate among the participants. For improving the knowledge and practice education and training could be

reiterated for maintaining public trust and ensuring quality patient care.

Key words: Awareness; Dental surgeon; Knowledge; Medical ethics and practice.

Introduction

Moral principles and judgment in relation to medicine are the focus of medical ethics.¹ Health practitioners use the four fundamental principles of medical ethics-autonomy, fairness, beneficence and non-maleficence-as a framework to determine what behaviors are morally acceptable in clinical settings.² The fundamentals of medical ethics are widely acknowledged. Nonetheless, every nation has the authority to create unique clarifications and make some adjustments in accordance with its current legal framework, medical practice standards within the healthcare system, and culture, religion and beliefs.³ It is required that physicians should be knowledgeable about medical ethics in order to avoid being sued for violating fundamental medical practice guidelines and being hauled before the courts. The implied contract between the dental profession and society is formally expressed in writing in the American Dental Association Code.⁴ In today's highly advanced and costly medical therapy, healthcare practitioners' knowledge of and adherence to medical ethics is crucial. Furthermore, new ethical problems are raised on a regular basis by advancements in dental technology and research as well as modifications to society norms and values.⁵ In accordance with the FDI International Principles of Ethics for the Dental Profession, "The dentist should act in a manner which will enhance the prestige and reputation of the profession".⁶ We hope to demonstrate the value of medical ethics in dentistry in this study, as well as to comprehend the disparities in professional dental knowledge and apply those understandings to ethical dilemmas that arise in day-to-day dentistry. Dental practitioners' knowledge, attitudes and practices regarding medical ethics were to be assessed in this study.

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Materials and methods

A cross-sectional study was conducted from July 2023 to December 2023 among dental professionals in the Dental unit, Chittagong Medical College. Approval was obtained from the institutional ethical committee of Chittagong Medical College, and patients were enrolled based on specific criteria, excluding those dentists who don't deal with patients. Samples were selected through consecutive sampling and willing to provide written informed consent. In our study, confidentiality was maintained and anonymity of respondents was ensured. Self-administered structured questionnaire was used for data collection. Content validity was checked by piloting 10 questionnaires. The recruitment in this pilot survey was done through convenience sampling. After checking and coding the questionnaire, data was entered into Microsoft Excel and accuracy of data was checked. Data were analyzed using SPSS version 26 (SPSS Inc, Chicago, IL). Regarding knowledge, attitude and practice, the total score was computed by taking the sum. For quantitative variables, mean and standard deviation were described while for qualitative variables frequency and percentage were calculated. Fisher's Exact Test was used to determine the relationship of knowledge, attitude and practice of Medical Ethics with sex. All the statistical tests were two-sided and the level of significance was set at 0.05.

Results

There were a total of 80 participants whose age ranged from 22 years to 59 years (Mean: 31.45±9.01 years) with 41 (51.2%) males and 39 (48.8%) females. Among the respondents 42 (52.5%) were fresh BDS graduates, 18 (22.6%) were lecturers and equivalent, 11 (13.9%) were Assistant professors and above and the rest 9 (11.3%) were post graduate trainees.

Table I Knowledge of medical ethics among dental doctors

Knowledge of medical ethics (Total score=9)	n (%)	Scores
i) Do you know the content of the Hippocratic Oath and declaration of Geneva?		
Yes	64 (80%)	1
No	16 (20%)	
ii) Are you aware of the content of Nuremberg Code and Helsinki declaration?		
Yes	33 (41.3%)	1
No	46 (57.5%)	
Non-response	1 (1.3%)	

