

Legal and Ethical Knowledge Applied to Implantodontics

Conhecimento Legal e Ético Aplicado à Implantodontia

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Abstract

Knowing the large demand for treatments with implants and prostheses over implants and the lawsuits that involve these procedures, the aim of this study was to verify the knowledge of dental surgeons who perform dental implants about professional responsibility. The sample comprised 62 dental surgeons who perform dental implants in their practice and agreed to attend this research. All participants signed a Consent Form, were interviewed and answered a questionnaire applied individually. The validated questionnaire was divided into five sections: professional profile, professional conduct and procedural issue, structure of the workplace, ethical and legal issues, dental documentation. About 76% of professionals interviewed were male, 93,5% cited the Brazilian Dentistry Code of Ethics, 82,3% reported that offer more than one treatment option, 79% of the professionals were not responding or had not responded to a civil / criminal / ethical lawsuit or had a complaint in Consumer Protection and Defense Program (PROCON), 64,5% performed the surgical guide for certain cases, 58% had medical records and informed consent for all patients, 80,6% had appropriate practices and structures for patient care. Most of the study professionals act according to the ethical and legal aspects of professional responsibility, but there is a lack of knowledge of current legislation and need to be aware of the documentation of medical records, terms and contracts.

Key-words: Dental Implants. Legal Dentistry. Professional Responsibility.

Resumo

Sabendo da grande demanda por tratamentos com implantes e próteses sobre implantes e ainda, as ações na justiça que envolvem esses procedimentos, o objetivo deste estudo foi verificar o conhecimento dos profissionais que atuam com implantes na região Noroeste do Paraná, sobre o tema responsabilidade profissional. A amostra foi constituída por 62 profissionais que realizam implantes e aceitaram participar da pesquisa. Os participantes assinaram um termo de consentimento livre e esclarecido e responderam a um questionário validado aplicado individualmente em forma de entrevista. O questionário continha questões divididas em cinco variáveis: perfil profissional; conduta profissional e experiência processual; estrutura do local de trabalho; aspectos éticos e legais; e documentação odontológica. Estas foram divididas por categorias. O perfil profissional evidenciou que 76% dos entrevistados eram do sexo masculino, 93,5% citou o Código de Ética Odontológico na legislação aplicada, 82,3% relataram propor mais de uma opção de tratamento ao paciente, 79% dos profissionais não estavam respondendo ou não havia respondido algum processo cível/criminal/ético ou tiveram reclamação no Programa de Proteção e Defesa do Consumidor (PROCON), 64,5% realizavam o guia cirúrgico para determinados casos, 58% possuíam prontuário e termo de consentimento para todos os pacientes, 80,6% apresentavam consultórios e estruturas adequadas para o atendimento ao paciente. A maioria dos profissionais do estudo atua de acordo com os aspectos éticos e legais de responsabilidade profissional, porém existe desconhecimento da legislação vigente e precisam atentar-se quanto à documentação de prontuários, termos e contratos.

Palavras-chave: Implantes Dentários. Odontologia Legal. Responsabilidade Profissional.

1 Introduction

The professional-patient relationship has undergone many changes, especially in the last two decades. In contemporary society the charge for the provision of professional services of quality has increased significantly, which represents an advance in social terms¹. With globalization, patients seek to better understand their problem by means of specific information and questions to the professional, inquiring about their treatment as a whole. Thus, it is the professional's duty to provide information needed for their patient in consultation, in order to establish a good understanding and relationship between them².

The exercise of Dentistry, as well as other health professions, is subject to complications, being that they are harmful to professional and especially to the patient. Depending on the extent of this result, the consequence may cause damage to the patient, whose discussion can reach the judicial sphere. Judicially the matter can be discussed in the context of civil law, means that it verifies the existence and quantifies damages, or even in the context of crime, if the professional conduct fits into one of the modalities of crimes or professional mistakes provided for by the legislation³. In the civil sphere there may be the repair of data by the professional through indemnification, already in the criminal

penalty there may be fines, detention or imprisonment. The ethical responsibility is disciplined by the dental Code of Ethics (CEO), the Federal Council of Dentistry (CFO) and its regional state (CRO's). The professional can answer the ethics process that violate the Code of Ethics Dental, may receive sentences ranging from warnings to cancellation of professional exercise⁴.

