Important Notice

This is one of a series of ethical dilemmas published in the Texas Dental Journal between 1993 and 2005. The lead author of these dilemmas, Dr. Thomas K. Hasegawa, died tragically in 2005. The dilemmas remain an important legacy for dentistry.

Format

Each ethical dilemma was originally introduced in one issue of the Texas Dental Journal with the question, “What would you do?” The more expansive analysis of the dilemma was presented in a subsequent issue. The second page of this file depicts the cover of the issue containing the analysis of the dilemma, not the issue containing the briefer introduction to the dilemma. The ethical dilemmas were compiled for digital use by the American College of Dentists in 2008.

Purpose

This ethical dilemma and the other dilemmas in the series are only meant to further your knowledge and understanding of dental ethics by presenting, discussing, and analyzing hypothetical ethical dilemmas that may occur in dental settings. The dilemmas are not intended to: a) provide legal advice; b) provide advice or assistance in the diagnosis or treatment of dental diseases or conditions; or c) provide advice or assistance in the management of dental patients, practices, or personnel.

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Support

For more information about this series of digital ethical dilemmas, contact:

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TEXAS DENTAL

Journal

New Drug Approvals for 1993

Inside This Issue:
An Interview with Dr. Felix Crawford
advises dentists not to guarantee treatment but rather to involve patients in treatment decisions as recommended by the ADA Principles of Ethics. (5)

Guarantees infer that dentists provide a product or commodity as in any business, rather than a valued professional service. The dental educator Nash (6) described the business of proprietary culture in dentistry as "selling cures" in contrast with the professional culture rooted in a tradition of "curing." (6) Along this theme, the philosopher Pellegrino (7) observed that one of the emerging sociocultural forces in medicine is, "the partial reconceptualization of medicine as a business, replete with providers and consumers and increasingly controlled by market forces or governmental regulations." Moreover, making claims that a health professional can "guarantee" a successful treatment does not acknowledge the inseparable role of the patient's attitude and aptitude in the successful maintenance of his or her own health.

Training may help to explain why dentists often focus on the procedure rather than the person. Traditionally, the clinical training of dentists is technically-oriented, with success or failure measured more by the fit of the margin in microns and the completion of required numbers of clinical procedures than restoration of health itself. If the crown doesn't fit, the dental student will redo the crown until it is acceptable. If we perceive dentistry as simply the selling of services and procedures, rather than the restoration of health, we could move dentistry into a marketplace where guarantees and warranties are expected by the patient.

By contrast, informed consent establishes a professional relationship which acknowledges both the patient's awareness of his or her own goals or values and the dentist's expert knowledge of the risks and benefits of dental treatment. The dentist seeks to involve the patient in treatment decisions by making the patient aware of the risks and benefits of the recommended treatment, reasonable

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What Would You Do?

**Ethical Dilemma #11**

Arthur Green, Ph.D., is a forty-eight-year-old Professor in the mathematics department at the nearby university who joined your practice four months ago and has been a source of continual irritation due to his obnoxious attitude.

Although his general health is good, his oral health, in the words of your hygienist "is horrible...the worst!" He has halitosis and obviously doesn't brush because you cannot see the gingival one third of his crowns because they are covered with food debris. His chief complaint is that he wants to have the "gaps filled in with bridges" since he recently acquired dental insurance.

Dr. Green feels that his teeth are a "nuisance" and that he lets the dentist take care of them. He has generalized chronic periodontitis with 4-6mm pockets with bleeding in all four quadrants.

As part of your preventive program you have scheduled three appointments with your dental hygienist. After the second appointment, he gets up from the chair and says "Look — I don't have time to brush and floss...that's why I pay you! Let's skip the gum work and get on with the bridges!" As you intercede he again says, "I'll sign a waiver that says I know about the gum disease but choose to have the bridges made. I know the consequences." You again try to explain the need for periodontal treatment but his insists "Let's skip the gum work and start the bridges!"

