

Labor disputes on grounds of discipline in a Brazilian regional council of dentistry: a critical analysis

Processos disciplinares num Conselho Regional de Odontologia brasileiro: uma análise crítica

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ABSTRACT

Objective

The aim of this study was to evaluate the characteristics of ethical procedures against dentists registered in the Regional Council of Dentistry of Ceará, analyzing the ethical procedures judged from 2004 to 2010.

Methods

As methodological procedure, it was used a descriptive, observational, quantitative, retrospective research held from the categorization and analysis of secondary data obtained from the website of the Regional Council of Dentistry of Ceará.

Results

The results showed that there is a certain regularity in the number of complains, in exception of 2009, in which there was a significant increase of those. Regarding the origin of the processes, it is observed that the majority of the lawsuits were held by patients disappointed with the service received from the professional or from the institution entered in the Council. Regarding to the subject of complaints or complaint, it was found an emphasis on possible technical errors of the professionals, which was the majority, with nearly half of the complaints. Regarding to dental specialties, Orthodontics had the highest percentage of cases, followed by Prosthesis and Implant. It was also observed that in most cases, there was archiving of the process by agreement between the parts. Resulting from the ethical processes initiated and prosecuted, the conviction of the accused dentists was the most applied decision.

Conclusion

It is important that in the process of formation of a professional it should not only be technical and scientific improvements, but also a deep study of ethical values, bioethics and deontological. Therefore, it is expected to reduce the involvement of disciplinary infractions.

Indexing terms: Dentistry. Ethics, professional. Ethics, dental.

RESUMO

Objetivo

Avaliar as características dos processos éticos contra inscritos no Conselho Regional de Odontologia do Ceará, a partir da análise dos processos instaurados e julgados no período de 2004 a 2010.

Métodos

Como procedimento metodológico, utilizou-se a pesquisa descritiva, observacional, quantitativa, retrospectiva, realizada a partir da categorização e análise de dados secundários obtidos no site do Conselho Regional de Odontologia do Ceará.

Resultados

Os resultados demonstram que existe certa regularidade no número de denúncias, excetuando-se o ano de 2009, no qual houve um aumento expressivo. Quanto à origem dos processos, observa-se que a maioria originou-se de pacientes insatisfeitos com o atendimento recebido por parte do profissional ou da instituição inscrita no Conselho. Com relação ao motivo ou queixa das denúncias, percebe-se destaque para o possível erro técnico do profissional, o qual se sobressaiu com quase metade das denúncias. No que se refere à especialidade, a ortodontia apresentou o maior percentual de processos, seguida pela prótese e pela implantodontia. Observou-se, ainda, que na maioria dos processos houve arquivamento por acordo entre as partes. Resultantes dos processos éticos instaurados e julgados, a condenação dos denunciados foi a decisão mais aplicada.

Conclusão

É relevante que no processo de formação de um profissional não deva existir somente aprimoramento técnico-científico, mas também um aprofundamento dos valores éticos, bioéticos e deontológicos. Dessa forma, espera-se conseguir uma redução no acometimento de infrações disciplinares.

Termos de Indexação: Odontologia. Ética Profissional. Ética Odontológica.

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INTRODUCTION

Ethics and moral have similar etymology (ethos, from the Greek, and mos, from the Latin, mean 'character', 'customs') and, because of that, are used in everyday language as synonyms, meaning a type of knowledge that guides the actions of humans in their social lives. However, being the ethics, from its origins among the philosophers of ancient Greece, a philosophical knowledge, it's necessary to distinguish between these two levels of reflection and language¹. Morals can be described as one's character builder and linked to the use of habits in daily life, regardless of the philosophical tradition that underlies it. It is a human condition that is intrinsic, since the human being is not mere natural reality.

Ethics is reflected in behaviors and standards resulting from the exercise of reason, of critical thinking and is linked to three prerequisites: awareness, autonomy and coherence. The concept of ethics overcomes the idea of a set of rules, assuming it came from reflection and decision, therefore it must be understood contextually, as it is vulnerable to society changes and to the man relationship with the environment².

