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## Basic Ethics in Dentistry

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## Objectives

- Understand what is meant by ethics in Dentistry.
- Understand the term “profession” and how it relates to ethics in dentistry.
- Become familiar with elements and principles of ethical decision making.
- Understand the ethics of patient relations, delegation of duties, substance abuse in dentistry, financial arrangements, and managed care.
- Understand the difference between dental law and dental ethics.
- Define the normative theories of ethics and apply them to ethical issues in practice.
- Understand and apply the principals of dental ethics to everyday practice.



## Introduction

The word ethics comes from the Greek ethos originally meaning character or conduct. It is typically used interchangeably with the word moral which is derived from the Latin word mores, which means customs or habits. Together these two terms refer to conduct, character, and motivations involved in moral acts. Thus, ethics are not imposed by a profession or by law, but by moral obligation. Ethics are an unwritten code of conduct that encompass both professional conduct and judgment. Though the details of the written ethical code may vary from profession to profession, the underlying principles of ethics remain the same.

As David T. Ozar and David J. Sokol suggest in *Dental Ethics at Chairsides: Professional Principles and Practical Applications*, the ethical issues faced by dentists in today's society have become more complex and seem to arise more often than those faced by dentists in the past. Given the current direction of health and dental care, it is essential that dental professionals understand and practice wholeheartedly the code that has been set forth by the ADA.

As with any profession that deals with human rights and liberties, dentists have a responsibility to their patients and communities in which they practice. Much like the Hippocratic Oath, the code of Dental Ethics created by the American Dental Association (ADA) serves as a standard to which all dental professionals are expected to adhere. It states that each member of the dental profession is responsible for “maintaining and enriching” the dental profession. It is important that “each member choose to meet” the obligations of the dental profession “according to the dictates of personal conscience based on the needs of the general public.” Within the code of conduct developed by the ADA (found here: <http://www.ada.org/prof/prac/law/code/index.asp>) there are five fundamental principles that serve as the codes foundation: patient autonomy, nonmaleficence, beneficence, justice, and veracity.



## **Definitions of Ethical Principles**

The five fundamental principles set forth by the ADA require further review so they are applied to the profession properly. To achieve proper ethical conduct in a dental setting, dentists must first begin by treating each patient as an individual and take true interest in the patient’s dental needs and wants.

**Patient Autonomy.** Is the right of the patient to make his or her own decisions regarding the treatment that he or she will receive. It was not long ago that the majority of dental decisions were left in the hands of the dentist. Now, it is essential that the patient have the final decision in his or her treatment. The dentist is responsible for providing the patient with all of the available treatment options, the successes and hardships associated with those treatments, and giving the patient the ability to make a decision that is informed and best suits his or her needs. In Ozar and Sokol’s model of the patient-dentist relationship, the dentist and patient are equal partners in the

decision making process. This relationship is defined by three areas: they deserve each other's respect; each has a set of values; and each comes to the decision-making process about the patient's oral health with the understanding that information must be shared. Thus, it is essential that the dentist and patient communicate and cooperate effectively.

Nonmaleficence essentially states that a dentist must not cause unnecessary harm to a patient. Obviously in some courses of treatment some pain may be necessary to achieve the desired outcome, however the decision regarding the level of pain that is acceptable to the patient must be determined by the patient. In some situations, the procedure may have what is known as a "double effect," meaning that while the procedure fixes one issue, it initiates or causes another issue to arise. It is imperative that the dentist keep his or her skills and knowledge of procedures current, know their limitations, and know when and under what circumstances it may be acceptable to perform a procedure that may cause a patient harm.

Once a dentist begins care for a patient he or she is required to see the treatment through to the end. If for any reason a dentist feels that he or she cannot complete the procedure, The dentist is obligated to refer the patient to a specialist or colleague. Additionally, if a dentist is called upon for a consultation, it is essential that he or she should not have a vested interest in the recommended treatment. It is the responsibility of the dentist, whether they're the primary care provider or a consulting dentist, to protect the health of the patient and not expose a patient to increased risks.



