**DHYG 250 Dental Ethics and Jurisprudence Codes of Ethics Project**

**Part 1: Ethical Decision Making in Dental Hygiene**

1. **A patient refuses to allow you to provide deep scaling and debridement because of discomfort, cost, and the amount of time the appointments take. He just wants a “regular” cleaning.**

This scenario raises a concern with the Standards of Professional Responsibility, “Promote ethical behavior and high standards of care by all dental hygienists”. Giving the patient a “regular” cleaning is not the high standard of care the patient needs.

The ethical dilemma and core values in question are societal trust and beneficence. Providing substandard care could harm the trust other clients have in our profession. Giving the patient a “regular” cleaning is not the care he needs. This would not be doing the most good for the patient. Although this is not a core value, fidelity is also in jeopardy because completing a “regular” cleaning would not be meeting our professions expectations. Recognizing the core values in question has determined the ethical dilemma. To begin solving the dilemma, I would ask the patient why he doesn’t have time for the appointments needed. I would review his insurance and see how much of the deep scaling and debridement would be covered. I would review the office policies and see if the patient was interested in a payment plan if available. I would then see if he would be open to completing one or two quadrants at a time to spread out the financial burden and time spent at the dentist office while emphasizing the importance of the treatment being complete. After hearing his answers, I would explain to the patient I was not able to provide a “regular” cleaning because that is not the standard of care I must abide by. I would explain my ability to work with his time and cost restrictions, but that is the recommended treatment to be completed. If the patient still refuses, I will provide an informed consent refusal form with detailed documentation.

If I were to provide a “regular” cleaning I would be making an unethical choice. The patient would be receiving substandard care and could face consequences later with his oral health. By refusing to complete treatment, the patient may never receive any kind of treatment at all. The question become is a somewhat cleaning better than nothing? My thought process here is to hopefully bring awareness to the patient that I ethically cannot provide substandard care, the importance for the deep cleaning to be completed, and show understanding of his personal situation.

1. **In your new job, in addition to spending some time on home care instruction, you completed 2 quadrants of treatment for a difficult patient. Upon hearing this from the front desk receptionist, your employer reprimands you for taking too much time on home care instruction. She indicates that complete scaling should always be done in one visit and you should not bother with homecare.**

In this scenario, there are a several Standards of Professional Responsibility that are involved. Some of the important ones include, “Avoid self-deception, and continually strive for knowledge and personal growth”. Next, “Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional develop”. Another one is, “Promote ethical behavior and high standards of care by all dental hygienists” and “Serve as an advocate for the welfare of clients”. Lastly, “Encourage a work environment that promotes individual professional growth and development” and “Manage conflicts constructively”. There are more standards involved in this scenario to keep in mind while coming to a final decision.

The core values in question are societal trust, beneficence, justice, and veracity. Fidelity and parentalism are also in question. Saying that all patients should be done in a certain amount of time is not treating each patient to their own individual needs. How is society going to trust they are receiving the best care from dental hygienist if we do not look at each individual patient’s needs and address them as needed? Skipping patient education is not doing the most good for the patient. It is also not fair to the patient to leave out an important part of their dental experience. If I told the patient “everything looks good, I would not change anything”, to save time during the appointment I would not show honesty. Giving the patient education is acting in their best interest. Taking the education away takes away the principle fidelity. I chose parentalism because the patient is not present for the conversation and I should serve as an advocate for the best interest of the patient.

When making a decision, I would ask my employer why complete scaling should be done in one appointment for every patient. I could politely say, “okay it will not happen again”, or I could explain why I believe that it is unethical in many ways. Disagreeing with my employer could put my job at risk and create tension in the office. Depending on the employers answer to why complete scaling needs to be completed in one appointment would determine my response to the situation. If I felt I would not be able to properly treat patients to the standard of care in the office, I would begin finding a new office to work at. Continuing treating patients to the employer’s guidelines would be unethical. For the sake of my career and income, I would make sure I had another job lined up before leaving. I would only stay at the current employer if it was established, I would be giving every patient treatment based off their needs. With this decision, the ethical principles mentioned above would not be sacrificed.