Lately there has been a change in the professional / patient relationship, meaning that it moves vertically, from an imposing and imperial position, to a more horizontal and democratic behavior. In practice this is exactly what is observed in the health field. This globalization creates a search for knowledge by the patients, who wants understand better their case, through specific information, seeks knowledge, investigates, questions, inquires about his treatment as a whole. And it's the professional's duty to provide all necessary information. It happens the democratization of treatment. This way comes the respect and ethical consideration required to the proper interaction between the parties, which is very necessary³.

The code of professional ethics, in its turn, establishes the expected standards in the practice of each category specifically, wanting to clarify the nature of the work ethic and ensure relevant values to society and the practices developed in a pattern of recognized conduct.

In the field of dentistry, ethics in professional practice has become a concern to those entities who are responsible for the operative oversight and want to ensure the good reputation of the profession, mainly due to the increasing number of professionals who are qualified to practice, which brings heavy competition, sometimes unfair and aggressive, neglecting therefore the principles

of morality and ethics contained in the code of dental ethics⁴. It's necessary that the health professional notice the changes in their relationship with the patient, in order to maintain a harmonious relationship between them. The absence of ethical and professional knowledge in the practice of dentistry, as well as the significant increase of number of these professionals in the field, may be causing them to neglect ethical-normative precepts contained in the Code of Ethics in Dentistry, which features an infraction of an ethical nature. Thus, practitioners should know the Code of Ethics in Dentistry better in order to prevent acts that may become future ethical processes in the Regional Councils of Dentistry (Conselhos Regionais de Odontologia - CRO).

Ethical issues in dental practice routinely occur and may involve aspects related to the patient, to the organization of health services, to the relationship with colleagues and the society as a whole. However, professionals are not always prepared to deal with the issues of an ethical nature, which may lead them to experience conflicts in professional practice. For dentists, especially, the difficulties in resolving such conflicts are reinforced by dental work excessive technification⁵.

The goal of this paper is to know the characteristics of ethical processes against those who are enrolled in the Regional Council of Dentistry of the State of Ceará (CRO-CE), from the analysis of trials instituted and prosecuted in the CRO-CE in the period of 2004-2010. To support this study, there are specific objectives: to categorize the total number of complaints or ethical processes initiated during the study period, according to the historical series, know the reasons or grievances that gave rise to the complaints, analyze the distribution of complaints by technical error in various dental specialties and the results of the heard cases.

According to Morano⁶, ethics arose in Greece, and philosophers explain it as an analysis of human behavior or as a normative science, working in the study of human beings and the origin of the universe. Hippocrates was the father of the idea that ethics was born as a universal principle of human conduct for health care practice.

Ethics must awake in the health professional the need to build an awareness of relationship, developing in their personality an unconditional respect for fundamental rights. Therefore, the immediate goal of ethics education for health professionals is: recommend and propose values, shape characters, to promote principles and achieve results in the modeling of the virtues, minimal and consistent for a proper professional conduct⁶.

According to Amorim & Souza³, competition in the dental work market is fierce because the “population of dentists grow approximately 5.7% per year, while the annual population growth is approximately 1.6%.”

To Minervino & Souza³, professionals in the health area live under constant pressure and scrutiny. Even more than it happens in other professions, there are doubts, awareness and afflictions, given the possibility of making an mistake in any clinical procedures or behavioral conduct. In dentists’ case, while they are concerned with protecting the patients from an error in dental procedures, they can’t forget the human side. A conviction for malpractice, itself, not only deteriorates the professional image in society, but also the very person who, after several years devoting themselves exclusively to that task can sometimes have their professional life ended prematurely.

The development of a new social order has generated a greater demand in search of rights, since people are becoming aware and demanding that their rights as citizens and consumers are respected. With the improved knowledge of the population of their rights and duties, people will be more strict, also with the leaders and politicians. A healthy and educated citizen has better conditions and possibilities for a place in society and even in the professional market. There is a considerable improvement in self-esteem, which in many cases is affected by an unfavorable oral condition and the person is condemned to social isolation, feeling embarrassed to smile or talk.

