

ETHICAL MOMENT

Dealing with good intentions that go bad

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Q Several patients who had been receiving care at the same dental office recently transferred to our practice. Although their stories were slightly different, the results appeared to be the same. For example, 1 patient stated that she had seen a new dentist for her routine examination and cleaning, and the dentist found a cavity in her lower right molar as well as in several other teeth. After the restoration was placed at a subsequent visit, the patient began to experience pain in that tooth, which had been asymptomatic before the procedure. After she complained for several months of pain in the tooth, the dentist told her she needed a crown. She agreed and underwent treatment; however, the pain intensified. The dentist replaced the crown with another crown, but the patient's pain worsened. The dentist then told the patient she needed root canal treatment, which she agreed to undergo. After treatment, the pain lessened but did not go away. The dentist obtained a new radiograph and explained that the tooth had a canal that he had not treated. During surgery to remove the untreated root, the dentist told the patient that he would have to remove the tooth. The extraction took 1.5 hours, and the patient said the pain was so bad that the dental assistant asked the dentist if they should stop the procedure. Because of this 18-month ordeal, the patient refused to return to the

dentist's office for completion of the treatment plan. At her first visit to our practice, the patient was apprehensive about receiving treatment. We spent the appointment getting to know each other and formulating a treatment plan. Not only has this patient lost a tooth, but also she has lost faith in her former dentist in particular and dentistry in general. The aforementioned dentist, in addition to experiencing the stress caused by these complications, lost several patients and possibly caused damage to his reputation. How does the American Dental Association's Principles of Ethics and Code of Professional Conduct address this type of situation?

A The American Dental Association's Principles of Ethics and Code of Professional Conduct¹ (ADA Code) provides guidance in situations such as the one you describe. The patient was not offered endodontic retreatment by the dentist or a specialist, suggesting that she may not have been fully informed of her treatment options. Without being fully informed, she could not weigh all her options to make her own treatment decisions. Section 1, Patient Autonomy ("self-governance"), states that "[t]he dentist has a duty to respect the patient's rights to self-determination and confidentiality."¹ Section 1.A addresses the importance of patient involvement in the treatment process: "The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a

manner that allows the patient to become involved in treatment decisions."¹

In the situation you describe, the dentist could have, and perhaps should have, referred the patient to an endodontist during the course of treatment: after symptoms developed following the placement of the first restoration, after the first or second crown had been placed, and when the dentist discovered that 1 canal had not been treated. Referral, consultation, or both also could have been made for the attempted root amputation or for the extraction. In any event, the dentist should have discussed the different options with the patient so that she could have been involved in the treatment decisions and made an informed decision about her treatment.

The question of when to refer is addressed more specifically in Section 2.B, Consultation and Referral. "Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience."¹ Given the repeated visits and the patient's continued pain, consultation may have been prudent and likely would not have jeopardized the dentist's relationship with the patient. The ADA Code requires that "[t]he specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist . . ."¹

In addition, Section 3, Beneficence ("do good"), obligates the

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dentist to promote the patient's welfare.¹ This always should be the dentist's first concern. One question dentists should ask themselves when treating a patient is this: Is this the way I would treat my child or spouse? "The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient."¹

A dentist has an obligation to communicate fully and truthfully with the patient. It is not clear why the dentist in this situation did not present all treatment options to the patient or refer her to a specialist. This raises an issue of veracity, which is addressed in Section 5. Although the dentist did not present false information, the absence of information is the same as misleading the patient.

Section 5, Veracity ("truthfulness"), states that "[t]he dentist has a duty to communicate truthfully."¹ Moreover, Section 5.A, Representation of Care, states that "[d]entists shall not represent the care being rendered to their patients in a false or misleading manner."¹

Had these principles been followed, a much different outcome may have been possible. By simply having another dentist's perspective, the patient might have had a greater sense that everything possible had been done to save her tooth. Even if the treatment outcome had been the same, the dentist and patient would have been assured that all treatment options had been exhausted and that the patient had been fully informed so she could be involved in all treatment decisions. ■

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1. American Dental Association. American Dental Association principles of ethics and code of professional conduct, with official advisory opinions revised to April 2012. Available at: http://www.ada.org/sections/about/pdfs/code_of_ethics_2012.pdf. Accessed October 27, 2014.