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:

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

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Ethical Dilemma

risk factors such as old amalgams and weakened cusps are even more problematic (2).” “Finally, risks for pulpal death and periodontal destruction due to crown-preparation treatment, as well as the expected longevity of the crown, are also undetermined (3,4).” The authors describe how the appropriate decision making is being examined and how in dentistry, “the focus on the appropriateness of care is in its infancy (4).” The term “appropriateness” in this context refers to, “the expected health benefit...exceeded the expected negative consequences...by a sufficiently wide margin that the procedure was worth doing (5).” Due to the lack of research in this area, dentists must make decisions based on their clinical training, experience, and judgment — more art than science. A dentist’s philosophy could range from, “I crown everything (6)” to “if in doubt, prevent, wait, and reassess (7).” The criteria for selection of cast metal, porcelain, and the porcelain-fused-to-metal restorations include: 1) amount of destruction previously suffered by the tooth; 2) esthetic demands of the patient; and 3) plaque control (8). The amount of destruction may range from incipient caries to the amputated clinical crown. However, our case concerns itself with decision making at what Howard Balit has called the “gray zones” (9) in dentistry, where criteria for effective treatment is unclear as to when it is

What Would You Do?
Ethical Dilemma #21

Eddie Harris is a third-year dental student who is in a bind. It is eight weeks into the Spring Semester and he has not started his three-unit gold, fixed partial denture requirement. If he does not finish this requirement, he will either stay during the Summer Session or may even repeat the year. Some of his patients have discontinued treatment and he has even paid for some of his patients’ care in order to meet other procedural requirements.

Ms. Carole Landis came to the College primarily for “bridge work” to replace a missing lower left first molar. She is thirty-four years old and is in good general health with stable vital signs. She is a lead shipping agent for an express mail company, and her flexible hours are well-suited to being a patient at the Dental College. Besides bridge work, she was concerned about her appearance, and Eddie has replaced several discolored anterior resin restorations after treating her Type II, localized, mild periodontitis (with generalized chronic gingivitis).

She has a stable, Class I occlusion with cuspid disclusion, no evidence of bruxism, and clinical crowns and a periodontium compatible with either a gold or porcelain fixed-partial denture. Tooth #18 requires full coverage due to a large MOD amalgam restoration and #20 has a small DO amalgam.

Eddie had two “gold” patients who recently discontinued treatment. As he discussed his predicament with Ms. Landis, it was clear that porcelain was still her treatment of choice. She told Eddie that she trusts him and appreciated his caring manner, as she was really “worried” about who would treat her when she started at the Dental College. Eddie has also appreciated her patience with his novice attempts and her understanding and encouragement even when a resin needed to be redone twice.

Jack Werner, Eddie’s classmate and friend, told Eddie: “Look, if you can’t ‘sell’ her the gold bridge, tell her you can’t treat her unless she does the gold. If that doesn’t work, I can let you use my gold bridge (patient) and I’ll do her porcelain. My porcelain bridge was a disaster: I ‘pulped’ and then ‘perfled’ the premolar and I have to do another ASAP.”

Eddie is faced with an ethical dilemma. Check the course(s) of action that you would recommend to Eddie and mail or fax this page, or a note indicating your recommendation, as instructed below:
1. ____ Eddie should “trade” bridges with Jack. This is standard in dental schools;
2. ____ Eddie should discuss the case with the department chairman to see if he could substitute the porcelain for the gold this semester;
3. ____ Eddie should try and “sell” the gold bridge and, if that doesn’t work, tell her if she doesn’t do the gold, he will have to “drop” her;
4. ____ Eddie should try to find another patient and treat Ms. Landis this Summer or Fall, even if he has to stay the Summer or repeat the year;
5. ____ Ms. Landis should quit going to the Dental College; or
6. ____ Other alternative (please explain)

SEND YOUR RESPONSE BY June 9, 1995 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.
Clinical Requirements and the Dental School Blues

Response to Ethical Dilemma #21

Eddie Harris is a third-year dental student who is in a bind. It is eight weeks into the spring semester and he has not started his three-unit, gold, fixed-partial denture requirement. If he does not finish this requirement, he will either stay during the summer session or may even repeat the year. Some of his patients have discontinued treatment and he has even paid for some of his patients' care in order to meet other procedural requirements.

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She has a stable, Class I occlusion with cuspid disclusion, no evidence of bruxism, and clinical crowns and a periodontium compatible with either a gold or porcelain fixed-partial denture. Tooth #18 requires full coverage due to a large MOD amalgam restoration and #20 has a small DO amalgam.

Eddie had two "gold" patients who recently discontinued treatment. As he discussed his predicament with Ms. Landis, it was clear that porcelain was still her treatment of choice. She told Eddie that she trusts him and appreciated his caring manner, as she was really "worried" about who would treat her when she started at the dental college. Eddie has also appreciated her patience with his novice attempts and her understanding and encouragement even when a resin needed to be redone twice.

