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Patient Rights, Dental Records, and Dispute Prevention in Modern Dental Practice

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Abstract According to the World Health Organization, oral diseases remain one of the most widespread chronic pathologies worldwide, affecting approximately 3.7 billion people. The most common condition is untreated caries in permanent teeth, and severe forms of periodontal disease account for a significant portion of the population's need for long-term treatment and rehabilitation. The economic burden of poor oral health is estimated to be comparable to that of the most costly noncommunicable diseases, reaching approximately $545 billion in direct and indirect costs annually. The scale of prevalence and the cost of consequences shift dental care from a "local clinic" to a public responsibility of the state to ensure accessibility, quality, and legal protection for patients.

Keywords Dental health, World Health Organization, Oral health

1. Introduction

In the scientific literature, dental health is considered an integral part of the overall health of a nation and an important indicator of the well-being of the population [1,2]. According to the definition of the World Health Organization, oral health is a condition in which a person is free from diseases of the teeth, gums and other organs of the oral cavity, capable of ensuring basic functions (eating, speech, expression of emotions) without pain and discomfort [1]. In other words, dental health includes physical and psychological aspects and affects the overall well-being and quality of life of a person [2]. For example, the presence of chronic toothache or tooth loss can make it difficult to eat, communicate, reduce self-esteem and work capacity, which ultimately affects the social activity and economic well-being of an individual [3]. Thus, in the modern concept, dental health is interpreted not only as the absence of diseases of the dental system, but also as a positive condition that ensures a high quality of life. The dental health of the population has a pronounced medical and social significance. Firstly, oral diseases are extremely widespread and are predominantly chronic. According to the WHO, dental and gum diseases are among the most widespread non-communicable diseases worldwide [4]. Almost all people experience caries or periodontal diseases during their lifetime, and in certain age groups, the prevalence of caries approaches 100% [5]. In the Republic of Uzbekistan, according to local researchers, a high incidence of caries in children and a low level of oral hygiene are noted, especially in rural areas [6,7]. The chronic course of most dental diseases means that without prevention and treatment they progress and accompany a person for many years. Secondly, dental morbidity directly affects the ability to work and daily activities of the population. Pain syndrome associated with dental diseases and complications (for example, odontogenic infections) lead to absences from work and school, and difficulty concentrating [8]. Individuals with severe dental and periodontal disease often experience difficulties with eating and communicating, which impairs their social adaptation. Thirdly, the high prevalence of dental diseases results in a significant economic burden: families are forced to spend money on dental treatment, and the state is forced to provide dental care and preventive programs [9] Thus, from a social perspective, dental health is an important factor in public health, influencing demographic indicators and economic development.

The legal framework governing dental services in the Republic of Uzbekistan is structured as a multi-layered system of norms, including constitutional provisions, legislative acts, bylaws of the President and the Cabinet of Ministers, departmental orders of the Ministry of Health, sanitary rules and regulations, and local documents of medical organizations. This architecture simultaneously provides for three modes of legal influence: establishing basic legal guarantees for the population, regulating the admission of organizations and specialists to medical activities, and detailing procedures for providing care and documenting

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medical interventions. The body of regulatory sources is systematized according to two complementary principles. The first principle reflects the legal force and hierarchy of regulations, allowing for the determination of the level of mandatory requirements and the mechanism for their implementation through bylaws and departmental rulemaking. The second principle reflects the regulatory framework for dental services as a branch of medical services, concentrating legal requirements on participants in medical legal relationships and on organizations providing dental care. These frameworks include patient rights, licensing and approval, quality and safety, medical documentation, financial relations, appeals, and liability. The register of regulatory sources was compiled based on official legal frameworks and departmental resources, with a selection of acts containing standards applicable to dental care, including outpatient and polyclinic services and the private sector. The time period 2010–2025 was adopted as the analytical period for updating and institutional development of regulations. Previously adopted fundamental laws were reviewed in their current versions and their application during this period (Table 1).

Table 1. Composition of regulatory legal acts applicable to the regulation of dental services in the Republic of Uzbekistan

