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.

**Terms of Use**

To use the digital ethical dilemmas in the series, all or part, you must first agree to the Terms of Use specified at [https://www.dentalethics.org/termsofuse.shtml](https://www.dentalethics.org/termsofuse.shtml). By using this dilemma, or any in the series, you are affirming your acceptance of said Terms of Use and your concurrence with the Purpose presented immediately above.

**Permission**

The ethical dilemmas are used with the permission of the *Texas Dental Journal*.

**Support**

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

American College of Dentists  
839J Quince Orchard Boulevard  
Gaithersburg, MD 20878-1614  
301-977-3223  
fax 301-977-3330  
office@acd.org

Version 1  
2008
third-party payers may have on dental practice because of the possibility of multiple treatment alternatives and the unique character of fee-for-service dental insurance.

The patient may question the judgment of the dentist if a treatment recommendation is rejected by the insurance company even though it is the benefit plan that is the issue. Some patients don’t understand the coverage limits of their dental plans. Another potential conflict in Ms. Marker’s case is why the patient must pay the more expensive co-payment for a fixed partial denture than its removable counterpart. In comparison, less expensive treatment such as preventive and restorative services have a proportionally higher co-payment, which makes the fee-for-service plan more like a prepayment plan than medical insurance. Out-of-pocket expenses to patients may be higher for dental than medical claims, even if the medical costs may be significantly higher because of the proportionally higher dental co-payment.

One respondent replied that as in Ms. Marker’s case, he had “lost count of the times” this situation had happened, and that in every case, when a “complete narrative” was sent to the dental insurance consultant, the co-payment of the alternative treatment, the removable partial, was approved. Another wrote, “in my opinion, the patient is entitled to the best dentistry regardless of what her insurance company says,” and finally, “insurance companies don’t dictate dental treatment, just the benefits allowed.”

---

**What Would You Do?**

**Ethical Dilemma #12**

Dr. John Wilkins is a periodontist who recently joined a large group specialty practice including endodontists, prosthodontists and other periodontists. The group practice has a strong referral base and enjoys an excellent reputation.

Dr. Ed Biggs, a general dentist with a large practice in the area referred a patient, Mr. Randy Crane, for an evaluation. Dr. Biggs sent a note “evaluate peri and call me.” When Dr. Wilkins asked others in the practice about Dr. Biggs, they said he was a “great guy but his dentistry isn’t the best.” Dr. Biggs has referred patients to the group practice for several years.

Mr. Crane had been in Dr. Biggs, practice for 10 years and was pleased with his overall care. Mr. Crane, at 40 years old, was in excellent health and had regular dental examinations, but was worried that he had an offensive mouth odor and that his gums were bleeding frequently, especially when he flossed. Recently, food would get lodged causing soreness between the mandibular molars that were crowned five years ago.

Mr. Crane had four porcelain crowns on his mandibular molars that were esthetic but had bulky margins that made it difficult to floss. The interproximal contacts were loose but not open between the molars. There was a generalized, chronic gingivitis with localized areas of mild periodontitis (3-5mm pockets with bleeding) in the molar areas around the crowns.

As the examination continued, Mr. Crane asked, “are these crowns causing a problem for my gums? I don’t want to lose my teeth like my father.”

Dr. Wilkins is faced with an ethical dilemma. Check the course of action that he should follow and mail or fax this page, or a note indicating your recommendation, as instructed below.

Dr. Wilkins in this case should:

1. _____ defer the question from Mr. Crane and call Dr. Biggs and inform him of the findings including the possibility of replacing some of the crowns due to the bulky margins and loose contacts

2. _____ inform Mr. Crane that he has a mild form of periodontal disease and that some of his crowns may need to be replaced

3. _____ defer the question from Mr. Crane and not inform Dr. Biggs of the concerns about the crowns. Dr. Wilkins should attempt to provide periodontal care first without recommending the removal of crowns

4. _____ defer the question from Mr. Crane and without being specific, tell Dr. Biggs that he will be unable to treat Mr. Crane.

5. _____ Other alternative (please explain)

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

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.

36 / JULY 1994
“Conflict, Collusion or Collaboration: Who Benefits From a Referral?”