Jack Werner, Eddie's classmate and friend, told Eddie, "Look, if you can't 'sell' the gold bridge, tell her you can't treat her unless she does the gold. If that doesn't work, I can let you use my gold bridge (patient) and I'll do her porcelain. My porcelain bridge was a disaster. I 'pulped' and then 'perfed' the premolar and I have to do another ASAP."

All five options were selected, including: (1) Eddie should "trade" bridges with Jack. This is standard in dental schools; (2) Eddie should discuss the case with the department chairman to see if he could substitute the porcelain for the gold this semester; (3) Eddie should try and "sell" the gold bridge and, if that doesn't work, tell her if she doesn't do the gold he will have to "drop" her; (4) Eddie should try to find another patient and treat Ms. Landis this Summer or Fall, even if he has to stay the Summer or repeat the year; and (5) Ms. Landis should quit going to the dental college.

Dental education, according to the Institute of Medicine (IOM) Report, has arrived at a crossroads. The purpose for the IOM study was "to assess dental education in the United States and make recommendations regarding its future (1)." The text is a thorough and challenging treatise for substantive change in dental education. Eddie's case will draw from the IOM Report and the ethics literature to examine: 1) a comparison of procedural requirements versus a comprehensive-care program clinical model; 2) ethical issues of benefiting the patient and respect for persons; and 3) emerging views on the development of competence of the graduate.

Procedural Requirements vs. Comprehensive Care

The clinical component of a dental school curriculum is usually described as either requirement driven, some model of a comprehensive-care program, or a combination of both.

A clinical training program based on procedural requirements sets priorities on technical practice and the development of psychomotor skills necessary for competent practice. The role model for this program is the specialist, and the instruction is student-centered and discipline-driven (1). The goal is to achieve the designated number of patient experiences. Patients may be transferred among students to help the accumulation of these requirements.
In the case example, Eddie Harris is treating a patient who prefers porcelain to gold for a fixed-partial denture. He must now decide whether to “sell” her the gold, “trade” bridges with a classmate, or stay the summer or even repeat the year. Under this clinical model, multiple students treating the same patient may be a convenient and efficient way to provide technical training. This is especially the case in situations where there are insufficient patients for certain types of experiences. For example, two students may treat a patient who needs maxillary and mandibular immediate dentures if the availability of this experience is limited. However, the ethical dilemma begins when the procedural requirements of each department place the needs of the student and patient in conflict. If Eddie completed his root canal requirements, he could trade extra canals for a different requirement, thus helping a classmate and himself. The author Betsy Hagan has described this situation as an ethical dilemma.

What Would You Do?

Ethical Dilemma #23

Dr. George Marrot has been in solo practice at the current location for 10 years. He has specialty training in prosthodontics and limits his practice to prosthodontic and TMD care. The only other clinician with similar training and experience is over 200 miles away.

Dr. Marrot has been treating Ms. Alice Avery for two years for TMD. She is thirty-five years old, in good general health but has a complex history of dental complications associated with TMD symptoms, missing teeth and malocclusion. He alleviated her muscular symptoms using analgesics and antiinflammatory agents, physical therapy, and an occlusal orthotic appliance. He has now started her posterior reconstruction and has several teeth in temporaries. Patient compliance has been excellent in the past, but Ms. Avery canceled last week and is calling to cancel today’s appointment.

Dr. Marrot has been dating Ms. Avery for six months, but he recently broke off their relationship. He has never dated a patient before. Ms. Avery explained her reason for canceling the appointment to the secretary. She said, “I just can’t bear to see him anymore,” although she understands that she cannot stay in temporary crowns very long. She asked the secretary for the name of a dentist to continue her treatment.

Dr. Marrot is upset when he learns about her reasons since her case requires a clinician with specialty training. He knows that her work schedule prohibits a five- or six-hour commute, and he arranged finances that she would probably not find in most offices.

Dr. Marrot is facing an ethical dilemma. Check the course(s) of action that you would recommend and mail or FAX this page, or a note suggesting your recommendation, as instructed below:
1. ___ Dr. Marrot should attempt to re-establish a professional relationship with the patient, attempt to set the personal problems aside, and complete the reconstruction;
2. ___ Dr. Marrot should cease treating the patient and take proper steps to avoid patient abandonment;
3. ___ Dr. Marrot should avoid dating patients in the future;
4. ___ Dr. Marrot should attempt to have the patient continue treatment with the specialist who is 200 miles away; or
5. ___ other alternative (please describe)

SEND YOUR RESPONSE BY AUGUST 8, 1995 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.
Ethical Dilemma

because the needs of the student and the goals of each discipline supersede those of the patients (2). Fragmented patient care is an outcome of this clinical model.