As in any medical profession, it is the obligation of the dentist to inform immediately any patient who may have been exposed to blood or any other potentially infectious material at the dental office. In addition to informing the patient of the exposure, it is the responsibility of the dentist to immediately refer the patient to a qualified healthcare provider to obtain post-exposure services and follow-up. This includes providing information to the patient concerning the dentist's own blood borne pathogen status and submitting to testing that will assist with the evaluation of the patient. If a third party is the source of the exposure, it is important that the dentist encourage that individual to cooperate as needed to properly evaluate the exposed patient's condition.

Finally, under nonmaleficence falls the ethical obligation of the dentist to avoid interpersonal relationships with his or her patients. Such relationships can impair a

dentist's ability to properly utilize professional judgment regarding treatment and may exploit the confidence placed on the dentist by the patient.

*Beneficence* refers to the principle of promoting or doing good. It is essential that the dentist provides competent and timely dental care with the needs, desires, and values of the patient given due consideration. This area of ethics has several components, including: community service such as offering free or discounted dental care to the needy, reporting investigative findings that promote or safeguard the health of the general public (please note that this does not affect the ability of the dentist to request copyright or patent protection), and reporting symptoms consistent with domestic violence and child abuse to the proper authorities. Each of these areas serves to elevate the esteem of the profession and addresses the dentist's responsibility to put the patient's welfare first.

*Justice.* Dentists have the responsibility to be fair in their dealings with patients, colleagues, and society. Essentially, the principle of justice embodies the concept that the dental profession actively pursue the ability to improve access to care for all throughout society. Ozar and Sokol state that society often determines what is just and unjust, therefore it is imperative that dentists rely on cues from society to ensure ethical compliance.

Practicing justice includes serving patients without discrimination against race, creed, color, sex or national origin. This also applies to potential discrimination making referrals to other dental professionals and in hiring practices. Ozar and Sokol point out that the primary considerations when making referrals should be the specialist's technical and communication skills, manner, and philosophy of dental practice.



In the event that a dentist is called upon for professional and expert testimony, it is essential that the dentist provide professional testimony without the interference of personal opinion. Adjacent to this is the responsibility of a consulting dentist to provide care without undermining the treatment given by a previous treating dentist. Above all else the concern is for the welfare of the patient and taking care to provide exemplary care. However, if the dentist notices gross or continual faulty treatment by other dentists, it is the responsibility of the dentist to issue a public statement with respect to

the profession that is based in truth and is without malice.

*Veracity* revolves around being truthful and respecting the position of trust that is essential in the dentist-patient relationship. This includes truthful communication without deception and maintaining intellectual integrity. Areas included under veracity are truthfulness in billing issues and advertising. For example, it is unethical for a dentist to mark-up charges for procedures done to patients who may carry a particular insurance, or to recommend treatment that is unnecessary. Such treatment also includes the referral of patients to unnecessary specialists, or the recommendation of products to gain profit of any kind. Additionally, it is unacceptable for a dentist to advertise or communicate in such a way as to solicit a patient based on partial truths.

Another area in which veracity comes into play revolves around credentials. It is imperative that a dentist be truthful regarding specializations and degrees held. For example, a dentist who is qualified to announce specialization may not announce to the public that he or she is certified or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association. There are exceptions to the rule such as in the cases where the organization granting the certification has been approved by the ADA as a legitimate program, or it includes a disclaimer stating that the announced area of specialty is not recognized as a specialty area by the ADA.

## **Professionalism**

Professionalism expands on the basic principles of ethics to include the conduct, aims, and qualities that characterize a professional or a profession. It communicates behavior expectations as they relate to a given profession. The term is often viewed as being a quality in both conduct and character that coincides with an individual's use of superior knowledge, skill, and judgment for the benefit of another, even above any consideration of self-interest. In essence, the term reemphasizes the necessity of dental professionals and professional organizations to give priority to the well-being of the patients they serve.

According to the ADA, dentistry is defined as the evaluation, diagnosis, prevention, and/or treatment (nonsurgical, surgical, or related procedures) of diseases, disorders, and/or conditions of the oral cavity, maxillofacial area, and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training, and experience, in accordance with the ethics of the profession and applicable law. Given the amount of training required to become a professional in dentistry, one would presume that once the degree is obtained, a professional is born. However, professionalism is more than a degree, particularly in dentistry. It is here that the professional and ethics coincide and go hand in hand.



