

ABOUT THE NECESSITY AND COMPULSORINESS OF EMERGENCY ASSISTANCE IN DENTAL MEDICINE (PART I)

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Keywords: emergency care, dentistry (dental medicine), affections

Abstract: In Romania, the granting of emergency dental treatment to all categories of patients is not only a moral obligation imposed by the Hippocratic Oath submitted at the graduation of the faculty but also an obligation regulated by law. Unfortunately, a fairly high percentage of dental practitioners in our country refuse to agree to these principles. Thus, in the first part of this study regarding the obligation to provide emergency care in dental medicine, we have tried both a systematization of the diseases where we meet the refusal of the dental practitioners to provide emergency treatment, as well as a more pronounced involvement of the dental professionals in treating these categories of patients.

INTRODUCTION

It is well known that from the point of view of assistance, the emergencies of the oral and maxillofacial region generally comprise two major categories of affections, which can be synthesized in the following way:(1-6)

1. Illnesses that generally cannot be fully assisted in a service and / or a regular dental office public or private.
2. Illnesses that can be fully assisted in a service and / or a regular dental office public or private.

Specifically, in the first category of illnesses, even if the dentist cannot provide complete assistance, he has the legal and moral obligation to provide first aid and to know very well how the patient should reach the most adequate medical service to solve the problems. This category includes real oral and maxillofacial medical or surgical emergencies, such as: traumas (open or closed fractures), soft tissue wounds, and septic conditions caused by suppurations in the various lodges of the oral and maxillofacial region.(1-6)

In the second category of illnesses, we can also find the medical-surgical emergencies that the dentist can solve completely in a normal state or private dental office. This category of affections consists of: small and limited traumas, post-surgical hemorrhages and perimaxillary localized suppurations in easily accessible periodontal pouches or superficial lodges.(1-6) But, to this category of illness, there are added those which, due to an alarming symptom, pain, today determine a high frequency requests of urgent dental treatment, at any hour of the day and night, and which are represented by acute medical affections of dental pulp.(1-6)

We have not included in the disease category that requested dental emergency treatment, emergency of physiological nature (for example, tooth fractures in the upper and lower frontal group, without pain in the symptomatology) as well as emergency of prosthetic nature (for example fractures of fixed and / or mobile prosthetic restorations).

PURPOSE

This material, which we consider very interesting, consists of two distinct parts. In the first part of the study, which we are actually presenting in this article, we refer to the dental

practitioner's obligation to provide emergency treatment for the aforementioned oral and maxillofacial affections to any patient requesting his / her help.(7-12)

In the second part of the study, which we will present in another article in a future issue of the journal, we will refer mainly to the theoretical and practical principles, which include aforementioned emergency treatment for diseases in the oral and maxillofacial region, as well as the behaviour that the dental team (dentist, assistant, dental technician) must have in such cases.

MATERIALS AND METHODS

As we mentioned in the introductory part of this material, in Romania, the dental practitioner, regardless of his specialization, has the legal obligation to provide specialized emergency treatment (and here we are talking only about the oral and maxillofacial conditions we have discussed earlier) to any patient who is requesting medical help.

Unfortunately, although there is legal and moral obligation, not all dentists in Romania do so. And if we are watching the media, we will see quite common situations where dentists actually refuse to give emergency medical treatment to certain categories of patients such as HIV-infected patients, patients infected with B , C and E (HBV, HCV, HEV) hepatitis viruses, patients with tuberculosis (TB), patients with severe cardiovascular disease, diabetes, hemophilia, pregnant patients, and patients with disabilities.

And there have been cases when dentists in Romania have totally refused to give emergency dental treatment to HIV-infected patients, hepatitis B, C and E viruses (HBV, HCV, HEV) and / or tuberculosis (TB).

But the possibility of transmission of HIV infection from patients to dentists is theoretically possible in the event of accidents where the infected patient's blood reaches mucous and skin wounds of the dental staff involved in emergency treatment.

The risk of healthcare professionals in the dental sector to contract HIV, HBV and HCV infection, can be especially appreciated by knowing the frequency of the infection source among patients presented for emergency dental care.