The Code of Dental Ethics, approved by the Resolution 42/2003, from the Federal Council of Dentistry (CFO), and modified by the Resolution CFO 71/2006, is the base for dental professional category, which seeks to guide the conduct of Dentists with regard to the ethical aspects of their professional practice. It’s the result of a historical construction, its official milestone is the Code of Dental Ethics, from 1976, having suffered several modifications to the present time. The first codes were developed by committees constituted for this purpose. Subsequently, its preparation has become the fruit of conferences with several representative bodies, becoming closer to the reality experienced by professionals. Thus, through the language used and the way different issues are addressed and described in their activities, the Code of Dental Ethics, expresses the kind of ethical reflection to be observed by Dentists⁷.

Silva et al.⁸ note that, when performing work activity, beyond the common responsibility of people, it is

the employee specific responsibility to be accountable for the acts committed in the exercise of the profession. Health professions, particularly behave a fourfold responsibility: criminal, civil, administrative and ethical. The dissemination of methods of healing and awareness of the damage have led to a significant increase in the number of patients seeking compensation for damages due to the fault of the professional. In the current market reality, highly competitive and in which some seek to achieve often only profit, the numbers of lawsuits against health professionals is increasing. Dentistry being one of the professions intrinsically linked to public health, the violation of its requirements could be characterized as a crime.

The dental knowledge fragmented into disciplines, specialty techniques, mostly - hinders the perception of wholeness of the human being, which is in the same time biological, psychological, cultural and social. Consequently it predominates the dentist-centered model, meaning a clinical professional based on surgical technique and tooth repair procedures³.

According to Silva et al.⁸ far is the time that the doctor-patient relationship was completely based on trust, without questioning and demands by the patient. These days, there are no doubts about consciousness and the cognitive ability of patients regarding the contractual relationship established with the professional as well as a greater demand for the information on the services provided.

Minervino & Souza³ highlight that the lack of dialogue between the health professional and the patient creates an imbalance in the relationship between them. There is one of the major problems: intolerance. This fact, generated by a misunderstanding, cause inconvenience and lack of agreement among them. The events that recently were considered fatal are not tolerated anymore by the modern man. Hence, the transcendental vision of medicine, especially by professionals, is replaced by a ratio of greater impact, a more professional bilateral relationship. Justice sustains society, who, more confident, punish professionals who act recklessly. The liability of the dentist is linked to a relationship of obligation, one of the pillars of the Law, which leads the professional to answer for any damage caused by their fault whenever it acts in its modalities: incompetence, recklessness or negligence.

The ethical process, regulated by the Resolution CFO 59/2004, established the Code of Ethical Dental Procedure (CPEO) exists to investigate the complaints of possible violations to the provisions of the Code of Ethics

in Dentistry, as well as to present the possible penalties. This code, in turn, lists the procedural rules governing the conduct of proceedings ethical and disciplinary provisions within the Regional Council of Dentistry of each State of the Federation, forecasting the possibility of appeal to the Federal Council of Dentistry.

The penalties imposed on convicted in disciplinary proceedings conform to the provisions of Article 18 of Law No. 4.324/64⁹, reproduced in the Code of Ethics in Dentistry, approved by the Resolution CFO 42, May 2003, in the following article: Article 40. The rules of this Code are obligatory and its violation will subject the violator and who, in any way, compete with them for the offense, albeit silent, the following penalties provided for in Article 18 of Law n. 4,324, 14 April 1964:

- I. Confidential warning on warning booked;
- II. Confidential Censorship in warning booked;
- III. Public censure in official publication;
- IV. Suspension of professional practice within thirty (30) days;
- V. Forfeiture of their professional ad referendum of the Federal Council.

It is known that in cases of severity and requiring immediate application of more severe penalties, the imposition of penalties don't obey the grading predicted in the Article 40 of the CEO. The seriousness of the offense is "measured" by the extent of the damage and its consequences, in accordance with what is provided in CEO8, in its Article 42.

