

ETHICS HANDBOOK FOR DENTISTS

**An Introduction to Ethics, Professionalism,
and Ethical Decision Making**

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and Ethical Decision Making**

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AN APPEAL

Follow impulses and leaderships that represent ideals; that point the way to your professional destiny; that express integrity, fidelity, service, and lofty purposes—the finest that is in you individually and professionally!

William J. Gies
July 11, 1937

PURPOSE

The American College of Dentists dedicates this handbook to the dental profession with the expectation that it will serve as a useful introduction to ethics, professionalism, and ethical decision making. It is intended to heighten ethical and professional responsibility, promote ethical conduct in dentistry, advance dialogue on ethical issues, and stimulate further reflection on common ethical problems in dental practice. It is not intended to solve specific ethical dilemmas. Dentists are strongly encouraged to further their understanding of ethics and ethical issues beyond this introduction. Dentists should familiarize themselves with the prevailing laws, regulations, and standards that affect their decisions.

For those who seek the privileges and responsibilities of a dental professional, this handbook will serve as an introduction to the challenges and opportunities ahead and provide insights to a successful career.

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BE A PROFESSIONAL

Your charge as a dentist is to be a *professional*. If you are going to call yourself a professional, if you want to be recognized as a professional, and if you want to *be* a professional, then you must conduct yourself as one. Otherwise you run the risk of assuming the title without accepting the obligations.

On receiving your degree in dentistry, you officially became a participant in a profession. Do not assume that a participant is necessarily a professional. Strive to become a dental professional in the truest sense of the term. What does this really mean? A professional respects patients for their unique needs and values. A professional places patients' interests first and foremost, with only rare, legitimate exceptions. A professional *always* considers patients' values and relevant personal preferences. A professional has integrity. A professional is honest. A professional is competent. A professional strives to improve personally and to effect improvement in the profession. A professional actively supports professional organizations. A professional is concerned about conduct and perceptions of conduct. A professional is *ethical*.

The term "professional," as used in this handbook, refers to one who practices a *learned* profession, i.e., one who has special knowledge and skills used to benefit the public, regardless of personal gain. This separates the learned professions from those self-proclaimed "professions" that essentially exchange goods and services.

Becoming a professional is a lifelong process of consistent behavior affirming the principles of your beliefs. Your conduct in a professional capacity ultimately establishes your status as a professional. Strive to be a true professional, and by so doing, make a significant contribution to dentistry, society, and most importantly, the patients you serve.

Are you a professional?

THE PROFESSIONAL AND . . .

Citizenship

The essence of every health profession is service above self. The dentist's primary obligation is service to the patient. Dentists have an obligation to use their knowledge, skills, and experience to improve the oral health of the public. Dentists also have the obligation to keep their knowledge and skills current.

The professional person—the dentist—has a broad responsibility to the community in which he or she chooses to practice.

First, the dentist must provide patients the best service of which he or she is capable. This responsibility is one of the cardinal principles of a health service. "Good enough" is not good enough. It must be the "very best" service under the circumstances.

Second, the dentist, as a well-trained and educated citizen, also has the obligation to aid the community with its general problems and should be willing to donate some time for their solution. Interest and leadership in community affairs is an obligation that should not be overlooked.

There is perhaps a third area of responsibility that is really a part of the first—an obligation as a public servant in health matters. A dentist should be willing to discuss, advise, guide, and aid in the general health problems of the community, especially as they relate to oral health.

Such activities should be accomplished without attracting undue attention to oneself and in accordance with the rules established by organized dentistry.

Another tangible way the dentist can show concern for the public is to be a member of the local dental society. In this manner, the dentist can join with colleagues in developing and facilitating dental programs for the benefit of the entire community. Dentists should conduct themselves in a manner that maintains or elevates the esteem of the profession.

Scientific literature

The published record and scientific literature of a health profession not only characterize that profession, but also provide the basis for improving the health of the public. The successful transfer of knowledge from the clinical investigator and the laboratory scientist to the public is dependent upon a body of literature that represents integrity, fidelity, and responsibility. Dentists, through editorial and scientific writing, provide the benefits of their knowledge to those who follow months, years, or decades later. This written record also provides for the advancement of dentistry and improves the quality of patient care. In addition, the scientific literature directs the development of future studies that will advance professional knowledge even further.

Research

The health professions must actively participate in clinical and basic research in order to provide new information. The advancement of oral health is dependent upon leadership from the dental profession in science and technology. Solving the problems facing the profession in the prevention and treatment of oral disease and disability is a goal to which many dentists aspire. Through unbiased research and responsible clinical investigation, a dentist can significantly influence the health and well-being of the public.