## Ethical Decision Making

From the moment a dentist accepts a patient, both the dentist and the patient accept certain obligations pertaining to the patient-dentist relationship. These responsibilities include disclosing relevant information regarding the patient's care, mutual respect, being truthful and trustworthy, and considering the patient's values and personal preferences. The circumstances under which a dentist may make "ethical decisions" is nearly limitless. Whether the decision is regarding manipulation of data on an insurance form to secure better treatment for a patient, warning a patient of potentially unhealthy habits, or determining that another dentist's work may be inferior, it can sometimes be difficult for a dentist to make professional and ethical judgments. Often the decision making process can be as simple as applying the "Golden Rule," however under certain circumstances the process can be far more complex. Because of this, there are several models that exist to assist those in the profession with the tools necessary to make ethical decisions.

Doctors Ozar and Sokol present four steps to making ethical decisions relating to dental situations.

- The first step, *identifying the alternatives*, involves determining the most appropriate course of action, identifying resulting circumstances of the procedure, and relaying the most important features of each treatment to the patient.
- The second step, *determining what is professionally at stake*, relates to the professional opinion of the dentist. The dentist must specifically consider the normative action taken in similar treatment situations and apply those considerations to the decision making process.
- The third step, *determining what else is ethically at stake*, takes a more broad view of what is ethically at stake for the patient in each treatment alternative.
- In step four, *determining what ought to be done*, or ranking the alternatives, the decision is made applying various values, virtues, rules, rights, and professional norms. No matter what the outcome, the principles of ethics come into play during every decision made regarding dental treatment.

One of the most effective methods for decision making in the dental treatment process is the ACD Test. It is comprised of three steps: Assess, Communicate, Decide. Each step is deeply rooted in ethical guidelines set forth by the ADA.

- The first step, Assess, asks such questions as: *is it true, is it fair, is it accurate, and is what I am doing legal?*
- The second step, communicate, questions whether the dentist is making an informed decision by asking such questions as: *have you listened, have you informed the patient, have you explained the outcomes, and have you presented alternatives?*
- The third step, decide, focuses on the dentist and his or her ability to perform the treatment by asking such questions as: *Is now the best time, is it within your ability, is it in the best interest of your patient, and is it what you would want for yourself?*

The answers to these questions should lead to the best and most ethical decision for the patient's treatment and should be utilized when faced with an ethical dilemma.

As is true in any profession where every treatment decision has an ethical component, the final decision regarding patient care remains primarily in the hand of the treating dentist. It is important that the dentist provide the patient with every piece of pertinent information relating to treatment so the patient has as much influence in the decision making process as possible.



## Ethical Dilemmas in Dentistry

As in many other healthcare fields, dentistry has undergone many changes in recent years. With new developments in areas such as technology, equipment and materials, policies in managed care, third-party payment and infection control requirements, as well as a rise in litigation, there are many new challenges for the private practitioner. Thus, in addition to new practical problems, changing circumstances surrounding practice have given rise to a new variety of ethical problems not as prevalent in the past.

It is important to recognize that new issues will constantly arise and it is the responsibility of the dentists to take the time to educate themselves on how to deal with particular dilemmas.



### ***Dentist/Patient Issues***

There are thousands of ethical issues surrounding the dentist/patient relationship, but it is important to understand that at the root of the relationship lies a mutual trust. Of the thousands of issues surrounding dental treatment, perhaps the most important include: Autonomy, medical error, refusal of treatment, confidentiality, and patient/dentist relationships.

*Autonomy.* First and foremost, it is imperative that the dentist do his or her best to educate the patient regarding a treatment to the fullest of his or her abilities. This ensures that the patient is making an educated decision relating to his or her treatment. Ensuring that the patient is not only aware, but fully understands the risks involved in the recommended treatment will assist with alleviating potential backlash when and if a patient is unsatisfied with the outcome of a procedure.

### **Order of Ozar's Central Values:**

1. Patient's life and general health
2. Patient's oral health
3. Patient's autonomy
4. Dentist's preferred pattern of practice
5. Esthetic values
6. Efficiency in the use of resources

*Patient's Life and General Health:*

A dentist who recommends or performs a treatment that places a patient's life at risk would be unprofessional. A dentist who paid no attention to the connections between a patient's oral condition and the other aspects of the patient's health would be guilty of professional failure. The patient's life and general health are the highest ranking of central values.

