

**DYNAMICS OF NORMATIVE REGULATION IN DENTISTRY****Normuradov Nodirjon Alisherovich**3rd year student of the Faculty of Dentistry  
Samarkand State Medical University

**Abstract:** The functioning of society as an integral system, as well as the activities of its individual social institutions, is based on the fundamental ability to predict the behavior of the actors. Normative regulation, i.e. the impact of society on the behavior of individuals through social norms, is one of the mechanisms developed by society to solve the problem of uncertainty in the relationships in which subjects are involved within the social structure or which they initiate to implement their goals and objectives. In this article, the author examines issues related to normative regulation in dentistry, considering within the framework of dental disciplines, as well as sociology, sociology of medicine and others.

**Keywords:** normative regulation, dentistry, ethical and legal conflicts.

**Introduction.** The specifics of modern dentistry are such that it is already legitimate to talk about its separation into an independent branch of healthcare. Normative regulation (legal, administrative, ethical, etc.) directly affects the main task of dentistry – improving the quality of medical care, and this influence is so significant that social measures that go far beyond the industry are often required.

The problem of improving the quality of medical care in dentistry in modern society is solved in several ways: the reform of medical education in order to adapt it to world standards, the reform of the health economy, the reform of the health organization, the improvement of all forms of normative regulation. Therefore, the success and efficiency of the functioning of the industry largely depends on how thorough and effective the study of the formation, functioning and development of its regulatory framework will be.

The level of problem scrutiny. Various issues related to normative regulation in dentistry are considered within the framework of dental disciplines, sociology, sociology of medicine, etc. Dental activity has always been characterized by a high level of professional and ethical risks. Performing their professional duties properly, dentists, nevertheless, act in a state of risk, constantly applying new high technologies, various modern medicines, etc. (Shestakov V.T., 1997; Tikhomirov A.B., 1998; Boldinov V.M., 2002; Mokhov A.A., 2004).

The increase in the number of ethical and legal conflicts is associated with the transition of dentistry to market relations; therefore, the relationship between patients and doctors should have stricter and more detailed ethical and legal regulation than before (Yurkin G., 2000; Ostrovskaya I.V., 2001)

The problem of conflict regulation in medicine, the transition of conflicts from the sphere of business relations to a purely personal sphere have been considered in a number of studies (Larentsova L.I., 2002; Larentsova L.I., Sokolova E.D., 2002; H. Leigh, M.F. Reiser, 1985). Issues of distrust of the doctor,



lack of proper contact with the patient, manifest themselves in the form of litigiousness or aggression towards medical workers (Mukhamedova Z.M. 2017).

The legal provision of medical care in the conditions of industry reform is not adequate (Tsaplin A.A., 2005; Piskun L.I., 2005, Pashinyan G.A.). And this is due both to the protection of the interests of patients themselves and to the fact that medical workers still do not have a special legal status. The leading role in the realization of the rights of a doctor should be played by professional dental associations (Mukhamedova Z.M. Rizaev J.A. Makhmudova A.N. 2020).

The issues of ethical regulation are directly related to the introduction of ethical committees into the practice of dental activity (Mukhamedova Z.M., Umirzakova N.A., 2017).

One of the most controversial topics in the scientific dental literature is the introduction into practice of treatment standards Rizaev J.A., Kubaev A.S., Xazratov A.I. (, 2018,2019,2021, etc.)

In the last decade, various problems of ethical regulation have been considered in the framework of research on the sociology of medicine. Within the framework of the peculiarities of the existence of various forms of ownership in dentists (Antonova N.L., Bulavin V.A., Belyaevsky O.V., Karachev P.D., 2004, Parshin P.A., 2008), in the context of the peculiarities of dental services (Leontiev V.K., Makarova R.P., Kuznetsova L.I., Blokhina Y.S., 2001 Baghdadi Z.D., 2001, Lyubova S.Y., Tuchik U.S., Popova T.G., Mat S.A., 2008), responsibility for the observance of patient rights (Feinstein A.B., 2004, Makhmudova A.N., 2022).