Licensure

Dental Practice Acts regulate the practice of dentistry with a primary purpose of protecting the public. The dental profession exercised the right to have these “Acts” introduced regionally within appropriate legal frameworks. With their adoption the profession has been granted the privilege to practice, and that privilege should be protected. As long as a high standard of professional conduct and practice is maintained, dentists can expect to retain that privilege. With the granting of a license, a responsibility is placed on the holder to comply with the provisions of law. Proper conduct, competence, professional development, dignified public relations, and concern for the reputation of the profession should be guiding principles for every dentist.

PROFESSIONAL ETHICS REVIEW

What is meant by “ethics”?

Ethics are the moral principles or virtues that govern the character and conduct of an individual or a group.

Ethics, as a branch of both philosophy and theology, is the systematic study of what is right and good with respect to character and conduct.^{see 1:43} Ethics seeks to answer two fundamental questions:

1. *What* should we do?
2. *Why* should we do it?

The object of ethics is to emphasize spirit (or intent) rather than law.^{see 2:vii} Dental ethics applies moral principles and virtues to the practice of dentistry.

The terms ethical and moral have been used synonymously and used to mean only that the issue, question, reflection, or judgment to which they apply concerns what ought or ought not be done, or what is a matter of someone's obligation.^{see 3:5}

Why are ethics important?

Ethics affect virtually every decision made in a dental office, encompassing activities of both judging and choosing. Ethics affect relationships with patients, the public, office staff, and other professionals. As a dentist, you have to make numerous decisions. Some decisions are straightforward and easy; others can be very difficult. Ethics are inextricably linked with these decisions and with the day-to-day activities of your office. When ethics are ignored, you risk making unethical or less ethical decisions. Unethical decisions can lead to unethical conduct. At a minimum, unethical conduct seriously compromises your service to patients and undermines your ability to function as a professional.

Ethics are *critical* to being a professional. An emphasis on ethics and ethical conduct clearly distinguishes your standing as a professional. Without a solid ethical foundation, you simply cannot be a true professional.

What are codes of ethics?

Many dental organizations have published codes of ethical conduct to guide member dentists in their practice.^{see 3:3} For example, the American Dental Association has had a Code of Ethics since 1866.^{see 1:181;4} A code of ethics marks the moral boundaries within which professional services may be ethically provided.^{see 5} Codes of ethics and professional guidelines have quasi-legal force; non-compliance can result in sanctions from censure to loss of professional status.^{see 1:181}

Should I care more about being legal or being ethical?

Most laws and regulations that govern dentistry do not normally prompt ethical conflicts. Many laws, such as those governing discrimination or informed consent, have inherent ethical underpinnings. There is a moral obligation to follow the law and, therefore, ethical analyses need to take into account the relevant statutes and court decisions.

When conflicts do arise, the choice between being legal and being ethical can be difficult.^{see 1:44} For any legal, legislative, or judicial resolution to a problem, one should ask, “Is the law a *good* one?” or “Was the court *right*?” It is often argued by ethicists that ethics, not law, establishes the ultimate standards for evaluating conduct. It is a professional obligation to work with colleagues to overturn unjust laws, i.e., those that are in conflict with the best interests of patients and the public.

It is conceivable that a dentist’s attempt to act ethically could be contrary to law. In such dilemmas, the dentist must weigh all possibilities before taking conscientious action. When ethics and law seem to be in conflict, one should consider seeking counsel from peers who have responsibility in such matters before taking action that violates legal standards. Actions that violate legal standards may prompt serious consequences.

What is a “profession”?

A profession has been defined as an occupation involving relatively long and specialized preparation on the level of higher education and governed by a special code of ethics.^{see 2:100-101} The constructive aim of a profession is the public good. Dentistry is recognized as a profession.

Four key features of a profession have been described:

1. A profession must possess *an important and exclusive expertise*;
2. A profession must possess an *internal and external structure*, including a community of experts mutually recognizing each other's expertise and institutionalization of this relationship in a formal organization;
3. A profession's clients routinely grant its members extensive *autonomy in practice* of the profession, and dentistry as a profession is also largely self-regulating;
4. Membership in a profession implies the acceptance by the member of a set of norms of professional practice or *professional obligations*.^{see 1:9-12,102}

Dentists can claim the following characteristics of professions and professionals for themselves:

1. Dentists possess a distinctive expertise that consists of both knowledge and skills for application in practice;
2. Dentists' expertise is a source of important benefits for those who seek their assistance;
3. Because of their expertise, dentists are accorded extensive autonomy in matters pertaining to dental practice;
4. Dentists have an additional obligation to the larger community—to do what is necessary so that the profession acts as it ought.^{see 3:11,258}

Every profession owes society the responsibility to regulate itself—to determine and judge its own members. This regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.^{see 4:7}

What is a “professional”?