*Patient's Oral Health:*

Appropriate and pain-free oral functioning is the next important value. A dentist who leaves a patient with significant oral impairment or painful oral functioning would be unethical.

*Patient's Autonomy (Ozar's):*

A dentist must refuse to respect a patient's choice if the action chosen is contrary to the patient's oral or general health. But if a dentist fails to respect the patient's autonomous choice among treatment alternatives in order to maximize esthetic values or cost containment, the dentist would be acting unprofessionally.

*Dentist's Preferred Pattern of Practice:*

A dentist has choices in terms of diagnostic, operative and other dental procedures, in consideration of patient outcomes, patient comfort, efficiency, doctor's comfort and trust in procedure. But the fact that a dentist has a habit of practicing a certain way does not outweigh a patient's autonomous choice, if general and oral health is not compromised.

*Esthetic Values:*

Shaping a restoration to proper form and function is part of general and oral health as well as the capacity of the dentist to apply his/her expertise for the patient's benefit. If the patient's judgment about esthetic values would rank below the other values. Acting on patient's judgments of appearance never justifies damaging health teeth.

*Efficiency in the Use of Resources:*

A dentist who pays no attention to accepted professional standards of form or to a patient's value of esthetics solely to avoid expending personal, financial or other resources is acting inappropriately.

## Doctor-Patient Relationship Models

1. Guide model
2. Agent model
3. Commercial model
4. Interactive model

### *Guild Model:*

- Relationship based on dentist's expertise and the patient's lack of it
- Patient does not make any contribution to dental decisions
- Dentist is the judge of the patient's needs

### *Agent Model:*

- All dental decisions made by patient
- Dentist provides service for patient choices
- Not much basis in reality

### *Commercial Model:*

- Dentist has something to sell; patient may or may not want to buy it
- Standard "market place" principles apply
- Patient's need for care is not the direct determinant of the dentist's actions
- Dentist and patient on equal ground

### *Interactive Model:*

- Dentist and patient are equal partners
- Preservation and maximization of patient autonomy
- Dentist enhances patient's decision making capacity
- Dentist contributes expertise into the decision-making process

*Medical error.* Though the goal of a dentist or any medical profession is to perform his or her duties to the best of his or her abilities without error, sometimes errors do occur. In these situations it is best if the dentist remain truthful and inform the patient of any discrepancies immediately. There are three main distinctions when it comes to disclosure, these include telling the truth to patients about their condition, informing our patients when a medical error has occurred, and the distinction between "bad outcomes" and "bad work." It is important to distinguish between systemic errors, for which the dentist may share responsibility, and individual errors, for which the practitioner has primary responsibility. One should also distinguish between errors that are remedial (the damage can be repaired) and those that are not (as a result, the tooth must be extracted). The dentist must remember that disclosure is an obligation for any

cases of significant harm, and that it is rarely excusable not to disclose. Those cases are limited to cases in which, in the good judgment of the practitioner, disclosure would undermine the patient's autonomy in some way.

*Refusal of treatment.* This issue can go two ways, the patient can refuse the treatment of a particular dentist, thus requiring the dentist to make a referral, or the dentist can refuse to treat a patient. In either circumstance, there are ethical dilemmas surrounding the decision and they should not be made lightly. When a patient refuses treatment it may be desirable for the dentist to override the patient's wishes, particularly if the patient has a mental disorder, however, a mental illness does not mean the patient is not capable of making informed decisions. It is important to treat such patients with the same dignity and respect that any patient would receive. Other factors surrounding a patient's refusal for treatment may include the patient's ability to compensate for the suggested treatment. Since dentists are in a position to gain financially from their professional recommendations, they are at risk for having conflict of interest, whether actual or perceived. The level of financial gain must never be a consideration for the dentist when treatment options are discussed, it may however be a consideration of the patient, and the dentist must respect those decisions. If the patient's relevant issues are always considered and the patient is properly educated regarding the treatment, potential outcomes, and cost, in the end, if the patient continues to refuse treatment, it may be beneficial to make a referral.