Article 42. It is manifest gravity, mainly:

- I. Impute to someone unethical conduct knowing the innocence, giving cause to ethical prosecution;
- II. To cover up or give rise illegal to the irregular exercise of the profession;
- III. Exercise, after being alerted, dental activity in illegal or illegal entity;
- IV. Hold positions where its professional has been on leave due to classist movement;
- V. Act of exercising private dentistry, without being legally entitled to do so;
- VI. Maintain professional activity during the period of suspension fee;
- VII. Practice or give rise unworthy activity.

Ethical actions can arise upon complaint or ex officio, with or without representation. It is up to the chairman of the Ethics Committee to assess whether there is evidence of a breach of ethics and, from there, to give

its opinion, which may be for the dismissal, resulting in the filing in limine, or the establishment of ethical action, in cases where there are evidence of violation of the Code of Dental Ethics,. The ethical action is submitted for consideration by the President of the Regional Councils of Dentistry, which can reject it, leading to filing, or deferring it, when the ethical process will be initiated and will transact according to the phases foreseen in Code of Ethical Dental Procedure.

METHODS

This is a descriptive, observational, quantitative, retrospective research, held from the categorization and analysis of secondary data obtained from the website of the Regional Council of Dentistry of Ceará (CRO-CE) (www.cro-ce.org.br); from processes and complaints received by the Board during the period of 2004-2010.

According to data from the CFO's CAD system (Sistema de Cadastro), in a report issued on 29.11.2011, the CRO-CE had, by the year 2010 a total of 9,027 active subscribers, distributed as follows: Dental Surgeon - 4810, Entity providing dental care - 276, Dental Technician - 162, Prosthesis Laboratory- 61, Oral Health Technician - 290, Oral Health Auxiliary - 3146, Dental Prosthesis Auxiliary - 254, Dental products company - 28.

It was verified the number of complaints and ethical processes, which were categorized annually. Subsequently, reports were analyzed according to their origin, ie, by what means these complaints reach the Regional Council of Dentistry of Ceará.

The ethical infractions committed were further analyzed according to the causes or complaints causing them. Then, the specialties with the highest number of complaints for professional misconduct were analyzed.

The cases dealt with by the Ethics Committee of the CRO-CE were also categorized according to their results, and in the cases that proceeded to trial, it was calculated the percentage of convictions and acquittals. A descriptive statistical analysis was used and the results were grouped in Figures.

RESULTS

The frequency of complaints in CRO-CE in the years 2004 to 2010 can be seen in Figure 1.

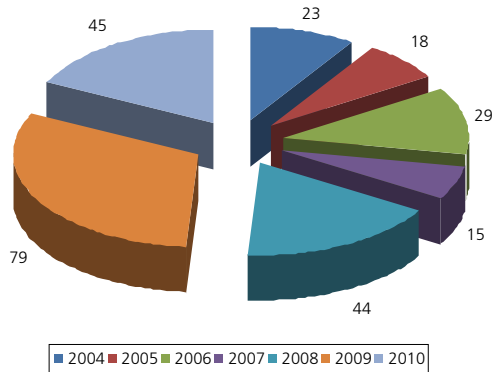


Figure 1. Frequency of complaints in the Regional Council of Dentistry of the State of Ceará, in the years 2004-2010.

Observing the Figure, the numbers are: 2004-23 complaints, 2005-18, 2006-29, 2007-15, 2008-44, 2009-79 and 2010-45.

In Figure 2 we have the source of complaints to the CRO-CE in the years 2004-2010.

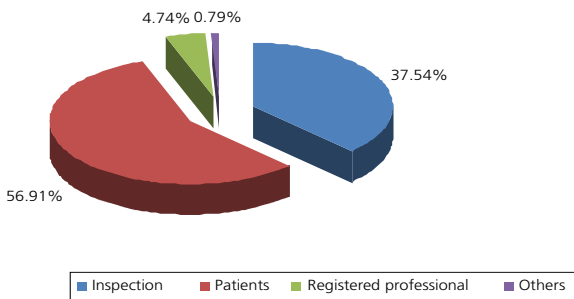


Figure 2. Source of complaints to the Regional Council of Dentistry of the State of Ceará, in the years 2004-2010.

