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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Version 1
2008
Organized Dentistry:  
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Another wrote that by informing the patient that you will only treat his periodontal disease and active caries now and proceed with prosthetics 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 discontinue 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”?

**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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50 / SEPTEMBER 1994
EDITOR'S NOTE: The Ethical Dilemma Department and the "What would you do?" series has been a regular publication since August 1993. The TDA Council on Ethics and Judicial Affairs has been proactive in planning this publication to open a dialogue with the profession about real problems that face today's practitioners. It is predicated on the belief that dentistry is a profession, that doctors have special obligations because they are treating patients, and that dentists face ethical problems in practice. Dentists experience stress, lose sleep, ponder, grit their teeth, and philosophize about these and other problems. The purpose of this dialogue is not to prescribe the "right answer," but to provide a forum to examine and reflect about these cases, to provide a link between general ethics, biomedical ethics and the dental ethics literature, and to seek understanding, especially when the "right answer" isn't apparent and the dentist must act. The response to each case includes commentary by doctors who write notes and letters, and when appropriate, identify important services such as the Texas Dental Peer Assistance Program that are available to dentists. Dentists affect the quality of their patients' lives and this publication is committed to the search for a deeper and richer understanding of the many qualities and facets of our profession. Dentists are encouraged to send their cases for publication and all correspondence is confidential.

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.

The Dental Assistant and Substance Abuse
Response to Ethical Dilemma #13

Sarah Maxwell (complete case in the September 1994 TDA Journal), an employee for seven years, has been an excellent dental assistant and an integral part of your practice. She is a mother with two children and her husband is self-employed. You are concerned about recent subtle changes in her behavior and absenteeism and believe that she may have a substance abuse problem.

Sarah's mother has been your patient for five years and she has just confided to you that she is also concerned that Sarah may have a substance abuse problem. Since you are Sarah's employer, her mother feels that Sarah may listen to you. The mother confides that Sarah always seems "distant" when she brings up the subject herself.

Dentists who responded to the case chose either to continue to monitor Sarah's behavior (option #1) or discuss the issue with Sarah, and if she discloses that she is a substance abuser, offer to pay for substance abuse counseling (option #3). None of the respondents chose just to confront her with the issue (option #2) or discuss the concerns with Sarah and then dismiss her if she discloses that she is a substance abuser (option #4). What are the ethical obligations of dentists to their employees as in Sarah's case and how do those obligations vary from situations where a colleague is suspected of substance abuse? Respondents to this case described a true ethical dilemma because of the conflict of preventing harm and maintaining loyalty to both Sarah and the patients in the practice.

Prevent Harm/Maintain Loyalty

First, patients trust that their doctors will prevent unnecessary harm to them during treatment, a primary principle of the health professions. (1) Respondents wrote that the "doctor/employer has a significant liability risk in this case," and that it is "probably too high a risk to take." Society grants certain privileges to professions because they perform an important service but, society also expects the professions to be self-regulating (2) because it is primarily the profession...
Ethical Dilemma

that has the knowledge and skills to assess competence. Providing quality care in a competent manner (2) is a central value for the dental profession (3) and a common value of the health professions. The ADA Code of Ethics was revised in 1993 to include section 1-N (Chemical Dependency) that states:

“It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society. (2 )

Although the ADA Principles of Ethics does not address dental auxiliaries, patients also expect that their doctors will prevent harm by impaired dental auxiliaries. In this regard, the obligation to prevent harm by chemically-dependent practitioners may be extended to include dental auxiliaries.

Second, dentists recognized the ethical dilemma between confronting Sarah and protecting patients as one of conflicting loyalties, since she has been a long time employee who has become an integral member of the practice. One respondent said that she should “warrant extra consideration” and that her welfare should also be a concern. Dentists may feel an obligation to help their employees when they are faced with personal problems that affect their work. They may also feel an obligation to confront an employee as in Sarah’s case because she is a friend who needs help.

The ethical dilemma then is that one cannot chose to ignore Sarah’s suspected impairment without the possibility of exposing patients to harm. What are some alternatives to

What Would You Do?
Ethical Dilemma #15

Carol Stallings is a healthy 45-year-old who has been in your general practice for 15 years and who has had regular dental care. She was a fearful dental patient who had poor experiences as a child and over the years you have managed to help Carol manage her fears. She trusts you implicitly.