The refusal of treatment, however, can also be prevalent on the side of the dentist. There are many reasons a dentist may refuse to treat a patient, ranging from lack of insurance or ability to cover procedure costs, to ethical dilemmas relating to substance abuse, to refusal to treat patients with infectious diseases such as HIV. As discussed

previously, in a situation where a patient may not be able to cover the cost of the recommended procedure, it may be beneficial to provide more alternative treatments that best fit into the patient's budget. When confronted with a situation relating to prescription drugs or substance abuse and treatment, it is important for a dentist to recognize that he or she must not become an enabler, but also that in some situations there are legitimate needs for prescription drugs to be part of the treatment. In situations where drug abuse is suspected, it is the responsibility of the dentist to refer the patient for evaluation. Refusal to treat patients with HIV, though the decision is often rooted in fears related to cross- infection, can result in charges of discrimination to human rights organizations. Because of this, dentists are obligated to provide care for patients with infectious diseases in accordance with the ADA.

*Confidentiality.* "What I may see or hear in the course of treatment or even outside of treatment in regard to the life of men...I will keep to myself"—Hippocratic Oath. The relationship between dentist and patient is based on the understanding that any information revealed by the patient to the dentist will not be divulged without the patient's consent. Patients have the right to privacy and it is vital that they give the dentist full information on their state of health to ensure that treatment is carried out safely. Even so, the right to privacy is not total. Under certain circumstances, that right must yield to a state's fundamental right to enact laws to promote public health and to ensure public safety and welfare. Responsibility for disclosure rests with the patient's dentist and under no circumstances can any other member of staff make such a decision.

*Patient/Dentist Relationships.* As with all relationships, trust is the foundation of a successful patient-dentist relationship. By provoking feelings of ease and confidence in his or her abilities, a skilled dentist is capable of quelling a patient's fears and of rendering the dental experience to be a pleasant and painless one. A heightened sense of trust can also facilitate a patient's interactions with the dentist, provides a greater feeling of satisfaction with provided dental services, and promotes therapeutic compliance. It is important for the dentist to remember that in professional dealings, it is necessary to separate personal and professional relationships. If one feels the need to enter into a personal relationship with a patient, it is recommended that the dentist first terminate responsibility for the patient's care.



## **Ethical Issues in Dental Fees and Insurance**

In contrast to medical care, which is widely regarded as a basic human right, oral health care receives relatively little financial support from the government. Consequently, the costs of dental services are often a more pressing issue for patients than the costs of medical care. Of course dentists have to ensure the financial viability of their practices while remaining faithful to the ethical foundations of the dental profession. Fulfilling both these obligations is often very difficult, especially when patients cannot afford needed dental treatment.

Although dentists are generally not required, either by law or by professional regulations, to provide care to those who cannot afford it (except in an emergency situation), their membership in a recognized healthcare profession entails a responsibility to consider how they can meet the dental needs of any potential patients. Financial arrangements, including discussions between the patient and dentist regarding fees and payment options, are a necessary part of the treatment process. In all dental treatment situations, fees and payment options should be disclosed to patients and agreed upon prior to any services being performed. Additionally, fees should be consistent and fair to all parties. Many dentists provide pro bono care for patients with extenuating circumstances, including financial hardship. Dentists should not vary fees based solely on the patient's financial resources, including insurance plans.

Insurance plans vary widely, and more often than not, if treatment decisions are left in the hands of the participating insurance company, the least expensive option is considered the only option. All patients eligible for reimbursement want their insurance plans to pay the maximum and, to be realistic, the benefit amount to be paid may affect the patient's acceptance of treatment. The ethical dilemmas surrounding these decisions can lead to legal repercussions and can easily put the dentist in a difficult situation. It is important as a dentist in good professional standing to remember that cases of deliberate fraud ultimately undermine the dental profession and cost consumers millions of dollars in higher healthcare costs and health insurance premiums.

## **Dentist and Colleague/Employee Issues**

The *Code of Ethical Conduct* set forth by the ADA states that dentists themselves are first and foremost responsible for assigning qualified assistants only those duties which can be legally delegated. It is also the responsibility of the dentist to supervise all patient care provided by auxiliary personnel working under their direction. Although most dentists may think of themselves first and foremost as private practitioners, they are increasingly reliant on others to meet the oral health needs of their patients. Additionally, as more specialized fields of dentistry arise, it becomes necessary to outsource procedures to specialists, and it is imperative that practicing dentists have substantive knowledge and resources when it comes to referring patients.