You are now faced with an ethical dilemma. Check the course of action you would follow and mail or fax this page, or a note indicating your choice as instructed below:

1. _____ Have Dr. Green sign a letter acknowledging that he has gum disease but wants the bridges anyway even though he knows they may fail in a few years. Proceed with the fixed-partial dentures.
2. _____ Discuss with Dr. Green that you will only treat his periodontal disease and active caries now and that you will not proceed with prosthetics until his disease is under control.
3. _____ Tell Dr. Green that his attitude makes it impossible for your office to effectively treat his oral health problems. Offer to refer him to another office.
4. _____ Dismiss Dr. Green from your practice.
5. _____ Other alternative (please explain).

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TEXAS DENTAL JOURNAL / 53
"Skip the Gum Work and Start The Bridges."
Response to Ethical Dilemma #11

Arthur Green, Ph.D., (complete case in the June TDA Journal) is a healthy, 48-year-old professor in the mathematics department at a nearby university who joined your practice four months ago and has been a source of continual irritation due to his obnoxious attitude.

His chief complaint is that he wants to have the "gaps filled in with bridges" since he recently acquired dental insurance. His oral hygiene according to your dental hygienist is "horrible...the worst!" and he has halitosis and generalized chronic periodontitis with 4-6 mm pockets and bleeding in all four quadrants. After his second appointment with your dental hygienist, Dr. Green gets up from the chair and says, "Look—I don't have time to brush and floss...that's why I'm paying you!" As you intercede he again says, "I'll sign a waiver that says I know about the gum disease but choose to have the bridges made. I know the consequences." You again try to explain the need for periodontal treatment but he insists "Let's skip the gum work and start the bridges!"

All four options were selected by the respondents, with the fewest preferring to have Dr. Green sign a letter acknowledging that he has gum disease but wants you to proceed with the bridges anyway, even though he knows they may fail in a few years. (#1) Most chose from the remaining three options, which included proceeding with the prosthodontics only when his periodontal disease and active caries are under control (#2), offering to refer him to another dentist because his attitude makes it impossible for you to treat him (#3), or just dismissing him from your practice (#4).

Of the ethical issues in this case, one is immediately drawn to the obnoxious behavior of the patient: Is the dentist obligated to treat this patient? There are also associated questions: Is the dentist's sole obligation to do what the patient requests; and finally, is Dr. Green making a reasonable request?

The Obnoxious/Noncompliant Patient

Dr. Green in this case is a new patient who has been both noncompliant regarding his own oral health and "obnoxious" in his relationships with those in the office. Is the dentist obligated to treat these patients?

Philosopher Ruth Purtilo has described the noncompliant patient as one who engages in self-destructive behavior, thereby frustrating health professionals by rejecting their advice and are uncooperative by doing things to their bodies which effectively prevent a health professional from curing them. (1) She also cites the chronically ill patient, terminally ill patient and the hypochondriac as frustrating the health professional because they don’t get well. When Dr. Green exhorts, "Look — I don’t have time to brush and floss...that’s why I’m paying you!", his obnoxious behavior may be stressful for the dental hygienist and staff. Ruth Purtilo has written about how treating the noncompliant patient is emotionally stressful for professionals and has offered five guidelines for taking better care of undesirable patients. They include: 1) avoiding derogatory labels; 2) remembering that the caring function is as important as the cure; 3) avoiding unrealistic expectations of one’s own power as a health professional; 4) avoiding blaming the victim; and 5) taking care of one’s own emotional well-being. (1)