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Article received on 07.05.2018 and accepted for publication on 29.05.2018
ACTA MEDICA TRANSILVANICA June 2018;23(2):79-82

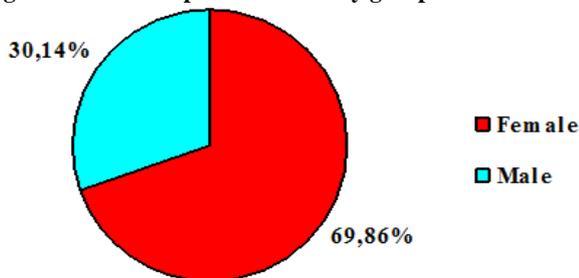
CLINICAL ASPECTS

Undoubtedly, patients diagnosed with AIDS, HBV and HCV are the most dangerous source of infection for the dentist. Exposure to infected blood is the current infection pathway for dental professionals. Although this risk exists, the dentists' fear of getting infected with any of the viruses mentioned above is extremely high, above the legal and moral obligation to treat these patients. And, from our point of view, of the authors, we cannot blame these practitioners altogether, in the end, fear is human. But we can blame dental practitioners who perceive immense rates for these patients in return for special emergency treatment. After all, we all took the oath of the great Hippocrates at the graduation of the faculty, which morally obliges us to help the others in all sorts of circumstances. And the Romanian law completes these obligations of dental practitioners by severe punishments that are applied to those who do not provide emergency medical treatment to all categories of patients who request medical help.

In the other categories of patients mentioned above (patients with serious cardiovascular problems, diabetes, hemophilia, pregnant patients, and patients with disabilities), there is still frequent refusal of emergency treatment by dental practitioners, due to both possible complications that may arise among patients as well as due to possible malpractice complaints that these patients may make to dental practitioners who have undergone emergency treatment. That is why, many of these dental practitioners are avoiding additional loading of daily medical practice with such emergency maneuvers, considering them inappropriate and useless.

Further on, starting from these aspects, which show a total lack of knowledge of medical deontology, based on a questionnaire made up of 7 very simple but extremely concise questions, we tried to make a preliminary statistical study on the necessity, but also on the obligation of the dental team (dentist, dental assistant, dental technician) to provide emergency dental care to patients with special health problems requiring emergency dental treatment in public and/or private dental offices in Romania. This questionnaire was applied to a number of 73 dentists operating in Bucharest, anonymously, aged between 27 and 53 years, out of which 51 subjects were female (representing 69.86%) and 22 of the subjects were male (representing 30.14%) (figure no. 1). As can be seen, the average age of the study group was approximately 40 years. The study was conducted between March 15 and May 20, 2018.

Figure no. 1. Description of the study group



Below we will present the questionnaire applied to the 73 subjects:

1. Do you think that the compulsoriness of providing emergency dental treatment to all categories of patients is a "normal" measure, from a legislative point of view: a. Yes; b. No (we should have the possibility of selecting patients)?
2. If you get an HIV-infected patient in your office for emergency dental care: a. You treat his dental emergency; b. You treat only his dental emergency, retaining it as a patient until the completion of specialized treatment; c. Refuse to treat his dental emergency and redirect it to

another dental service, under different excuses, although the Romanian legislation obliges you to treat him?

3. If in your office, arrives a patient infected with HBV, HCV, HEV for emergency dental care : a. You treat only his dental emergency; b. Resolve his dental emergency, retaining it as a patient until the completion of specialized treatment; c. Refuse to treat his dental emergency and redirect it to another dental service, under different excuses, although the Romanian legislation obliges you to treat him?

4. What is your attitude as a dentist, if you have a tuberculosis (TB) patient in the dental office where you are working, for emergency dental care: a. You treat only his dental emergency; b. Treat his dental emergency, and keep him as a patient until the specialized treatment is completed; c. Refuse to treat his dental emergency and redirect it to another dental service under different excuses, although Romanian law obliges you to treat him?

5. If patients requiring urgent dental care are suffering from serious cardiovascular disease, diabetes and / or hemophilia, which is your approach as a dentist: a. Treat only the dental emergency, as long as the general health of the patients allows; b. Treat the dental emergency, as long as the general health of the patients allows, keeping it as a patient until the end of specialized treatment; c. Refuse to treat his dental emergency and redirect it to another dental service, under different excuses, although the Romanian legislation obliges you to treat him?

6. If a pregnant woman requires urgent dental treatment, your attitude in this case is: a. To ensure the dental emergency, as long as the condition of the patient's pregnancy allows; b. Conduct the patient to another dental service?

