



Correspondence

Ethical implications and moral considerations of dental practice based on Taiwan's medical regulations



KEYWORDS

Ethical implications;
Moral considerations;
Medical regulations;
Dentistry;
Dentist

According to Taiwan's medical regulations, the scope of practice performed by the certified dentists is as follows: the prevention, diagnosis, and treatment of the oral and maxillofacial diseases and the diseases of the surrounding areas caused by them, as well as the extended management caused by the treatment of the above-mentioned diseases. The Department of Health (reorganized as the Ministry of Health and Welfare in 2013) clearly explained in 2012 that if a dentist performs services beyond the above-mentioned scope, it is "administering treatment that has been defined as prohibited treatment by the competent central authority" under the Physicians Act. Therefore, the dentists meet this condition shall be fined. Moreover, the professional scope of their dental practice may also be limited and the practice may also be suspended for a period, or the dental practice license may be cancelled. In serious cases, their dentist certificates may also be cancelled. Another special regulation implemented in 2019 allows the dentists with the specialist qualification of oral and maxillofacial surgery (so-called the oral and maxillofacial surgeons) to perform the following specific cosmetic medical procedures as an exception: facial bone reduction, mid-face and full-face lift, and rhinoplasty. However, this does not mean that an oral and maxillofacial surgeon is qualified to perform purely those specific cosmetic medical procedures. Instead, those specific cosmetic medical

procedures must still be performed within the original scope of dental practice.

Due to the progress of medical and dental clinical technology, the public's increased demand for the treatment quality, the strengthening of dentists' clinical training, and the increase in self-discipline and confidence among the dentists, the practice performed by the dentists is no longer limited to the teeth and the soft and hard tissues inside the mouth (such as dental caries and periodontal treatment). When necessary, the treatment procedures performed by the dentists may also extend to the facial area outside the mouth. However, since the physicians and the dentists undergo different professional educations and different licensing examinations, and receive different clinician certificates, their scope of practice should be different.

In the process of pursuing the improvement of treatment quality and clinical technology, the dentists need to have a clear understanding of the core concepts of the scope of their practice in dentistry and the medical regulations to avoid violating medical ethics or even breaking the law. This is also the ethical and moral considerations that the dentists must pay attention to, and it is also a topic that must be seriously addressed in the dental education.¹ This also encompassed the educational scope of dental professionals, including dental technicians and dental hygienists.^{2,3}

Conceptually, the oral and maxillofacial diseases refer to the diseases occurring in the oral cavity and maxillofacial region. Thus, the dentists have the responsibility to treat or take care of these diseases. Clinically, the oral and maxillofacial region comprises not only soft tissues such as the tongue, salivary gland, oral mucosa, muscle, nerve, and vasculature, but also hard tissues including the tooth, bone, and cartilage.⁴ The important structures in the oral and maxillofacial region include the tongue, teeth, alveoli, jawbones, masticatory muscles, and temporomandibular joint. In terms of the medical regulations, the framework of the scope of practice for the dentists (including the oral and maxillofacial surgeons) in Taiwan is shown in Fig. 1. The main fields of practice of a dentist are the prevention, diagnosis, and treatment of the oral and maxillofacial diseases and the diseases of the surrounding areas caused by them (Fig. 1A). The former includes the dental caries, periodontal diseases, oral cancer, odontogenic tumors, and temporomandibular joint disorders. Although the latter is uncommon, it does occur, such as a facial fistula caused by the dental pulpal infection. In addition, the oral manifestations caused by the systemic diseases (such as the oral ulcers caused by the autoimmune diseases) are also the business of the dentists, especially their differential diagnosis.⁵ Moreover, a typical example of the extended management caused by the oral and maxillofacial diseases (such as the oral cancer removal combined with the tooth extraction and the use of the vascularized free fibular flap to repair the facial defects) can be performed by the

dentists and the oral and maxillofacial surgeons (Fig. 1B). When the dental procedures performed for the jawbone fractures or broken teeth caused by facial trauma, the care for facial injury also falls within the scope of the extended management. Exceptionally, the oral and maxillofacial surgeons are allowed to perform certain specific cosmetic medical procedures, such as the orthognathic surgery for the patient with the mandibular prognathism (Fig. 1C). This indicates that the extended management is highly relevant and necessary for the original dental procedures. Under no circumstances should any dentist advocate that a dentist should also perform the cosmetic medical surgery while performing dental procedures.

Although the challenges to dental ethics remain as the clinical technology that continues to advance, there is still optimism about the advancement and expansion of the dental practice field. Under a sound ethical, moral, and legal framework, the introduction of various new technologies and new methods into the clinical application of dental practice has a great potential for future development.