A professional is a member of a profession. Four qualities have been attributed to those who practice a profession:

1. A professional has *respect for human beings*;
2. A professional is *competent*;
3. A professional has *integrity*;
4. A professional's *primary concern is service, not prestige or profit*.^{see 2:73}

These qualities are consistently reflected in the decisions and actions of a professional. To act professionally is to act as a true professional—to comply with the duties and obligations expected of a learned professional.

What is “professionalism”?

Professionalism extends ethics to include the conduct, aims, and qualities that characterize a professional or a profession. Professionalism relates to the behavior expected of one in a learned profession. Professionalism embodies positive habits of conduct, judgment, and perception on the part of both individual professionals and professional organizations. Professionals and professional organizations give priority to the well-being and self-determination of the patients they serve.

Professionalism has been viewed as that quality of conduct and character that accompanies the use of superior knowledge, skill, and judgment, to the benefit of another, prior to any consideration of self-interest.

Do we really have obligations to patients?

By agreeing to take part in the dentist-patient relationship, both patients and dentists accept certain obligations or duties. ^{see 1:58-61} Both accept a responsibility to disclose information pertinent to the relationship. The dentist is obligated to respect patient privacy, maintain patient confidences, keep promises, be truthful, and consider patient values and personal preferences in treatment decisions.

Eight categories of professional obligations have been described:

1. *Chief Client*—The chief client is the person or set of persons whose well-being the profession and its members are chiefly committed to serving;
2. *Ideal Relationship Between Dentist and Patient*—An ideal relationship is based on mutual respect and recognizes that the dentist and patient both bring important values to the professional setting;
3. *Central Values*—The focus of each profession’s expertise is a certain set of values, and each profession is obligated to work to secure these values for its clients;

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4. *Competence*—Every professional is obligated to acquire and maintain the expertise necessary to undertake professional tasks;
 5. *Relative Priority of the Patient's Well-being*—While the well-being of the patient is to be given considerable priority, it is not to be given absolute priority;
 6. *Ideal Relationships Between Co-professionals*—There does not seem to be any one account of ideal relationships between dentists and their co-professionals because so many different categories must be considered, but there are professional obligations to co-professionals;
 7. *Relationship Between Dentistry and the Larger Community*—The activities of every profession also involve relationships between the profession as a group or its members and the larger community and non-professional groups and others within it;
 8. *Integrity and Education*—These are subtle components of conduct by which a person communicates what he or she stands for, not only in the acts the person chooses, but also both in how those acts are chosen and in how the person presents to others in carrying them out. ^{see 3:31-35}

Can dentistry be both a business and a profession?

Every dentist is called upon to participate in service—the chief motive being to benefit mankind, with the dentist's financial rewards secondary.^{see 2:4} While dentistry is first a profession, the practice of dentistry usually involves financial compensation for professional services. Such compensation necessitates, by its very nature, some form of business structure to accommodate these transactions. Since dentists are in a position to gain financially from their professional recommendations, they are at risk of having a conflict of interest, whether actual or perceived. The patient is the beneficiary of the dentist's services. If the dentist is being compensated for professional services, then the dentist is also technically a "beneficiary" of his or her recommendations. The issue is not whether there is a conflict of interest. The more appropriate question is, "How do we prevent this conflict from harming patients?" Professional decision-making may involve many factors. However, the *level* of financial gain to the dentist must never be a consideration in any of the dentist's professional recommendations. A patient's ability

to pay for services *may* be a consideration in these recommendations. If the patient's relevant interests are always considered, the profession of dentistry can ethically exist within a business structure.

What is meant by the “best interests” of our patients?

The “best interests” of our patients means that professional decisions by the dentist must consider patients' values and personal preferences. This requires that dentists carefully communicate with their patients, and listening is of paramount importance. Sometimes patient desires conflict with professional recommendations. Patients must be informed of possible complications, alternative treatments, advantages and disadvantages of each, costs of each, and expected outcomes. Together, the risks, benefits, and burdens can be balanced. It is only after such consideration that the “best interests” of patients can be assured.

What is “paternalism?”

