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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It is the end of a busy Saturday. You purchased the practice four years ago and established your general practice in the suburbs. Although it was a struggle for two years, it has been very busy since then. Your office is across from a large parking lot and, as usual, a group of boys is playing roller hockey. As you prepare to leave for the afternoon, some boys enter your office and one is holding his mouth.

"He just got hit by a hockey stick and it knocked out his front tooth," said one of his friends. "Here's the tooth. We didn't know whether to just throw the tooth away and saw your office."

As you are standing in the reception area, you notice that besides a slight abrasion and some swelling of the lip, he doesn't appear to be seriously injured, other than the avulsed maxillary left central incisor. The sight of the avulsed tooth distresses the injured boy. As you examine the tooth held by his friend, you notice that the crown and root are intact and free of debris.

You question the injured boy about how you can reach his parents and the name of his dentist. "He's staying with me for the weekend" says the boy holding the tooth. "My parents won't be home until late tonight." After further questioning, you realize you will be unable to reach any parent for several hours. Also since his family moved to town six months ago he has not been to a dentist and he is unable to remember the name of his previous one. He is in the eighth grade at the local public school.

His friend asks again, "should we throw this tooth away?"

You are now 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. ____ advise the boy to go to the emergency room at the local hospital for treatment and tell him not to throw the tooth away;
2. ____ refer the boy to an oral surgeon that you know is on call this weekend and tell him not to throw the tooth away;
3. ____ tell the boy you will be unable to treat him without a parent's consent and tell him not to throw the tooth away and to call when a parent can be reached;
4. ____ explain the need to replant the tooth immediately and the risks involved and perform the procedure upon his approval; or
5. ____ other alternative (please describe)

SEND YOUR RESPONSE BY DECEMBER 7, 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.

Conclusion
Confidentiality is a core element in a successful doctor-patient relationship and is the basis for mutual trust.
Patients with eating disorders present an ethical dilemma, since they may deny the existence of this serious health problem. However, dentists who understand the symptoms of eating disorders may be the first health professionals to identify an undiagnosed case. The dentist has the responsibility to all patients, whether adult or minor, to educate them about the risks and complications to their general and oral health. This will include the need for further medical referral and possible psychiatric counseling. In cases of minors with eating disorders, the dentist has a more stringent obligation to encourage the patient to discuss the eating disorder with parents or guardians. If after these efforts Ashley continues to resist telling her mother, the dentist is ethically justified in breaking confidentiality.

References
4. Diagnostic and statistical manual of mental disorders: DSM-IV. ed. 4 American Psychiatric Association,
"Should we throw this (avulsed) tooth away?"
Response to Ethical Dilemma #26

It is the end of a busy Saturday. You purchased your general practice four years ago and established it in the suburbs. Although it was a struggle for two years, you have been very busy since then. Your office is across from a large parking lot, and as usual, a group of boys is playing roller hockey. As you prepare to leave for the afternoon, some boys enter your office, and one is holding his mouth. "He just got hit by a hockey stick and it knocked out his front tooth," said one of his friends. "Here's the tooth. We didn't know whether to just throw the tooth away and saw your office."

As you are standing in the reception area, you notice that besides a slight abrasion and some swelling of the lip, he doesn't appear to be seriously injured other than the avulsed maxillary left central incisor. The sight of the avulsed tooth distresses the injured boy. As you examine the tooth held by his friend, you notice that the crown and root are intact and free of debris.

You question the injured boy about how you can reach his parents and the name of his dentist. "He's staying with me for the weekend," says the boy holding the tooth. "My parents won't be home until late tonight." After further questioning, you realize you will be unable to reach any parent for several hours. Also, since his family moved to town six months ago, he has not been to a dentist and he is unable to remember the name of his previous one.

He is in the eighth grade at the local public school. His friend asks again, "Should we throw this tooth away?"

Four alternatives were offered in this case: 1) advise the boy to go to the emergency room at the local hospital for treatment and tell him not to throw the tooth away; 2) refer the boy to an oral surgeon that you know is on call this weekend and tell him not to throw the tooth away; 3) tell the boy you will be unable to treat him without a parent's consent, and tell him not to throw the tooth away and to call when a parent can be reached; and 4) explain the need to replant the tooth immediately and the risks involved and perform the procedure upon his approval.

