

ORIGINAL ARTICLE

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Dental treatments of disabled citizens who consulted oral and dental health clinics during Ccovid-19 pandemic and ethical dilemmas experienced

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Abstract

This study has been planned to show disabled peoples problems in getting oral and dental health services and their ethical dilemmas they experienced after the first Covid-19 case announced on 11 March 2020 in Turkey and World Health Organisation declared this epidemic as pandemic. Study datas were obtained from a public oral and dental health center in Malatya, Turkey with ethics committee approval and institution permit. When the datas have been analyzed, it has been seen that disabled citizens couldn't get oral and dental health treatments and general anesthesia due to Covid-19 pandemic in 2021. It can be said that Covid-19 pandemic is a problematic period for disabled individuals for their oral and dental health services.

Keywords: Covid-19 pandemic, oral and dental health, disabled individuals

Introduction

Individuals who have been effected by environmental donditions and whose complete and effective participation have been restrained when they have been compared with others within equal conditions due to various levels deprivations in physical, psychological, spiritual and sensorial capacity are identified as disabled [1]. World Disability Report 2011 estimates world disabled population as more than 1 billion and it has been stated that this accounts %15 of population [2]. Disabled population in Turkey hasn't been updated after general census of population in 2000 and Turkey Disabled Search in 2002.

It has been declared that the number of disabled citizens in Turkey in 2012 was 1.559.222 and 2.511.950 in 2022. However, those numbers haven't been included the ones who haven't consulted hospitals to get medical board report and the ones who haven't been in contact with the state to get services [3]. These datas are important to show the levels how much disableds in Turkey exploit medical services to determine problems they experience in getting those services and finding solutions for those problems.

In our study, the change of oral and dental health service gotten by disabled individuals before pandemic in a public oral and dental health center in Malatya and the ethical dilemmas they experienced have been tried to analyze. Ethics is a dicipline that regulates values which make up individual and social relationship bases, rules, true-false and good-bad differences in terms of universal principles and moral principles frameworks [4]. Disability occurs due to restrictive and preventive disadvantages when the individual can't supply his needs and he can't perform his normal role in the life. It is necessary to regulate those disadvantages according to

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the social norms. Also, it is necessary again to emerge an ethical view towards disability by developing a life understanding like living together with differences [4]. The first matter 5378 number law about disabled people has been explained as it is aimed to make necessary regulations to make disabled people participate the life completely and efficiently in within equal conditions with others and to take measures that will prevent disability by promoting and providing fundamental rights and freedoms for disabled individuals and by strengthening the respect toward their honour that they have innate.

The terms like respect towards the honour and equality in the law matter shows that the rights are in an inseparable whole with ethical attitudes. United Nations Agreement on the rights of people with disability signed by Turkey in 30 March 2007 has been published with 5825 number law in an official gazette and it entered in force on 28 October 2009 in our country. Disabled people rights health sector have been explained in 25th matter of this agreement. In this matter, not being imposed to discrimination, medical services Access according to gender, medical services that are free or affordable, easy access to services, autonomy of patients, their honours and respect to human rights, fair and reasonable insurance payments have been handled matter by matter and the importance of ethical attitudes has been highlighted [5]. Disability rights and ethics acquired a different dimension after SARS-CoV2 virus that was known by the world as a result of declaration of the first case by China in December 2019.

It was known that the basic infestation of it was respiration and due to this, radical changes occurred in oral and dental health services. A science committee was constituted in 10 January 2020, the first case in Turkey was declared in 11 March 2020 and the pandemic was declared by WHO (World Health Organization). Oral and dental health practices were continued with the help of decisions taken by science committee and directly declared. In 17 March 2020, an edit entitled as Delay of Elective Practices and Other Precautions delayed the practices like the filling that forms aerosol, root canal therapy, other elective practices and only urgent actions were allowed to be done. In 23 March 2020, the urgent and compulsory practices in dentistry and the procedures that must be obeyed in dental practices were detailed through an official writing. Precautions that will be done in health institutions during Covid-19 normalization process were explained on 7 June 2020 [6].

On 20 October 2020, the cases which were identified as urgent and compulsory dentistry practices were extended as root canal therapy, teeth extraction, prosthesis repair, fallen or broken filling renew, crown or banding cementation etc. within an edit entitled as oral and dental health services during Covid-19 normalization process [7]. When we analyze this process, we can think that Access to oral and dental health services of disabled citizens has become problematic due to the pandemic and this matter that causes an important ethics problem for our study has been tried to clarify.

Material and Methods

In our study, application numbers, demographic features, whether they have medical service at home or not, whether they have any

medical services or not were studied. In an oral and dental health center in Malatya province between 01.01.2018 and 31.12.2021, the time before the pandemic and after the pandemic were compared and it was aimed to evaluate the effects of pandemic on oral and dental health services taken by disabled citizens. To obtain the data of the study, health sciences noninvasive clinical studies ethics committee approval, Ministry of Health, medical services general management Covid-19 pandemic searches committee approval, hospital prior authorization, health department of scientific research committee approvals were obtained and a protocol was signed to conduct the study. Disability can be analyzed under many titles like mental, auditory, sight, orthopedic, language and speaking and as a result of spiritual and emotional illness, chronic disability. That's why, doing system registry by stating the kind of disability when applying a health institution is not a problem that has been solved. In our study, 6 of 226 patients who had treatment through general anesthesia were registered to system as severely disabled individuals. Disability rates of other disabled citizens were not recorded in the system.

