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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2008
What Would You Do?

Ethical Dilemma #40

Jamie Stephens is a 13-year-old patient in Dr. Deborah Norcroft's orthodontic practice. Dr. Norcroft moved her practice to the suburbs of a large metropolis and for 10 years has enjoyed a steady growth. Her greatest satisfaction is seeing the improvement in her patients' self-image after treatment. For Jamie, though, it's a different story.

Both of Jamie's parents have moved out of state, although they willingly pay for his medical care needs. Jamie's grandmother, who is his legally appointed guardian, brought him to the first appointment.

Dr. Norcroft prides herself on being able to develop a comfortable rapport with her patients. But Jamie seemed troubled from the first time they met, and she was very disappointed that the boy was so non-responsive.

Although her new patient has had regular appointments with his general dentist and a high tolerance to caries, he displays a very poor attitude towards home care. Even with his high plaque indices, he has only had a few posterior occlusal restorations. He had a few areas of hypocalcification on the buccal surfaces of his posterior teeth, but they appeared sound. Jamie presented with a Class I malocclusion. His molars and canines were in neutroclusion (Class I), and there were neither skeletal asymmetries nor disharmonies in the three planes of space. Jamie also had 4 mm and 3 mm of crowding on the mandibular and maxillary arches, respectively.

Dr. Norcroft anticipated that the treatment would take about 12 to 15 months using a pre-adjusted bonded edgewise appliance. Jamie showed enough interest in improving his home care that Dr. Norcroft reluctantly decided to begin treatment.

After the first 4 months Dr. Norcroft becomes really concerned because of Jamie's total neglect of his oral health. This situation has happened twice before in her practice and the outcomes were poor, with one case ending in serious damage to the facial and buccal enamel and some teeth requiring root canal treatment. To make matters worse, Jamie's grandmother has become very frustrated because of the boy's overall contentious attitude. Jamie seems to like the improvement in his smile, but admits that he "doesn't care much" about taking care of his teeth and appliances. Midway through treatment Dr. Norcroft wonders, even with the improvement in crowding, if she should have started the case.

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Dr. Norcroft is now faced with an ethical dilemma. Check the following course(s) of action she should take in this case and mail, fax this page, email, or send a note indicating your recommendation. What would you do if you were Dr. Norcroft? Some options (check one or write your own) include:

____ Remove the appliances and return Jamie to his general dentist for routine care.
____ Continue with treatment and coordinate more monthly recalls until he is stable.
____ Continue with treatment and coordinate recalls with his general dentist until he is stable.
____ Continue with treatment and institute a fluoride regimen (home) and increase the prophylaxis visits to his general dentist to every other month.
____ Other alternative (please describe):

SEND YOUR RESPONSE BY May 1, 2002 ATTENTION: Dr. Thomas K. Hasegawa, Jr., Associate Dean for Clinical Services Baylor College of Dentistry, P.O. Box 660677 Dallas, TX 75266-0677.
Fax to (214) 828-8958 or E-mail to thasegawa@tambcd.edu.
Plaque, puberty, and noncompliance — the orthodontic dilemma

Response to Ethical Dilemma #40

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After the first 4 months Dr. Norcroft become quite concerned because of Jamie's total neglect of his oral health. This situation has happened twice before in her practice and the outcomes were poor, with one case ending in serious damage to the facial and buccal enamel and some teeth requiring root canal treatment. To make matters worse, Jamie's grandmother has become very frustrated because of the boy's overall contentious attitude. Jamie seems to like the improvement in his smile, but admits that he “doesn't care much” about taking care of his teeth and appliances. Midway through treatment Dr. Norcroft wonders, even with the improvement in crowding, if she should have started the case.

Four alternatives were offered in this case including: 1) remove the appliances and return Jamie to his general dentist for routine care; 2) continue with treatment and coordinate more monthly recalls until he is stable; 3) continue with treatment and coordinate recalls with his general dentist until he is stable; and 4) continue with treatment and institute a fluoride regimen (home) and increase to monthly the prophylaxis visits to his general dentist. Ethical issues that will be reviewed include: 1) the unique aspects of orthodontic treatment; 2) ethics and orthodontics; and 3) preventive ethics.
Unique Aspects of Orthodontic Practice

Malocclusions usually present as disharmonies in two components of the dentition, functional and esthetic; therefore, the goals of orthodontic treatment must address these components.

Regardless of how many components are to be addressed in the orthodontic treatment plan, patient compliance is absolutely necessary for the desired outcome. This compliance is required in two areas: following the orthodontist’s instructions about appliance wear (such as elastics, headgear, etc.) and the maintenance of oral hygiene. The first area of compliance is necessary for the prescribed mechanical forces to work optimally in moving the teeth and/or skeletal components to their desired position. The second is to maintain the teeth, gingiva, and periodontium in a favorable and healthy condition.

