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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ELECTRONIC CLAIMS PROCESSING
The Search For Compatibility
Trust

To understand the role that trust plays in a successful doctor-patient relationship, it must be viewed from the perspective of the dentist and the patient. From the dentist's view, sound therapeutics begins with the patient's trust because dentists ask patients to share personal and sensitive information necessary to properly assess their health and to determine proper therapeutics. Dentists are privy to information about serious health conditions, such as cancer and heart disease, conditions that may have profound social implications, such as HIV status and substance abuse, and sensitive personal experiences, such as child abuse and eating disorders. Without accurate and complete information openly communicated by the patient, the dentist's care could harm rather than benefit the patient. Dentists also trust that the patient will keep appointments, fulfill financial obligations, and take responsibility for the maintenance of his or her own oral health.

From the patient's view, the dentist is trusted to abide by the dental code of ethics. The ADA Code cites the benefit of the patient as the primary goal of the profession and calls upon the members to be caring and fair and to provide quality care in a competent and timely manner. (4) The patient shares personal and sensitive information with the confidence that the information will be used to promote the patient's best interest and will not be divulged. The TDA Code asserts the respect for patients both in the commitment of the Code to the patient's right to informed self-determination and by advising that dentists seek the patient's approval before disclosure. The TDA Code also acknowledges that there are conditions that may require breaking confidences and specifies those instances. Mary Smith has asked Dr. Jones to keep information that has serious social and economic implications confidential. Confidentiality is a central means of assuring patients that their doctors will not misuse facts about their lives pertinent to understanding their illnesses. (6) Unlike the trust that must be earned, as in a friendship, the patient assumes a trusting relationship because of the dentist's training and special role in society. (7)

To summarize, keeping confidences promotes trust and openness between doctors and patients and allows the patient autonomous control over personal or private information about themselves. Confidentiality affirms and protects the fundamental value of privacy and the social status of the patient, may be economically advantageous to the patient, and encourages patients to seek professional help when it is needed. (8) Breaking confidences, the central question in this case, must be justified considering these, as well as other, factors.

What Would You Do?

Ethical Dilemma #7

“I want the whitest teeth!”

Mr. Harold Davies is a patient who has come to your office eager to improve his appearance with a new set of complete dentures. He is a healthy, sixty-year-old male, who believes that these dentures will help him feel “younger and more vigorous.” You have completed the maxillomandibular relationship records appointment. As you begin tooth shade selection, Mr. Davies states “just give me the whitest shade you have!” With his ruddy complexion you emphatically inform him that this would not look natural. Mr. Davies insists, “I want the whitest teeth!”

You are now faced with an ethical dilemma. Check the option(s) you would choose in this case:

1. _____ show Mr. Davies the “whitest” shade;
2. _____ show Mr. Davies only those shades that you think are appropriate for him complexion and have him select one of these;
3. _____ insist that if Mr. Davies doesn’t trust your judgment that he should find another dentist;
4. _____ other: (describe)

SEND YOUR RESPONSE ATTENTION

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“I Want the Whitest Teeth!”
Response to Ethical Dilemma #7

Mr. Harold Davies is a patient who has come to your office eager to improve his appearance with a new set of complete dentures. He is a healthy, sixty-year-old male, who believes that these dentures will help him feel “younger and more vigorous.” You have completed the maxillomandibular relationship records appointment. As you begin tooth and shade selection, Mr. Davies states “just give me the whitest shade you have!” With his ruddy complexion you emphatically inform him that this would not look natural. Mr. Davies insists, “I want the whitest teeth!”

Mr. Davies' desire to feel “younger and more vigorous” is part of our culture to improve our health, our bodies and our overall appearance. Esthetic dentistry is a common feature in dental journals and dentists are inundated with advertisements in popular dental magazines for new materials pushed by dental materials companies vying for their share of this market. Yet, is the dentist simply the agent for patients like Mr. Davies in their quest for an enhanced self-image? Is the dentist responsible to inform patients of their esthetic “flaws,” just as they inform them of their periodontal condition? How does the dentist balance the patient’s demand for esthetic care against questions of function and his or her own professional judgment about esthetics?