The skill of implantology, as various areas of dentistry, requires a careful professional practice, because there are several procedures with the potential to cause physical, emotional or financial losses on account of results not laid or which are at odds with the desire of the patient. Thus, in the formation of these specialists the themes related to professional liability should be addressed. The theme "professional liability" includes liability, criminal responsibility and ethical responsibility. In the specialization courses, it is expected that these issues are addressed in the discipline of ethics and law, for understanding the practice of the professionals, considered mandatory for all the courses recognized by the CFO⁵.

The possibility of rehabilitation treatment, with the installation of Osseo integrated implants is safe and predictable if well planned and executed. This increases the supply of courses of implantology, from public and private institutions, in addition to the interest by the professionals in relation to the financial profitability that the implant brings. However, this has also been one of the most questioned specialties in justice. In view of this, it is necessary to search the knowledge and behaviors of such professionals in the treatment of patients, showing why these procedures cause so many lawsuits, because the responsibility of the Implant Dentist can be understood as legal and ethical obligations. Thus, if a result proved harmful to the patient the professional will be subject to the penalties provided for in the laws⁶.

Knowing the large demand for treatments with implants and the lawsuits that involve these procedures, the aim of this study was to verify the knowledge of dental surgeons who perform dental implants about professional responsibility, who carry out implants in the Northwest region of Paraná, considering legal aspects and clinical conducts.

2 Material and Methods

This study is a cross-sectional, quantitative and descriptive design about professional profile, knowledge and expertise of dentists who work in the northwestern part of the state of Paraná, with aspects of professional responsibility in procedures with implants.

Overall 130 professionals were invited of which 62 professionals accepted. These were 53 specialists in Implant dentistry, 3 in Maxillofacial Surgery and 6 in periodontics. The professionals were approached in their respective working environments, in previously scheduled dates and times, not interfering in the performance of the activities of the same.

The study was approved by the Committee of Research

Ethics (COEP) from the State University of Maringá according to Legal Opinion number 2.655.282 Upon accepting to participate in the research, the dentists participants signed a written informed consent form (WICF). Then they were interviewed by a single, previously trained examiner, using a structured questionnaire, which was developed for the study.

The survey instrument was tested initially with 10 professionals dentists for the verification of the relevance of the questions in relation to the selected variables, as well as aspects of textual understanding and dialog structuring. After that stage, adjustments were made in the questionnaire in order to contemplate the necessary changes.

The validated questionnaire was divided into five sections: professional profile, professional conduct and procedural issue, structure of the workplace, ethical and legal issues, dental documentation.(Table 1). The data obtained were organized in spreadsheets and analyzed descriptively.

Table 1 - Variables and respective categories considered in the research with professionals who work with implants. Maringá, 2018

1. Professional Profile
Sex Age Formation institution Professional Activity
2. Professional conduct and procedural experience
Differentials in professional-patient relationship Had or has judicial citation Has civil liability insurance Understands to have professional prejudice be responding ethical or legal process Performs surgical guide Calls on medical evaluation Performs pre and post-operative guidelines
3. Structure of the work place
Physical Accessibility Service Provision
4. Ethical and legal aspects
Legislation applied considered more important It is possible to deny treatment Offers more of a treatment option
5. Dental documentation
Has full records and signed Terms Cares to issue documents Performs a contract for the provision of services Supplementary documentation for requested image

Source: Research data.

3 Results and Discussion

The results of this study are presented in Tables 2 and 3 according to the variables and

Table 2 - Absolute Description and percentage of the professional profile, professional conduct and procedural experience and structure of the work of the professionals interviewed