A wide range of scientific directions and practical activities in dentistry, within which the problems of normative regulation are considered, speaks of the undoubted relevance and importance of its study. But to date, we have not identified any studies that would be devoted to the actual influence of social regulation on the activity of a dentist and would be of a prognostic nature.

The purpose and objectives of the study: to systematize the forms and types of normative regulation in modern dentistry and to develop recommendations for their adequate application in order to improve the quality of medical care.

This goal is realized in solving the following research tasks:

- to analyze the experience of studying the legal regulation of dental activity in domestic science;
- to conduct a content analysis of documents regulating deontological relations in modern dentistry;
- to consider the possibilities and prospects of ethical regulation in the process of updating the legal framework in practical dentistry;
- to show the features of administrative and deontological regulators in the process of implementing standards in dental practice;
- to identify the features of the normative regulation of clinical trials in dentistry;



- to substantiate the practical necessity of a comprehensive application of methods of legal, administrative and ethical regulation in dental conflicts.

The object of the study is dental activity in the Republic of Uzbekistan.

The subject of the study is the normative regulation of dental activity.

The hypothesis of the study. Dental activity in Uzbekistan needs special regulation, as it most clearly reflects the commercial approach in medicine and therefore has an increased conflict. Relationships within the industry are regulated in detail by legislation, but the essence of this regulation is not always known and understood by both patients and doctors. Effective legislation becomes effective when the ethical norms of regulation that have become familiar are fixed in it. The last reform decade in our country has activated all forms of normative regulation in dentistry - legal, administrative, bioethical, deontological, ethical. But their dynamics are different. Changing deontological norms often do not have time to consolidate in practice, in the minds of the doctor and the patient, ethical regulation lags behind legal and administrative. Identification and elimination of this imbalance in the process of formation and change of legal, administrative, ethical regulations can lead to optimization of the development of the industry as a whole.

Methodological foundations of the study

When solving the tasks set in the scientific work, a set of theoretical and empirical methods was used: the study of special literature, analysis, synthesis, systematization and generalization of the data obtained. In addition, the theoretical and methodological basis of the study is a combination of the following approaches: holistic and comparative historical, a historical and philosophical approach to the problem in dentistry is used; in the course of further scientific research, methods of systematic and comparative analysis are also used, allowing to reveal the essence of the problem more deeply and outline ways to solve it.

Scientific novelty of the work:

1. To date, there are sufficient grounds for stating a noticeable lag of social regulators in dentistry from the requirements of clinical practice.

2. If there is a higher percentage of claims and complaints from patients in dentistry than in other branches of medicine, special ethical norms regulating moral relations in dentistry have not been formed yet.

3. Awareness and legal protection of patients has been noticeably increasing in recent years, but at the same time there is a process of reducing the level of social protection of doctors, which is due not only to socio-economic factors, but also to the lag in the development of appropriate ethical and legal standards.

4. There is a noticeable risk of excessive standardization of practice in the dental practice of Uzbekistan. The phobias that form in this regard among dentists hinder the realization of their creative potential. It is possible to reduce such a risk if the role of ethical regulation is strengthened.

5. Normative regulation in domestic dentistry should be formed according to a systematic principle - as a unity of administrative, professional, legal and ethical



regulation of practical and scientific activities. This implies regular sociological monitoring at the federal and regional levels of the impact of new regulations on the quality of dental services.

Theoretical and practical significance of the work

The theoretical analysis of normative regulation allows us to expand the understanding of the scope of transformations in dentistry over the past decade and to propose an approach to the development of a methodology for optimizing normative regulation, which allows, in particular, to improve the efficiency of dentistry as an industry, and, as a result, to improve the quality of life of the patient.

Practical recommendations of the work, such as the development of a network of ethical committees (EC) and the optimization of the work of existing EC, the use of new forms in the training of dentists can be used in the work of dental associations and health committees at the municipal and regional levels.

The recommendations developed on the basis of the findings of the study can be used in educational programs for training dentists, in the organization of educational and preventive programs for patients, as well as as a technique for optimizing the process of providing dental services.

