

Abstract

The work involves comparing ethical values in the general population without serious damage to the general health, and in patients with overall disease where it is clear that the scale of values of the two groups are different.

From further examinations came some additional insights /see Chapter 4 d/ and chapter 5 work/.

Results and conclusions are in line with Anglo-Saxon literature/ European and overseas/ and our own experience with treating patients.

No medical industry can not fully ensure full health of patients. There is a set of values focused on specific medical professions and their own core values. These parameters set values based on many aspects of professional decision making. And those serve to assess the patient's needs.

How to treat and the doctor's own medical approach to the patient with severe overall illness corresponds to the hierarchy of ethical values in Ozar-Sokol scheme.

Proposal of six major ethical values concerning dentistry and access to treatment and justice in distribution and allocation of resources in surgical patients with variety of serious medical interventions: heart surgery, transplants, etc./ ethical values contribute to the process of decision-making in case of conflict.

Not all Ozar-Sokol scheme recognizes those. From the perspective of patients with serious diseases included in overall scheme, the need to be properly assessed is evident especially in points : 1,2,3,6.

Other values in these patients are suppressed, those are in scale of values below.

In 2002 Ozar-Sokol established the hierarchy of values as follows:

1. the patient's life and general health
2. the patient's oral health
3. the patient's autonomy
4. the dentist's preferred patterns of practice
5. aesthetic values
6. efficiency in the use of resources /cost and price/

It is necessary to add that we do not any way deny the autonomy of the patient, it would, among others, run counter productive to our legislative decisions in the Czech Republic. Our first priority is the health benefit of the patient in terms of his survival. The decisions involving treatment and cooperation between doctor and his patient is served by the informed agreement.

For comparison, dilemmas developed on dental chairs as a description of the most common conflicts a dentist has to solve on a daily basis when dealing with the general population.

What are the most dilemmas, solutions from the dental chair? Most common dilemma to be solved by dentists is: which teeth to keep in the mouth and which to extract, and if the teeth are no longer treatable and are a potential source of infection, under current condition, the patient has persistent difficulties and therefore does not wish to have teeth extracted.

Another dilemma in dental practice as an alternative treatment, such as a fracture of the cusp of molar. This includes options: 1. use a golden crown, 2. use golden crown with a porcelain surface, 3. use gold inlay, 4. substitute the cusp by amalgam, 5. repair without compensation-make only a adjustment by diamond burn, 6. rebuilt the cusp by a composite resin, 7. use porcelain inlay, 8. extract the tooth.

Generally, the patient must be informed about possibilities of alternative therapy, know who will perform the treatment and what are the costs involved, with differing opinions of other experts and their treatment options.

It is bizarre and specific components of informed consent. Your doctor may decide in accordance with professional standards and with their reasonable opinion.

The aim of dental treatment in severely ill patients is to familiarize the patient with the order of ethical values which are essential for its future, within the meaning of well being and the prospect of success of such performance. Without denying the patient's autonomy by forcing on him medical practice of our choosing. Here the true order of magnitude by American doctors Ozar-Sokol will apply, as they have dealt with these issues in the past. The task of the physician is to minimize the risk of dental infection and ensure the best chances for success in surgeries or intensive procedures (i.e. diagnostic examinations which are a necessary part of any surgery or transplantation).

The patient is then prepared for his procedure not only with a positive attitude to said surgery, but with properly analyzed Informed Consent (informed agreement) dictated by the patient.