Dentists who wrote about this case chose to have Mr. Davies select the shade but to also have him approve his selection at the wax trial-denture appointment. None of the respondents chose to show him only those shades that the dentist thought were appropriate for him (whitest shade not included) or to discontinue treating Mr. Davies since he did not trust the dentist’s judgment.

At first glance, this case seems somewhat mundane, unchallenging, and perhaps easily “solved” by most dentists. However, understanding the ethics of our profession asks us to consider “the morality of ordinary practice” in order to make sense of competing obligations and responsibilities. The ability to restore function and esthetics is one of the distinctive qualities of dental practice. The interplay of these qualities may be clarified by viewing two standards for esthetics and by relating these standards to oral function and patient autonomy.

Esthetics — Two Standards

Esthetics has been described as having both an objective and subjective sense — the former concerned with the beauty of the object itself (e.g., proportion and harmony), and the latter with what is beautiful in the eyes of the beholder (e.g., the patient's perspective).

The objective element of esthetics and complete denture prosthetics has been described as “an area of prosthetics where art dominates science, where esthetics is the major concern and where knowledge must be applied to create a pleasing appearance while simultaneously maintaining oral function.” Creating objective esthetics requires that the dentist assess Mr. Davies oral anatomy, facial features, current dentures and photographs of the patient if possible. The dentist then makes an objective decision about tooth color, size, and morphology; the arrangement of the teeth to create optimal lip support, tooth display, anatomic harmony, and phonetics; and the gingival color and tooth material. For example, one author suggests that selecting shades for complete dentures “is usually simple and problems uncommon.” While another states the “vast number of combinations in face form and size, arch form and size and the colors of hair, eyes, and complexion makes tooth selection anything but a menial task.”

Prosthodontists have acknowledged the subjective esthetic preferences of patients and have, for example, identified three types of pleasing appearances: (1) the “natural look” selected by the dentist; (2) the “ideal look” characterized by a youthful appearance; and (3) the “preferred appearance” achieved by the prosthodontist or represented by “small white teeth.” Mr. Davies is requesting the “ideal look,” but dentists who responded to Mr. Davies’ case wondered if his concern was tooth color or perhaps other objective esthetic flaws such as the “shape or alignment of the teeth” in his current dentures, or if he had “flattened out at the incisal edges” resulting in an “older look.”

The interplay of subjective and objective esthetics illustrates one of the subtleties of dental practice. Mr. Davies, who desires to look “younger and more vigorous,” is making a subjective judgment about esthetics when he asserts, “just give me the whitest shade you have.” The dentist, however, views this sixty-year-old man...
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with the “ruddy complexion” and wonders if a dentist’s objective assessment of esthetics could realistically include, for example, a Bioform shade 100 or a Bioblend shade 59.

The elements of patient autonomy and oral function are also affected by the patient’s subjective and the dentist’s objective judgments about esthetics.

Appropriate Oral Function/ Patient Autonomy

The dentist is permitting Mr. Davies to exercise his autonomy with his selection of the tooth color for his complete dentures, but is the dentist merely the agent who fulfills patient requests and is, therefore, free of responsible clinical decision-making?

Patients may have a diminished autonomy when they are in pain or have compromised oral function and esthetics. The edentulous patient has suffered a loss just as patients who suffer the loss of another body part and must adapt to a prosthesis, and some argue “no prosthetic restoration, even if mechanically and esthetically perfect, can restore a person’s image of himself as a whole person with no parts missing.” Most patients adapt to complete dentures and some even welcome the treatment. Even if they do adapt, they may feel, however, as one patient said: “the denture fits, I am not suffering any physical pain but part of me is gone. These are not mine, they are a dead part of myself.” When teeth are lost, “people lose more than function; they suffer a psychological shock that leaves them with a loss of self-esteem and other anxieties,” and some patients “may remain in a state of grief or depression indefinitely.”