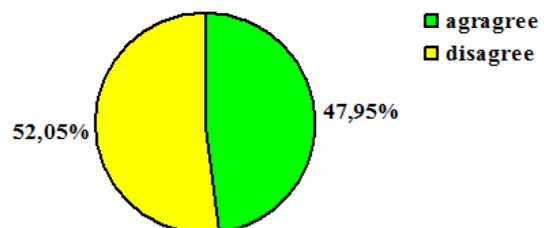
7. If you get a patient with disabilities in your office for emergency dental care: a. Treat only his dental emergency as much as the general health of the patient allows; b. Treat his dental emergency, as long as the general health of the patient can be maintained, while retaining it as a patient until completion of specialized treatment; c. Refuse to treat the dental emergency and redirect it to another dental service, under different excuses, although the Romanian legislation obliges you to treat him?

RESULTS

After studying the answers for the 7 questions, the following results were obtained:

For the first question from the questionnaire, regarding the obligation to provide emergency dental treatment to all categories of patients, 35 of the subjects responded affirmatively (representing 47.95%), while 38 of the subjects (representing 52.05%) did not agree with the legal provisions (figure no. 2).

Figure no. 2. Perception on compulsoriness to provide emergency dental treatment

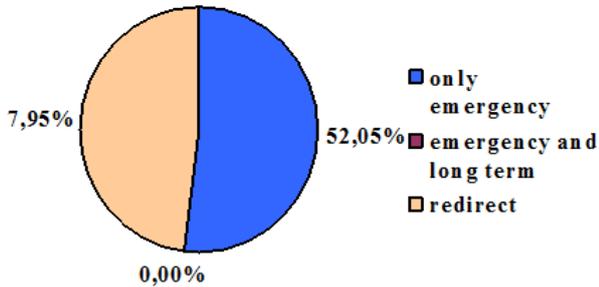


Regarding HIV-infected patients, 38 of the subjects involved in study (representing 52.05%) would only resolve

CLINICAL ASPECTS

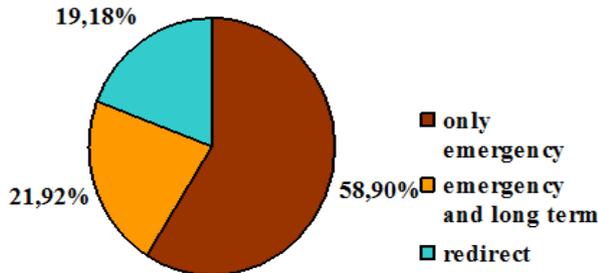
dental emergency while the remaining 35 subjects (representing 47.95%) would prefer redirecting patients to other dental clinics. It is noteworthy that none of the respondents would engage in long-term treatment for this category of patients (figure no. 3).

Figure no. 3. Perception of doctors on performing emergency dental treatment for HIV-infected patients



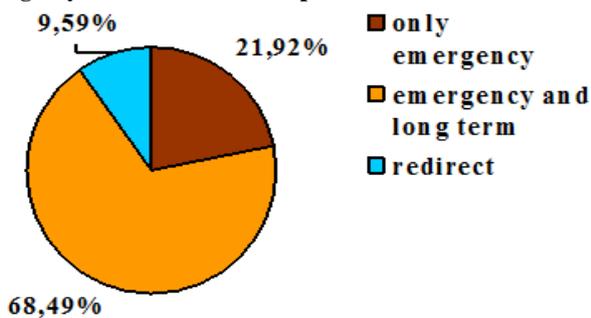
Regarding providing emergency treatment for HBV, HCV or HEV infected patients 43 dental practitioners (representing 58.90%) will only deal with dental emergencies, 16 of the subjects (representing 21.92%) will carry out the dental emergency and subsequent treatments, while 14 of the subjects (representing 19.18%) opted for redirecting patients to other dental clinics (figure no. 4).

Figure no. 4. Perception of doctors on performing emergency dental treatment for patients infected with HBV, HCV or HEV



For question no. 4 regarding providing of emergency dental treatment to patients with tuberculosis 16 of the practitioners (representing 21.92%) are willing to solve only the medical emergency, 50 of the subjects (representing 68.49%) will continue also the subsequent dental treatments, while 7 of the subjects (representing 9.59%) prefer sending patients to other dental clinics (figure no. 5).