1. **You are distressed by what you think is a wide disparity in your clinical assessment of restorative needs based on examination and radiographic interpretation particularly concerning your caries assessment, and that of the dentist whose patients you treat. You believe there is an over-diagnosis of carious lesions. You overheard two other dental hygienists in the same office expressing the same concern, and some patients too.**

The category, “To Clients…”, is the first Standard of Professional Responsibility that raises concern. A dentist over diagnosing greatly affects the patient in many ways. The patient is paying for treatment they don’t need, paying for extra fillings, believing they are getting several cavities, and taking time to come to multiple appointments. In this scenario, a patient needs someone educated to advocate for their welfare and someone to provide honest information. The category, “To the Community and Society…”, also has several responsibilities that apply to this scenario. The community and society need someone aware of the situation to properly report the over-diagnosing and the legal/ethical matters involved. The responsibilities to ourselves, as individuals is also important. This scenario would test a person’s limitations.

The core values involved include autonomy, societal trust, beneficence, justice and veracity. Fidelity and parentalism are also in question. The patients with over diagnosed caries are not able to confirm if they have that amount of caries, because they are not educated in that field. They need someone in the dental field aware of the situation to advocate for them. If a patient finds out the dentist is doing this and no one spoke up about it, how are they going to trust the dental field? It would give our profession the reputation of only wanting money. Continuing to let the dentist over diagnose caries is not honest or fair. I chose fidelity because it is important to keep in mind the promises and obligations I have to patients. Parentalism is important because the patients need someone aware of the situation to advocate for them. I would begin making a decision by asking the dentist, away from the patient, if he could show me why he believes there is decay in an area. I would ask in a way to make it seem that I was trying to learn, so I could identify caries better. Rather than being rude or calling the dentist out directly. By doing this, the dentist may become aware I am catching on to his over diagnosing. I could quit my job and go elsewhere, but that would not stop the dentist from over diagnosing caries. I could confront the dentist in private, but that could create tension and risk my employment. The last thing I could do, is report the dentist to an organization like the American Dental Association. If the dentist did not stop over diagnosing caries, I would talk to the dentist in private about my concerns. Confronting the dentist may put my career at risk, so it would important I had been applying for other careers. In the situation it had not stopped, I would then report the dentist to the American Dental Association. My decision would ensure something was being done about the ethical dilemma.

1. **A long-term periodontal patient of yours is currently receiving periodontal maintenance visits every three months. He is a diabetic patient with normal A1C scores. At the visit today, following the routine scaling and debridement, you confirm that the periodontal pocketing remains unstable, with depths ranging from 4mm to 9mm. You are beyond frustrated with the results of your efforts. The dentist does not think the patient will consider a periodontal referral due to his age and advanced periodontal condition; thus, he offers no referral to the patient.**

The main Standard of Professional Responsibility involved in this scenario is, “To Clients…”. The client needs to know the concerns despite his choices to follow through with the recommendations. He needs to be educated and provided with the information necessary for proper treatment to be completed. This category point out our obligation to refer patients when the needs are above our ability.

The core values in question include, autonomy, nonmaleficence, beneficence, justice, and veracity. I would also keep fidelity in mind during my decision-making process. The patient is not able to make his own decision if he is not educated about his oral health status or recommendations for adequate treatment to be completed. Allowing the patient to leave with his current oral health status, will cause harm to his oral health and is not doing the most good. Although the dentist may not have lied to the patient, not telling him he should seek care from a periodontist is not telling the complete truth and is not fair. Fidelity is important for the obligations and promises I have to patients. I would ask the dentist if I could educate the patient why it is important to see a periodontist and what could happen if he does not get his periodontal disease under control. I could either let the patient leave without knowing his oral health status and risks, or I could educate the patient so he can make that decision on his own. It would be unethical to not tell the patient about his oral health status. Even if the dentist told me no, I would educate the patient on his oral health status and the concerns. As a dental hygienist, I have the responsibility and education to provide that information. In most situations, I would have given this information to the patient prior to the dental exam anyways. Giving the patient his oral health status information, allows him to make the decision on his own if he follows through with a referral. Since it is my job to educate the patient about oral health, I would stand up to the dentist. In the situation the dentist is angry, I would politely explain in what ways I did my job.

