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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WHAT WOULD YOU DO?
Ethical Dilemma #6

Mr. James Rudd is an emergency patient who calls on Friday complaining of a pain “that takes his head off.” He has had a broken tooth for two weeks, and says this is because he grinds his teeth because of a “joint problem.” You agree to see Mr. Rudd at 4:00 p.m.

Mr. Rudd arrives on time and appears to be very tired and admits that he was unable to sleep last night. Your medical history reveals that this 54-year-old man is in good health except for a history of chronic back pain for which he takes a “pain pill,” the name of which he can’t recall. His dental history includes mostly emergency visits these last five years, although he now has dental insurance and wants to get his teeth “fixed.” Radiographically, there is no obvious pathology in the area of his discomfort, tooth #3, or the adjacent teeth. Although there is a minor cusp tip fracture of the distolingual cusp, the existing conservative MOD amalgam is functional and there is no obvious sign of bruxism. He was told by a dentist several years ago that he had a “joint problem” and the dentist “ground” his teeth. Vitality and percussion tests are within normal limits, his periodontium is stable in the quadrant, and a cursory examination reveals no obvious source of referred pain.

During your examination Mr. Rudd tells you, “Look Doc, I just need something for the pain this weekend. I can come in right away on Monday if you want to do something.” He then contributes, “the only thing that helps this kind of pain is, Percap... Percap... let me think, oh yes, Percodan!” As you tell Mr. Rudd that you can find no dental source of his pain, he gets angry and says, “The pain is really bad and I need something NOW!” You are now faced with an ethical dilemma. Check the course of action you would follow and mail or fax this page, or a note indicating your choice, as instructed below.

1. _____ Appoint Mr. Rudd for Monday and prescribe Percodan for his pain.
2. _____ Appoint Mr. Rudd for Monday and prescribe Motrin 600 mg for his pain. If he refuses to accept the prescription, dismiss Mr. Rudd from your practice.
3. _____ Appoint Mr. Rudd for Monday and inform him that since you cannot locate the source of the pain, you cannot prescribe any pain medications and that he should take an over-the-counter medication.
4. _____ Dismiss Mr. Rudd from your practice.
5. _____ Other alternative (please explain).

SEND YOUR RESPONSE 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.

EDITOR’S NOTE: Thank you for your responses and letters regarding the dilemmas. All correspondences are strictly confidential and are reviewed by the Editor only. If you have a case or a situation that you would like addressed in the column, please write or call the Editor.

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12. Giovannitti JA, Bennett CR: Assessment of allergy to local anesthet-

Ethical Dilemma
TDA Council on Ethics and
Judicial Affairs
By Thomas K. Hasegawa, Jr., DDS
Consultant Merrill Matthews, Jr., Ph.D.
Consultant Tommy Gage, DDS, Ph.D.

What Would You Do?
Response to Ethical Dilemma #6

"...the pain is really bad and I need something (Percodan) NOW!"

Mr. James Rudd (see complete case in the January TDA Journal) is a 54-year-old emergency patient being seen on Friday at 4:00 pm for a painful, broken tooth.

Though Mr. Rudd is very tired, he is in good health except for chronic back pain for which he takes a “pain pill.” Over the last five years, he has seen the dentist mostly for emergency treatment and since he now has dental insurance, he wants to get his teeth “fixed.” Your visual examination, radiographs, vitality and percussion tests reveal no obvious source of his dental pain.

During your examination, Mr. Rudd tells you: “Look Doc, I just need something for the pain this weekend. I can come in right away on Monday if you want to do something.” He then contributes, “the only thing that helps this kind of pain is, Perca.... Perca.... let me think, oh yes, Percodan!” As you tell Mr. Rudd that you can find no source of his dental pain, he gets angry and says, “the pain is really bad and I need something NOW!”

Mr. Rudd’s dilemma struck a nerve with dentists who wrote, faxed, and also openly discussed their own similar experiences. Mr. Rudd appears to “fit” the profile of a drug seeker: he is the emergency patient who calls at an inconvenient time (e.g., late Friday or late at night on the weekend) and seeks a prescription drug by name, and is aggressive and manipulative when he doesn’t get what he demands. Other dentists shared stories of missing prescription pads, the patient who grabs the prescription and runs out of the office, and the patient who explains “my checkbook is in the car” and leaves with the prescription.

Respondents to this case chose four of the five case alternatives: (1) appoint Mr. Rudd for Monday and prescribe Percodan for his pain; (2) appoint Mr. Rudd for Monday and prescribe Motrin 600 mg for his pain. If he refuses to accept the prescription, dismiss Mr. Rudd from your practice; (3) appoint Mr. Rudd for Monday and inform him that since you cannot locate the source of the pain, you cannot prescribe any pain medications and that he should take an over-the-counter medication; and (5) alternatives that included: refer Mr. Rudd to an emergency physician or oral surgeon, and explain to him that since you cannot locate a dental source of the pain, there is no justification for prescribing Percodan and let him leave rather than dismiss him from your practice.