(n=62). Maringá, 2018

Variables	Categories	n (%)
Professional Profile	Male	47 (76%)
	Female	15 (24%)
	20 - 30 years	14 (22.5%)
	31 - 40 years	25 (40%)
	41 - 50 years	12 (20%)
	Over 50 years	11 (17.5%)
	Public Formation	23 (37%)
	Private Formation	39 (63%)
	Works alone in his/her own office	18 (29%)
	Works with other dentists in his/her own clinic	24 (38.8%)
	Works with other dentists and other professional categories in his/her own clinic	4 (6.5%)
	Works with professionals of other categories in his/her own clinic	1 (1.6%)
	Works with professionals of other categories in partnership clinic	0 (0%)
	Works with other dentists and other professional categories in partnership clinic	2 (3.2%)
Works with other dentists in partnership clinic	9 (14.5%)	
Works alone in third parties office	2 (3.2%)	
Works with other dentists in third parties' office	1 (1.6%)	
Works with other dentists and other professional in third parties' office	1 (1.6%)	
Professional conduct and procedural experience	Good relationship as differential	31 (50%)
	Complicity as differential	10 (16%)
	Honesty as differential	11(17.7%)
	Detailed explanations on procedures as differential	24(38.7%)
	Knowledge as a differential	12 (19.3%)
	Quality of materials used as differential	2 (3.2%)
	Has judicial citation	13 (21%)
	Does not have judicial citation	49 (79%)
	Has civil liability insurance	32 (52%)
	Does not have civil liability insurance	30 (48%)
	Understands to have losses upon responding lawsuit	51 (82.3%)
	Understands not to have losses upon responding lawsuit	11 (17.7%)
	Performs Surgical Guide for all cases	12 (19.5%)
	Performs Surgical Guide for some cases	40 (64.5%)
Performs Surgical Guide for no cases	10 (16%)	
Calls on medical assessment for all cases	5 (8.2%)	
Calls on medical assessment for some cases	47 (75.8%)	
Calls on medical assessment for no cases	10 (16%)	
Does pre and post-operative guidance for all cases	42 (68%)	
Does pre and post-operative guidance for some cases	20 (32%)	
Does pre and post-operative guidance for no cases	0 (0%)	
Structure of the work place	Physical structure with reception without access to restrooms + clinical room	3 (4.8%)
	Physical structure with reception with access to restrooms + clinical room	8 (13%)
	Physical structure with reception without access to restrooms + clinical room+office	1 (1.6%)
	Physical structure with reception with access to restrooms + clinical room+office	50 (80.6%)
	Structure with accessibility	41 (66%)
	Structure without accessibility	21 (34%)
	Has secretary trained administratively, in customer service and cordiality?	37 (60%)
Has secretary, but without training in management of human resources	18 (29%)	
Has No Secretary	7 (11%)	

Source: Research data.

Table 3 - Absolute description and percentage of ethical and legal aspects, of the dental documentation used by the professionals interviewed. Maringá, 2018

Variables	Categories	n (%)
Ethical and legal aspects	Greater importance to the Dental Code of Ethics	58 (93.5%)
	Greater importance to Civil Law	11 (17.7%)
	Greater importance to Criminal Law	6 (9.7%)
	Greater importance to the Consumer Protection Code	48 (77.4%)
	Greater importance to the Civil Procedure Code	32 (51.6%)
	Greater importance to the Criminal Procedure Code	11 (17.7%)
	Greater importance to the Ethical Procedure Code	27 (43.5%)
	It is possible to deny treatment	50 (82%)
	It is sometimes possible to deny treatment	3 (4%)
	It is not possible to deny treatment	9 (14%)
	Always offer more than a treatment option	51 (82.3%)
	Sometimes offer more than a treatment option	10 (16.1%)
Never offer more than a treatment option	1 (1.6%)	
Dental documentation	Has full records and signed terms to all cases	36 (58%)
	Has full records and signed terms to some cases	13 (21%)
	Has full records and signed terms to no cases	13 (21%)
	Cares with the correct dosage when issuing prescriptions	32 (52%)
	Cares with allergies and interactions when issuing prescriptions	33 (53.2%)
	Care with the signing of the patient in the second counterpart upon issuing prescriptions	10 (16%)
	No care when issuing prescriptions	1 (1.6%)
	Care with correct times/days upon issuing dentist's certificates	52 (83.8%)
	Care with CID upon issuing dentist's certificates	12 (19.5)
	Care with the signing of the patient in the second counterpart upon issuing certificates	21 (34%)
	No care when issuing certificates	2 (3.2%)
	Performs a service provision contract for all cases	29 (46.8%)
	Performs a service provision contract for some cases	11 (17.7%)
	Performs a service provision contract for no cases	22 (35.5%)
	Calls Panoramic radiography as supplementary documentation per image	47 (75.8%)
	Calls Conventional Computed Tomography	23 (37.1%)
	Calls 3-D Computed Tomography	28 (45.2%)
	Calls Intra-buccal radiographs	18 (29%)
Calls on Magnetic Resonance	0 (0%)	

Source: Research data.

This study investigated several aspects related to the responsibility and professional ethics, in addition to the professional-patient relationship. Thus, the dentists interviewed were able to report on their experiences, demands, cares and responsibility.