Expected results:

The obtained data can be used in interdisciplinary research on bioethics and on individual problems of medical ethics, and can also contribute to the development of normative documents in bioethical practice and become the basis for the humanitarian expertise of new biotechnologies.

The results of the study can contribute to the formation of appropriate requirements both for the list of new specialties and qualifications, and for the content and organization of education in the field of biomedicine.

The research materials can serve as a scientific and methodological basis for specialists (medical workers, dentists) who carry out treatment in dental activities.

It should be noted that clinical research in dentistry is included in the broad term "biomedical research". For conducting biomedical research with the participation of people, there are guidelines adopted at the international level, they are set out in the Helsinki Declaration and other documents. It should be noted that the professional ethics of a dentist within the framework of deontology is still more widespread today not only in the republics of Central Asia and Kazakhstan, but also in other CIS republics. The actualization of the inclusion of bioethics and biomedical ethics in the educational, daily practice and clinical research of dentists would be a worthy response to the challenges of the time, would meet the requirements of the State Standard of Uzbekistan on good Clinical Practice and the Decree of the President of the Republic of Uzbekistan "On measures for the further development of the higher education system".

Biomedical principles in the dental profession lie in the idea that a dentist should act in such a way as to increase the prestige and reputation of the profession



in the face of the progress of the latest technologies. The principles of biomedical ethics are the goals set for the profession of a dentist, they provide guidance and offer justification for a code of professional conduct and advisory opinions. The main ethical principles are: to avoid causing any harm to the patient (the principle of do no harm); the principle of doing good to the patient; the principle of patient autonomy; the principle of informed consent of the patient, etc. These principles are complemented by other ethical rules, such as: altruism, fairness, confidentiality, loyalty, truthfulness, and others.

For clinical decision-making in dental research, in everyday practice, in addition to guidelines, principles, there are values. In 1988, the authors of Ozar D.T. and others published a report that presents 7 categories of values recognized in the profession in its approaches to treatment<sup>1</sup>. The authors propose a ranking of values to help clarify the decision-making process when these categories conflict with each other. The values in their hierarchical order are arranged as follows:

1. Life and Health, 2. Proper and painless oral functioning, 3. Patient autonomy, 4. Preferred practice, 5. Aesthetic values, 6. Cost, 7. Other external factors.

The very existence of these values, as well as their ranking, is contradictory both within dentistry itself and outside it. For example, every time a patient's life is exposed to a certain risk when local anesthesia is used in the name of painless dentistry, but most dentists believe that the risk is justified. Others may put patient autonomy above dental health and proper functioning. Patients can put external (non-dental) factors above all other listed values. According to some ethical systems (for example, religious, legal), many of the listed values should be subordinated to other ethical problems that have nothing to do with these values. For now, however, it will be useful to summarize one version of a possible list of values to provide a basis for further discussion.

Ethical categories "Life and health". The viability and development of general health is the central concern of all practicing dentists and patients. Under normal conditions, dentists should not carry out treatment that endangers the life and health of the patient. Sometimes, in a patient with malignant hyperthermia who has suffered a serious facial injury, the risk of death during general anesthesia may exceed the expected aesthetic result. Therefore, in this case, the oral surgeon uses local anesthesia<sup>2</sup>.

The complex and important category of "Proper and painless oral functioning" has two broad aspects. Firstly, for doctors, priority is given to actions that take into account factors such as age, health status and the ability to provide independent care. These categories include the basics of disease prevention and maintaining oral health. If a patient has periodontal disease and does not observe oral hygiene, it should be emphasized that more thorough self-care at home is necessary before starting any treatment. In the case of a patient who is physically limited and cannot perform the procedures prescribed by the doctor at home, the



dentist may consider it unethical to start any treatment, since its success depends on the patient's activity.

The second aspect concerns the convenience of oral functioning. Some dentists and patients put long-term performance above other categories. Such doctors value the prevention of dental health and the practice of high-quality dentistry. For example, if a patient requires fixed dentures to be installed on damaged teeth and problems will arise with them in the near future, it is considered unethical to carry out this procedure, even if the patient requires and wants to pay for it.