Response to Ethical Dilemma #12

Dr. John Wilkins (case in the June TDA Journal) is a periodontist who recently joined a large-group specialty practice, including endodontists, prosthodontists and other periodontists. The group practice has a strong referral base and enjoys an excellent reputation.

Dr. Ed Biggs, a general dentist with a large practice in the area referred a patient, Mr. Randy Crane, for an evaluation. Dr. Biggs sent a note “evaluate perio and call me.” When Dr. Wilkins asked others in the practice about Dr. Biggs, they said he was a “great guy but his dentistry isn’t the best.” Dr. Biggs has referred patients to the group practice for several years.

Mr. Crane had been in Dr. Biggs’ practice for ten years and was pleased with his overall care. Mr. Crane at 40 years old was in excellent health and had regular dental examinations, but was worried that he had an offensive mouth odor and that his gums were bleeding frequently, especially when he flossed. Recently, food would get lodged, causing soreness between the mandibular molars that were crowned five years ago.

Mr. Crane had four porcelain crowns on his mandibular molars that were esthetic but had bulky margins that made it difficult to floss. The interproximal contacts were loose but not open between the molars. There was a generalized, chronic gingivitis with localized areas of mild periodontitis (3-5mm pockets with bleeding) in the molar areas around the crowns.

As the examination continued, Mr. Crane asked, “Are these crowns causing a problem for my gums? I don’t want to lose my teeth like my father.”

Did Dr. Biggs adequately advise Dr. Wilkins whether Mr. Crane was referred for periodontal treatment or for a second opinion? Is etiquette our primary concern when patients are referred? Should specialists share sensitive information with patients without conferring first with the referring dentist? How are the constituent obligations of Dr. Biggs to his patient affected by Dr. Wilkins’ obligations to both parties?

Respondents to the case chose two of the four alternatives with almost all having the periodontist inform Mr. Crane that he has a mild form of periodontal disease and that some of his crowns may need to be replaced (option #2). The remainder chose to defer the question from Mr. Crane and call Dr. Biggs and inform him of the findings, including the possibility of replacing some of the crowns due to the bulky margins and loose contacts (option #1). None of the respondents chose to have the periodontist defer the question from Mr. Crane and not inform Dr. Biggs of the concerns about the crowns and attempt to provide periodontal care first without recommending crown replacement (option #3). None of respondents chose to have the periodontist defer the question from Mr. Crane and without being specific, tell Dr. Biggs that he will be unable to treat Mr. Crane (option #4).

The case of Dr. Biggs’ referral allows us to examine the constituent obligations of the generalist and specialist to the patient and to each other. We will first profile key aspects of specialty practice and then examine the potential for conflict, collusion or collaboration in referrals.

Specialty Practice

Specialists share their “special skills, knowledge, and experience” (1) to supplement those of the generalist in providing competent care for.

TDA Council on Ethics and Judicial Affairs
By Thomas K. Hasegawa, Jr., D.D.S.
Consultant Merrill Matthews, Jr., Ph.D.
Consultant Carl D. Ellis, D.D.S.
Ethical Dilemma

patients. Specialists also serve as expert witnesses to evaluate competency and establish standards of care in dental litigation cases. They may be privy to instances of gross or faulty treatment in their private referral patients and may experience role conflicts between not harming either their patients or the referring dentists.

The ADA Code of Ethics offers guidelines for consultation and referrals that include returning the patient to the referring dentist after the specialty is completed. In cases of a consultation for a second opinion, the Code also specifically states that “the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.” (1) It is unclear whether Dr. Biggs has asked Dr. Wilkins to treat Mr. Crane or offer a second opinion.

Mr. Crane has asked the periodontist, “Are these crowns causing a problem for my gums?” Since the crowns were provided by the referring dentist, how should the specialist respond to the patient? The periodontist is a new practitioner in an established specialty practice, and revealing unfavorable information to the patient may be poorly received by both Mr. Crane and Dr. Biggs. Specialists as well as generalists prosper by building and nurturing their referral network, although in this case, communication is scant between Drs. Wilkins and Biggs. Should Dr. Wilkins answer Mr. Crane's question?