Knowledge of medical ethics (Total score=9)	n (%)	Scores
iii) Who regulates the ethical issues related to patient complaints against dental doctors in Bangladesh?		
BM&DC	74 (92.5%)	1
DGHS	3 (3.8%)	
BMRC	2 (2.5%)	
MoHFW	1 (1.3%)	
iv) Informed consent is an important aspect of treatment.		
Agree	80 (100%)	1
Disagree	0 (0%)	
v) Children under the age of 16 years should never be treated without consents of their parents.		
Agree	71 (88.75%)	1
Disagree	9 (11.25%)	
vi) Do you know maintaining confidentiality is part of good faith that exists between doctor and patients?		
Yes	80 (100%)	1
No	0 (0%)	
vii) Do you know contents of FDI adopted the international principles of ethics for the dental profession (Dental Ethics Manual) and BM&DC (Code of professional conduct etiquette and ethics)?		
Yes	40 (50.00%)	1
No	36 (45.00%)	
Non-response	4 (5.00%)	
viii) Close relatives should always be told about patient condition.		
Agree	51 (63.70%)	1
Disagree	28 (35.00%)	
Non-response	1 (1.3%)	
ix) Do you know about the four pillars of medical ethics?		
Yes	46 (57.50%)	1
No	32 (40.00%)	
Non-response	2 (2.50%)	
x) Doctors should do best for the patient irrespective of patient's decisions.		
Agree	54 (67.50%)	1
Disagree	21 (26.30%)	
Non-response	5 (6.30%)	

Table II Attitude towards medical ethics among dental doctors

Attitude towards medical ethics (Total score=10)	n (%)	Scores
i) Do you have interest in learning medical ethics?		
Yes	77 (96.30%)	1
No	2 (2.50%)	
Non-response	1 (1.3%)	
ii) Medical ethics as part of syllabus should be taught in every medical/dental institute, college and unit		
Agree	78 (97.50%)	1
Disagree	1 (1.3%)	
Non-response	1 (1.3%)	
iii) Ethical aspect is important only to avoid legal action		
Agree	15 (18.80%)	
Disagree	63 (78.80%)	1
Non-response	2 (2.50%)	
iv) If there is disagreement between patients' families and healthcare professionals about treatment decisions, - decision of doctor(s) should be final		
Agree	19 (23.80%)	
Disagree	58 (72.50%)	1
Non-response	3 (3.80%)	
v) Patient should be always informed of wrong doing by anyone involved in his/ her treatment		
Agree	49 (61.30%)	1
Disagree	26 (32.50%)	
Non-response	4 (5.00%)	
vi) In your opinion do you think it is okay that doctors are receiving commission from referring patients for medical investigations?		
Yes	8 (10.00%)	
No	68 (85.00%)	1
Non-response	4 (5.00%)	
vii) Doctors should refuse drug samples, gifts, outings etc. from pharmaceutical companies as these may influence doctor's medical judgment.		
Agree	64 (80%)	1
Disagree	12 (15.00%)	
Non-response	3 (3.80%)	
viii) There are times when it is acceptable to cover up or avoid revealing a mistake if that would potentially or likely harm the patient.		
Agree	44 (55.00%)	
Disagree	28 (35.00%)	1
Non-response	8 (10.00%)	

Attitude towards medical ethics (Total score=10) n (%) Scores

ix) Do/would you ever hide information from patients about diagnosis in an effort to bolster their spirit or attitude?		
Yes	31 (38.80%)	
No	42 (52.50%)	1
Non-response	6 (7.50%)	
x) It is acceptable to leak confidentiality of patient(s) if doctor knows that a patient's health is harming others.		
Agree	25 (31.30%)	1
Disagree	7 (8.80%)	
Non-response	48 (60.00%)	

Table III Practice of medical ethics among dental doctors

Practice of medical ethics (Total score=10)	n (%)	Scores
i) You entrust professional ethics due to fear of punishment		
Agree	14 (17.50%)	
Disagree	64 (80%)	1
Non-response	2 (2.50%)	
ii) Have you ever avoided dealing/ treating medically compromised / emergency patients?		
Yes	10 (12.50%)	
No	67 (83.80%)	1
Non-response	3 (3.80%)	
iii) Have you ever undermined or known someone who has undermined other practitioners' shortcomings in treatment in front of patient?		
Yes	28 (35.00%)	
No	44 (55.00%)	1
Non-response	8 (10.00%)	
iv) You follow ethics because of religious reasons		
Agree	50 (62.50%)	
Disagree	27 (33.80%)	1
Non-response	2 (2.50%)	
v) During emergencies you did not get informed consent		
Agree	55 (68.80%)	1
Disagree	19 (23.80%)	
Non-response	5 (6.30%)	
vi) Have you ever been partial in dealing with patients depending upon their social status?		
Yes	13 (16.30%)	
No	62 (77.50%)	1
Non-response	4 (5.00%)	
vii) Do you yourself keep on using dental materials beyond expiry date?		
Yes	13 (16.3%)	
No	63 (78.8%)	1
Non-response	4 (5.0%)	

