

DEONTOLOGY IN PEDIATRIC DENTISTRY

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Abstract: This article is devoted to the deontological aspects of pediatric dentistry. This science teaches the doctor to treat the patient not as an object of his observations and treatment actions, but as a person with his own spiritual world, his own desires, hopes, concerns, fears, because each person is individual, especially a child. Adults in most cases mobilize their will to actively suppress fear and negative emotions associated with the upcoming dental treatment, and a child cannot consciously assess the danger and be convinced of the need for treatment.

Keywords: Deontology, pediatric dentistry, dentist, patient, fear.

INTRODUCTION

The issues of medical deontology in dental practice, especially in pediatric dentistry, are currently of great relevance. A doctor performing his professional duty in relation to a sick or healthy person is obliged to provide him with the necessary medical care as much as possible and at the same time to avoid inflicting any harm to his physical condition and psyche by his actions. Violation of these actions is condemned by society as a violation of ethical standards. Medical deontology is the doctrine of the professional duty of a medical worker to a person in the sphere of his activity, and to the whole society. This science teaches a doctor to treat a patient not as an object of his observations and therapeutic actions, but as an individual with his own spiritual world, his own desires, hopes, concerns, fears, since each person is individual [2].

MATERIALS AND METHODS

It is possible to get to know the individuality of a dental patient, especially a child, only by communicating with him, carefully observing his behavior. And knowledge of psychology, and of course, especially the psychology of the "little patient" is very important, absolutely necessary for a dentist. Dental treatment leaves its mark on the psyche and character of the child, and the resulting suspiciousness, timidity, increased reactivity, can always be associated with previously suffered suffering, with fear of waiting for medical procedures, operations, etc. [1]

The attitude to dental treatment, both of a child and an adult, depends on the individual characteristics of the personality - character, temperament, individual experience. In this case, a large role is played by previous upbringing, the severity of the experienced painful condition, the surrounding environment.

RESULTS AND DISCUSSION

Adults in most cases, realizing the upcoming "trip to the dentist", the danger threatening them and the need for treatment, mobilize their will to actively suppress fear and negative emotions associated with the upcoming treatment. But a child cannot consciously assess the danger and be convinced of the need for treatment. The main place in his attitude to the disease is occupied by the emotional side - fear of pain, fear of the unknown and of the upcoming treatment, worries.

The doctor has to convince an adult of the need for treatment (for example, tooth decay), and with a child it is necessary, first of all, to overcome his negative emotions. Children need love, affection, attention and sympathy. For example, a girl is about to have caries cured - this is not the first time she has undergone this manipulation. During the preparation process, the doctor and assistant have extraneous conversations, laughter is heard. The child, expecting this manipulation, develops fear, hostility and irritation towards these indifferent and, as it seems to her, cruel people [3]. An experienced doctor knows that a child's trust can be easily lost if he is deceived, for example, by calming him down with a promise that nothing will be done to him, or some painful medical manipulation will be performed. Here, psychological preparation is needed, not deception. A smile, a gentle joke, a ride in a chair, will dispose the child. But you need to joke with him skillfully, with tact. The child has not yet developed a sense of humor and he can perceive a kind, but incomprehensible joke as an insult, a mockery.

One of the conditions for successful treatment is a good relationship, trust of the parents in the doctor, assistant, as well as in the medical institution where the child is being treated.

This can be found out only by talking to the doctor, imbuing him with trust, communicating with patients, and also being guided by external attributes - scientific titles and attributes of the doctor. A large role in this is played by repeated communication, the doctor's personality, his sincere goodwill, humanity, regardless of his professional experience and title [3,4].

During the examination of the child by the doctor, the mother carefully watches the doctor's behavior, his attitude, uncertainty or, conversely, self-confidence, indifference, rude unceremoniousness in dealing with the child, manifestation of disgust or fear of infection from the patient - all this has a negative effect on the mother and can turn her against the doctor. Therefore, it is necessary for the doctor to show attention, sensitivity and patience to the mother [4].

The most important thing is that the doctor, assistant and any medical professional are imbued with the consciousness of their high duty to the sick or healthy person in their care, so that he is perceived by them not as an object of their observations, treatment and care, but as a person with all his individual, unique characteristics. It is necessary for the doctor to be guided by the basic principles of medical deontology and to find the best way to resolve certain ethical issues and strive to help the child as much as possible without causing him any harm.

In order to reduce the rate of tooth decay in children, fluoride treatment should be applied by specialist physicians in the field of pediatric dentistry. Fluoride makes the enamel layer it

penetrates very susceptible to tooth decay. Fluoride is a mineral used to strengthen the tooth enamel of children or adults. This application is done because the enamel layer in milk teeth is thinner than in permanent teeth. Due to the high tendency of children to decay, tooth structure is strengthened with fluoride applications. Fluoride in the form of gel is applied to the teeth, and after about 4 minutes, the fluoride accumulated in the mouth is sprayed. Fluoride application is applied to children over 4 years old. In addition, the teeth with the highest risk of decay in children are the six-year-old teeth. It can also be applied to premolars when necessary. Fluoride is an element that prevents dental caries and strengthens the structure of teeth.

Early orthodontic treatments can be preferred by pediatric dentists if necessary. Orthodontic treatment can be planned before the child's milk teeth fall out or before all permanent teeth erupt. In some cases, it is not necessary to wait for all of the child's milk teeth to erupt before starting orthodontic treatment in children. Although orthodontic treatments can be used at any age, the duration of treatments started in the early stages is shortened.

Another common problem seen by pediatric dentists is thumb sucking. Thumb sucking is quite common and young children can become a habit. It usually lasts until the age of four. The continuation of this habit in the age of permanent teething leads to deterioration of these teeth and palate structure. The cause of these disorders is the pressure of the fingers on the incisors and palate. To prevent such a habit, children should be actively encouraged, rewarded and guided without pressure. If your child does not stop this habit until the age of 6, it is recommended that you get professional help from a dentist who is a specialist in pediatric dentistry.

CONCLUSION

Over the years of medical work, knowledge and experience accumulate, the consciousness of responsibility for the patient grows and strengthens. Professional moral principles are consolidated, the moral image of the doctor is formed. But at the same time, a kind of professional adaptation to the atmosphere in which he has to work gradually occurs. However, it is wrong to think that doctors become spiritually callous, of course, their emotional experiences become dulled, but with every cry with tears in their eyes, their hearts still squeeze. If the feeling of compassion disappears, indifference to patients, callousness, moral deafness develop, i.e., personality deformation occurs, the precious quality of the doctor is lost - his true humanity. Even if he is an experienced qualified specialist, he cannot be considered a good doctor [1].