Paternalism is literally to act as a father (or parent). ^{see 1:62-63} In dentistry, it can involve a dentist overriding the autonomous decision of a competent patient for that patient's own benefit. It is the dentist's responsibility to determine the decision-making capacity of each patient with the help of appropriate surrogates. The patient's values may conflict with the dentist's recommendations, and these conflicts may lead to paternalistic decisions. For example, the dentist may decide to withhold information from a competent patient in order to unduly influence the patient. The dentist must consider the patient's values and personal preferences, and the dentist must involve the patient in the decision-making process if the patient is considered capable. Sometimes patients do not understand the consequences of their requests or have unrealistic expectations of outcomes. In such instances, additional patient education or explanation to a competent surrogate is needed. For patients with compromised capacity, the dentist has an ethical obligation to inform responsible parties about treatment choices, costs, possible complications, and expected outcomes when determining what is in the patient's best interests.

Is good risk management good ethics?

Good risk management is not necessarily good ethics. Risk management decision processes often differ from decision processes based on ethical principles. Risk management decisions are typically made from the dentist's or institution's perspective—and for their benefit. Decision processes based on ethical principles always consider the patient's best interests, as well as the patient's values and preferences. Risk management processes and decisions that do not include the perspective of the patient may be unethical.

What about compromising quality?

There are times when a dentist may face the decision to compromise quality. This may be because of the limited financial resources of the patient, reimbursement restrictions imposed by dental insurance plans, patient values or preferences, or other factors. Compromise must not occur simply because the dentist is willing to “cut corners.” These limitations or restrictions may divert the direction of the overall case from “ideal,” but they should never affect the quality of the separate components comprising the final treatment plan. The goal should be to perform each treatment step to its highest standards. For example, if the final decision, considering all limitations, is to place a less costly type of restoration instead of a more durable or esthetic (but more expensive) restoration, then the dentist is obligated to place the less costly restoration competently. The dentist is also obligated to collaborate with the patient during the decision-making process. It is unethical to knowingly provide substandard care.

ETHICAL ISSUES OF . . .

Abuse of prescriptions by patients

The dentist must be aware of patients' legitimate needs for prescription drugs. The dentist should be suspicious when patients' desires for prescription drugs materially conflict with professional recommendations. The dentist should confront patients when non-confrontation would imply tacit approval of drug abuse. In a case of suspected drug abuse, the dentist has a responsibility to refer the patient for evaluation. There may be instances where the dentist must cooperate with appropriate governmental and law enforcement agencies to curb such abuse. Close communication may also be necessary with pharmacies and other practitioners to curb abuse. The dentist has an ethical obligation to avoid becoming an enabler.

Access to dental care

Dentistry, because it is a profession, has special ethical interests in promoting access to care. Care should be available, within reason, to all seeking treatment. Once an individual is seen, the dentist can determine if he or she is capable of competently treating the individual. A dentist should normally be available to address potentially health-threatening dental conditions and to ease pain and suffering. A dentist must not unlawfully restrict access to professional services. Barriers that restrict the access of physically impaired individuals should be eliminated to the extent that this can be reasonably accomplished. Dentists must be aware of laws and regulations that govern discrimination and access to care.

Advertising

While the practice of advertising is considered acceptable by most professional organizations, advertising, if used, must never be false or misleading. When properly done, advertising may help people better understand the dental care available to them and how to obtain that care. Advertising by a dentist must not:

1. Misrepresent fact;
2. Mislead or deceive by partial disclosure of relative facts;
3. Create false or unjustified expectations of favorable results;

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4. Imply unusual circumstances;
 5. Misrepresent fees;
 6. Imply or guarantee atypical results;
 7. Represent or imply a unique or general superiority over other practitioners regarding the quality of dental services when the public does not have the ability to reasonably verify such claims.

Dentists should seek guidance on advertising from their professional organizations. The best advertising is always word-of-mouth recommendations by satisfied patients.

Child abuse

Dentists are positioned to detect certain acts of child abuse, particularly to the perioral area. Cases of child abuse must be reported to the appropriate authorities. Suspicious incidents require documentation and careful investigation. A dentist may need to compromise patient confidentiality by conferring with authorities or medical personnel as a part of an investigation. The dentist must be cautious when drawing conclusions or making accusations, as an error in judgment may cause irreparable harm to the reputation and quality of life of those involved.