Act level	Regulatory document	Year of adoption (key revisions)	The main area of legal regulation	Practical significance for dental service
Constitutional	Constitution of the Republic of Uzbekistan (2023 edition)	1992 (2023 edition)	Basic guarantees of the right to health protection, general principles of state responsibility	Legal basis for access to medical care and protection of citizens' rights
Law	Law of the Republic of Uzbekistan on the Protection of Citizens' Health No. 265-I	1996 (current edition)	Patient rights, responsibilities of health workers, medical intervention, medical confidentiality	Basic requirements for information, consent, confidentiality, and organization of care
	Law of the Republic of Uzbekistan on Protection of Consumer Rights No. 221-I	1996 (current edition)	Consumer rights, service quality and safety, and the contractor's liability	Application of consumer mechanisms to dental services, including the claims procedure
	Law of the Republic of Uzbekistan on Appeals of Individuals and Legal Entities No. ZRU-378	2014	The procedure for submitting and reviewing appeals, duties of officials	Regulatory channel for protecting patient rights through administrative appeals
	Law of the Republic of Uzbekistan On Licensing of Certain Types of Activities (current version)	(current ed.)	General principles of licensing and monitoring of compliance with licensing requirements	Legislative basis for admission of dental organizations to activities
Code	Civil Code of the Republic of Uzbekistan	(current ed.)	Contract for the provision of services for a fee, compensation for damage, liability of the parties	Legal basis for contractual relations and compensation for damages in the provision of dental services
	Code of the Republic of Uzbekistan on Administrative Responsibility	(current ed.)	Administrative offenses, penalties	Administrative response mechanisms for violations of licensing and sanitary requirements
	Criminal Code of the Republic of Uzbekistan	(current ed.)	Criminal law prohibitions, liability for causing harm	The regulatory limit of liability for serious consequences and gross violations
Decree of the President	Decree of the President of the Republic of Uzbekistan No. UP-5590	2018	Comprehensive measures to reform the healthcare system	Institutional changes affecting the organization and control of health services, including dentistry
	Decree of the President of the Republic of Uzbekistan No. UP-88	2025	Continuation of reforms and management measures in healthcare	Updating management mechanisms and requirements for the health care system
Resolution of the Cabinet of Ministers	Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 405	2017	Procedure for licensing medical activities	Uniform requirements for the opening and operation of dental organizations
	Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 696	2017	Regulation of individual procedures and forms in healthcare	Basis for unification of documentary and organizational requirements in clinics
	Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 718	2017	Measures to improve the quality of medical services and increase responsibility	Management quality guidelines and increased responsibility for organizing processes

Act level	Regulatory document	Year of adoption (key revisions)	The main area of legal regulation	Practical significance for dental service
Resolution of the Cabinet of Ministers	Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 382	2025	Guaranteed medical care package and organizational parameters	Determination of the composition of services and conditions of provision that affect dental care
Order of the Ministry of Health	Order of the Ministry of Health of the Republic of Uzbekistan No. 217	2015	Organizational issues of providing medical care	Streamlining internal processes and requirements for the work of departments
	Order of the Ministry of Health of the Republic of Uzbekistan No. 3355 (registration of the Ministry of Justice No. 0349)	2022	Procedure for providing medical services to foreign citizens	Regulation of access and service delivery procedures relevant to the private sector
Sanitary standards	Sanitary rules and regulations for medical organizations (in terms of dentistry)	(current ed.)	Infection safety, sterilization, conditions for providing assistance	Minimum requirements for environmental safety and anti-epidemic regime
	Radiation safety and X-ray diagnostic standards	(current ed.)	Requirements for X-ray rooms and the organization of radiation diagnostics	Legal requirements for equipment and procedures for the use of X-ray diagnostics

The presented register reflects the regulatory minimum sufficient for describing the legal environment of the dental service and for subsequent formalized analysis of the regulatory coverage of key processes.

The availability of resources for dental services determines the practical feasibility of constitutionally significant health care guarantees related to the prevention and treatment of dental diseases. This is of fundamental importance for dentistry: demand for services is inherently massive, and the consequences of inadequate accessibility are cumulative, manifesting through increased complications, higher treatment costs, decreased quality of life, and increased conflict in patient-healthcare provider relationships. In the context of a two-sector model for dental care delivery, where the public network combines with a private sector that dominates in terms of the number of organizations and the volume of services, the resource profile acquires a distinct territorial dependence.

The analytical reconstruction of the resource profile was based on a statistical description of the network of dental organizations and the density of dentists -by administrative territory, with per capita calculations. The demographic baseline was based on data on the resident population by region as of October 1, 2025. To identify territorial disparities, the following were used:

1. comparative analysis of shares and ranks;
2. indicators of provision per 100 thousand population (for infrastructure) and per 10 thousand population (for personnel);
3. location coefficients (LQ), which compare the share of a territory's resources with its share of population;
4. dissimilation index (0.5 Σ|resource share − population share|), which allows us to assess the scale of discrepancy between resource distribution and demographic structure.

The distribution of dental facilities by region demonstrates a significant concentration in the capital city and certain economically active regions. The largest share of dental facilities is in the city of Tashkent (27.1%), followed by the Bukhara region (11.1%) and the Tashkent region (9.6%). Together, these three regions account for almost half of the infrastructure (47.8%), which, when compared to the population share, strongly suggests the centralization of the dental services market (Table 2).