Being sensitive while registering the disabled citizens to systems in health institutions will block the restrictions of searches to the topic. It is possible to say that, this is an important restriction reason for our study.

Results

The Treatment Through The General Anesthesia

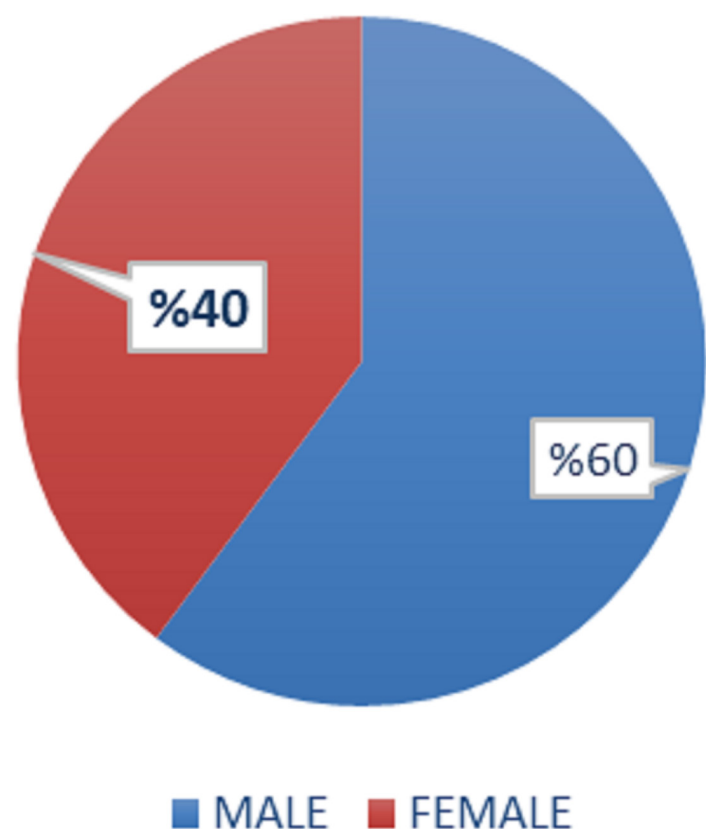
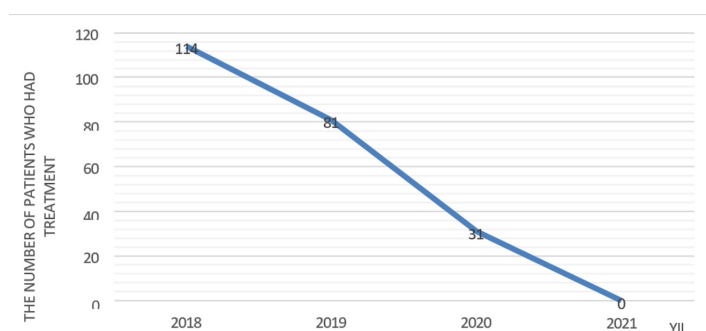
In the private oral and dental health centres in Malatya, in Inönü University Faculty of Dentistry since 2010, in Şehit Mehmet Kılıncı Oral and Dental Health Hospital since 2012, disabled patients have been getting dentistry treatments through the general anesthesia [8]. When we analyze the numbers of disabled citizens who got treatment through the general anesthesia before the pandemic started in oral and dental health centers in which the study was being conducted.

114 patients were treated in 2019. It was seen that 69 (60.5%) of them were male and 45 (39.5%) of them were female. 81 patients were treated in 2020. It was seen that 46 of them (56.8%) were male 35 of them (43.2%) were female. Until 11 March 2020 when the first case was declared, 31 patients were treated. 21 of them (67.7%) were male and 10 of them (32.3%) were female. All practices done through general anesthesia have been delayed since 11 March 2020.

The end of the date range which our analyze is 31.12.2022 and until this date, there were no patients who had treatment through general anesthesia (Table 1). With 9 February 2022, patients were accepted again for the general anesthesia treatments of disabled patients. Between 11 March 2020 and 9 February 2022, the treatment needs of disabled individuals were tried to be done with the help of oral and dental health centers emergency polyclinic and medical home institution. When we look at the vary by gender of patients who had treatment through the general anesthesia between 01.01.2018 and 31.12.2022, it was seen that 136 (60%) were male and 90 (40%) were female. This result shows that to determine the lack's causes of female disabled citizens' applications, new studies are needed (Figure 1).