1. **Your dentist employer is allowing all dental hygienist in the office to administer nitrous oxide sedation. However, you know that one of the dental hygienists is not qualified to do so since she did not take the continuing education course and it was not in her dental hygiene curriculum.**

The main Standard of Professional Responsibility involved, is “To the Community and Society…”. A dental hygienist administering nitrous oxide without proper certification is not following the laws and regulations in our profession. It puts patients at risk for harm. Another Standard of Professional Responsibility involved, is “To Employees and Employers…”. This area discusses supporting an environment that promotes wellness and managing conflicts.

The core values involved in this scenario include, societal trust, nonmaleficence, beneficence, and veracity. Maintaining proper certification and licensure is our responsibility as a dental hygienist. Not maintaining a certification for nitrous oxide is putting the trust of patients at risk and is dishonest. It is also creating potential for harm. Lack of proper education in nitrous oxide is not doing the most good for the patient. In this situation, I could ignore what I know is wrong, confront my coworker, confront my employer, or confront the proper organization in charge of the regulations for nitrous oxide. I would ask the dental hygienist if she would be interested in taking a nitrous oxide continuing education course with me. If she had no intention to attend a continuing education course with me, I would privately meet with the dentist and express my concerns. I would recommend taking a course as an office to avoid confrontation. If the dentist thinks I am being silly or dramatic I would report it to the American Dental Hygiene Association. Not doing anything puts patients at risk for harm. If my coworker was caught administering nitrous oxide without certification there could be sanctions or legal issues involved. My decision takes patients away from the potential to be harmed, even if I create conflict with my employer.

**Part 2: Identifying Ethical Problems in Dentistry**

1. **It is a very busy day in the practice of Dr. Anne Cruz. She has a patient in each of her two dental chairs and two emergencies to see next. When one chair opens, she asks her assistant to seat one of the emergency patients. A few minutes later, she asks the same assistant to use the ultrasonic scaler and remove the supra and subgingival calculus of the two teeth that seem to be bothering the patient. The assistant has just left 2 weeks left in the dental hygiene program at JCCC and is very confident about using the ultrasonic and scaling, both supra- and subgingivally. He efficiently removes the calculus for Dr. Cruz, who compliments him on his extra technique and efficiency.**

There is an ethical dilemma in nonmaleficence and beneficence. Nonmaleficence discusses professionals having a duty to keep patients safe and prevent harm. Section 2C: Use of Auxiliary Personnel states, “Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated.” It also states, “Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.” In this scenario, the dentist is assigning a non-licensed dental hygiene student to complete subgingival scaling without supervision. Allowing a student to complete treatment puts the patient at risk for harm and does not follow the laws and regulations in place. Beneficence discusses the duty to act for the benefit of others. Section 3B: Government of a Profession states, “All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.” Dr. Cruz is not fulfilling her obligation to beneficence by allowing a non-licensed student to complete scaling on her patient.

1. **Dr. Steve Emerson practiced dentistry in Kansas City for five years after graduation from dental school. He is married and has two children. Deciding that life would be easier with the children to live in the suburbs, he bought a practice in Spring Hill, KS and moved his family there. After completing his first year of work, he reviewed his patient records and his business reports and realized that due to the vast number of crowns he had done, his income increased substantially. He decided to change the advertisement in the yellow pages of the telephone book to read that he is a prosthodontist and that his practice is limited to the services of crown and bridgework as well as other dental prosthetics.**