As members of the profession, dentists have traditionally been expected to treat their colleagues respectfully and to work cooperatively to maximize patient benefit. There are a myriad of relationships between colleagues that deal with ethical issues, but the several that stand out revolve around receiving any fee or other consideration solely to procure the referral of a patient – also known as “fee-splitting,” luring a patient from a colleague, and the obligation to report unethical or incompetent behavior of colleagues.

The reason such dilemmas are unethical is fairly cut and dry. For example, fee-splitting, which involves payment from one dentist to another for referring a patient, is forbidden in codes of ethics such as the American Dental Association. The reason for this prohibition is that a dentist may, for financial gain, refer patients who do not need specialist treatment.

In the past, it was considered unethical and unprofessional for a dentist to participate in advertising campaigns. It was believed that dentists should build their reputations on professional ability and integrity. While advertising is no longer considered unethical or unprofessional, it does stand that advertising should include participation in health promotion programs that serve the best interest of the public in addition to being for more personal and professional gain.

Dentistry has traditionally taken pride in its status as a self-regulating profession. In return for the privileges accorded to it by society and the trust given to its members by patients, the dental profession has established high standards of behavior for its members and disciplinary procedures to investigate accusations of misbehavior and, if necessary, to punish the wrongdoers. These wrongdoings can be any issue from practicing while impaired, incompetent performance on procedures, wrongful termination of an employee, to harassment of any kind. No matter what the situation, it is important to remember that in the interest of maintaining the standards of ethics in the profession, the dentist must avoid creating a hostile work environment by making expectations clear and to lead by example.

## **Ethical Law**

It is a general legal and ethical principle that one must get valid consent before starting treatment or physical investigation, or providing personal care, for a patient or conducting research involving human participants. In medical terms, informed consent implies to 'providing sufficient information for a patient to make an informed and rational choice, the information includes the inherent risks and alternatives that a reasonable doctor would provide having regard to the particular circumstances of the patient.' This principle reflects the right of patients to decide what happens to their own bodies and is an essential part of good practice (JAMA 2018).

The fundamental ethical principles governing dentists, and any healthcare workers, include protecting a patient's life and health at all times, to respect the patients autonomy to make informed choices about what happens to them, and to do this fairly and without prejudice. Thus the fundamental principles of ethics and law have many similarities, however, most individuals concur that law is perhaps better defined as the formal rules and regulations by which a society is governed, while ethics are informal or formal rules of behavior that guide individuals or groups of people. Essentially, legal rights are grounded in written law while ethical rights are grounded on principles and values.

In dentistry, the dental professional is subject to both the written law and the professional code of ethical conduct. Like many other professions, the field of dentistry has the right and obligation to regulate itself—to determine and judge its own members. The ability to have such regulations is achieved largely through the influence of professional societies, such as the American Dental Association (ADA). Though the ADA is not a governing body and is not a legal guardian or enforcer, its established Code of Ethics is generally accepted as the “law” for those who are members of the Association. Although the code is presented in the form of general guidelines and holds no legal ramifications for infractions, the Code of Ethics clearly evokes ideals that most dentists would agree should be followed when carrying out professional activities, whether they are related to patients or to fellow practitioners.



## **Ethical Theories**

There are countless ethical theories in existence. Most research points to five fundamental theories that directly concern dental professionals. These ethical theoretical systems are each comprised of principles, guidelines, and regulations that form a specific theoretical framework providing the dental practitioner with general guidelines for defining ethical actions for any given situation. These theories include the deontological, teleological, motivist, natural law, and transcultural ethical theoretical systems.

## **Application of Ethical Theories**



*Deontological theory.* Perhaps one of the most widely known principles of ethics – specifically deontological theory - is the "Golden Rule," or the ethic of reciprocity: "Do unto others as you would have them do unto you." Found in the scriptures of nearly

every religion, it is often regarded as the most concise and general principle of ethics. It is important to keep in mind, however, that in deontology, the ethical decision is not simply one of morals, but of duty and justice, which are the underlying moral principles to follow in making the decision. Anyone who wishes to become a dentist willingly accepts and understands the obligations and duties of the role. An example of the utilization of deontological theory in dentistry may be an ethical dilemma in which the dental procedure that is ideal for a patient may be considered the right thing to do even though it produces what may be considered a bad consequence. The deontological theory states that the dentist should adhere to his or her obligations and duties when analyzing the ethical dilemma regarding treatment. This means that a dentist will follow his or her obligations to the patient and/or society because upholding one's duty is what is considered ethically correct.