Most dentists have known patients like Dr. Green who elicit an audible groan by the staff when his or her name appears on the list of the day’s appointments. This could be the patient who is rude or discourteous, overly demanding or critical, impatient or curt, or simply refuses to take responsibility for his or her own oral health. The ADA Code is clear in its statement that the “dentist’s primary professional obligation shall be service to the public,” but the Code also advises that dentists “may exercise reasonable discretion in selecting patients for their practices” (2) and, according to the TDA Code, that they “may choose whom to serve.” (3) Those responding to the case selected options ranging from the dentist who stated, “I don’t need that headache...this is a no-brainer...get him out,” to another who would attempt to educate the patient by using an intraoral camera so that the patient could view the extent of his disease.
Another wrote that by informing the patient that you will only treat his periodontal disease and active caries now and proceed with prosthodontics when the disease is under control would leave the decision with Dr. Green and “this will result in patient’s attitude change on his own, or he will voluntarily leave on his own without us being too judgmental or confrontational.”

Although dentists have a general obligation to treat patients, this obligation is not absolute. Dentists may, for example, have patients that are obnoxious but follow professional recommendations. More likely, the difficult patients are those who are personable but ineffective in maintaining their oral health. In a case like Dr. Green’s, although the dentist and his staff may be obligated to care for Dr. Green, it would be unrealistic to expect the staff in the dental office to change his personality. How far should a dentist go when dealing with these patients? It would seem reasonable for the dentist to counsel Dr. Green and, if he continues to be obnoxious and noncompliant to the extent that his behavior becomes disruptive, the dentist is justified in dismissing the patient. To avoid abandoning the patient, dentists in Texas may continue treatment after reasonable notice has been given to the patient by the dentist of his intention to discontinue treatment and that the patient has had a reasonable time to secure the services of another dentist or all other dental services actually begun have been completed. (4) The ADA recommends that: (1) the dentist be careful to assure that the health of the patient is not compromised; (2) the notification for termination be by registered or certified mail, providing at least 30 days as the termination date after the receipt of the letter; (3) the letter should indicate what treatment the dentist will complete during the prescribed days; and (4) emergency care will be provided until the patient finds another office. (5)

Separating the patient’s obnoxious/noncompliant behavior still leaves the central question: Is the dentist obligated to address the patient’s chief complaint to have the “gaps filled in with bridges” and to furthermore, “skip the gum work and start the bridges”? (6)

**Dentist as the Patient’s Agent?**

Is the sole responsibility of the dentist to fulfill the patient’s needs and desires? Dentists are advised to identify and manage the patient’s chief complaint. (6) Does this mean that “the patient is always right”? Although the ADA Code establishes that the “dentist’s primary professional obligation shall be service to the public,” this does not imply that there is an absolute obligation to follow the patient’s needs and desires if it includes dentists setting aside his or her professional judgment and values. Dr. Green’s request to “skip the

Sarah Maxwell has been a dental assistant in your practice for seven years. She is 35 years old and is the mother of two children, one five and another eight years old. Her husband is self-employed.

Sarah is an excellent chairside assistant. She is technically skilled in all of the job requirements and the patients feel at ease and enjoy her personality. She has become an integral member of the practice and works well with the staff.

The primary problem that has surfaced in the last two years is absenteeism. The absences usually occur on the day following a three-day weekend. Sarah does not eat lunch at the office and usually “runs errands” and, although she is rarely late in returning from lunch, her behavior pattern has changed since you noticed these absences. These are subtle changes that you can’t easily identify, but you think that she may have a substance abuse problem.

Her mother, who has been a patient in the practice for five years, has just confided to you her concern that her daughter may have a substance abuse problem. She has tried to talk to her about it, but Sarah is distant when the mother brings up the subject. Now Sarah’s mother wonders if it would be more effective if you, her employer, bring up the concerns.

You are now faced with an ethical dilemma. Check the course of action that the dentist should follow and mail or fax this page, or a note indicating your recommendation, as instructed below.