You have seen her regularly over the last few months to try to identify the source of pain that started as diffuse occasional pain in the upper right quadrant. Her third molar was extracted 10 years ago and she has small, clinically sound MOD amalgam restorations on all upper right posterior teeth. Although there was some wear on cusp inclines, she reports that she does not brux. You have studied radiographs, transilluminated all of her teeth, percussed the cusps at different angles, probed the occlusal fissures with a sharp explorer, and had the patient bite to try to identify the source of her pain. On the first appointment you adjusted the small interferences. When that wasn’t successful, you removed the small MOD restorations, checked for cracks and replaced them with IRM. Heat, cold, and electrical pulp tests again were inconclusive in the quadrant. Carol does not have allergies and her sinuses have a normal degree of radiolucency on both sides.

Carol was unable to reach you last weekend for an emergency and was seen by the dentist of a friend. The dentist diagnosed that she had fractured teeth and recommended the extraction of the upper right first and second molars. She refused this treatment and the dentist prescribed an analgesic and returned her to your office.

Carol is now insisting, “we need to do something, please extract the teeth, I trust you and I don’t want anyone else to extract them.”

You explain that you do not agree with the treatment but she continues to insist “we need to do something!”

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 indicated below.

1. _____ extract the upper right first and second molars
2. _____ recommend and proceed with root canals on the upper right first and second molars
3. _____ refer her to a neurologist for further evaluation
4. _____ prepare the upper right first and second molars for crowns, cement temporary crowns, and wait to see if this improves her symptoms
5. _____ other alternative (please explain)

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the doctor/employer who encounters a case like Sarah’s?

Intervention

There are chemical dependency and well being or help programs at the national, state, and local level of constituent and component dental societies. (4) Many of these programs while assisting dentists may also provide services for dental team members.

The ADA through the Council on Dental Practice coordinates national and state activities and educational programs for chemical dependency, mental health issues and HIV/AIDS. The Council recently published the 1994 Directory: Dentists’ Chemical Dependency and Well Being Programs, a resource guide that identifies the contacts for programs in all states. Linda Crosby is the Manager of the Dentist Well Being Program at the ADA and she can be reached at (800) 621-8099, extension #2622.

One respondent asked if Sarah would be eligible to participate in the Texas Dental Peer Assistance Program (TDPAP). Bob Robinson, the Director of TDPAP, says that the purpose of the program is to “save lives and help people,” and that, although the program was established for licensed dentists and dental hygienists, dental assistants and office staff are also eligible and have received assistance. In Sarah’s case, the TDPAP in addition to offering counseling could also advise the dentist in how to investigate if she was receiving controlled substances through forged prescriptions from the office or phoned to the pharmacy and make suggestions on ways to proceed if these suspicions prove to be true. One respondent was concerned that he may be personally responsible for expen-
sive counseling services; however, one of the services of the TDPAP is to coordinate financial arrangements for the client which does not involve the referring dentist. The program is a non-profit Texas Corporation that provides services regarding chemical dependency and also mental health issues, sexual issues, eating disorders, and family counseling. The TDPAP relies on peer assistance, not peer review, and the agency monitors all treatment referrals and coordinates activities with local dental societies as peer assistance is regulated by state laws. The agency receives funding from licensure fee surcharges and state dental agency contributions and has the support of organized dentistry in Texas. The TDPAP has a confidential “Hope Line” (800-945-6203) that provides access to this peer assistance program.

Dentists Concerned for Dentists (DCD) is a local peer assistance program which has a 15-year record of leadership in Texas. Jim Hill, a dentist and Executive Director, explained how DCD established a local program that had an impact on the formation of the TDPAP. The Texas Dental Peer Assistance Program was established at the state level to alleviate the need for each county to burden the responsibility of dealing with these issues. If a dental society is aware of a problem, the TDPAP should be notified immediately.

Conclusion

Sarah’s case has challenged us to consider our obligations to patients and employees when a dental assistant has a possible substance abuse problem. Although the obligation to report colleagues is clear, there is less guidance for the dentist as employer. While respondents agreed that preventing harm to patients was paramount, how to proceed was troublesome. Members of the dental team who exhibit documentable behaviors of substance abuse may harm patients, and the dentist is justified and even obligated in this case to discuss the concern with Sarah and may offer support through available dental peer assistance programs.

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.