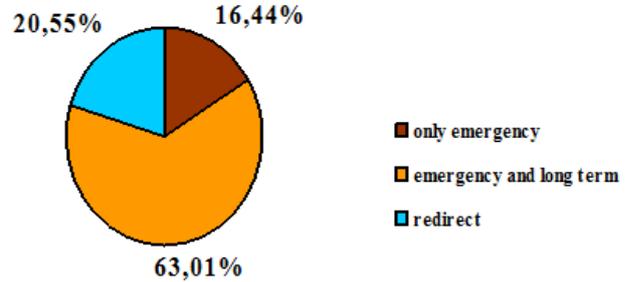
Figure no. 5. Perception of doctors on performing emergency dental treatment for patients with tuberculosis



In the case of patients with severe cardiovascular disease, diabetes and / or hemophilia, 46 of the practitioners (representing 63.01%) are willing to treat dental disease and subsequent treatments, 12 of the subjects included in the study (representing 16.44%) are willing only to treat dental emergency

while the remaining 15 subjects (representing 20.55%) prefer to redirect patients to other dental clinics (figure no. 6).

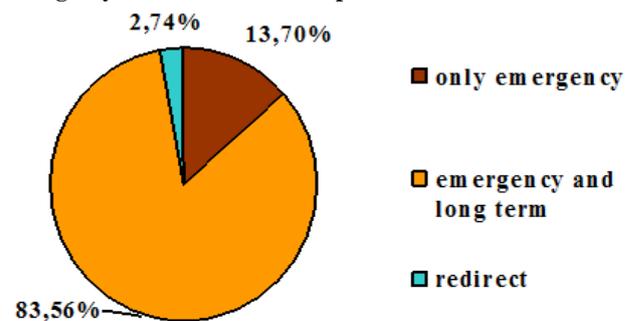
Figure no. 6. Perception of doctors on performing emergency dental treatment for patients with severe cardiovascular disease, diabetes and / or hemophilia



Regarding emergency dental treatment during pregnancy, all respondents agreed to provide emergency dental treatment to pregnant women, as long as the condition of the patient's pregnancy allows.

For the last question from the questionnaire regarding the treatment of dental emergencies for people with disabilities, 10 of the subjects included in the study (representing 13.70%) opted only for solving the emergency treatment, 61 of the practitioners (representing 83.56%) opted to solve the emergency and subsequent treatments, while only 2 of the dentists surveyed (representing 2.74%) declined their competence to other dental clinics (figure no. 7).

Figure no. 7. The perception of doctors on performing emergency dental treatment for patients with disabilities



CONCLUSIONS

Following the evaluation of the responses of the 73 subjects involved in the study, we can conclude the following:

More than half of the interviewed subjects (52.05%) considered the obligation to provide emergency dental care to all categories of patients as not being "normal", considering that they should be able to select patients, even when we are talking about providing emergency dental care.

As regards the ensure of emergency dental care in HIV-infected patients, 47.95% of the subjects involved in the study would not provide specialized treatment to this category of patients, directing them to other specialized units, which, on the one hand, denotes a strong fear of dental practitioners with regard to infection with this virus from patients and, on the other hand, the fear of being involved in various malpractice complaints from these patients.

Regarding patients infected with HBV, HCV, HEV, 80.82% of practitioners admitted that they would give emergency dental treatment to this category of patients, which shows a better understanding of these viruses by doctors and at the same time, more experience of these specialists in dealing

with patients infected with HBV, HCV, and HEV.

In the case of tuberculosis patients, about 90% of the practitioners included in the study agreed with providing emergency dental treatment for this category of patients.

Providing emergency dental treatment for pregnant women, as long as the condition of the patient's pregnancy allows, has been accepted by all dental practitioners included in the study.

For patients suffering from serious cardiovascular disease, diabetes and / or hemophilia, approximately 80% of the dentists involved in the study agreed to provide the first dental care to this patient population.

Concerning patients with disabilities, over 97.26% of the dentists included in this preliminary study agreed with the granting of emergency dental treatment to this category of patients.

Regarding the affections we have insisted on in this paper, we believe that dentists should deepen the pathology of these diseases and, above all, accept the obligation to comply with the legal rules of first aid in dental medicine in Romania.

Acknowledgement:

In this article, all the authors have equal contributions.

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