In the applied legislation, between the codes and laws mentioned in the interview, it is necessary to know them all, but it can be seen that the participating professionals gave more importance to the Dental Code of Ethics (93.5%), followed by the Consumer Protection Code (77.4%). On this question the professionals could choose as many alternatives as they wanted observing the options and it was expected that the procedure codes were less cited, because the Civil Code, for example, has greater relevance, according to the set of norms of the State respected by the Legal Power⁷.

The majority of professionals in this study is aware that the surgeon dentist has the right to deny treatment to the patient if

not under their skills (82%), when the patient is not able (oral or systemic conditions, medical history) and when there is any bias that prevents the procedure, and thus, discontent and processes can be avoided. In addition, the professional needs to know what patient's expectations are about the completion of the procedures, and thus the communication must be well established, and everything must be documented and signed.

Dentistry has undergone many transformations in recent decades, relating to beliefs and ideas of society about the profession, training of human resources, the profile of the professionals and the trends in the labor market⁸. When he was asked if offered as a treatment option for the patient, 82.3% of them said that always follow such conduct, so the dentist can exhibit different options, the advantages and disadvantages of each one of them, their risks and their potential for success and it is up to the patient to choose the course of treatment. Such points should be considered at the time of dental treatment,

so that the professional avoid committing incompetence, recklessness and/or negligence.

The Ministry of Education - MEC has led discussions about the process of the professionals' formation from different areas, by means of the National Curricular Guidelines (DCN)⁹. The Law of Guidelines and Bases of National Education (LDB) of 1996 points to the possibility of introducing changes in the professional training, which will contribute to a reflection on the interpersonal relationship, the humanization of care, the centrality in the health needs of the population and not on the logic of the market, and all other factors that lead to a better communication between patient and professional^{9,10}.

Thus, regarding the professional conduct, the professionals interviewed were confident in their work and few had any complication in their procedures or relationships with the patients, it is believed that this is a reflection of the formation as professionals. It can be observed by the answers, when he was asked what were the differentials of each one in relation to professional Patient, most of them reported about the good relationship with the patient (50%), detailed explanations about the procedures (38.7%), in addition to the complicity (16%), honesty (17.7%), scientific knowledge about the implants (19.3%) and quality of the materials used (3.2%), showing how these professionals care with the proper care and avoid adversity.

According to the study of Garbin et al.¹¹, conducted with lawyers on the knowledge of the legal aspects of the odontological documentation, 35.9% of lawyers participants responded that the professional should adopt behaviors that detail the procedures and materials used, the costs and the need for patient cooperation. This corresponds to the most mentioned differentials in this study, as the good relationship with the patient (50%) and detailed explanations about the procedures (38.7%), showing that these professionals are aware regarding the conducts before the patient.

The procedures of implants and prosthesis on implants involve great aesthetics expectation, as has already been demonstrated in the literature¹², therefore, the professional should be careful not to overdo the assurances and promises of results to the patient, generating expectations, which may serve as a motivation for the same to look for his or her rights as a consumer if the treatment finishes with any complications or failure¹³. It is inevitable that the dental implant may fail for several reasons, among them the lack of osteointegration or, even, for anesthetic procedures that may cause permanent neurological changes, this demonstrates that simple dental procedures can also be considered complex and should not be expected exclusively the result with an obligation¹⁴.

Regarding judicial citation in this study, most participants (79%) reported not be responding or have responded to civil, criminal, ethical proceedings or have a complaint in the Program of Protection and Consumer Defense (PROCON).

Of the professionals who responded in justice for processes (21%), 5 of them responded to civil process, of which all were acquitted, 5 to ethical processes (1 received a penalty of suspension for 30 days and 1 paid a fine of 5 annuities to CRO), 3 had a claim at PROCON and none of them responded to criminal proceedings.

Rosa et al.¹³, in a study conducted in São Paulo, verified the three main areas of dentistry involved in implantology: (22%), Orthodontics (21%) and dental prosthesis (20%), followed by other areas which accounted for less than 20% of the sample. This study also showed that values collected for moral damages are higher than the material damage, ranging between R\$2,000.00 and R\$ 324,000.00. Observing these data, it was necessary to investigate information relating to the penalties, Civil Liability Insurance and losses of professionals in the Northwest of Paraná State in relation to the implants.