Table 2. Distribution of dental institutions by administrative territories of the Republic of Uzbekistan, 2025, %

Territory	Share of institutions, %	Rank
Republic of Karakalpakstan	4.0	9
Andijan region	8.0	4
Bukhara region	11.1	2
Jizzakh region	2.0	12
Kashkadarya region	5.8	7
Navoi region	3.5	10
Namangan region	4.7	8
Samarkand region	8.1	3
Surkhandarya region	2.9	11
Syrdarya region	1.9	13
Tashkent region	9.6	2
Fergana region	5.9	6
Khorezm region	5.3	7
Tashkent	27.1	1

Note: Ranking is in descending order of share.
Source: Author's calculations based on statistical data on the distribution of dental facilities (2025).

The currently established dental care model is characterized by high clinical and social significance, while simultaneously complicating the organizational and legal environment. Previously obtained results from an epidemiological assessment

of the population's dental health, an analysis of territorial resource availability, and a sociological survey of patients and physicians have shown that a significant number of factors limiting improvements in the population's dental health relate to legal certainty and the reproducibility of care procedures. In dentistry, any clinical procedure simultaneously represents a legally significant interaction between the parties, as it involves information sharing, agreement on the scope of intervention, selection of alternatives, financial terms, recording of medical information, and subsequent guarantees.

It was determined that the legal aspects of dental services should be considered as a holistic framework, encompassing standards and procedures that ensure equal access, predictability of patient pathways, quality and safety of interventions, protection of patient rights, protection of physician rights and professional interests, and the demonstrability of the circumstances of care provision under expert and judicial review. This framework, being holistic, cannot be strengthened solely by selective changes to individual requirements; a systemic framework for improvement is required, linking identified empirical deficiencies to specific regulatory targets and measurable outcome indicators.

A fundamental methodological conclusion is that the population's dental health improved primarily where dental care became manageable: accessibility was ensured not only by the availability of an office and a specialist, but also by a preventive program, the organization of primary care, a clear patient pathway, uniform medical documentation, transparent financial conditions, and a functioning pre-trial dispute resolution mechanism. Consequently, areas for improving the legal aspects of dental services should encompass both prevention and accessibility, standardization of doctor-patient interactions, documentation and digital proof, quality management and safety, pre-trial resolution, legal competence of personnel, and the unification of requirements for organizations of different types of ownership.

The systematization of the problem field and its connection with areas of improvement are presented in Table 3.

Table 3. Matrix of problematic nodes of legal regulation of dental care and directions for overcoming them (based on the results of generalization of empirical data and normative analysis)

Problematic area of legal regulation	Empirical manifestation (established facts of research)	Legally significant risks to the system	Conceptual direction of improvement
Insufficient institutionalization of prevention and early detection	High prevalence of dental diseases in children and a significant proportion of untreated forms; persistent territorial differences; a high proportion of complicated forms in the structure of visits	Increased complications and emergency visits; unequal access; overburdened healthcare systems; decreased cost effectiveness	Establishing prevention and early dental care as a sustainable system responsibility with measurable coverage monitoring
Fragmentary requirements for information and coordination of interventions	According to the author's survey of patients, 36.0% confirmed written informed consent, 44.1% indicated the absence of consent, and 19.9% found it difficult	Vulnerability of the patient's right to an informed decision; increased conflict; decreased ability to prove the doctor's integrity during an examination	Standardization of information and written consent for dental interventions, including modular forms and minimum information content
Incomplete documentation of interactions and unsystematic provision of information to the patient	62.6% of patients received a written treatment plan; 20.9% received written information about warranty obligations; 37.0% received written recommendations after treatment.	Inconsistency in expectations of results and guarantees; difficulty in delineating responsibilities; decreased quality of the patient journey	Introduction of a minimum mandatory package of documents for dental care and uniform rules for issuing copies of documents
The gap between financial transparency and legal certainty of a paid service	Transparency of payment terms was fully noted by 51.2%, partially by 36.5%; in the subsample of paid services, the contract was drawn up more often in the private sector than in the public sector.	Risks of consumer rights violations; increased complaints about service quality; disputes over the scope of paid interventions	Unification of contractual practices and financial documents in dentistry, including pre-treatment estimates and warranty conditions
Insufficient reproducibility of internal quality control of documentation	Among physicians, 65.7% had not received training in medical law in the past 3 years; a standard consent form was used by 51.4%; internal chart audit was performed by 71.4%.	Documentation errors as a cause of unfavorable legal assessment; increased conflicts; variability of practices	Development of documentation compliance and internal quality control of dental care with uniform criteria and checklists
Insufficient legal competence and heterogeneity of practices across sectors	Medical legal literacy and documentation compliance had a significant positive correlation (ρ=0.576); documentation was associated with the quality of the patient's journey (ρ=0.487)	Decreasing route manageability; increasing complaints; uneven protection of patient and physician rights across organizations	Introduction of mandatory mechanisms for improving legal competence and unification of requirements for public and private organizations
Insufficient institutionalization of pre-trial settlement	50.2% of patients were unaware of the complaint filing procedure; some conflicts had no management solution at the organizational level.	Escalation of disputes to supervisory and judicial stages; loss of resources; decreased trust	Regulation of processing of requests, clinical examination of claims, mediation and management feedback