It can be pointed out that 56.91% of the complaints were originated from patients dissatisfied with the care received by the professional, while 37.54% were originated from the own surveillance, by inspection, of CRO-CE. Allegations of other professionals enrolled in the Council correspond to 4.74% while 0.79% were originated from others, among them the District Attorney (MP) and the Justice.

Table 1 presents the complaints to the Regional Council of Dentistry of Ceará, distributed according to the causes or grievances that gave rise to it.

Table 1. Reasons or grievances that gave rise to the complaints to the Regional Council of Dentistry in the state of Ceará, in the years 2004-2010.

| Reasons | Number of complaints | (%) |
|---|----------------------|------------|
| Technical mistake | 126 | 43.59 |
| Irregular advertising | 98 | 33.91 |
| No subscription | 20 | 6.92 |
| Cover up of illegal exercise of profession | 11 | 3.80 |
| Disregard for the patient | 5 | 1.73 |
| Obtaining physical, emotional, financial or political advantage | 4 | 1.38 |
| Documentation | 3 | 1.03 |
| Others | 22 | 7.04 |
| TOTAL | 289 | 100 |

According to the data in Table 1, it can be seen that the with increased number of reporting is the possible technical error by the professional, accounting for almost half (43.59%) of the complaints received by the CRO-CE in the period cited . In second place there is the irregular advertising, with 33.91% of the cases. Among the reasons that gave rise to complaints or grievances, there is also no entry in Council, covering up illegal practice, disrespect to the patient and obtaining physical, emotional, financial or political benefit inadequate documentation, among others.

The absolute frequency of reports of technical error, distributed by various dental specialties, are in Figure 3.

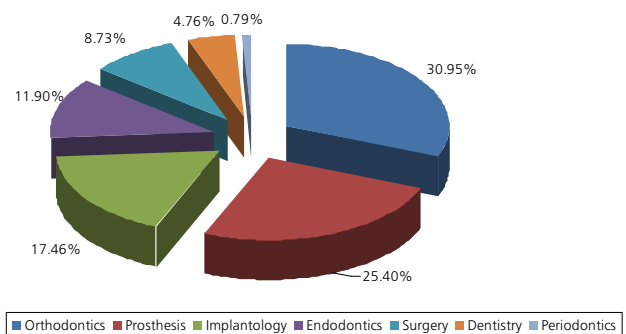


Figure 3. Absolute frequency of reports of technical error, distributed by dental care specialty received at the Regional Council of Dentistry of the State of Ceará, in the years 2004-2010.

The analysis of available data in Figure 3 reveals that the specialty with the highest percentage of complaints due to possible technical error was orthodontics, with

30.95%. In second is the prosthesis, with 25.40%, followed by implant, in third place with 17.46%. These three specialties, together, account for more than 70% of the complaints by technical error, received by CRO-CE in the period 2004-2010. The endodontic - 11.90%, surgery - 8.73% dentistry - 4.76% and periodontics - 0.79% together account for less than 30% of the cases.

The results of the ethical processes that proceeded through the CRO-EC in the period 2004-2010 are shown in Figure 4.

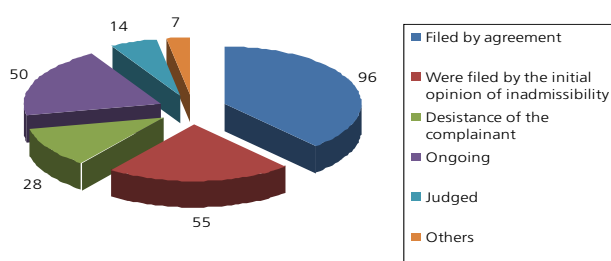


Figure 4. Ethical Conduct of Proceedings in the Regional Council of Dentistry of the State of Ceará, in the years 2004-2010.