Table 1. The divisions of patients who had oral and dental health treatments through the general anesthesia in terms of years and genders

YEAR	FEMALE	MALE	TOTAL
2018	45	69	114
2019	35	46	81
01.01.2020-11.03.2020	10	21	31
11.03.2020-31.12.2020	0	0	0
2021	0	0	0

**Figure 1.** the number of patients who had oral and dental health treatment through the general anesthesia in terms of gender division between 01.01.2018 and 31.12.2021**Figure 2.** The number of patients who had oral and dental health treatment through the general anesthesia in terms of years

Services Unit of Home Health

After the publication 27.02.2017 dated circular about medical home care services from oral and dental health centres, it was

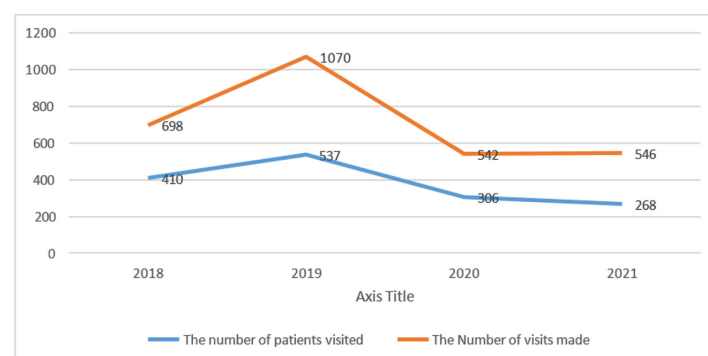
learned that with the help of medical home care units founded in oral and dental health centre in which the study was being conducted, disabled citizens could benefit medical services [9]. When we analyze the numbers about oral and dental health service by medical home care units; 410 patients were visited in 2018 and 698 home visits were done. 537 patients were visited in 2019 and 1070 home visits were done.

Until 11 March in 2020, 128 patients were visited and 299 home visits were done. From 11 March in 2020, 178 patients were visited and 243 home visits were done. 268 patients were visited in 2021 and 546 home visits were done.

The same person could be visited more than one depending on the treatment implemented to him. While visiting a patient whose tooth was pulled out just once, many visits could be done for the patient who had prosthetic treatment. For this reason, there were many more visits than patient numbers. Before the pandemic, between 01.01.2018 and 11.03.2020, totally 1075 patients were followed. Those patients were visited 2067 times. After the pandemic between 11.03.2020 and 31.12.2021, 446 patients were followed and those patients were visited 789 times (Table 2).

Table 2. Patient numbers and visit numbers as a result of oral and dental health services by medical home care units in terms of years

Year	The Number of Patients Visited	The Number of Visits Made
2018	410	698
2019	537	1070
01.01.2020-11.03.2020	128	299
11.03.2020-31.12.2020	178	243
2021	268	546

**Figure 3.** Patient numbers and visit numbers as a result of oral and dental health services by medical home care units in terms of years

Discussion

During the pandemic, oral and dental health services in public places were done by delaying non-urgent treatments until the normalization process due to the law about the delay of non-urgent treatments. In the ongoing normalization process, except urgent and compulsory treatments, it was emphasized that all treatments must be done through appointment system [7].

Today numerical data about disabled individuals are being

estimated by analyzing the registries in national data base, statistical studies done with samples and administrative records [8].

However, due to the fact that disabled people who don't have disabled report or who don't apply to get medical services have not been included to system. It has been estimated that the number of disabled citizens is much more than the number of registered in national disabled data base. The rise of chronic disabilities due to chronic illnesses and other disabilities as a result of population and age rise is an expected situation [2]. That's why, the studies that analyze and develop oral and dental health services for disabled citizens are needed much.

Conclusion

During the pandemic period, home health unit services were provided to disabled citizens and the need for treatment with general anesthesia was tried to be postponed. However, in cases where this is not possible, the patient cannot cooperate and treatment is mandatory, treatment with general anesthesia is inevitable.

At the end of our study, it is possible to evaluate it as a process in which disabled citizens are harmed in terms of oral and dental health due to the Covid-19 pandemic. There for oral and dental health service management in the normal period is very important in order to make it easy for disabled citizens to access this health service in extraordinary situations such as pandemics.

For this purpose, developing an up-to-date database where all disabled citizens are registered, carrying out comprehensive studies for the registration of disabled citizens in health institutions, developing preventive and preventive health services, which have an important place in health policies, facilitating access to comprehensive health services when necessary, increasing the effectiveness of primary health care services, establishment of family dentistry units with the aim of increasing the number of family dentistry units [11], using equipment with universal design features in health institutions, providing consultancy support to assist the disabled in the institution, arranging appointment systems for the disabled, disseminating the use of on-line, e- health and tele-health applications, providing necessary information/

training on disability to all individuals providing health services, ensuring that people with disabilities participate in these trainings as trainers, enabling disabled citizens to improve their own health, health protection courses, peer support/information provision, increasing income support in health/care services for the disabled, providing economic incentives to health care workers in the practices for disabled citizens and similar practices will prevent ethical dilemmas and increase the standards of health care services [2].

Conflict of interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

The authors declare that they have received no financial support for the study.

Ethical approval

*Inonu University Scientific Research and Publishing Ethics Board Date:22.02.2022
Number of sessions:4 Number of decisions:2022/3107.*

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