



FDI POLICY STATEMENT

Advertising in Dentistry

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CONTEXT

Policies and regulations related to advertising in dentistry vary greatly among countries. Advertising in dentistry is prohibited in some countries, while in other countries dental advertising regulations range from strict to very lenient. In the absence of consistent dental advertising regulations, the public risks being misled by exaggerated and spurious advertising claims. However, information intended to demonstrate the benefits of good oral health should be made freely available.

SCOPE

Advertising in dentistry has the potential to have an impact on the professionalism and social perception of dental professionals. Due to their professional commitment to the oral health and well-being of the public, dental professionals should exert self-regulation based on autonomy, beneficence, and veracity. Dental professionals and their NDAs should provide patients with accurate, transparent and reliable information that benefits their oral health.

DEFINITIONS

Advertising in dentistry

Any information and/or material related to the promotion of dental services of a dental practice by individuals or corporations involved in the delivery of care. Advertising in dentistry includes any information related to the dentist/dental practice, regardless of the form of distribution, such as: flyers, websites, social media postings, blogs, advertorials, newsletters, business cards, stationery, logos, infographics, signage, announcements, digital or artificial intelligence (AI)-based marketing.

28 **Social media**

29 Digital platforms and applications that enable users to create, share, and interact with
30 content, including but not limited to professional networking sites, social networking
31 platforms, video-sharing platforms, blogs and microblogging services, online review
32 and rating platforms, and messaging applications used for professional
33 communication.

34 **Digital and AI marketing**

35 The use of digital technologies and AI systems for promoting dental services, which
36 includes but is not limited to: digital marketing components (search engine
37 optimization, pay-per-click advertising, email marketing campaigns, virtual reality or
38 augmented reality demonstrations, online appointment booking systems, mobile
39 applications for patients engagement on their own information) and AI-powered
40 marketing elements (automated patient chatbots for patient inquiries, personalized
41 marketing recommendations).

42 **Ethics on advertising in dentistry**

43 The ethical principles and professional standards that guide the promotion of dental
44 services, ensuring that advertising maintains professional integrity, supports patient
45 well-being, and upholds public trust.

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47 **PRINCIPLES**

48 The basic principles of regulations on Advertising in Dentistry include:

- 49 • **Beneficence:** protect the health and well-being of the public.
- 50 • **Non-maleficence:** avoid harm of patients and public by ensuring that any claims
51 communicated are supported by evidence-based information.
- 52 • **Veracity:** Commit to truthful and accurate representation of information.
- 53 • **Respect for patient's autonomy:** support informed patient decision-making.
- 54 • **Professional integrity:** uphold the dignity and integrity of the profession.
- 55 • **Legal and regulatory compliance:** abide by relevant laws and regulations.

56

57 **POLICY**

58 **Dental advertising should:**

- 59 • be accurate;
- 60 • be factual, i.e. supported by scientific evidence rather than personal feelings,
61 anecdotes, beliefs, opinions or interpretations;
- 62 • align with professional integrity and dignity;
- 63 • be balanced with respect to the advantages, disadvantages, and limitations of the
64 proposed treatment;

- comply with relevant national and local laws, regulations, and professional guidelines;
- maintain patient privacy and confidentiality;
- disclose to patients the use of digital or AI technologies. ~~in advertising.~~

Dental advertising must not:

- be false, unclear, exaggerated, misleading, fraudulent;
- be comparative with or disparage other dentists;
- solicit or canvas for patients;
- seek to embellish;
- use superlative or comparative terms, to suggest higher quality in relation to services, equipment, technology used, or products or persons providing the services;
- arouse unnecessary concern or distress;
- generate unrealistic expectations;
- misrepresent credentials, qualifications, or experience;
- use patient testimonials without appropriate consent and verification;
- manipulate search engine results or online reviews in deceptive ways;
- abuse social media platforms;
- bring the profession into disrepute.

Not all of the above applies to all countries. National Dental Associations are therefore encouraged to work with regulators and national authorities to establish their own clear rules and regulations on advertising.

KEYWORDS

Beneficence, non-maleficence, veracity, patient's autonomy, professional integrity

DISCLAIMER

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

Further reading

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