Of the 253 ethical cases that transacted in CRO-CE in the years 2004 to 2010, 96 were filed by agreement between the parties, 55 were filed by initial opinion for the dismissal, 28 were filed by withdrawal of the complainant, 50 cases were still in progress at the time of the survey, 14 were judged and 7 cases fall under the other category.

The results of the Processes in Courts CRO-CE in the period 2004-2010 can be seen in Figure 5

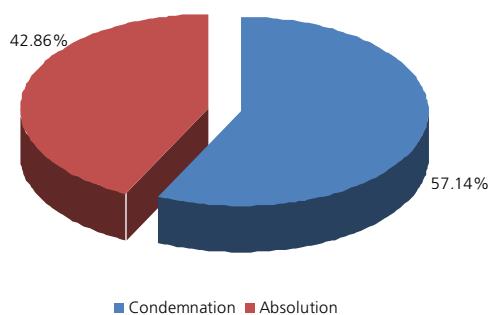


Figure 5. Results of the Process Judged in the Regional Council of Dentistry of the State of Ceará, in the years 2004-2010.

Finally, according to the results of the ethical processes that were judged in CRO-EC it can be noted that in 57.14% of the cases the accused were convicted, representing eight convictions, while the percentage of

absolution was 42.86 % representing six of a total of 14 cases judged.

DISCUSSION

According to Figure 1, between the years 2004 to 2010, 253 complaints were made against professionals and institutions enrolled in the Regional Council of Dentistry of Ceará. It is possible to observe a small annual variation in the number of complaints, except for the year 2009, in which there was a significant increase (79 complaints).

According to Law No. 4.3249 of April 14, 1964, Article 2, the Regional Council of Dentistry have to supervise the professional ethics throughout the Republic, and they must ensure and work for the perfect ethical performance of dentistry and the prestige and good reputation of the profession and those who practice it legally.

Considering the above article and the importance of monitoring the compliance with the standards contained in the CEO for the establishment of professional conduct guided by ethics and respect for patients and other colleagues, it is assumed that the significant increase in the number of complaints to the CRO-CE in 2009 is a result of increased activity of the Supervisory Committee of the CRO-CE, in order of prosecuting professionals and institutions that for some reason are disrespecting the precepts contained in the CEO.

The ethical infractions committed may be related to the fact that institutions and professionals are unprepared to face the problems that arise in routine dental care. It's necessary to invest in knowledge, not only in the technical area, but mainly in ethics, so the situation can change,. It requires greater dissemination of the Code of Dental Ethics, especially for professionals working in the clinical area; the maximum commitment of the Board of Dentistry, and academic education that seeks to proactively educate and instruct, to, only then, avoid condemnation and punishment.

The knowledge of rights and duties is essential for the formation of a society in development process, and the media have contributed to the structuring of a social awareness that both professionals and citizens have rights and responsibilities well defined and specific for each case.

Previously, patients did not doubt the ability of the dentist and established a relationship based on trust, looking at the "doctors" as holders of knowledge. They were also concerned about their obligations as patients.

Currently, as more savvy consumers, these patients / clients have knowledge of their rights and see these professionals as humans who are also liable to make mistakes and must answer for them¹⁰⁻¹¹.

Therefore, it's highly recommended to maintain a good interpersonal relationship with the patient, because many processes can be avoided in the setting of a relationship of trust between the professional and the patient.

According to Cruz & Cruz¹², to avoid can avoid personal disagreements, it is suggested that a friendship with the patients is maintained, it's important to train their staff constantly to deal with the patients with courtesy, and to have also a well-organized daily routine, to try to always attend them within the scheduled time. Delays are inevitable these days, but when it happens, always try to apologize to the patient, making them believe they are sporadic. Another attitude that helps to preserve a friendly relationship between professional and patient is always keep a written record of everything that is agreed between the parties, these annotations can be attached to the record. Likewise, all the guidance and information should be written clearly and accurately and properly recorded. In order that the dentists should guard against processes, it is worthwhile to invest in quality of care and avoid minor misunderstandings with patients.