The presented matrix reveals that various problems share a common denominator: a lack of procedural consistency and insufficient demonstrability of key interaction stages. Most significantly, documentation emerged not as a secondary administrative element, but as a factor in the quality of the patient journey. The correlation between the interaction documentation index and the patient journey quality index ($\rho=0.487$) demonstrated that patients perceived care as higher quality and more manageable where the clinic reproducibly formalized the treatment plan, information, consent, and subsequent recommendations. Furthermore, patient legal awareness was less strongly associated with the quality of the journey than documentation ($\rho=0.384$), and the relationship between patient awareness and documentation was statistically insignificant. This suggests that improving practice cannot be achieved through educational efforts alone; organizationally enshrined legal standards are required, binding on all entities providing dental care.

2. Conclusions

This study examines one of the most socially significant and organizationally complex issues facing modern healthcare in the Republic of Uzbekistan: the legal framework for dental services in the context of the high prevalence of oral diseases, a significant share of paid interventions, and a significant structural transformation of the dental services market. The widespread incidence of dental diseases, the material-intensive nature of treatment, and the prevalence of multi-stage procedures create a situation in which the quality and safety of dental care are determined not only by the physician's clinical competence but also by the legal stability of the interactions between the parties: complete information, verifiable consent, reproducible documentation, transparency of financial terms, protection of personal data, and the availability of effective pre-trial settlement mechanisms. In this logic, a dental service is simultaneously a medical intervention and a legally significant event, and the legal framework becomes not an external, oversight "superstructure" element, but an internal mechanism for managing the patient's journey, reducing conflict, and increasing trust in the system.

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Author’s Contribution

All authors made substantial contributions to the conception, design, and execution of this study. Shukurov Akobir Furkatovich was responsible for the overall study design, data collection, statistical analysis, and drafting of the manuscript. Inoyatov Amrillo Shodiyevich contributed to the critical revision of the legal framework analysis, interpretation of regulatory documents, and supervision of the research. Shukurova Nodira Tillayevna participated in the literature review, data validation, and preparation of tables and the reference list. All authors reviewed and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper. No financial, personal, or professional relationships with any organizations or individuals could inappropriately influence or bias the findings presented in this study.

REFERENCES

[1] World Health Organization. Global report on oral health: Towards universal health coverage for oral health by 2030. Geneva: WHO, 2022. 48 p.

[2] World Health Organization. Quality of care: strategic decision -making in health systems. Geneva: WHO, 2006. 50 p.

[3] World Health Organization. Oral cavity health. – [Electronic resource]. – URL: https: // www. WHO. int / health - topics / oral health.

[4] FDI World Dental Federation. Definition of oral health (approved by the FDI General Assembly September 2016) // International Dental Journal. – 2016. – Vol. 66, No. 6. – P. 322–324.

[5] World Health Organization. Strategy and action plan for global oral health 2023–2030. Geneva: WHO, 2023. 32 p.

[6] ISO. ISO 9000:2015 Quality management systems – Fundamentals and vocabulary. – Geneva: ISO, 2015.

[7] Makhmudova A.N., Ibragimova E.F., Shukurova D.B. et al. Medicine of Uzbekistan – achievements and prospects for the development of the sphere // Economy and Society. - 2020. - No. 1. - P. 23–28.

[8] Shayakhmetova A.R. Legal nature of the provision of medical services for a fee // Young scientist. - 2016. - No. 22 (126). - P. 91-97.

[9] Fomina L.A., Zaitsev A.A. Legal liability of medical workers. – Saratov: Publishing house of Saratov University, 2016. – 250 p.

[10] Sergeev Yu.D. Expertise of negative consequences of medical care // Sechenov Medical Journal. - 2019. - Vol. 10, No. 2. - P. 34–40.

[11] Tregubov V.I., Oleynik A.M. Quality of medical care as an object of forensic medical assessment // Medical law. - 2019. - No. 4. - P. 10-15.

[12] Daminov I.I. Improving the legal framework for protecting citizens' health. - Tashkent: Adolat , 2019. - 220 p.

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