For Jamie Stephens, there does not appear to be much need for patient compliance since he has only fixed appliances. However, as in any orthodontic treatment that requires the placement of fixed appliances, there is an extreme need for the patient to maintain oral hygiene. The accumulation of plaque around the appliances may cause enamel decalcification and subsequent caries formation (1). The accumulation of plaque at the gingival margins may lead to gingivitis. This accumulation could also lead, ultimately, to periodontitis and loss of alveolar bone.

These potential sequelae of poor oral hygiene during orthodontic treatment run directly counter to the reasons for which we undertake orthodontic therapy. First of all, enamel decalcification and/or lesions significantly decrease the esthetic value of the dentition and may require restorative treatment of the affected teeth. In extreme circumstances, caries may progress to the point where endodontic therapy is necessary. Interrupting orthodontic care and removing appliances due to patient noncompliance may lead to more functional disharmony.

The function of the dentition can be compromised both by the dental and periodontal problems resulting from long-standing plaque accumulation. The loss of bone support will negatively affect the support of the teeth. This will decrease the stability of the dentition as well as its ability to sustain occlusal loads.

Orthodontic treatment is unique in that during the course of treatment, a patient, who has a relatively healthy dentition, could cause or greatly accelerate the demise of that dentition by “benign” neglect. The very brackets, wires and appliances that help the patient achieve the desired functional and aesthetic outcomes may also contribute to an increase in enamel decalcification, caries and periodontal disease. While the treatment is essentially non-invasive to the teeth, orthodontic treatment may cause the noncompliant patient to be worse off after treatment than before he walked through the door.

Another unique aspect of orthodontics is that while many adults benefit from this treatment, healthy adolescents, like Jamie Stephens, make up the majority of cases. Compliance matters are fundamental to the successful treatment outcomes regardless of the type of dental care provided. Adolescent patients like Jamie can confound the prognosis of care because of noncompliance and the total neglect of oral health. The core question for clinicians providing orthodontic care is how to identify patients that may not be good candidates for treatment.

Ethics and Orthodontics

Codes of ethics offer us insight into a profession’s values. For example, two values relevant to this case are included in the American Association of Orthodontists Code (2) and the ADA Code (3): quality care and honesty.

Dr. Norcroft demonstrated both qualities in this case: she valued seeing the improvement of her patients’ self-image and she was skilled in developing a rapport with her patients. It was, however, also clear from the start that Jamie seemed “troubled” and was living with a guardian, his grandmother, since both parents had moved out of state. One clini-
cian said that he has “wasted tons of money, time, etc. trying to deal with these types of patients.” Clinicians have the right to select their patients as long as they do not refuse to accept patients because of their race, creed, color, sex, or national origin (2, 3). One of the real skills facing every clinician is identifying those patients who should not be treated, either because the care needed exceeds the skills of the clinician or, as in this case, the patient’s attitude and demeanor. While attitudinal issues may be manageable in short-term episodic care situations like emergency care, orthodontic care requires continued oversight and cooperation for a number of months.

Honesty is the bedrock of informed consent. Dr. Norcroft explained what Jamie and his grandmother should expect during treatment and the associated risks and benefits, including the possibility of discontinuing care due to noncompliance. Honesty is cited as an important element in orthodontic care (4, 5). Jamie and his grandmother should know before starting treatment that noncompliance may be the cause for discontinuing care. The competent clinician who attempts to provide quality care is placed in a difficult position when patient noncompliance threatens the outcome of care.

Preventive Ethics

Part of the assessment of any patient, and one particularly useful in this case, is the patient’s social and behavioral history (6, 7).

We have learned in this case that both parents live out of state and that Jamie’s grandmother is his legal guardian. Dr. Norcroft knew that the difficult child withdraws or is non-approachable (non-responsive), poor in adaptability (compliance with oral hygiene instruction), and has a negative mood (unable to develop rapport) (8). She sensed that Jamie was troubled and non-responsive, and yet she reluctantly decided to begin treatment. These factors, taken together with his contentious attitude, indicate a poor prognosis and the need for some intervention.

Conclusion

Dr. Norcroft reluctantly started orthodontic treatment for Jamie Stephens because of his troubled, and non-responsive behavior. If treatment continues with the patient’s noncompliant manner, there could be significant harm to his dentition. Dr. Norcroft is ethically justified, after a vigorous attempt to educate and to seek other preventive measures, to remove the brackets and discontinue care, using standard cautions to prevent patient abandonment.

References