1. _____ continue to monitor Sarah’s behavior.
2. _____ confront Sarah with your concerns.
3. _____ discuss your concerns with Sarah, and if she discloses that she is a substance abuser, offer to pay for substance abuse counseling.
4. _____ discuss your concerns with Sarah, and if she discloses that she is a substance abuser, dismiss her from the office.
5. _____ Other alternative (please explain)

**SEND YOUR RESPONSE BY OCTOBER 6, 1994 ATTENTION:**

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gum work and start the bridges” is an uninformed and unreasonable request.

Philosopher David Ozar has recently described a fourth model of the dentist-patient relationship called the Agent Model that has relevance to this case. (7) The dentist in the Agent Model may perceive his or her primary task as “only to give effect to the patient’s choices regarding his or her needs or desires. The dentist is to act, in other words, only as an agent for the patient.” (8) The patient makes demands that the dentist must fulfill in this model. This seriously flawed model disregards our ordinary understanding of a profession’s values. It separates the core values of professional judgment and replaces it with a sole commitment to following the patient’s desires. Ozar constructs an extreme example of a dentist who, following the Agent Model, agrees to write a prescription for a patient requesting controlled substances to support an addiction in order to respond to the patient’s choices more completely. According to Ozar, the Agent Model “severely misrepresents our ordinary understanding of a health professional’s ethical commitments.”(8)

An Unreasonable Request?

The ADA Code specifies that “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.” (2) Is Dr. Green’s request that the patient “skip the gum work and start the bridges” a reasonable request?

The patient, in this case, is not asking to choose between shades for denture teeth, alternatives such as fixed or removable partial denture prosthodontics, or extraction versus root canal therapy. The patient is asking the dentist to set aside an accepted standard of care by ignoring periodontal disease and providing fixed partial dentures. Standard regimens for dental treatment planning include implementing an initial therapy (9) or disease control phase (6) that includes for example root planing and scaling, selective restorations, and assessing the patient’s ability to adopt proper dietary habits and plaque control techniques. When the initial or disease control phase is successfully completed, then the corrective (9) or restoration phase (6) (periodontal surgery and then fixed partial dentures) is initiated. Providing fixed partial dentures is precluded by establishing a healthy periodontium.

One of the difficult roles for the ADA Code is to provide substantive guidance to dentists in specific instances. The “reasonable alternative” statement is necessarily vague and therefore provides little guidance. There are no “Advisory Opinions” to further define the meaning of the term “reasonable,” thus leaving a wide discretion to dentists. The ADA Code does emphasize both the “benefit of the patient” as the primary goal for dentistry and the duty to provide “quality care in a competent and timely manner”. On both accounts, skipping the gum work and starting the bridges would have limited long-term benefit for the patient and would be in conflict with standard competencies for dental therapy. One respondent wrote in this regard, “a patient cannot consent to malpractice under any conditions, signed or verbal!!”

Conclusion

Dr. Green’s case has brought together the distinctive elements of the obnoxious/noncompliant patient who also may make unreasonable demands on the dentist. Dealing with the obnoxious/noncompliant patient is stressful for dentists, but is not an unusual burden for health professionals. However, the dentist’s professional judgment is not overridden by patients who request treatment that is clearly inconsistent with established standards or central values of a profession. The dentist cannot be forced to set aside his or her standards of competent treatment simply because the patient requests to “skip the gum work and start the bridges.” The dentist is ethically justified in this case to inform Dr. Green of his disruptive behavior, to attempt to educate him regarding his oral health and plan for periodontal therapy prior to fixed partial dentures, and, if he continues to be obnoxious and noncompliant, to dismiss Dr. Green after taking steps to assure that he is not abandoned.

References

EDITOR’S COMMENT: Responses to the ethical dilemmas are views of the contributors and consultants and not Baylor College of Dentistry, the National Center for Policy Analysis or the Texas Dental Association. Address your comments to Dr. Thomas K. Hasegawa, Jr. Department of General Dentistry, Baylor College of Dentistry, P.O. Box 660677, Dallas, TX 75266-0677, or fax to (214)828-8952.