*Teleological theory.* Teleological theory, or "consequential ethics," is considered an outcome-based theory. This theory states that it is not the motive or intention that causes one to act ethically, but the criteria of good or bad that is the result of the act. If the action causes a satisfactory end result, it is believed to be ethical. Essentially, the end justifies the means. It is easy to understand why such a theory would be beneficial in a dental situation where ethics may come into play. A more recent teleological ethical theory is existentialism. Essentially, no one is bound by external standards, codes of ethics, laws or traditions. He or she can simply act or make decisions based on what he or she thinks is best for everyone involved. Obviously this theory works well if everyone is in agreement with what the dentist or the patient feels is the best procedure to reach the determined outcome, however, if not all parties are in agreement, another ethical approach to determining treatment may be necessary.

*Motivist theory.* Motivism is a belief in the attempt to discern motives that can't be consciously known. Motivist belief systems are not driven by absolute values, but instead by intentions or "motives." Motivist theories affirm that the motive or the intention behind a particular action should be the basis for determining whether or not it is an ethical act. However, most agree that the motive does not necessarily need to be considered ethical to make the act beneficial to the patient. It is therefore important to differentiate between what is both beneficial health-wise for the dental patient and is also ethical.

*Natural law theory.* According to natural law theory, also known as the virtue system of ethics, the moral standards that govern human behavior are impartially derived from the nature of human beings and the nature of the world. As an ethical decision making method in which actions are seen as morally or ethically correct if they are accordance with the end purpose of human nature and human goals, natural law theory is most similar to the deontological theoretical thought process. The two differ in that natural law focuses more on the end result and deontological theory focuses more on reciprocity

and is more generalized. In the natural law theory, it is believed that ethical decision making should be simple as it is the total development of the person, physically, intellectually, morally, and spiritually, that guides the dentist who utilizes natural law in making ethical decisions.

*Transcultural ethical theory.* Given the diversity of ethical values and morals in the modern day United States, the need for including cultural factors in the process of ethical dilemma resolution is important. Transcultural ethical theory is a system of thought that centers on the diversity of cultures and their beliefs. The advantage of the transcultural ethical system is that it traverses the other ethical theories and takes into consideration the differences in dental decision making and individual cultures. The main disadvantage for American dentists is that Western society largely follows the deontological and teleological principles that contribute to the laws and ethics of our legal system. Therefore, in our society there may be some difficulty in making decisions based upon other cultural beliefs and values.

Ultimately, it is important to remember that ethical theories are just that, theories. They do not provide absolute solutions for every ethical dilemma a dentist may encounter. The theories do, however, provide a framework for ethical decision making when adjoined with critical information attained from the dental patient. In reality, most dental professionals combine the theoretical principles that fit best for the particular patient situation.

## **Conclusion**

In any profession, when there are persistent failures by individuals to adhere to ethical standards, a code of ethics must be developed to guide the responsible behavior of its members. The focus of this continuing education manual is not to address every possible ethical dilemma that could potentially present itself to a dental professional, nor provide all of the definitive answers or solutions to each dilemma. The goal is, however, to trigger thought and provide a framework for reflection on ethics and ethical practices in the dental profession.

In short, dentistry is governed by a statutory self-regulating body known as the American Dental Association. It is the responsibility of the ADA to ensure high ethical and legal standards for the dental profession. However, individual dentists have the responsibility to always act in the patient's best interest and to provide the highest standards of clinical care. They have the duty to provide confidentiality, to fully inform patients of procedures, and to obtain the patient's consent prior to treatment. Failure to follow the ethical and moral guidelines created by the profession can result in charges of gross misconduct and could ultimately result in the loss of a dentist's license to practice. It is therefore essential that every dentist practice ethical dentistry, not only for

himself or herself, but for the profession as a whole.