Conflict, Collusion, or Collaboration?

Most dentists chose to inform Mr. Crane that some of his crowns need replacement, risking conflict among the generalist, specialist and patient. A periodontist wrote that either the crowns should be replaced or, if the crown margins were not open, apical positioning of the soft tissue next to the crowns be performed. “The responsibility is to the patient first,” wrote another dentist.

The case could also be managed through collusion, defined as a “secret agreement between two or more persons for a deceitful or fraudulent purpose.” (2) It is possible that a generalist and specialist could agree to

<table>
<thead>
<tr>
<th>What Would You Do?</th>
<th>Ethical Dilemma #14</th>
</tr>
</thead>
</table>
| Charles Finley is a 45-year-old construction worker whom you have seen on a sporadic basis over the last four years. You have practiced general dentistry in the same location now for ten years in a community of 2,000 and the nearest regional medical center is 150 miles away. Mr. Finley was recently diagnosed with a head and neck malignancy and received radiation treatment of 6000 cGy that included his mandible. His chief complaint is multiple painful teeth. Visual examination reveals multiple decayed teeth, four that probably involve the pulp and one that may need to be extracted. Although he has not been a regular patient during the last three years, he has kept his appointments and paid his bills.

Mr. Finley is worried because he was told that because of his radiation treatment, he was at high risk for osteoradionecrosis from dental infection or extractions. He does not have dental insurance and admits that he has limited funds. He pleads with you — “Please help me, you are my only hope for treatment!”

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

1. ______ prescribe antibiotics and dismiss the patient,
2. ______ treat the infected teeth with root canal therapy,
3. ______ dismiss the patient,
4. ______ treat all the teeth comprehensively,
5. ______ treat symptomatic teeth with extractions, having Mr. Finley acknowledge the risks, or
6. ______ other alternative (please explain).

SEND YOUR RESPONSE BY NOVEMBER 5, 1994 ATTENTION:  
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.

44 / OCTOBER 1994
minimize the issue of faulty treatment if pursued by the patient, although none of the respondents recommended this arrangement.

Consider a similar situation that radiologists face when asked by a distressed patient, “Is it malignant?” One view in the medical literature recommends that “the primary physician should be the spokesman for all physicians involved in a particular case.” (3) While another view limits that restriction to only those cases involving a malignancy or a poor prognosis. (4) One recommendation is that “when malignancy is diagnosed or strongly suspected, radiologists should indicate that they will discuss the result with the clinician, and when talking to patients use euphemisms such as bowel obstruction or large ulcer.” (4) A radiologist faced with the decision to tell on obstetrics patient the “bad news” from an ultrasound, wrote: “I had to be straight with her and give an honest answer. It’s what any physician would do.” (5) Disagreeing with this view, a pair of physicians reasoned that “delaying immediate transmission of diagnostic information to the patient does not constitute a lie or falsehood,” and that “the one general rule of Hippocrates, ‘The Father of Medicine,’ was not to ‘tell no lies’ but instead to ‘do no harm.’ ” (6) The argument is that since the primary physician is more familiar with the case and the patient, he or she may be more capable of protecting the patient from harm while disclosing “bad news.” Critics of medical paternalism respond that physicians may “link arms against the patient,” (7) and that there is a history of silence between physicians and their patients. (8)

Central to the case is the possibility for collaboration, instead of conflict or collusion, between generalist and the specialist. There is no easy formula for improving how generalists and specialists communicate. However, if the fundamental purpose of referring patients begins with a commitment to competence and the realization that certain cases or circumstances require individuals with specialized training, then collaboration is indispensable. Philosopher D.T. Ozar proposes that “collaborative practice is the ideal relationship that dentists are professionally committed to work for, and is so because of what it contributes to dental care for the profession’s patients,” and that the commitment to practicing competently and to collaboration are “equally fundamental to the proper practice of dentistry.” (9)

Conclusion

What is your relationship with specialists or the dentists that refer patients? How do you communicate about patient care? We propose that Mr. Crane may have benefited by Drs. Biggs and Wilkins practicing in collaboration instead of sending notes to “evaluate perio and call me.”

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.