Practice of medical ethics (Total score=10)	n (%)	Scores
viii) Do you obtain informed consent only during the complex procedures and not for routine dental treatment?		
Yes	13 (16.30%)	
No	63 (78.80%)	1
Non-response	3 (3.80%)	
ix) You breach confidentiality in some situations such as notable diseases, police investigations, court orders etc.		
Yes	61 (76.30%)	1
No	14 (17.50%)	
Non-response	5 (6.30%)	
x) In clinical research informed consent must thoroughly describe risks and benefits.		
Yes	73 (91.30%)	1
No	4 (5.00%)	
Non-response	3 (3.80%)	

Table IV Knowledge, Attitude and Practice scores and their comparison with gender

KAP Categories	Sex	Inadequate n (%)	Adequate n (%)	Mean \pm Standard Deviation (min.-max.)	p-value
Knowledge	Male (39)	6 (7.5%)	33 (41.3%)	6.73 \pm 1.80 (3-10)	0.201
	Female (41)	5 (6.3%)	36 (45.0%)		0.753
Attitude	Male (39)	3 (3.8%)	36 (45.0%)	6.91 \pm 1.70 (0-10)	0.190
	Female (41)	1 (1.3%)	40 (50.0%)		0.353
Practice	Male (39)	5 (6.3%)	34 (42.5%)	7.08 \pm 2.04 (0-10)	0.228
	Female (41)	2 (2.5%)	39 (48.8%)		0.258

KAP was deemed inadequate if it scored four or less out of 10, it; if it scored more than four out of ten, it was deemed adequate. Females showed better knowledge, attitude and practice than their male counterparts though it was not statistically significant (Table IV). Knowledge was associated with attitude and practice and it was found that the adequacy of knowledge was insignificant with both attitude ratings ($p=0.453$) and practice scores ($p=1.000$).

Discussion

Medical professionals face moral challenges due to evolving societal standards and human rights recognition. The Nuremberg Code and Helsinki Declarations redefine ethical facets, emphasizing the importance of ethical practices.

To ensure that moral and ethical standards are upheld, there should be open channels of communication between the patient, the patient's

family (If applicable) and the medical staff. Among the 80 dental surgeons 64 (80%) knew the content of Hippocratic Oath, whereas 33 (41.3%) were aware of the Nuremberg code and Helsinki code. About 16% of doctors did not know the contents of the Hippocratic Oath. The finding was similar to other studies.^{7,8} Hariharan et al. conducted the study among healthcare professionals (Doctors and nurses) in Barbados. Both senior medical staff (52 %) and senior nursing staff (20%) knew little of law pertinent to their work. About 11% of doctors did not know the contents of the Hippocratic Oath. Only few had heard of Nuremberg Code and Helsinki Code.⁸ This was dissimilar to Deo et al. where among the 130 interns (24.19 \pm 1.4 years) 47 (36.2%) knew the content of Hippocratic Oath, whereas 111 (85.4%) were aware of the Nuremberg code and 118 (90.8%) the Helsinki code.⁹

Adhikari et al. (2016) did a cross-sectional study to assess knowledge, attitude and practice of healthcare ethics among resident doctors and ward nurses in a teaching hospital of Nepal. The study showed that majority of resident doctors were unaware of major documents of healthcare ethics such as Hippocratic Oath (33%), Nuremberg Code (90%) and Helsinki declaration (85%). The authors recommended equipping medical libraries with more information, journals and books on medical ethics.⁷ In present study, 92.5% of doctors had knowledge of existing hospital ethics committee like Bangladesh Medical and Dental Council (BMDC).¹⁰ In present study all the doctors (100%) agreed that informed consent is important aspect of treatment and maintaining confidentiality is part of good faith that exists between doctor and patients. While 19% of participants did not view obtaining informed consent as a crime, all (100%) of dental professionals acknowledged the significance of informed consent for patients and 97% felt that patients have the right to refuse treatment or pursue legal action if they are not properly informed.¹¹ Although just 37.3% of dental practitioners in Karnataka obtained written informed consent, 94.8% of them felt that it is essential to avoid legal action.¹² A study was carried out in Pakistan involving 375 dental sector experts, 250 students enrolled in senior dental programs and 125 dentists working in private

practices. Although the majority of dental professionals (87%) are aware of the idea of informed consent, only 21.9% actually use it; 6.9% believe it is unnecessary, and 21.9% do not. Although they were aware of the process, dental practitioners were not aware of the specifics of informed consent-including its application, practice and its importance.¹³ Upholding confidentiality protects patient dignity and stops information misuse, and it is a component of the "Good faith" that exists between a physician and patient.^{14,15}