In the context of healthcare, the category of "patient autonomy" refers to the ability of competent patients to make decisions that reflect their interests. An example of a patient who refuses further treatment of a tooth and requires its removal, despite the fact that several procedures have already been performed and now root canal treatment and crown installation are required. The dentist believes that the tooth can be saved and does not agree with the patient's choice. In this situation, the tooth is already damaged and although the dentist does not agree with the removal, the patient's requirement is reasonable and can be fulfilled.

During the training, dentists gain knowledge regarding the choice of treatment. For example, the preference for restoring a damaged tooth rather than removing it (when possible), the use of crowns rather than amalgam restoration, the use of fixed prosthetics rather than partial in a situation where both methods are possible. The category of practice preferences in the minds of many dentists is higher than aesthetic value, but these preferences are less important than patient autonomy. Those who agree with this hierarchy of preferences appreciate that the patient is fully aware of the existing alternative methods. In many situations where the patient chooses a treatment that the dentist does not approve of, the concept of preference practice suggests that the doctor should give in to the patient's demands.

Dentists are aware that appearance is important to the patient, and they usually take aesthetic factors into account during treatment recommendations. On the other hand, dentists are usually reluctant to give preference to the aesthetic component over the possibility of painless functioning, if these two components are not compatible.

The role of values in ethical decision-making in dentistry is a complex and controversial problem. Usually, it is considered that the cost is mainly the patient's concern, but it can also affect the dentist's recommendations. The doctor may not be able to recommend a certain treatment because he knows, or at least thinks, that the patient will be able to afford to pay for his work. However, dentists usually do not consider cost as a particularly important category in their recommendations to the patient. For example, the treatment of a damaged central incisor, which has changed color and is hypoplastic, is being considered. The dentist is very likely to recommend a composite resin crown, solely from the point of view of better aesthetics, even if the crown will be much more expensive. Of course, for a patient



whose financial situation may be very different from the financial situation of a doctor, the question of cost will be more important.

Factors outside of dental considerations often enter into the decision-making process on the part of the dentist. This broad category includes social and cultural influences, social welfare, social justice factors, and even the personal responsibilities of a dentist. Some external factors may deserve a higher place in the hierarchy, and at times may be more important than, for example, cost or ethical factors. In order to clearly understand the role of values in making ethical decisions in dentistry, their role, as well as to understand more systematic alternative ways of solving ethical problems, it is necessary to study the basics of ethical theories.

So, the overall goal of ethics in clinical dentistry is to present not only an introduction to ethical considerations, but also a methodology for ethical analysis in order to enable future specialists to justify their moral choice. Accounting for teaching at the preclinical and clinical level should be subordinated with special attention to a specific goal. It is important to note that in the international practice of the development of dental education and the formation of appropriate competencies of a dentist that meet the requirements of the time, a special priority is given to the category of respect for patient autonomy and informed consent in the relationship between a dentist and his patient.

### ***Conclusion.***

Summing up all of the above, it seems possible to draw the following conclusions.

Ethical problems in dentistry, as before, are concentrated around the doctor-patient relationship. But the conflictogenic dynamics is obvious. It is due to the fact that the awareness and legal protection of patients is growing, but the social protection of doctors is not.

Dentists do not rely on the state to maintain their professional status, considering that it allows periodic limits of ownership in dentistry that negatively affect the position of practitioners. Dentists do not hope for the help of their own Association in conflict issues, since so far it has not shown any activity in that issue.

The process of creating standards in dentistry is objectively necessary to optimize normative regulation in it and improve the quality of dental services, since dental clinics are interested in adopting standards that define general requirements and rules for medical care, as well as in forming a quality control system for services rendered.

In dentistry, there is a risk of excessive standardization of practice, which entails not only an increase in the number of conflicts, but also a decrease in the quality of medical services. It is possible to reduce such a risk by introducing an ethical examination of the adaptation of medical workers to new standards.



The quality of treatment depends not only on the "purity" of the standards, but primarily on the professionalism of the doctor, therefore, the implementation of treatment standards is not possible without compliance with deontological norms by doctors. In this regard, the role and importance of EC at various levels is steadily increasing.

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