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

Acknowledgments

This research was funded by a general grant from the National Science and Technology Council, Taiwan (NSTC 113-2221-E-038-010) to Wei-Chun Lin.

References

1. Cheng FC, He YZ, Wang LH, et al. Comparison of past and current dental school curricula for dental students of national Taiwan university. *J Dent Sci* 2022;17:1169–79.
2. Wu Y, Li X, Liu H, et al. Organoids in the oral and maxillofacial region: present and future. *Int J Oral Sci* 2024;16:61.
3. Shih YH, Cheng FC, Lin YC, Lin WC, Chiang CP. Overview of the education system for dental technicians in Taiwan. *J Dent Sci* 2025;20:971–9.
4. Wang LH, Cheng FC, Liu WC, Tsai PF, Chiang CP. Overview of education system for oral hygienists in Taiwan. *J Dent Sci* 2022;17:1704–13.
5. Cheng FC, Chang JYF, Chiang CP. New model of tele-healthcare for consultation, diagnosis, and treatment of a cicatricial pemphigoid case using Mobile phones for communication among the patient, the clinic dentist, and the oral pathology specialist. *J Dent Sci* 2024;19:2381–4.

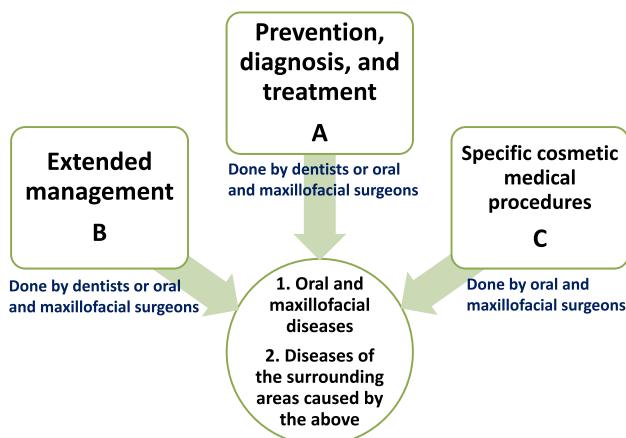


Figure 1 The framework of the scope of practice for the dentists (including those with the specialist qualification of oral and maxillofacial surgery, so-called the oral and maxillofacial surgeons) in Taiwan. (A) The main fields of practice of a dentist are the prevention, diagnosis, and treatment of the oral and maxillofacial diseases and the diseases of the surrounding areas caused by them. (B) The extended management caused by the oral and maxillofacial diseases (such as the oral cancer removal combined with the tooth extraction and the use of the vascularized free fibular flap to repair the facial defects) can be performed by the dentists and the oral and maxillofacial surgeons. (C) The specific cosmetic medical procedures (such as the orthognathic surgery for the patient with the mandibular prognathism) can be performed by the oral and maxillofacial surgeons.

Feng-Chou Cheng
Chia-Te Dental Clinic, New Taipei City, Taiwan
School of Life Science, College of Science, National Taiwan Normal University, Taipei, Taiwan
Science Education Center, National Taiwan Normal University, Taipei, Taiwan

Wei-Chun Lin^{**}
School of Dental Technology, College of Oral Medicine, Taipei Medical University, Taipei, Taiwan

Department of Dentistry, Wan-Fang Hospital, Taipei Medical University, Taipei, Taiwan

Ling-Hsia Wang

Center for the Literature and Art, Hsin Sheng Junior College of Medical Care and Management, Taoyuan, Taiwan

Chun-Pin Chiang*

Department of Dentistry, National Taiwan University Hospital, College of Medicine, National Taiwan University, Taipei, Taiwan

Graduate Institute of Oral Biology, School of Dentistry, National Taiwan University, Taipei, Taiwan

Department of Dentistry, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Hualien, Taiwan

Institute of Oral Medicine and Materials, College of Medicine, Tzu Chi University, Hualien, Taiwan

**Corresponding author. School of Dental Technology, College of Oral Medicine, Taipei Medical University, No. 250, Wu-Xing Street, Taipei, 11031, Taiwan.

E-mail address: weichun1253@tmu.edu.tw (W.-C. Lin)

*Corresponding author. Department of Dentistry, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, and Institute of Oral Medicine and Materials, College of Medicine, Tzu Chi University, No. 707, Section 3, Chung-Yang Road, Hualien 970, Taiwan.

E-mail address: cpchiang@ntu.edu.tw (C.-P. Chiang)

Received 26 April 2025

Available online 8 May 2025