In the present study about 88.75% agreed that children under the age of 16 years should never be treated without the consent of parents. Dentists who treat young children have additional responsibilities, such as getting informed consent and reporting any suspicions of child abuse, but they also get satisfaction from helping the kids go through treatment and gaining the parents' trust.¹⁶

Half of the doctors (50%) knew the contents of FDI adopted international principles of ethics for the dental profession (Dental Ethics Manual) and BM&DC (Code of professional conduct etiquette and ethics). About 63.70% participants of present study concurred to keep close family members informed on the health of one's patient. Under some conditions, doctors are required to provide genetic information to family members, nevertheless, they usually shouldn't do so without the patient's permission.^{17,18}

In present study more than half (57.50%) doctors knew about the four pillars of medical ethics. Two thirds (67.50) of doctors believed that they should do best for the patient irrespective of patient's decisions. Dental patients feel their preferences are not being met by their perceived roles in decision-making, which suggests that dentists should support and facilitate their active participation in decision-making.¹⁹

In this study only nearly two-third (61.30%) doctors agreed that patients should always be informed of wrongdoing by anyone involved in the treatment. However, according to Deo et al. only 38.4% doctors agreed that patients should be always informed of wrongdoing by anyone involved in the treatment in contrast to 85.4% of dental interns.⁹

In this study about 23.80 % doctors said that doctor's decision should be final when there is disagreement between patient / patient's families about treatment decisions. In a study among 405 North Indian physicians and nurses about 66.9% of doctors agreed that patient's wishes must always be adhered to.²⁰ However, in another study 35.6% doctors said that doctor's decision should be final when there is disagreement between patient/ patient's families about treatment decisions, similar to the response given by interns (46.9%).⁹ About 87.2% of participants, who were students at a private medical institution, said that patient requests should always be observed. On the other hand, 65% of students said that doctors should always act in the best interests of their patients.¹

In this study, majority of participants (96.3%) were curious to learn about medical ethics. Majority of participants (97.50%) were in accord that every medical/dental institute, college and unit should include medical ethics as part of their curriculum. In a different study Bangladeshi dental surgeons were keen to learn more about principles of medical ethics and felt ethics be taught more elaborately in the undergraduate level.¹¹ A study reported that 67.5% doctors responded "Lectures" to be major source of information on healthcare ethics.⁷ All (100%) the intern doctors agreed that ethics should be taught as a part of syllabus. The same is recommended by researchers.^{7,8} In a study among 117 doctors in tertiary care hospital observed that conferences, symposium and workshops can assist in sensitizing doctors on healthcare ethics.²¹ The preferred tool for learning ethics among interns was Books/Curriculum (44, 33.8%).⁹

A few (18.80%) agreed upon that the only reason the ethical side matters is to prevent lawsuits. Majority of participants (85%) of respondents declined that physicians who refer people for medical investigations should be paid a commission. Physicians should decline gifts, trips, medication samples, and other perks from pharmaceutical corporations since they could sway their professional judgment and majority of the respondents (80%) agreed upon this. More than half (55%) agreed that there are times when it is acceptable to cover up or avoid revealing a mistake if that would potentially or likely harm

the patient. More than one-third (38.80%) agreed about hiding information from patients about diagnosis is an effort to bolster their spirit or attitude. Nearly one-third (31.30%) of doctors believed that disclosing patient information if they are aware that the patient's health is endangering others is acceptable.

