Applied Ethics in Dental Practice

Barry Schwartz  DDS, MHSc (bioethics),
cert ADR, FPFA, FACD
Assistant Professor, Schulich Medicine &
Dentistry, Western University, London
Ontario

Mar 2, 2018

Purpose of todays talk and discussion

- To better understand and apply dental ethics and decision-making in common practice situations
- This afternoon session will provide some context to ethical decision-making and discuss some cases to highlight the ethical principles and professional values involved

March 2, 2018  barry.schwartz@schulich.uwo.ca
What is meant by ethics?

- The moral principles or virtues that govern the character and conduct of an individual or group
- It is a branch of philosophy that seeks to identify what is good and to help answer 2 important questions:
  1. What should we do?
  2. Why should we do it?

What Ethical Issues Challenge Dentists (a short list)

- Informed consent
- Privacy/confidentiality
- Conflicts of interest
- Access to Care
- Child Neglect/Abuse
- Cultural relativism
- Professional boundaries
- Emergency care
- Disclosure/ misrepresentation
- Incapacity of dentist or patient
- Managed care (capitation, preferred providers)
- Referrals
- Patient abandonment
- Sexual harassment (staff)
A Principle-Based Approach

-Beauchamp & Childress

1. Respect for Autonomy- allowing patients to choose what is in their best interest
2. Non-maleficence- avoiding harm to the patient (and others)
3. Beneficence- helping others
4. Justice- following the laws, fair distribution of burdens and benefits

An Ethics Analogy

Give a hungry man a fish and he will be satisfied for a day.
Teach a man to fish and you have fed him for a lifetime.

-Lao Tzu
Core Values of Professionals

1. **Integrity**: telling the truth (Veracity), keeping promises and not breaking confidentiality (Fidelity), upholding professional principles (of beneficence, justice, non-maleficence and autonomy---previous slide)

2. **Compassion**: acting with sympathy and kindness to all patients in alleviating their concerns and pain

3. **Competence**: acquire and maintain the necessary expertise to undertake professional tasks (life-long learning)

4. **Being Reflective**:

The ACD Test For Ethical Decisions *(American College of Dentists)*

**Assess**

Is it true?
Is it accurate?
Is it fair?
Is it quality?
Is it legal?
The ACD Test
For Ethical Decisions

Communicate
- Have you listened?
- Have you informed the patient?
- Have you explained outcomes?
- Have you presented alternatives?

March 2, 2018  barry.schwartz@schulich.uwo.ca

The ACD Test
For Ethical Decisions

Decide
- Is now the best time?
- Is it within your ability?
- Is it in the best interests of the patient?
- Is it what you would want for yourself or a member of your family?
A Decision-Making Model

(Ozar & Sokol)

1. Identify Alternatives
2. Determine what is professionally at stake
3. Determine what is ethically at stake
4. What ethical considerations apply to the considered actions?
5. What guidance does the RCDSO code of ethics provide?
6. Determine what is ethically at stake
7. Rank the successful alternatives
8. Choose a course of action

What if we don’t make good ethical decisions?

- Our reputation suffers!
- Our profession is demeaned!
- Our patients lose trust in dentists!
- It can have an impact on our self-esteem and mental/physical health!
- It can create unhappiness with our staff
- It can impact on the bottom line!
How do we manage conflicting values?

- We must rank our values depending on the likely consequences of our actions
- Prima Facie Duties- not rules but guidelines to uphold central values

Ranking of Central Values in Dentistry (Prima Facie= order that is presumed to be true unless disproved - not absolute)

1. The life and well being of the patient
2. Preservation of oral health and freedom of pain
3. The patient’s autonomy- their expressed wishes and needs
4. Dentist’s preferred practice values: i.e. rubber dam
5. Aesthetic values: composite resins vs. amalgam?
6. Efficient use of resources: cost to both the patient and dentist
7. Social justice: what do we provide for indigent who can not afford the necessary treatment?
Writing Off the Co-Pay

Dr. A works in a blue collar area where many patients struggle to get by. The auto plant, where most of the patients work, pays 80% of the current fee guide. In order to help out his patients, Dr. A routinely writes off the co-pay.

Ethics Case 1: The Limits of Confidentiality

A longstanding patient asks to speak with you privately in your office. He tells you that he is positive to HIV/AIDS and trusts that you will keep this completely confidential. He is afraid that if other office members are informed, they will treat him differently and be uncomfortable with him. You have recently referred him for the removal of his third molars to an Oral Surgeon and he specifically told you not to tell him about this condition. He will decide if and when to tell anyone else. Do you maintain the confidence that has been entrusted to you, or do you secretly discuss the situation with your staff and/or the Oral Surgeon.
Questions to consider:

1. What options do you have?
2. What ethical/professional values are involved in this case?
3. What plausible outcomes do you see?
4. What specific guidance does the licensing body and the code of ethics provide?
5. What are the repercussions for the profession, the patient, and the public?
6. What would you, as the dentist, choose to do?

Case 1: A Recent Grad Reports...

Recently I saw a 7 year old male patient on an emergency basis who attended an appointment with his mother. The patient presented with a dental abscess and mild facial cellulitis on the left side of his face. Looking over the chart, this patient had been diagnosed with 7 carious lesions 1 year ago, and the mother had kept cancelling appointments and not calling back after messages were left on her voicemail to book appointments (The mother also had a history of previously diagnosed caries that she did not seek treatment for, as well as an abscess that she received antibiotics for but did not show up to her appointment for final treatment).
When these caries were again mentioned to the mother, she reacted as though she had no responsibility in the matter and blamed everything on the child. I emphasized that she needed to be helping him take care of his teeth. After conveying the diagnosis, I elected to refer the child to a dental anaesthesiologist due to poor patient behaviour and the number of lesions that required treatment. I prescribed antibiotics and informed the mother that this was a serious infection and she needed to call the anaesthesiologist office immediately to book an appointment, as there is usually a wait to get in to see them. We then informed the anaesthesiologist of the situation and they were waiting for the mother's phone call. One full week went by, and I followed up with the anaesthesiologists office to ensure that an appointment had been made. The office had not yet heard from the mother.

What would be your next steps and why?
Conclusions

- Ethical conduct is directly related to patient trust
- Utilizing a decision-making model can lead to better decisions
- More ethical decisions are good for the dentist, the staff, the patients and the financial health of the practice

References

1. RCDSO Code of Ethics Nov. 2004
http://www.rcdso.org/KnowledgeCentre/RCDSOLibrary


References (cont.)


7. RCDSO Practice Advisory. Prevention of Sexual Abuse and boundary Violations. (Nov. 2015)