Competence and judgment

As dentistry continues to advance, it is imperative that dentists continue to develop their knowledge and skills. Dentists should participate in continuing education activities that provide information, strengthen clinical competencies, and enhance professional judgment. While it is not possible for any dentist to be abreast of all advancements, dentists should make every effort to at least be familiar with clinical developments that may potentially affect their practices, including the general scientific basis of such developments and related issues and problems. As G.V. Black said, "Every professional person has no right to be other than a continuous student." Dentists should maintain basic levels of competency and restrict patient care to areas in which they are competent. Dentists, therefore, must know the boundaries of their competence, including their abilities and limitations. Maintaining competence requires a commitment to lifelong learning.

Competence requires both an acceptable standard of care and appropriateness of that care. Competence also requires continual self-assessment about outcomes of patient care.

Judgment is always involved when we apply our knowledge, skills, and experience to treatment. Even the best clinical abilities are misused if employed with unsound judgment. Sound judgment is critical to the provision of quality oral health care.

The profession or society may mandate that dentists participate in specific educational activities and make licensure contingent on their successful completion. Dentists must continue to evaluate the relevance of these courses and work to assure their adequacy.

Confidentiality

The accepted standard is that every fact revealed to the dentist by a patient is, in principle, subject to the requirement of confidentiality, so that nothing may be revealed to anyone else without the patient's permission.^{see 3:198-200} This standard has several accepted exceptions. It is assumed that other health professionals may be told the facts they need to know about a patient to provide effective care. It is also assumed that relevant ancillary personnel, such as record keepers, will need to know some of the facts revealed to them by the dentist to perform their job. Further, relevant facts may be communicated to students and other appropriate health care professionals for educational purposes. If maintaining confidentiality places others at risk, then the obligation to breach confidentiality increases according to the severity of the risk and the probability of its occurrence.^{see 1:36-38}

For some infectious diseases there may be no community standard regarding the dentist's obligation to protect patient confidentiality when third parties are at risk of infection.^{see 3:198-200} The burden of proof normally lies with anyone who claims that the value of a dentist preserving a patient's confidentiality is outweighed by the reduction of risk of infection for parties viewed as capable of adequately protecting themselves by conscientiously applying readily available information. The dentist must be aware of laws and regulations that govern confidentiality issues.

Dating patients

Dentists should not use their position of influence to solicit or develop romantic relationships with patients. Romantic interests with current patients may exploit patients' vulnerability and detrimentally affect the objective judgment of the clinician. In such a case, the dentist should consider terminating the dentist-patient relationship in an arrangement mutually agreeable to the patient. Dentists should avoid creating perceptions of inappropriate behavior.

Delegation of duties

In the course of patient care, duties are often appropriately delegated to auxiliaries. Pressures to increase practice efficiency, however, can potentially affect a dentist's decisions regarding the use of auxiliaries. Two important questions should be asked:

1. Does the use of the auxiliary for the delegated task comply with prevailing laws and regulations?
2. Is the quality of care to patients maintained when duties are delegated to auxiliaries?

If the answers to both questions are "yes," then the delegation of duties may be considered. Duties should not be delegated at the expense of quality. The dentist must be aware of laws and regulations that govern delegation of duties.

Digital communication and social media

Digital communication, including social media, offers advantages and challenges to dental practice. As dentistry adjusts to this technology, it is essential that commercial and other values not be accepted on a par with professional ones and that the traditional dentist-patient relationship not be compromised by inserting third parties that introduce nonprofessional standards. Eight principles apply^{see 6}:

1. The professional relationship between dentist and patient should not be compromised by the use of digital communication;
2. Digital communication should not permit third parties to influence the dentist-patient relationship;
3. Dentists should exercise prudence to ensure that messages are professional and cannot be used in unprofessional ways by others;

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4. Personal data should be protected and professional communication should be separated from personal communication;
 5. Dentists should be generally familiar with the potential of digital communication, applicable laws, and the types of information patients have access to on the Web;
 6. Practitioners should maintain an appropriate distinction between communication that constitutes the practice of dentistry and other practice-related communication;
 7. Responses to criticism on digital media should be managed in a professional manner;
 8. Dentists should be prepared to make more accommodations to patients than patients do to dentists in resolving misunderstandings about treatment.

Disclosure and misrepresentation

Dentists should accurately represent themselves to the public and their peers. The dentist has an obligation to represent professional qualifications accurately without overstatement of fact or implying credentials that do not exist. A dentist has an obligation to avoid shaping the conclusions or perceptions of patients or other professionals by withholding or altering information that is needed for accurate assessment. The dentist has an obligation to disclose commercial relationships with companies when recommending products of those companies. The dentist has an obligation to disclose commercial relationships in professional presentations or publications where the dentist promotes or features products of those companies. The dentist may ethically have ties to commercial entities, but the dentist should fully disclose such relationships to patients and professional colleagues when nondisclosure would lead to differing conclusions, perceptions, or misrepresentation.