Dental emergencies are an expected part of general dental practice. Most emergencies are not life threatening and patients are ambulatory and usually able to consent to treatment. How do we deal with the minor who has a true dental emergency and parental consent is not available? We will discuss the ethical issues related to: 1) the time to replant avulsed teeth; 2) the ethics of consent for minors requiring emergency care.

The Time to Replant Avulsed Teeth

Time is a determining element here. Avulsed, closed-apex permanent teeth have the best prognosis if replanted immediately or within 15 minutes of the injury (1,2). If the young man in the case is unable to receive care at a hospital or does not have transportation to the oral surgeon, valuable time is lost that may affect the successful replanting of the tooth. If the dentist chooses not to act, there is the possibility that the patient will either throw the tooth away or significantly delay replanting the tooth. The treatment of choice in this case is the immediate replanting of the tooth.

Avulsed teeth represent between 1% to 16% of all traumatic injuries to permanent teeth (3), with males experiencing three times more avulsions than females (4). The maxillary central incisor is the most frequently involved (3), and sports and automobile accidents cause most of the injuries (4). Most patients are minors, with the age group usually from seven to eleven years (5). While the literature is replete with case reports and studies of avulsed teeth, there is disagreement about the treatment recommendations for improving the prognosis of replanted teeth.

The treatment objective for an emergency patient requiring replantation of a tooth with a closed-apex is to minimize attachment damage and pulpal infection (6). If the tooth is replanted immediately or within 15 minutes, there is the possibility of surface resorption with the formation of a new periodontal ligament and cemental layer, thus reestablishing a viable attachment. While calcium hydroxide canal treatment followed by conventional obturation is required in the closed-apex case, tooth replanting may have a good prognosis. If reestablishment of a viable periodontal attachment does not occur after replantation, dentavascular ankylosis may result in which bone comes in direct contact with the dentin. As the bone resorbs the dentin and the ankylosis progresses, replacement resorption results, leaving the characteristic radiographic "moth-eaten" appearance of the root. The replacement
resorption will result in the eventual loss of the tooth (6). Details of treatment recommendations for avulsed teeth are included in a reprint from the American Association of Endodontists that accompanies this response.

Krasner and Rankow recently published a new philosophy for the treatment of avulsed teeth based on the maintenance of the root periodontal ligament (PDL) rather than the length of extraoral time (1). The authors offer six treatment scenarios for the closed-apex case based on the amount of extraoral time and storage medium, if any. In cases where there is less than 15 minutes extraoral time, the tooth should be rinsed in a physiologic solution such as Hank’s Balanced Salt Solution (HBSS; a pH-preserving fluid), milk, or 0.9% normal saline solution before replanting. The new treatment recommendations target the appropriate management of the PDL cells for optimum benefit of the replant.

Though the treatment options are important, the ethical question in the case is, when should a dentist treat a minor in an emergency when the parent or guardian cannot be reached? Can the dentist justify the treatment of the patient without parental consent because of the emergency? Is the low level of risk of the replant procedure an issue here?

Consent and Emergency Care for Minors

Dentists seek the informed consent of their patients because patients have the right to decide what should be done to their own bodies, and to self-determination about medical or dental treatment. Informed consent is one example of how an ethical principle relates to daily practice; in this case, the respect for patient autonomy (7). Patients have a right to know about the proposed treatment, the risks associated with the proposed treatment, reasonable treatment alternatives and their risks, and the risk of no treatment (8). The patient who has been so informed then makes a voluntary, informed choice that is free of coercion by the doctor.

There are circumstances when consent is not practical or possible, and the courts recognize valid exceptions to the law of informed consent to promote the best interests of society or of the individual (9). Two exceptions to the consent process that relate to this case include the medical emergency and the treatment of the incompetent patient.

The medical emergency refers to situations where an individual patient is at imminent risk of significant injury, decline, or death if treatment is withheld or postponed (9). Tooth avulsion is a true emergency despite the patient’s age. There may be other injuries to associated structures, and the patient may be in shock. Esthetic and functional concerns also arise because the patient is a minor. Treatment options for replacing the lost incisor vary in cost, invasiveness and appropriateness due to the age of the patient. Replanting the avulsed incisor is a reasonably low-risk procedure, providing the tooth is properly rinsed before replanting and that the socket will accept the tooth. Proper care will require the splinting of the tooth and proper postoperative management.