It's a must to emphasize the important work of searching for offenders developed by the Audit Committee of the CRO-CE, responsible for 37.54% of the cases. It should be highlighted also the relevant contribution made by the commission, along with the Committee of Ethics and Professional Guidance in order to appreciate the good conceptualization of the profession in the State of Ceará.

The analysis of the data presented in Table 1 confirms the change in the behavior and attitudes on the part of patients, that came from a more passive condition, becoming actively involved in the treatment, always seeking more information about their case.

A change in people's behavior in relation to health care is being consolidated, which drives them to seek for reparation when there is the perception of the error due to carelessness, negligence or professional malpractice.

While an ethical process doesn't implicate damage repair, a condemnatory sentence can incite an unfavorable court decision to the professional.

In the present study, another relevant data obtained relates to offenses committed by placement in various media, irregular or illegal advertising, which indicates a percentage of 33.91% of the sample surveyed. It is worth mentioning also the occurrence of offenses

such as absence of registration in Council, covering up the illegal or irregular exercise of the profession, disregard for the patient, take physical, emotional, financial or political advantage and problems with dental records, contained in the Code of Ethics dental and appearing in smaller numbers.

According Garbin et al.¹³, carrying out an advertisement in an ethical manner, the professional will be promoting correct competition because it will truthfully inform society about their skills and abilities, without monitoring developments and social changes of the Brazilian dental market.

Some anonymous complaints or representations can be filed immediately by the Chairman of the Ethics Committee of the Council, in cases where the representation does not contain any of the required elements, or when complaints are considered manifestly unfounded, in this case they will be filed in limine, therefore it won't give rise to processes, according to the Code of Odontologic Ethical Process¹⁴ (CPEO) - CFO Resolution 59/2004 - in its Article 10, paragraphs 1, 2 and 4.

Art.10. The Ethical Process may be initiated by the Chairman of the relevant Council, ex officio or upon representation or complaint, after initial opinion of the Ethics Committee, which should point the framework of the offense in the Code of Ethics in Dentistry.

§ 1. In the event of termination or representation, it must contain the same signature and qualification of the whistleblower, exposing the fact in their circumstances and other elements that may be required in addition to the names and addresses of witnesses, if any.

§ 2. Termination or representation may be dismissed by the President of the Council: a) if it contains the requirements stated in § 1, b) the fact does not constitute a breach in the competence ethics of the Council c) if the punishment is already extinct.

§ 4. If the complaint is manifestly unfounded, it will be filed in limine by the Chairman of the Ethics Committee. If it contains the necessary elements to the formation of primary conviction about the existence of infringement, it will be determined its canvass.

This fact may explain the number of 289 reports according to the data of Table 1, while in Figure 1 it can be noted that the number of complaints that became ethical processes was 253, meaning that 36 may for some reason have been filed.

It can be included in the Other category: technical error of criticizing fellow colleague, exploitation in labor relations, patient abandonment, denial of technical

collaboration, bypass colleague patient, disrespect to auxiliaries, false certificates, among other reasons.

The orthodontics, prosthesis and implantology have been areas of dentistry with the highest number of lawsuits. This can be explained for several reasons: the procedures are costly treatments that are generally lengthy and involve more aesthetic concepts, which are very subjective. All of them have sometimes controversial procedures and, finally, the fact that there is a large number of professionals working without proper training.

The proceedings brought by patients against professionals or businesses may occur simultaneously in the Regional Councils of Dentistry and the Justice, or may also happen first in the CRO, especially when the decision on the administrative level is favorable to the patient, then going to the civil justice as a way of obtaining damages repair, whether moral or material. In this study the specialties of orthodontics, prosthodontics and implantology were the ones with more disciplinary proceedings, coinciding with the findings of Cross & Cruz, when the authors researched the lawsuits. When the student completes his course in dentistry, they have his degree registered with the Ministry of Education and recognized by the CFO, which grants a license to practice dentistry in all its specialties. However, it is necessary, to achieve a greater level of improvement, to go to specialization courses, because without it, and in some dental specialties, the general practitioner is more likely to commit technical, having to repair the damage. This is the case of orthodontics, since it is known that the workload given in undergraduate courses does not guarantee the student enough scientific or practical knowledge to exercise the activity of orthodontist therefore, it's not advisable to engage in this activity indiscriminately without the necessary safety.