Incomplete disclosure and misrepresentation may also adversely affect dental research and journalism. In the course of evaluating research and dental literature, dentists are cautioned that such problems may exist and can lead to incorrect assumptions and conclusions. If such incorrect assumptions and conclusions are adopted, less than proper care may result. It is important that dentists critically evaluate dental research, literature, and advertising claims.

Emergency care

A dentist should be available, within reason, to address acute dental conditions. A person with an emergent dental condition should be examined and either treated or referred for treatment. In such situations, the patient's health and comfort must be the dentist's primary concern, not compensation or convenience. If a dentist cannot accommodate the patient's emergent needs, a reasonable effort should be made to have the patient seen in a timely manner by someone capable of treating the condition.

Financial arrangements

The issue of financial arrangements includes fees and communication of payment options. Fees should be consistent and fair to all parties. Many dentists provide *pro bono* care for patients with extenuating circumstances. Dentists should not vary fees based solely on the patient's financial resources or insurance plan. In non-emergency situations fees and payment options should be disclosed to patients and agreed upon prior to any services being performed. Financial arrangements for treatment are part of informed consent/refusal discussions.

Harassment

The dentist must avoid conditions or actions that promote harassment or abuse of staff, patients, or other related parties. Sexual harassment may be the most familiar form, but harassment may also be physical, verbal, or psychological in nature. Sexual advances, sexually explicit or offensive language, sexually offensive materials, inappropriate physical contact, and actions of a related nature are indefensible and must be avoided. The dentist must be aware of signs of harassment and must strive to eliminate it from the workplace. A superior-subordinate relationship is often associated with cases of harassment. Dentists must be careful not to misuse their inherent positional power. Harassment may also exist between parties not involving the dentist. The dentist must take appropriate corrective action when conditions favoring harassment exist or when harassment is recognized. Patients and staff are to be treated with respect. The dentist must avoid creating a hostile work environment by giving tacit approval to conditions or actions that may be interpreted as offensive or abusive. The dentist must be aware of laws and regulations that govern harassment.

Informed consent and refusal

Ethical concerns regarding the process of informed consent and refusal extend beyond the level required for compliance with the law. The ethical consideration imposes:

1. Comprehensive knowledge on the part of the practitioner;
2. Uncompromising veracity;
3. Unbiased presentation of all reasonable alternatives and consequences, including costs and the probability of outcomes;
4. The ability of the practitioner to communicate clearly on a level assuring comprehension by the patient or appropriate authority;
5. Reasonable assurance by the dentist that the patient is competent and has sufficient understanding to render a decision.

Both the severity of a harmful result and the likelihood of its occurrence should be considered when deciding which information to include in informed consent discussions. ^{see 1:70}

The dentist must be aware of applicable laws, regulations, and standards regarding the nature, scope, and depth of informed consent and refusal discussions.

Managed care

Managed care is a market mechanism for distributing oral health resources; participation in managed care is usually for economic advantage to the involved parties. ^{see 7} Inherently, managed care is neither good nor bad. However, there are several principles that protect against ethical risk:

1. Ethical and professional aspects of dentistry always take precedence over economic ones;
2. The dentist must not unduly influence patients or limit the information necessary for patients to make informed decisions;
3. The standard of care should be the same for all patients regardless of the means of reimbursement;
4. The dentist should not utilize the services of under-qualified individuals in order to profit from a lower standard of care;
5. Instances of gross or continual faulty treatment by other dentists should be reported to appropriate reviewing agencies;

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6. The dentist should fully explore and understand all terms and implications of contractual arrangements before committing to them.^{see 7}

These principles also apply to other professional settings. It is important for the dentist to accurately report procedures and transactions, e.g., a reimbursable procedure should not be reported when a non-reimbursable service was provided. The dentist should avoid setting unprofitable fees for one patient with the intent of passing costs to other patients. The dentist must not justify or withhold treatment solely on the basis of insurance coverage. Managed care may help control costs, but coverage may limit the types and scope of treatment reimbursed. The needs and interests of the patient supersede any business relationship or reimbursement process. Dentists have an ethical duty to consider the patient's relevant needs and interests and to evaluate each managed care organization accordingly.

Obligation to treat patients

The dentist is not obligated to diagnose or treat everyone. However, the dentist must avoid actions that could be interpreted as discriminatory; the dentist must be aware of laws and regulations that govern discrimination. A patient in pain or at health risk from an acute dental condition should be accepted for discussion of the condition, examined if indicated, then either treated or appropriately referred.