Fear of punishment is the reason for entrusting professional ethics was disagreed by majority of our respondents (80%). Majority of our respondents (83.80%) had never avoided dealing/ treating medically compromised / emergency patients. Due to worries about providing quality care, scheduling conflicts, and prioritizing patients who are most in need of attention, doctors may postpone or avoid discussing emergency care and treatment plans with their patients.²²

In present study 68.80% did not get informed consent during emergencies. In emergency cases, such as when treating patients with various disorders that require treatment or when treating unconscious adults or children who are incapable of giving consent, doctors may treat without consent ("Treatment without consent," 1985). Due to patients' incapacity or underage, emergency physicians frequently struggle with informed consent; guidelines for creating departmental rules are recommended.²³

Most of our participating doctors had adequate knowledge (69, 86.2%) and attitude (76, 95%) towards ethical issues and were observed to practice healthcare ethics adequately (71, 91.2%). Females showed better knowledge, attitude and practice than their male counterpart though it was not statistically significant. According to Deo et al. most of the participating doctors had adequate knowledge (103, 79.2%) and attitude (126, 96.9%) towards ethical issues and were observed to practice healthcare ethics adequately (113, 86.9%).⁹ When KAP scores were compared with gender it was found to be insignificant with knowledge ($p=0.528$), whereas significant with attitude ($p=0.002$) and practice (0.019). Thus the male intern doctors though comparable knowledge scores were found lacking on attitude and practice. Although there is considerable misunderstanding regarding patients' rights and dentists' legal obligations, healthcare workers in southeast Turkey are generally aware of dental

ethics. Of the Turkish participants, 56.7% were aware of dentists' legal obligations, and 61.3% had received instruction on patients' rights. The percentage of dentists with training was below average, and 38.9% of dentists said they knew nothing about their own legal obligations.²⁴

In present study when knowledge was associated with attitude and practice it was found that the adequacy of knowledge was insignificant with both attitude ratings ($p=0.453$) and practice scores ($p=1.000$). Therefore, the participating dental doctors may or may not have had a sufficient attitude toward ethical issues, they were nonetheless adhering to the standards of healthcare ethics.

Dental graduates in Karachi, Pakistan, demonstrate a lack of understanding, negative attitudes and unethical behavior about dental ethics; their answers are influenced by their experience and education.²⁵ The growing healthcare industry necessitates professionals like doctors, dentists, and interns to understand ethical principles to protect patient confidentiality and well-being. To maintain positive doctor-patient relationships, eleven steps must be taken, including understanding dental health issues and handling ethical dilemmas in patient care.

Limitations

- Short duration and small sample size.
- Sampling technique was not randomized.
- This study was not blinded.

Conclusion

Ethical dilemmas in healthcare decisions require improvement and practical ethics education can enhance knowledge, attitude and practice in multidisciplinary settings, preparing future medical educators for ethical competency.

Recommendations

Larger samples should be used and should be taken from different parts of Bangladesh for making the study fully representative.

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Contribution of authors

MMA-Conception, acquisition of data, data analysis, interpretation of data, drafting & final approval.

SFS-Design, acquisition of data, drafting, manuscript writing & final approval.

TZ- Design, data analysis, critical revision & final approval

RY-Conception, critical revision & final approval.

MKB-Interpretation of data, critical revision & final approval.