In the United States, about 40% of the cases against orthodontists are initiated as a result of a second opinion. If, for any reason, the professional is asked to give a second opinion on a particular case, they must always remember that this opinion can generate a litigation involving the patient, the dentist responsible for the case and the professional who issued the second opinion.

Also according to Cruz & Cruz, the main clinical routine, related to orthodontics, which have been the cause of dispute are: root resorption, periodontal problems, impacted teeth, TMJ dysfunction, transmission of infectious diseases, changes in facial appearance and care in the completion of the treatment.

The Figure 4 alerts to the fact that 38.4% of the cases were filed by agreement between the parties involved. It is foreseen in the Code of Ethical Dental (CPEO) the conciliation of the parties. This is where those involved in ethical actions will have the opportunity to make an agreement, which shall close the case. If there is rejection of the agreement, the process moves forward, as it is foreseen in CPEO14, Chapter V, Article 14. Art.14. The conciliation and instruction hearing will be one and done on the day and time previously designated pursuant to Article 11, when the conciliation will be preliminarily attempted.

§ 1. There being a conciliation, the Ethics Committee or the Board of Education shall prepare the competent term and forward the case to the President of the Council for archiving.

§ 2. If it's not possible to reconcile, the accused will offer defense, exposing their reasons and presenting evidence, the Ethics Committee or Board of Education may take depositions of the parties and even hold their confrontation.

There are processes that, for some reason, await the opinion of Justice or the Prosecutor may therefore can be included in the other category (2.80%), since it does not fit in any of these other categories.

The number of convictions higher than the number of acquittals in disciplinary proceedings, as shown in Figure 5, reinforces the idea that possibly there are gaps in the knowledge of dentists about the CEO or difficulties of the applicability of the knowledge acquired during undergraduate or postgraduate courses, with regard to respect for the patient as well as with colleagues and professional helpers.

Regarding ethics training, although there is clearly a commitment expressed in the National Curriculum Guidelines (DCN) for undergraduate courses in dentistry, it is necessary for higher education institutions (IES) to realize its importance and accept the many challenges facing the new dentist profile: ethically sensitive and socially responsible. These challenges can be: (a) the reorientation of making ethical teaching to enhance opportunities for reflection in daily academic, through observation of the ethical character of actions in health and the explicit inclusion of ethics in education plans and vocational skills, (b) investment in the improvement of humanistic teachers more aware themselves that they can effectively take responsibility for the ethical dimension of vocational training, and (c) the need to discuss the different conceptions of ethics in academic environment and its consequences in dealing with the daily value conflicts.

CONCLUSION

The data presented in the study indicates that 43.59% of the complaints that resulted in ethical processes in CRO-CE were due to technical error of professionals while 33.91% were due to irregular advertising. This suggests that the process of formation of a professional, in undergrad school, should be concerned both with the scientific-technical development as well as with promoting a deepening of ethical values, ethics and bioethics. From the first contact with the dental student as well as the rest of the course, especially during routine patient care, the professional must perform ethics and morals in practice.

Also in the curriculum of the courses of graduate school, through joint actions planned by the professional associations, trade unions and by the Regional Councils, this content should be strengthened. Thus, it can reduce the affection of disciplinary infractions, thereby reducing the negative impact that these offenses cause in the way the profession and its professionals are viewed by society.

Collaboration

RIR GIFFONI FILHO held the collection, analysis and interpretation of data, as well as reviewing the literature and writing the article. LMB Menezes guided the work and contributed in the writing. PMC OLIVEIRA SALES and MG SALES contributed to the editing and writing of the article.

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