The patient in this case is a minor and presumed incompetent in law (9). A parent or legal guardian must give proxy consent for the minor patient unless the minor meets certain legal requirements (e.g., emancipated minor by marriage or military service, or mature minor) as established by state law (10). Minors have no autonomous rights of decision making other than those exceptions. Clearly, there will be a delay of several hours before his parents can be reached, if at all. Although, the ADA and TDA Codes do not address issues of proxy consent for minors or how dentists should proceed in emergencies when parental consent cannot be obtained, acting in the best interest of the child, the dentist could seek the assent (11) of the child by communicating the benefits and risks of replanting the tooth and with agreement, proceed with the replant.

The dentist could ethically justify replanting the tooth in the absence of parental consent because of the medical emergency, and because the dentist was seeking to act in the best interest of the child. Further, the dentist sought and received the assent of the patient to the treatment and risks proposed. If the dentist chose not to treat the emergency patient, a reasonable alternative may include providing the proper physiologic storage medium for the tooth (e.g., HBSS) along with an appropriate referral.

Conclusion

The ethical dilemma in this case is whether the dentist should act in the best interest of the child in an emergency when a parent or legal guardian cannot be reached to obtain proxy consent. The proper care for the patient who avulses a tooth within the past 15 minutes, whether adult or minor, would be the immediate replanting of the tooth, splinting and appropriate postoperative care. The treatment of the minor without parental consent may be ethically justified due to three factors: the need for immediate emergency medical care for the patient, the securing of the assent of the patient, and because of the relatively low-risk nature of the corrective procedure.

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. Dr. Tidwell is an Assistant Professor in the Department of Restorative Sciences and course and clinical director for undergraduate endodontics at Baylor. Address your comments to Dr. Thomas K. Hasegawa, Jr., Department of General Dentistry, Baylor College of Dentistry, P.O. Box 606077, Dallas, TX 75266-0677, or FAX to (214) 828-8952.

What Would You Do?

Mr. John Kim is a new patient in Dr. Martin's practice. Ann, John's sister, is also a patient of Dr. Martin and made the recommendation to her brother. Dr. Martin's general practice has been at the same location for ten years. John works for a large electronics firm and lives less than fifteen minutes from the practice. As a sales agent, he travels about fifteen days a month. At the age of 32, he has made excellent progress in his company and, other than the "pressure cooker" environment of sales, he enjoys his current career.

John's medical history reveals a five-year history of borderline hypertension monitored episodically by his physician. Other than the blood pressure concern, his general health is good. His oral health, however, reveals the ravages of neglect, with most of the posterior teeth requiring buildups and crowns. He disliked his dentist as a child and is fearful of dentists in general. He saw the dentist for emergency care. Both mandibular first molars were extracted ten years ago and he now requests implants to replace these teeth. After thorough evaluation, gathering of diagnostic information and careful planning, Dr. Martin asked John to meet with him to review his recommendations. Three-unit fixed partial dentures are a reasonable alternative to implants as all of the abutment teeth require crowns. Also, the bone loss in the area makes the placement of the implants more complicated. Dr. Martin would like John to know about these concerns and recommendations.

As Dr. Martin begins to discuss the complexity of the case, and particularly the risks of implants, John raises his hand and says, "Hey, you're the Doc! You just tell me when to come and I will be here. I don't need to know what you are planning. Just show me where to sign the consent form. I trust you, and I'll pay what my dental insurance doesn't...just do it! I really hate to hear all the gory details, and I don't understand them anyway."

Dr. Martin is facing an ethical dilemma. Check the course(s) of action that you would recommend for Dr. Martin and mail or FAX this page, or a note suggesting your recommendation, as instructed below:

1. ______ have John sign the consent form and proceed with the plan including the implants;
2. ______ Dr. Martin should insist that John listen to the treatment alternatives and risks before any treatment is started;
3. ______ Dr. Martin should initiate minor care, but not proceed with complex care, including fixed partial dentures or implants, without further consultation with John;
4. ______ Dr. Martin should dismiss this non-compliant patient from his practice; or
5. ______ other alternative (please describe)

SEND YOUR RESPONSE BY MARCH 8, 1996, 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.

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