A working definition of a comprehensive care clinical program is “a system of clinical instruction and operation which permits the student to provide or be responsible for all aspects of a given patient’s treatment needs in a manner that closely resembles the way the student will provide care in private practice subsequent to graduation (3).” The role model for this program is the general dentist, and it is patient-centered with an emphasis on continuity of patient care (1). In this model, Eddie would be addressing Ms. Landis’ treatment needs comprehensively. He would have responsibility for a family of patients and would be responsible for following each patient through his or her treatment plan. A recent survey of U.S. dental schools found comprehensive-care programs increasing from 25 to 40 schools between 1989 and 1993 (4). However, there is a wide variance in the actual articulation of the comprehensive-care programs within the schools. What are the ethical issues within two clinical systems, one requirement-driven and another a comprehensive care program?

Benefiting the Patient/Respect for Persons

A primary ethical responsibility of clinical education programs is that the patient receives competent care that benefits the patient (5) and minimizes potential harm. Each dentist may recall his or her first patient experiences far removed from the preclinical typonot experience. Patients are selected and assigned to provide an appropriate level of difficulty for the safety of the patient and the student. It would be unethical to assign patients who require a specialist’s care to a third-year dental student. How could the student provide competent care and “do no harm?”

For medicine, the philosopher Sara Fry questions whether health-care delivery by partially trained professionals is ever morally justified (6). Her reasoning is that, “Since there is likelihood of less benefit and more harm from a less-than-fully-trained resident than there is from a fully-trained resident, the provision of some aspects of care by less-than-fully-trained residents violates the principle of beneficence” (i.e., benefit the patient). Fry suggests several standards for residency education to protect patients and the resident-in-training. One recommendation is that a clear policy should specify which treatments junior and senior residents will provide.

An outcome of the procedural requirement model is that multiple students may treat the same patient, compromising the continuity of care. Eddie has developed a rapport with Ms. Landis. She “trusts him and appreciates his caring manner.” Does Eddie prefer that Jack Werner complete her porcelain fixed-partial denture if he has already “pulped” and “perforated” a fixed abutment? Does Eddie believe that Jack will be as caring for or appreciative of his patient? In cases like Eddie’s, treating the patient ethically may delay his progress by not attaining the appropriate requirements. The comprehensive care model is patient-centered and emphasizes continuity of care (1). Respondents were familiar with these concerns and most initially chose to discuss the Landis case with the department chair. One dentist replied: “With the professor’s approval, prepare for a porcelain/metal bridge, then make a porcelain and gold bridge, try them both in and cement the porcelain bridge. His professor might even give him extra credit for the porcelain bridge as I know how generous school professors can be.” Another wrote, “Students should not refer to other students — allow the department chair to make the decision.”

Fry claims that in medicine, “Because residency education ulti-

mately uses patients as means to the acquisition of knowledge and skill and not as ends in themselves, patients may not be given the basic respect owed to all persons. Because they are not respected, they are not usually given the opportunity to refuse resident-in-training care. This violates a principle of autonomy (6).”

Jack Werner’s recommends to Eddie is that he should “sell her the gold.” Furthermore, he should pressure her decision by telling her, “if she doesn’t do the gold, he will have to ‘drop her.’” Eddie must decide if his self-interest will override his patient’s right to self-determination. Here the means, completing the requirement and the year on time, and the ends, respect for patient autonomy, are in conflict. One dentist remarked, “This is where and when you learn about ethics in dental school. Eddie hopefully will be accommodated by his department chair and learn not to diagnose by any other parameter than what the patient needs and wants. Otherwise, you are back to dilemma #19 about paying for stock market losses and cost overruns!”

Competency-Based Education

Dental education has joined other professions in focusing on a competency-based educational philosophy (7). This is a paradigm shift from the instructional objective format that most dentists have experienced. Dental education made the commitment to competence at the 1994 American Association of Dental Schools Annual Session. Dental schools are working to integrate competencies in all of dental education, including preclinical and didactic courses, (8) and the clinical curriculum (9). David Chambers, an expert in dental competencies, described three characteristics of competencies: “First, competencies are what dentists or other oral health care professionals do on a regular basis to meet patients’ needs. Second, competencies include psychomotor skill performance and understanding of
what is being done, supported by professional values — all three elements expressed within a single statement. Third, competencies are performed independently in realistic practice settings (10).” Competencies are part of the IOM Report and characterized by Recommendation 4, “shift more curriculum hours from lectures to guided seminars and other active learning strategies that develop critical thinking and problem-solving skills (1).” The competency-based clinical curriculum will eliminate numerical requirements (9) and will require new models for student evaluation and competency assessment. Comprehensive patient care is a core recommendation (1, 9) for the future of dental education.

Conclusion

Educational programs for health professions must provide the proper diversity and access to patient care experiences to graduate competent practitioners. Dental education is at a crossroads and must attend to the acquisition of these skills while also valuing ethical practice. Eddie should continue to value and learn about being a competent, caring clinician by treating Ms. Landis comprehensively.

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, for fax to (214) 828-8952. ■