The edentulous patient may feel as physically and psychologically vulnerable during a dentist’s oral examination as during a physician’s physical examination. One patient expressed the pain of seeing herself without dentures by saying “it just ripped my whole self apart. I felt I was old...it was absolutely ghastly!” Psychologists describe the edentulous patient as potentially maladaptive (the patient that views tooth loss as a serious impairment of the quality of their lives). As a result, the patient may pretend to seek technical advice from dentists when he or she may be actually seeking emotional solutions.

Although Mr. Davies’ choice may seem misguided, even foolish, he has not asked for a treatment that is harmful or will compromise his appropriate oral function. Philosopher D.T. Ozor has ranked value categories in clinical dental ethics to establish a hierarchy that compares conflicting values in an ethics case. Ozor reasons, for example, that “accepting a trade-off which would leave a patient with significantly impaired oral function, even for the sake of autonomy...would be unethical practice.” If Mr. Davies’ brother requested, for example, full mouth extraction of his healthy, natural, objectively esthetic dentition so that he would feel “younger and more vigorous,” his request would not override the dentist’s responsibility for making a clinical judgment and determining if the treatment would significantly impair the patient’s appropriate function.

Respondents to the case chose to involve Mr. Davies in the treatment decision by honoring the patient’s

What Would You Do? Ethical Dilemma #9

Ms. Stacey Allen is a forty-five-year-old patient who, along with her three children, has been in your practice for ten years. Ms. Allen is in excellent health, exercises regularly, and is conscientious about her yearly medical and dental examinations. Her chief dental complaint was the space caused by the loss of her mandibular first molar twenty years ago. She has excellent periodontal health, a stable Class 1 occlusion, no evidence of bruxism, good esthetics and only a few small anterior and posterior restorations. Since she did not have dental insurance, she saved her money until she could pay for an 18x20, three-unit porcelain fixed partial denture with all porcelain occlusion to replace the missing molar. Both abutments had small occlusal restorations, but overall the tooth size, crown-to-root ratio, alignment, and gingival attachment were favorable. The three-unit, fixed partial denture was cemented three years ago and she has been satisfied with the overall esthetics and function.

Last Friday, while Ms. Allen was eating a sandwich, Ms. Allen felt a hard object and, as she told your receptionist, “it’s the tooth-colored part of my bridge!” Your examination found that the buccal cusps of both molars had failed, leaving some bare metal and some porcelain on the buccal surface. Although she wasn’t in pain, the esthetic deficiency was obvious and she was angry. As she explained the situation, she wants to know if you “stand behind your work” because she cannot pay for another bridge. Although you explain to her that there are no guarantees for dental care, she still wants to know if you will “stand behind your work.”

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. Replace the three-unit fixed, partial denture at no fee.
2. Ms. Allen should pay the laboratory fee only for the replacement.
3. Ms. Allen should pay 50% of the full replacement fee.
4. Ms. Allen should pay the full replacement fee.
5. Other alternative (please explain).

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shade request at the wax trial denture appointment. One recommendation was to prepare a second wax trial denture based upon the dentist's choice so the patient could compare the two. None of the respondents chose the paternalistic option to only show Mr. Davies a limited range of shades reflecting the dentist's choice. Respondents also advised that persons whose opinion the patient respected have the opportunity to view the wax trial denture at the office, or some other convenient place. Invoking Mr. Davies in decision-making prompted one dentist to write, "an educated, fully-informed patient is our best ally in determining the most satisfying smile makeover."

Conclusion

When patients request esthetic dentistry, the subtle considerations of objective and subjective esthetics and the elements of respect for patient autonomy and preserving appropriate function must be considered in each case. Although Mr. Davies' subjective request may not be congruent with the dentist's more objective judgment, in cases where appropriate function is not compromised, the dentist should attempt to educate the patient about these differences but is justified in deferring the final judgment to the patient.

References

EDITORS 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.