Refraining from treatment

There are several valid reasons for a dentist to refrain from providing treatment:

1. The dentist does not have the expertise or capability to provide competent treatment or to meet patient expectations. In such cases, the dentist has a responsibility to refer patients to suitable caregivers who can provide treatment appropriate to the circumstances;
2. The dentist's professional ability is impaired from injury, illness, disability, medication, or addiction;
3. The patient requests treatment that is clearly contrary to the patient's best interests.

ETHICAL DECISION MAKING

The process of ethical decision making by dentists may be simple or quite complex, ranging from “The Golden Rule” to decisions that contemplate the ethical principles or considerations at stake. Ethical decision making involves both judging and choosing. Emotional state, incompetence, physical and mental disorders, and other conditions may adversely affect a dentist’s decision-making capacity. Decision principles, elements, and models are summarized to broaden the dentist’s understanding of the processes involved and to accommodate individual needs or preferences.

Decision Principles see 8:51

Autonomy, nonmaleficence, beneficence, and justice are four generally accepted ethical principles. These principles require that all actions, including decisions by dentists, demonstrate:

1. Regard for self-determination (respect for autonomy);
2. The avoidance of doing harm (nonmaleficence);
3. The promotion of well-being (beneficence);
4. Fairness in the distribution of goods and the reduction and avoidance of harms (justice).

Decision Elements see 1:38-40

Assessing the Medical and Social Context

Good ethics begin with good facts.

Clarifying the Ethical Problem

What type of conflict is present—moral weakness, moral uncertainty, or moral dilemma? What moral principles are imbedded in the conflict? What is the nature of the choices involved? Who will make the decision?

Determining the Stakeholders

Who is involved in the ethical concern? Decisions often involve many parties.

Identifying Options and Alternatives

Some moral choices inevitably involve compromise of some moral principle; others may not. Ethical decision making requires imagination and creativity to discern options not envisioned when a conflict presents itself.

Examining the Process of Decision Making

Decision processes involve collaboration, partnership, or interaction with the patient as opposed to a paternalistic model where the dentist unilaterally makes the decisions.

Balancing Conflicting Principles and Obligations

Thoughtful scrutiny helps dentists, patients, and others balance their responsibilities in the face of conflicting principles and obligations.

Decision Model I see 8:66-68

Step 1 *Determine the Alternatives*

Determine that there is clarity and agreement on all relevant facts.

Step 2 *Determine the Ethical Considerations*

Consider the ethical implications of each alternative. Identify the ethical principles involved and determine the role of beneficence, nonmaleficence, autonomy, and justice. Determine the balance of good over harm.

Step 3 *Determine the Considered Judgments of Others*

Consider what your colleagues have concluded in similar situations. Consider codes of dental ethics, other codes, and views of other organizations.

Step 4 *Rank the Alternatives*

Try to determine which alternative best satisfies the ethical requirements of the case. Select the course of action that best resolves the conflicts.

Decision Model II see 1:42-49

Step 1 After identifying an ethical question facing you, gather the dental, medical, social, and all other clinically relevant facts of the case.

Step 2 Identify all relevant values that play a role in the case and determine which, if any conflict.

Step 3 List the options open to you. That is, answer the question, “What *could* you do?”

Step 4 Choose the best solution from an ethical point of view justify it, and respond to possible criticisms. That is, answer the question, “What *should* you do, and why?”

Decision Model III see 3:78-80

Step 1 *Identifying the Alternatives*

What courses of action are available? What are their likely outcomes? To what other choices are they likely to lead? How likely are such outcomes and such future choices?

Step 2 *Determining What Is Professionally at Stake*

What ought and ought not to be done professionally?

Step 3 *Determining What Else Is Ethically at Stake*

What other ethical considerations apply to the action being considered?

Step 4 *Determining What Ought to be Done*

Rank the successful alternatives. The best alternative is done; equal alternatives require choice.

The **ACD** Test For Ethical Decisions

Assess

Is it true?
Is it accurate?
Is it fair?
Is it quality?
Is it legal?

Communicate

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

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*?

The ACD Test for Ethical Decisions prompts questions that should be considered when deliberating an ethical dilemma.

AMERICAN COLLEGE OF DENTISTS

The American College of Dentists is a nonprofit, professional organization that was founded August 20, 1920 “to elevate the standards of dentistry, to encourage graduate study, and to grant Fellowship to those who have done meritorious work.”