How is a dentist to distinguish between genuine and feigned dental conditions and how does this occurrence affect our moral responsibilities to patients? The ethical issues in this case include the obligation to relieve pain and the unique doctor-patient relationship in the emergency dental appointment. We will place special emphasis on the problem of drug diversion and the preventive management of patients who seek drugs for illegal purposes.

Relief of Pain

One of the primary benefits that dentists and physicians offer their patients is the relief of pain by diagnosing and treating patients to relieve their symptoms (including physical distress and psychological suffering).

The diagnosis of the etiology of a painful condition is often one of the most challenging for the dentist. The initial event for most painful conditions is a noxious stimulus that results in the destruction or injury of tissue. Besides a thorough history and visual examination, the dentist uses diagnostic aids, such as radiographs, ice, heat, percussion, palpation, electric pulp test, etc., to formulate a diagnosis. But, as in medicine, the patient’s response to noxious stimuli varies, and the subjective nature of pain can confound the physician, just as the diagnosis of referred pain or the painful TMD patient can confound the dentist.

Mr. Rudd offers a perplexing diagnosis and treatment dilemma for the clinician as there is no obvious source of his painful condition.
Either the dentist is unable to identify the source of the pain or Mr. Rudd is either imagining or feigning his symptoms. Some of the respondents to the case chose to appoint Mr. Rudd for Monday and inform him that since you, the dentist, could not locate the source of the pain, you cannot prescribe any pain medications, and that he should take an over-the-counter medication. On the surface this appears to be an unsympathetic decision, especially since dentists should be “caring and fair” in their contact with patients; however, it would also be inappropriate and unlawful to perpetuate a drug dependence if it could be avoided.

A special circumstance in this case is that Mr. Rudd is an emergency patient which adds another factor to the dentist-patient relationship.

Dentist-Patient Relationship

The dentist in emergency situations must make an immediate assessment of the patient’s decision-making capacity and assess if the patient is truthful in his or her disclosure.

Informed decision-making requires that the patient have the capacity to understand information and to communicate this understanding. Patients must also have some awareness of personal goals and values regarding their health and to have the ability to reason and deliberate about treatment options.

In most emergency situations, the goal of therapy is to manage the acute aspect of the emergency, whether it is a pulpectomy, temporary restoration, extraction, incision and drainage, etc., and to reappoint the patient for a comprehensive evaluation.

What Would You Do?

Ethical Dilemma #8

Mr. Howard Glover is an emergency patient who has come to your office because of a “bad front tooth.” He is a 30-year-old man who has an unremarkable health history and has had regular dental care until he lost his job one year ago. Mr. Glover is unemployed and admits to your receptionist that he will be unable to pay for expensive dental treatment.

Six months ago, Mr. Glover slipped on the ice and bumped his front teeth on the pavement. Mr. Glover explains that the teeth were loose initially but now seem to be firm, but one tooth, his maxillary right center incisor, has turned slightly darker than the other teeth and there is a slight swelling under his lip. He has had only mild pain for which he had taken Advil for the few days after the injury. Your clinical and radiographic evaluation reveals that the clinical crown and root were not injured by the fall and the 2mm periapical radiolucency at the apex of #8 and the draining sinus tract confirm the diagnosis of pulpal necrosis. The tooth is restorable and a porcelain veneer crown is the treatment of choice because of existing mesial and distal composites. Overall, his oral health other than a generalized mild gingivitis seems stable — there are only a few posterior occlusal amalgams, no obvious caries, and his occlusion is stable.

As you explain your findings to Mr. Glover with the recommendation for nonsurgical root canal treatment and a porcelain veneer crown, he becomes distressed as you discuss the cost and exclaims, “I don’t want to lose my tooth, but I told your receptionist that I am unemployed and can’t afford expensive treatment. I have always taken care of my teeth and until I lost my job I have always had regular checkups. What can I do? I don’t want to lose the tooth but I can’t afford the root canal and crown!”

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

1. Perform a pulpectomy, instrument the canal, and dismiss the patient.
2. Extract #8
3. Refer Mr. Glover to a local clinic that does low cost or charitable dental treatment.
4. Complete the root canal treatment for Mr. Glover and have him pay what he can over time. Avoid doing the porcelain crown until he is able to pay.
5. Complete the root canal and crown for Mr. Glover. Have him pay what he can over time.
6. Dismiss Mr. Glover from your practice.
7. Other alternative (please explain)

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Ethical Dilemma

The dentist must make an immediate assessment and decision based on the clinical signs and symptoms of each case, and also consider the question — is Mr. Rudd truthful about his symptoms or is he seeking a prescription to support a drug dependency?

Rx and Drug Diversion

How large is this problem of diverting prescription drugs for illegal purposes in our society and for our profession?

