Code of Ethics Project

Clinic IV

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

1. Mind Your Own Business

* Ethical Dilemma or Problem: In this scenario, there are several issues. For starters, by drinking on the job when Tabitha still has afternoon patients she is putting patients at risk of harm (non-maleficence) by being intoxicated, which would also potentially give patients and others a negative outlook on our profession. Additionally, she is also violating the confidentiality and privacy of patients (self-autonomy) by looking up private patient information when she should not have been.
* Collect Information: After identifying the ethical problem in this situation Gertrude should ask herself what to do next. She should look in to who she can turn to professionally about this issue in order to resolve it. Gertrude should ask herself if the code of ethics are truly being violated.
* State The Options: Gertrude could – A) Ignore the situation and pretend it never happened. B) Report Tabitha to the dentist and or the ADA/ADHA.
* Apply The Ethical Principles and Core Values: A) If Gertrude were to ignore the situation and pretend it didn’t happen she would also be putting patients at risk of harm (non-maleficence) by knowing a hygienist was working on patients while intoxicated. She would also be dishonest by pretending like she did not know what was going on which would violate the principle of veracity. B) If she reports Tabitha then she is holding true to the principle of veracity by being truthful and honest. Gertrude would also be upholding the principle of beneficence by reporting Tabitha.
* Make The Decision: Gertrude should report Tabitha to the dentist and or ADA/ADHA in order to UPHOLD the ethical principles previously identified above and to AVOID violating the principles also listed above.

2. Cheaper Alternative

* Ethical Dilemma or Problem: The issue here is that Dr. Cunningham is putting his patients at risk by using gloves that are not of medical grade quality. The dentist has a duty to refrain from harming a patient (non-maleficence) and by not using medical grade quality gloves he is putting their health and his employees health at risk.
* Collect Information: Jeff has now become aware of what the dentist is doing and that the dentist is not informing his employees about this “cheaper alternative”. Jeff needs to ask himself if he’s okay with what’s going on, and if this alternative it is in the best interest of his fellow coworkers and the patients.
* State The Options: Jeff could – A) Buy his own medical grade gloves. B) Talk to Dr. Cunningham about why he doesn’t feel comfortable using the alternative gloves. C) Quit like Susan did.
* Apply The Ethical Principles and Core Values: If Jeff decides to A) buy his own medical grade gloves, this does not solve the issue that other employees may still be using the alternative gloves and that he is working with a dentist that is putting patients and other employees at risk of harm. If Jeff talks to Dr. Cunningham he may not get the response he wants, but he would know that he tried to make a difference. This still does not solve the issue of violating the non-maleficence principle unless Dr. Cunningham decides to go back to providing the correct gloves. C) If Jeff quits like Susan he will still be aware of what is going on in this office when it comes to the violation of the code of ethics and core principles.
* Make The Decision: Jeff should talk to Dr. Cunningham and if he does not decide to provide medical grade gloves he should then quit, but he should also report to the ADA that Dr. Cunningham is violating ethical principles.

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

1. In Sickness and in Health

* This situation violates Section 2.D.1 “Ability To Practice” where it states that “A dentist who contracts any disease or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or dental staff.” It also violates Section 2.E. “Postexposure, Bloodborne Pathogens” where it states that “All dentists, regardless of their bloodborne pathogen status, have an ethical obligation to immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide postexposure services.” The DDS should not see patients until she has received proper care and has notified others about exposure.

1. Just Helping Out

* This situation violates Section 2.C. “Use of Auxiliary Personnel” where it states “Dentists shall be obligated to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obligated to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction” Allowing a dental assistant to perform the work of an RDH puts patient’s at risk which violates the non-maleficence principle.

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

The dental ethics listed by the ADA are patient autonomy, non-maleficence, beneficence, justice, and veracity, where as the code of ethics listed by the ADHA include autonomy, confidentiality, societal trust, non-maleficence, beneficence, justice and fairness, and veracity. The main difference here is that the ADHA lists confidentiality and societal trust *in addition to* the other dental ethics listed by the ADA. The confidentiality value kind of ties into what is stated in the patient autonomy value by the ADA. I think that you could kind of tie societal trust into the non-maleficence category of the ADA in the sense that patients do have trust in health care professionals to avoid harm and to know their limitations.