

THE IMPORTANCE OF DEANTOLOGY IN THE PRAKTIKE OF THERAPEUTIC DENTISTRY

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Annotation: This article is devoted to deontological aspects in dentistry. The science of dentistry teaches the doctor to treat the patient not as an object of his observations and therapeutic actions, but as an individual with his own spiritual world, his desires, hopes, concerns, and fears. Each person is an individual.

Keywords: deontology, dentistry, dentist, patient, fear.

Introduction: Medical deontology is the science of the professional duty of a doctor. Derived from the Greek deon, meaning "due," and logos, meaning "word," deontology is the study of the moral principles that guide the conduct of a doctor. Medical deontology is a set of principles and norms that regulate the behavior of a doctor, shaped by the unique aspects of his or her profession and position in society.

Currently, the professional conduct of medical practitioners of any specialty, including dentists, is an integral aspect of treatment. Through collaboration with the doctor, the patient assumes an active role, assumes responsibility for his or her health, and participates in recovery. An inseparable complex of manual and communication skills determines the doctor's professionalism and forms a solid basis for the patient's trust in him or her.

The history of medicine has developed a relationship between doctor and patient that is imbued with a profound sense of humanity – this is medical ethics and deontology. In its historical emergence and development, deontology is inextricably linked to the moral factor [29].

Recently, the term "deontology" has become a popular among doctors. The word is derived from the Greek deon, meaning duty. Moreover, some translate it as "the doctrine of duty," others as "the doctrine of duty" or "the science of duty." Regardless of the translation, one thing is certain: in the professional thinking of physicians of any specialty, including dentists, the concept of duty or due is extremely important. The main principle of deontology is the conscious subordination of personal interests to the interests of society [23].

The formation of the spirituality of future doctors within the walls of a university is inextricably linked with deontology, which is the doctrine of what is proper, duty.

Deontology is a reflection of ethical concepts, but has a more specific, applied nature. This allows us to talk about the features of deontological education in each medical specialty.

A **dentist** is a professional with specialised knowledge and skills for the practical implementation of diagnosis, treatment and prevention of diseases of the teeth, oral cavity and maxillofacial area as a whole. The professional activities of a dentist are divided into the following areas: general medical; special (specific); social or public; scientific research. Among these areas of activity, only special (specific) distinguishes the activities of a dentist from the activities of representatives of other medical specialties. The following functions of a dentist are identified as those that most often cause professional and ethical problems, using the example of a therapeutic dentistry clinic:

The diagnosis of diseases affecting the hard dental tissues is a key aspect of dental practice.

- Pain relief.
- Preparation of carious cavities.
- Endodontic treatment.
- Professional hygiene.
- Pharmacological treatment

All ethical issues in dentistry can be divided into two categories:

- moral and ethical;
- professional and ethical.

The moral and ethical dentist is dependent on their moral character, which is formed on the basis of upbringing in the family and school.

The professional and ethical dentist is somehow connected with their professional activity. Let us consider the classification of professional and ethical problems according to P.A. Leusu (1997):

The issue of professional debt has also become a significant concern in the dental profession over the past decade. Individuals of all ages, genders, and socioeconomic backgrounds seek dental care. This means that during preventive examinations and treatment, a vast number of people are exposed to the psychological and moral influence of dentists. The fundamental principles of doctor-patient relationships, which encompass the dentist-patient and dentist-relative dyads, can be distilled into the notion that communication between the dentist and the patient yields not only therapeutic effects but also psychological, cultural, and social consequences. Consequently, the vocation of a physician assumes particular significance [10].

It is only through communication and observation that a dentist can gain an understanding of the individuality of a dental patient, especially a child. In addition to this, knowledge of psychology, and in particular the psychology of the “little patient”,

is of great importance for a dentist. Dental treatment has the potential to leave a lasting impact on the psyche and character of the child. This can manifest in various ways, including suspicion, fearfulness, and increased reactivity. These reactions can be attributed to a number of factors, including previous experiences of suffering, fear of medical procedures, and general apprehension about dental treatment.

The attitude towards dental treatment, both in children and adults, is shaped by a complex interplay of individual characteristics, including character, temperament, and past experiences. In this case, the role of previous upbringing, the severity of the painful condition experienced, and the environment is of great importance.

Adults are typically aware of the impending dental visit and the associated risks and the necessity for treatment. They mobilize their will to actively suppress fear and negative emotions associated with the upcoming treatment. Children, on the other hand, are unable to consciously assess the danger and be convinced of the need for treatment. Their primary attitude toward the disease is emotional, characterized by fear of pain, fear of the unknown, and concerns about the upcoming treatment.

The doctor must persuade an adult of the necessity for treatment (for example, dental caries). However, in the case of a child, it is first and foremost necessary to overcome their negative emotions. Children require love, affection, attention and sympathy. For example, a girl must undergo dental treatment for caries – this is not the first time she has experienced this procedure. During the preparation process, the doctor and assistant engage in extraneous conversations, and laughter is heard. A child anticipating this procedure develops fear, hostility, and irritation towards these indifferent and, as it seems to her, cruel people. An experienced doctor is aware that a child's trust can be easily lost if he is deceived, for example, by reassuring him with a promise that nothing will be done to him, or by performing some kind of painful medical manipulation. What is needed here is psychological preparation, not deception. A smile, an affectionate joke, or a ride on a chair can help to put the child at ease. However, it is important to be aware that a child may not yet have developed a sense of humour and may therefore perceive a kind joke as an insult or ridicule.

One relationship is that of trust between parents and the doctor, assistant, and medical institution where the child is being treated. This can only be established through direct communication with a doctor, which should be conducted in a manner that fosters trust and allows for open communication between the patient and the medical team. External attributes, such as scientific titles and credentials, can also contribute to the establishment of this relationship.

The importance of communication cannot be overstated. It is essential that the doctor demonstrates a genuine interest in the patient and their wellbeing, regardless of their professional experience or rank. The doctor's personality and attitude also play a crucial role in this relationship.

When examining a child, the mother carefully monitors the doctor's behaviour, attitude, uncertainty or, conversely, self-confidence, indifference, rudeness and unprofessional conduct in handling the child. Such behaviour can negatively affect the mother and lead her to question the doctor's competence. Therefore, it is necessary for the doctor to demonstrate attention, sensitivity and patience to the mother.

It is of paramount importance that doctors, assistants and other medical professionals are aware of their significant responsibility to the patients under their care. They must recognise that their patients are not merely objects of observation or therapeutic action; rather, they are individuals with unique characteristics. It is imperative that the physician adheres to the fundamental tenets of medical deontology and identifies the optimal approach to resolving ethical quandaries, with the objective of providing the child with the greatest possible benefit while minimizing any potential harm.

Conclusion. A dentist needs to understand that he must serve standard for the patient, since when conducting a conversation about oral hygiene, the patient looks carefully at the doctor's teeth. And if the dentist himself neglects the state of oral hygiene and unkempt appearance, then his recommendations sound unconvincing and possibly offensive. Pointing out poor oral hygiene should only be supported by facts. It is also worth understanding that this topic is sensitive to conversation, so its discussion should be conducted confidentially [29].

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