Disclosure

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References

1. S I, S B. Knowledge and attitude related to medical ethics among medical students. *Int J Community Med Public Health*. 2018;5(6):2222. doi:10.18203/2394-6040.ijcmph20182065.
2. Varkey B. Principles of Clinical Ethics and Their Application to Practice. *Med Princ Pract*. 2021;30(1):17-28. doi:10.1159/000509119.
3. Editor EMA. Medical Ethics For Doctors in Ethiopia. 2016. <https://www.ethiopianmedicalass.org/download/medical-ethics-for-doctors-in-ethiopia-2/>.
4. Code of Ethics | American Dental Association. Accessed May 11, 2024. <https://www.ada.org/en/about/principles/code-of-ethics>.
5. Mathur S, Chopra R. Ethical Issues in Modern Day Dental Practice. *Online J Health Ethics*. 2013;8. doi:10.18785/ojhe.0802.03.
6. International Principles of Ethics for the Dental Profession. 2024. <https://www.fdiworldddental.org/international-principles-ethics-dental-profession>.
7. Adhikari S, Paudel K, Aro AR, Adhikari TB, Adhikari B, Mishra SR. Knowledge, attitude and practice of healthcare ethics among resident doctors and ward nurses from a resource poor setting, Nepal. *BMC Med Ethics*. 2016;17(1):68. doi:10.1186/s12910-016-0154-9.
8. Hariharan S, Jonnalagadda R, Walrond E, Moseley H. Knowledge, attitudes and practice of healthcare ethics and law among doctors and nurses in Barbados. *BMC Med Ethics*. 2006;7:E7. doi:10.1186/1472-6939-7-7.
9. Deo SK, Gupta S, Rimal N, et al. Healthcare Ethics among Dental Intern Doctors. *JNDA*. 2017;17(2):16-23.
10. Bangladesh Medical and Dental Council. Code of Professional Conduct, Etiquette and Ethics. <https://www.bmdc.org.bd/docs/EthicsBookMakeupfinal.pdf>.
11. Khan M, Taleb A. Informed Consent for Dental Treatment: A Survey on Dental Practitioners Perception, Awareness and Understanding. *Bangladesh J Dent Res Educ*. 2013;2(2):31-35. doi:10.3329/bjdre.v2i2.16241.
12. K. VM, Panchmal GS, K. UG. Informed consent in dental practice among dental professionals in Karnataka. *Int J Community Med Public Health*. 2021;8(8):3836. doi:10.18203/2394-6040.ijcmph20213010.
13. Tahir S, Ghafoor F, Nusarat S, Khan A. Perception of consent among dental professionals. *J Med Ethics Hist Med*. 2009. <https://www.semanticscholar.org/paper/db2c1f98911faf3747aced284c670c98c58307cd>.
14. Bourke J, Wessely S. Confidentiality. *BMJ*. 2008;336(7649):888-891. doi:10.1136/bmj.39521.357731.BE.
15. Breen KJ, Cordner SM, Thomson CJH, Plueckhahn VD. Good Medical Practice: Professionalism, Ethics and Law. 1st ed. Cambridge University Press. 2010. doi:10.1017/CBO9780511844935.
16. Ap G, Ji L. Dental practice considerations. *Dent Clin North Am*. 1995;39:861.
17. Godard B, Hurlimann T, Letendre M, Égalité N, INHERIT BRCAs. Guidelines for Disclosing Genetic Information to Family Members: From Development to Use. *Fam Cancer*. 2006;5(1):103-116. doi:10.1007/s10689-005-2581-5
18. Lucassen A, Gilbar R. Disclosure of genetic information to relatives: balancing confidentiality and relatives' interests. *J Med Genet*. 2018;55(4):285-286. doi:10.1136/jmedgenet-2017-104843
19. Reissmann DR, Bellows JC, Kasper J. Patient Preferred and Perceived Control in Dental Care Decision Making. *JDR Clin Transl Res*. 2019;4(2):151-159. doi:10.1177/2380084418811321
20. Bhardwaj A, Chopra M, Mithra P, Singh A, Siddiqui A, Rajesh D. Current status of knowledge, attitudes and practices towards healthcare ethics among doctors and nurses from northern India : A multicentre study. *Pravara Med Rev*. 2014;6(2):4-8.
21. Singh S, Sharma PK, Bhandari B, Kaur R. Knowledge, awareness and practice of ethics among doctors in tertiary care hospital. *Indian J Pharmacol*. 2016;48(Suppl 1):S89-S93. doi:10.4103/0253-7613.193320.
22. Eli K, Hawkes C, Perkins GD, Slowther AM, Griffiths F. Caring in the silences: why physicians and surgeons do not discuss emergency care and treatment planning with their patients : An analysis of hospital-based ethnographic case studies in England. *BMJ Open*. 2022;12(3):e046189. doi:10.1136/bmjopen-2020-046189.

23. Borak J, Veilleux S. Informed consent in emergency settings. *Ann Emerg Med.* 1984;13(9):731-735. doi:10.1016/S0196-0644(84)80737-4.

24. Bakir EP, Bakir S, Unal S, Sonkaya E. Are healthcare professionals sufficiently aware of dental ethics? Fields research in southeast Turkey. *Biotechnol Equip.* 2021;35(1):325-333. doi:10.1080/13102818.2021.1875877.

25. Irfan F, Akhtar H, Shah SH et al. A Cross-Sectional Survey on Knowledge, Attitude and Practice of Dental Ethics among Dental Graduates of Karachi, Pakistan: A Multicenter Study. *Liaquat Natl J Prim Care.* 2023;5(2):97-101. doi:10.37184/lmjpc.2707-3521.5.27.