In this scenario, there is an ethical dilemma with the principle’s beneficence and veracity. Beneficence discusses the obligations to benefit others. Section 3B: Government of a Profession states, “All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.” The rules of ethics discussed in veracity explain how Dr. Emerson is not following the guidelines he should be up to date with. The section of veracity discusses the duty to be honest and trustworthy. There are a few sections in veracity that apply to this scenario. The first section, 5E: Professional Announcement states, “Dentists should not misinterpret their training and competence in any way that would be false or misleading in material respect.” Dr. Emerson is stating he is a prosthodontist. That is false because he is a general dentist and does not have the proper education requirements to claim he is a prosthodontist. Section 5F: Advertising states, “Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.” Dr. Emerson is falsely advertising his degree. To further prove the ethical dilemma, Section 5H: Announcement of Specialization and Limitation of Practice states, “A dentist may ethically announce as a specialist to the public in any of the specialties recognized by the American Dental Association including….prosthodontics, and in any other areas of dentistry for which specialty recognition has been granted under the standards required or recognized in the practitioner’s jurisdiction, provided the dentist meets the educational requirements required for recognition as a specialist….accepted in the jurisdiction in which they practice.” As mentioned before, Dr. Emerson does not have the educational requirements to be considered a prosthodontics. Section 5I: General Practitioner Announcement of Services state, “General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentist shall also state that the series are being provided by general dentists.” This section describes directly how Dr. Emerson is not abiding by the ADA Principles of Ethics and Code of Professional Conduct. Dr. Emerson can advertise services in crown and bridge work, but he cannot claim to be a prosthodontist. If he had placed an add in the yellow pages reading, he is a general dentist providing services in crown and bridge work, he would not have had an ethical dilemma.

1. **At age 45, Dr. Peter Adams suffered a stroke. It was very sad and sudden and left his entire family in shock. Dr. Adams was advised that he would no longer be able to practice dentistry. He was extremely troubled at the news. He contacted his local dental association for assistance and as a result, several dentists volunteered to come to the office to provide care for his patients while Dr. Adams’ name remained on the practice. The business was put on the market for sale. Luckily, it sold within the first 6 months after Dr. Adams’ absence. The new dentist took over and changed the practice to her name.**

In this scenario, there is no ethical dilemma. Dr. Adams followed the guidelines during his process of leaving the practice. Section 5G: Name of Practice states, “Use of the name of a dentist no longer actively associated with the practice may be continued for a period no to exceed one year.” Dr. Adams used his name for six months after no longer being actively associated with his practice. Section 2D.1: Ability to Practice states, “A dentist who has been advised to the limit the activities of his or her practice should monitor the aforementioned disease or impairment and make additional limitations to the activities of the dentist’s practice, as indicated.” Dr. Adams properly limited his activities per his doctor’s recommendations. Section 2F: Patient Abonnement states, “Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that patient’s oral health is not jeopardized in the process.” Dr. Adams gave his patient’s an adequate amount of time to have treatment completed by other dentists. He handled his unfortunate situation ethically.

**Part III: Comparing ADHA and ADA Ethical Codes**

The ADHA Code of Ethics’ purpose is to “achieve high levels of ethical consciousness, decision making, and practice by the members of the association….It is meant to influence us throughout our careers.” It includes core values and the Standards of Professional Responsibility. It is an organization with regulations, guidelines, an office, and members to advocate for dental hygienists. The ADA Principles of Ethics and Code of Professional Conduct’s purpose is similar to the ADHA Code in the way members agree to abide by the ADA Codes and guidelines, but it also includes the Code of Professional Conduct. Which is conduct that is either required or prohibited as a part of the legislative system. The ADHA code is a guideline, sanctions, expulsion, and other consequences can be deemed, but it is not a part of the legislative system. The ADHA Code of Ethics and the ADA Principles of Ethics and Code of Professional Conduct have some of the same core values. They both include autonomy, nonmaleficence, beneficence, justice, and veracity. The ADHA Code of Ethics also includes, confidentiality and societal trust in the core values. Along with the core values, the ADHA Code of Ethics includes Standards of Professional Responsibility that guides dental hygienist in what responsibilities we have to ourselves, professionals, family and friends, clients, colleagues, and more. The ADA Principles of Ethics and Code of Professional Conduct includes the ethical principles mentioned above, but also the Codes of Professional Conduct with advisory opinions. It guides the dental profession with regulations that should be used throughout their career. If failed to do so, legal actions can be taken.

During my practice as a dental hygienist, both codes will be important. The ADHA Code of Ethics applies directly to my dental hygiene career. It expresses my duties to patients, employers, myself, and much more. The Principles of Ethics and Code of Professional Conduct is important because I will be employed by a dentist. There will be times a dentist may not be following the codes set forth in legislative system. The scenarios in part I and II of this assignment is a small snapshot of situations I could face during my career. I will need both codes to guide and advocate me in the best decision to make.