The diversion of legitimate drug products to the illegal market and the abuse of prescription medications, particularly controlled substances is a $25 billion per year industry in the United States with prescription drugs comprising an estimated one-third of all the illegal drugs on the street. It is also estimated that 15% of all of the prescriptions written by doctors will end up diverted illegally. Prescription drugs are popular, since they are difficult to alter, less likely to cause the perpetrator to be charged with possession, and less risky to buy than illegal drugs. Patients seek these drugs illegally for their own use and also for sale to other abusers.

The most commonly abused prescription medications currently are the hydrocodone products, including Vicodin, Vicodin ES, Lortab, and Lorcan. In our case, Mr. Rudd is requesting Percodan (oxycodone), an opioid product similar to hydrocodone. These opioids are similar in structure to morphine and codeine and have good efficacy as an oral analgesic. Some users will ingest 30 or more hydrocodone tablets a day.

The decision to prescribe considers the specificity of the action of the drug and the dosage to maximize efficacy, dispensed in an amount that minimizes the duration of the prescription while weighing the benefits against the potential harmful side effects. Dentists are expected to understand fully what controlled substances activities they are engaged in and to ensure that they remain in compliance with all applicable laws and regulations.

"Use of a DEA registration for controlled substance activities which are not authorized under state law is a violation of both Federal and State law." For Texas, the Dental Practice Act states:

"It shall be unlawful for a dentist to prescribe, provide, obtain, order, administer, possess, dispense, give, or deliver to or for any person, narcotic drugs, dangerous drugs or any controlled substances not necessary or required, or where the use or possession of same would promote or further addiction thereto, or to aid, abet, or cause any of same to be done in any manner."

The dentist is confronted in practice by drug abusers, entrepreneurs seeking drugs for the illegal market, and the "professional patient" — the person that can feign painful medical conditions, such as shingles, kidney stones, migraine headaches, and back pain for the physician. For dentistry, drug abusers have been known to use an abscessed tooth as a "gold mine" for securing prescriptions from dentists, or even to use a hammer to break their own teeth or those of their children.

Dentists, of course, are not the only medical source of prescription drugs. To whom does the drug-seeking person turn first? According to a narcotics officer, drug abusers commonly receive prescriptions from dentists. According to another source, "The leading cause of overuse of narcotic drugs still appears to be a tendency of dentists to prescribe addictive drugs to patients who seem to be in severe pain for longer-than-normal periods of time and following ordinary, non-painful procedures."

A reasonable alternative in Mr. Rudd’s case, considering his symptoms and the lack of an obvious source of his pain, is to recommend a non-steroidal anti-inflammatory drug (NSAID), such as Motrin 600 mg. The NSAID’s are equal to, or superior to, many of the narcotic analgesics normally used in dentistry and should manage the level of pain he is experiencing. The key issue in this case is that NSAID’s are the drug of choice and preferred whenever possible to the abuse and addictive potential of narcotic analgesics. NSAID’s offer a reasonable way to manage the emergency patient and the patient of record who seeks the relief of pain.

Preventive Management

There are actions that a dentist can take besides the cautious use of narcotic analgesics that may prevent or minimize the problem of the drug-seeking patient. From managing prescription blanks to office strategies, the list includes recommendations by a narcotics officer:

1. Managing prescription blanks:
   * store prescription blanks in a safe place;
   * limit the number of prescription pads in use;
   * lock up triPLICATE prescription forms;
   * write prescriptions in ink or on a typewriter, especially Schedule II;

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* write out the actual amount prescribed in addition to giving an Arabic number or Roman numeral to discourage alterations of the prescription order (required by law);
* never sign prescription blanks in advance;
* keep a prescription pad without your DEA number for non-controlled drugs;
* do not use prescription pads for notes — they may be stolen and forged.

2. Office protocol:
* ask to see a driver’s license and make a xerox copy as a general office policy or if you are prescribing Schedule II drugs to an emergency patient;
* if the patient gives you a name of another practitioner as a referral or someone who has prescribing pain medications, call and confirm the referral;
* do not allow the patient to be unattended in any treatment area;
* take a snapshot of your patients.

**Conclusion**

Dentists are responsible for relieving pain through sound diagnosis and treatment that includes the responsible use of prescription drugs. There is no sure way to determine if a patient is feigning symptoms in order to receive drugs for illegal purposes. However, if the first drug of choice for managing Mr. Rudd’s case is a NSAID, then the problem of the dentist identifying the drug seeking patient is addressed. The dentist in this dilemma would be justified in appointing Mr. Rudd for Monday and either prescribing a NSAID such as Motrin 600 mg, or advising the patient to take an over-the-counter medication. If the patient refuses the prescription or the advice, the dentist is justified in discontinuing treatment.

**References**


EDITORS COMMENT: Tommy Gage, D.D.S., Ph.D., Professor in Oral and Maxillofacial Surgery/ Pharmacology, Baylor College of Dentistry, is a consultant for this ethical dilemma. 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.