The American College of Dentists is comprised of dentists who have exemplified excellence through their outstanding leadership and exceptional contributions to dentistry and society. The College continues to pursue important initiatives to improve the profession and oral health care, and it is widely acknowledged as the “conscience of dentistry.”

The mission of the American College of Dentists is to advance excellence, ethics, professionalism, and leadership in dentistry.

The American College of Dentists has adopted the following principles and objectives as ways and means for the accomplishment of its mission:

1. To promote within the dental profession the highest ethical standards, stimulate interprofessional relationships, and urge upon the professional person recognition of one’s responsibility to participate in the affairs of society as a citizen of the community;
2. To take an active role in the support of dental education and research;
3. To encourage qualified persons to enter the profession of dentistry;
4. To encourage graduate education and improve continuing educational efforts by dentists and auxiliaries;
5. To encourage the free exchange of ideas and experiences in the interest of the patient;
6. To foster the extension and improvement of measures for the prevention and control of oral disorders;
7. To confer Fellowship in the College on individuals in recognition of meritorious achievement and their potential for contributions in dental science, art, education, literature, human relations, and other areas that contribute to human welfare and to give encouragement to them to further the objectives of the College.

CORE VALUES ADOPTED BY THE AMERICAN COLLEGE OF DENTISTS

Core values represent a guide for ethical behavior for Fellows of the American College of Dentists and are the foundation from which its principles are derived. The following core values collectively reflect the character, charter, and mission of the College (in alphabetical order):

Autonomy—Patients have the right to determine what should be done with their own bodies. Because patients are moral entities they are capable of autonomous decision-making. Respect for patient autonomy affirms this dynamic in the doctor-patient relationship and forms the foundation for informed consent, for protecting patient confidentiality, and for upholding veracity. The patient’s right to self-determination is not, however, absolute. The dentist must also weigh benefits and harms and inform the patient of contemporary standards of oral health care.

Beneficence—Beneficence, often cited as a fundamental principle of ethics, is the obligation to benefit others or to seek their good. While balancing harms and benefits, the dentist seeks to minimize harms and maximize benefits for the patient. The dentist refrains from harming the patient by referring to those with specialized expertise when the dentist’s own skills are insufficient.

Compassion—Compassion requires caring and the ability to identify with the patient’s overall well-being. Relieving pain and suffering is a common attribute of dental practice. Acts of kindness and a sympathetic ear for the patient are all qualities of a caring, compassionate dentist.

Competence—The competent dentist is able to diagnose and treat the patient’s oral health needs and to refer when it is in the patient’s best interest. Maintaining competence requires continual self-assessment about the outcome of patient care and involves a commitment to lifelong learning. Competence is the just expectation of the patient.

Integrity—Integrity requires the dentist to behave with honor and decency. The dentist who practices with a sense of integrity affirms the core values and recognizes when words, actions, or intentions are in conflict with one's values and conscience. Professional integrity commits the dentist to upholding the profession's Codes of Ethics and to safeguarding, influencing, and promoting the highest professional standards.

Justice—Justice is often associated with fairness or giving to each his or her own due. Issues of fairness are pervasive in dental practice and range from elemental procedural issues such as who shall receive treatment first, to complex questions of who shall receive treatment at all. The just dentist must be aware of these complexities when balancing the distribution of benefits and burdens in practice

Professionalism—Self-governance as a hallmark of a profession and dentistry will thrive as long as its members are committed to actively support and promote the profession and its service to the public. The commitment to promoting oral health initiatives and protecting the public requires that the profession works toward the collective best interest of society

Tolerance—Dentists are challenged to practice within an increasingly complex cultural and ethnically diverse community. Conventional attitudes regarding pain, appropriate function, and esthetics may be confounded by these differences. Tolerance to diversity requires dentists to recognize that these differences exist and challenges dentists to understand how these differences may affect patient choices and treatment.

Veracity—Veracity, often known as honesty or truth-telling, is the bedrock of a trusting doctor-patient relationship. The dentist relies on the honesty of the patient to gather the facts necessary to form a proper diagnosis. The patient relies on the dentist to be truthful so that truly informed decision-making can occur. Honesty in dealing with the public, colleagues, and self are equally important.

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ETHICS RESOURCES

The American College of Dentists developed and manages Dental Ethics, a collection of online ethics resources and courses at www.dentalethics.org. There are no registration fees and the American College of Dentists is an approved AGD PACE Program Provider. Also see the *Issues in Dental Ethics* section of the *Journal of the American College of Dentists*, published quarterly by the American College of Dentists.

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