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## Course Test: Basic Ethics in Dentistry

1. Ethics
  - a. Comes from the Greek word, ethos, and originally meant character or conduct.
  - b. Are informal and formal rules of behavior that guide individuals or groups.
  - c. Are the rules and regulations by which a society is governed.
2. Ethics laws are:
  - a. Found in the Constitution of the United States.
  - b. Information or formal rules of behavior that guide individuals or groups of people.
  - c. The formal rules and regulations by which a society is governed.
  - d. The same as the Code of Ethics.
  - e. b and d.
3. Doctors Ozar and Sokol in their book, *Dental Ethics at Chairside*, present three steps to making ethical decisions relating to dental situations. Those steps include:
  - a. Identifying the alternatives, determining what ought to be done, and determining what else is ethically at stake.
  - b. Asking if the issue is an ethical one, contemplating which ethical theory should be used, and putting the theories to the test.
  - c. Asking the patient what s/he wants you to do, talking to your colleagues about their opinions on treatment options, and deciding what is the most ethical route to take in treatment.
  - d. Consulting a Shaman to get the most ethical guide to follow, holding a tribunal, extracting teeth.
4. The dentist is responsible for all services provided to the 'patient of record,' which means a patient:
  - a. Who has been billed for services.
  - b. For whom a chart has been created.
  - c. Who has been referred for a second opinion.
  - d. For whom a medical history, clinical examination, and treatment plan have been conducted.

5. Deontological ethics is based on:
  - a. The principle that all people are not of equal value.
  - b. The principle that people should always be treated as a means to an end.
  - c. The idea that a little white lie is okay if it is seen to be in the patients best interest.
  - d. Follows the Golden Rule 'Do unto others as you would have done unto you.'
6. Confidentiality is optional, especially when the patient is a minor or is mentally impaired:
  - a. True
  - b. False
7. The ethics principle of Justice refers primarily to ethics in our legal system.
  - a. True
  - b. False
8. Using Motivist Theory when making ethical decisions will always lead to a result that is both ethical and beneficial to the dental patient.
  - a. True
  - b. False
9. Which of the following ethical principles are considered the most significant principles in dental decision making?
  - a. Denial, anger, resistance, bargaining, and acceptance
  - b. Negotiating, harboring, enlisting issuing, and acceptance
  - c. Autonomy, veracity, beneficence, nonmaleficence, and justice
  - d. Autonomy, benevolent, non-benevolent, right-to-know, and judicious
10. Once a dentist begins care for a patient he or she is not required to:
  - a. Follow-up with a patient who has been referred to a specialist.
  - b. Take into consideration the wishes of the patient on any and all dental procedures.
  - c. See the treatment through to the end.
  - d. Make decisions for the patient based on the knowledge the dentist learned in school.

11. Natural Law Theory is also known as the virtue system of ethics.
- True
  - False
12. Dentists should not enter interpersonal relationships with patients because:
- It is considered to be unethical.
  - Such relationships can impair a dentist's ability to properly utilize professional judgment regarding treatment.
  - The relationship may exploit the confidence placed on the dentist by the patient.
  - All of the above.
13. 'Fee-splitting' breaks both the Codes of Ethics in dentistry and the written law.
- True
  - False
14. Teleological theory is also known as:
- The Golden Rule
  - Consequential ethics
  - Virtue system ethics
  - Existentialism
  - Both b and c
15. It is important to discuss the terms of payment and insurance with the patient and/or guardian prior to any dental procedures.
- True
  - False
16. Autonomy, as a guiding principle, focuses on the patient's:
- Ability to self-pay for services.
  - Truthfulness and promise keeping.
  - Disclosure of relevant information.
  - Personal rights and self-determination.
  - None of the above.

17. The ACD Test for making ethical decisions stands for:

- a. Access, Care, Treatment
- b. American Certification of Dentists
- c. Assess, Communicate, Decide
- d. None of the above.

18. The ethical Code of Conduct created by the American Dental Association addresses every possible ethical dilemma that could potentially present itself to a dental professional, and provides definitive answers or solutions to each dilemma.

- a. True
- b. False

19. Dentistry is a mostly self-governing profession.

- a. True
- b. False

20. Nonmaleficence means dental professionals must try to:

- a. Avoid doing harm.
- b. Continue to practice even when impaired because their patients need them.
- c. Delegate patient care to unqualified personnel so they can learn new procedures.
- c. Find ways to justify relationships with patients that they have treated in the past and those they are currently treating.
- d. a and b.