In the lawsuits, discussions are frequent around the burden of proof, the characterization of vice or defect in the provision of professional service, the legitimacy of the indemnable damages and form of realization of reparation and compensation recognized in judicial sphere^{15,16}. Most professionals (82.3%) of the present study considers there are losses if there are legal and/or ethical processes. They mention among them the moral, financial, emotional, psychological, professional damage, in addition to the relationship with colleagues and patients. However, some (17.7%) mentioned that there is no prejudice because the processes are confidential. Thus, this issue depends on the vision of the professional, in the course of proceedings, their proportion, dissemination and their solutions and penalties. In relation to Civil Liability Insurance, 52% of the respondents reported to have one. Insurance is a form of the professional to avoid possible damage and on the assumption that what is sought is to establish a system that effectively covers the damages of the victims.

Another conduct evaluated in the interview was regarding the implementation of Surgical Guide. In this context, 64.5% of the professionals reported that they perform for certain cases. In this issue, it was cited by the interviewees the confection of the guide for more complex cases, such as protocol. Participants are also aware about the need of the request of medical assessment for some cases (75.8%), generally for elderly patients and/or with systemic involvement, along with exams, proving the optimal systemic health of patients who undergo the implants surgery. In some cases, it is considered professional negligence not requiring exams, which must be requested so that a revision of the organs and systems may be carried out of the patient who undergoes the treatment with implants¹⁷. The laboratory examinations shall cooperate for the decision as to the correct conduct outside the values found, which may prevent infections, poor wound healing, bleeding and complications, it is essential to ensure that all procedures have success and that, if necessary, the cares are

made respectively for each individual. Thus, professionals who ask and know how to interpret laboratory exams are offering greater security to their patient¹⁸.

Regarding the pre and post-operative guidelines all interviewees reported doing it, but 32% of them only make for some cases. Thus, it should be emphasized that all surgical procedures are traumatic and originate, of course, an inflammatory process, therefore measures of pre and post-operative guidelines have as a purpose the minimization of trauma resulting from the surgery itself, therefore, is one of the most important steps for the success of the surgery and many patients and professionals do not value it¹⁹.

The dental documentation is essential for the monitoring of the clinical progress of the patient, administrative control and legal purposes. The professional should register the activities performed in a patient using the complete record, containing all acts performed in the care, treatment plans, in addition to other information necessary for the smooth progress of the treatment²⁰. In addition, it is necessary to have a consent term as well as the signature of the patient in these documents as a form of approval of everything that was planned and carried out in all cases²¹. The surgeon-dentist, many times, is impaired during the process due to the lack of clarity of the information in the records of the victims which undermines all the work done and can result in a conviction, in contrast a suitable record keeps the professional safe²².

Upon the use of full records and signatures of these and of the terms of consent, the study showed that 58% of participating dentists seek to record all the information of patients and services with signatures for all cases. However, 21% of them responded not to perform the complete record and the terms for any event, this fact is worrying for the clinical, administrative and legal management of the enterprise. In the study of Maciel et al.²⁰, held in Campina Grande-PB, only 5.5% of the respondents filed a documentation properly prepared and most of them do not file one or more documents. The same was evidenced in the work of Lima et al.²³, where there was negligence in relation to the filing, updating and storage of dental records. These data show that there are inattentive dentists regarding the importance of dental documentation.

In the documents issued, one can observe the care that the surgeon-dentists have at the time of issuing prescriptions and certificates. Regarding the prescriptions issued, 52% of respondents answered to be careful with the posology and 53.2% to allergies and drug interactions due to systemic diseases, for example. This information can be obtained by means of a good initial anamnesis, which is very important to know the patient and consider individualities for the treatment, avoiding negligence and recklessness. Whereas to certificates, 83.8% of the professionals take care with the correct times and days, according to the need and conduct of the treatment and 19.5% mentioned about cares with the International Classification of Diseases (ICD).

Still on the documents issued, 16% of the participants

reported collecting the signature of the patient on the second counterpart of the prescriptions and 34% on the second counterpart of the certificates, 1 interviewed did not mention any care when issuing prescriptions and 2 upon issuing certificates. Forgetfulness or mindless of the importance of the second counterpart of these documents attached to the record and the signature of the patient can cause problems if there is a trial and the professional requires evidence that hold them harmless. A similar result is seen in the study of Lotorraca et al.²⁴, where only 13% of the dentists ordered the signing of the patient on the counterpart retained along with the record and 11% order the same signature for copies of drug prescriptions. The value of the signature of the patient in any dental document may be questioned by both the moment and way of obtaining, as according to their civil capacity. The detailed record of procedures performed together with the second counterparts of certificates and prescriptions containing the signature of the patient/responsible is the conduct which best supports the training of administrative and legal manner²⁵.

In this study, only 46.8% of the professionals make the contract for the provision of services for all the patients. This is worrying because in the civil range, it is verified that the surgeon dentist is increasingly being processed judicially for any failures in the provision of services, even if he will not be held liable professionally in all cases, because the lack of written authorization by the patient in the contract is what undermines the legalization of the procedures performed. It is important to highlight that some patients seek the CDC and seek damages possibly caused in action, which can serve as a warning to professionals, to document better and undertake a thorough contract for the provision of service²⁶. Underlining the importance of the necessity of the contract for the provision of services and corroborating the results of this study, to Soriano et al.²⁷ the main complaints in justice were related with problems of contract (44%), involving, for example, the revocations of credentials of dental care insurance, termination, replacement or modification of the contract, breach of contract and lack of warranty.

All the interviewed professionals require at least one documentation per image, which helps in the diagnosis and planning of the case properly. They could choose more than one alternative, and the most prevalent documentation requested for the treatment with these professionals was the panoramic radiography (75.8%). In addition to assisting in the treatment, the radiographs are important matter of proof, calling the attention of professionals to the need to adopt the system of duplication of the same, preventively in the event of being requested by the justice or when requested by the patient, making the delivery of the copy, since they represent the basis of operational acts performed by the professional^{28,29}. In the study of Niquini et al.²⁹ it is evident the importance of documentation of image and others by means of a case, where the surgeon dentist was processed and had no documents that could prove his innocence. The conduct

was considered negligent and recklessness, giving basis for the request of the author of moral damages. However, the panoramic radiography does not present the accuracy and the details offered by tomography, this being more indicated for procedures inside the maxillary sinus than that one, for example³⁰.

Whereas the profile of the sample, the variable 'professional profile', it was seen that the professionals who performed procedures with implants in the northwestern region of Paraná were more men (76%), mostly between 30 and 40 years (40%), formed in private institutions (63%) and who worked in their own clinic in partnership with other dentists (38.8%).

Analyzing the structure and resources of the Office for the interview, the professionals seem to be worried about the well-being of the patient in the environment of their work, providing quality in service and physical structure. The Brazilian Standard (NBR) approved by the Brazilian Association of Technical Norms 9050 determines the minimum requirements of accessibility with respect to patients with physical disabilities regarding accessibility to buildings, furniture, spaces and urban equipment³¹. Every dentist's office or clinic must have an architectural project that aligns biosecurity, ergonomics and meets the needs of all patients, enabling health professionals to promote health in a safe and humanized way. Among the participants, 80.6% of them have the structure of the office composed by reception with access to toilets, clinical room and office, separately, and 66% with accessibility such as: ramps, adapted toilets and elevator.

In all, 60% of the respondents have secretary trained administratively, in customer service and cordiality. This shows the concern of the professionals with the income of work along with a quality care for patients. It is recognized that the assistants with adequate training contribute to the increase of the productivity of the surgeon-dentist, through a better use of time, increasing the quality of working life and reducing energy wastage, allowing a reduction in the cost of services^{32,33}.

Some limitations are presented in this study, as the difficulty dealing with professionals in their places of work, clinics filled with many patients to be treated, many professionals refused to interview, the large amount of Implant-dentists, Periodontists and Bucco-maxillo-facial surgeons who work with implants in the Northwest of Paraná, addresses and phones that were not updated and the possibility of omitting or lying during the interlocution. Therefore, other studies should be conducted to further research and knowledge about professional responsibility of professionals who perform implants.

4 Conclusion

The dental surgeons interviewed who work in the northwestern part of the state of Paraná and perform implants, in their majority, operate correctly in line with the ethical

and legal dictates of professional liability. A few have already responded or respond some judicial /ethical process, whichever is the appropriate attention to the patient according to the structures of the clinic. However, there is unfamiliarity of legislation and on the documentation of medical records, terms and contracts; greater attention is still required in production so that the clinical, administrative and legal aspects are guaranteed.

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