



## 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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### Permission

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### Support

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# TEXAS DENTAL Journal



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## What Would You Do?

### Dilemma #1

A 79-year-old lady comes to your office. She tells you that her health is good and that she is on no medication. You check her blood pressure and heart rate and they are normal for a person of her age. Upon examination, her dentition shows multiple areas of missing teeth. The remaining teeth show moderate periodontal involvement with generalized pockets of four and five millimeters with mild bone loss. Although the perio is not severe, this patient does not exhibit good oral hygiene. The pulp in one molar is necrotic with drainage and furcation involvement.

She tells you she lost a set of partial "plates" several years ago and wants you to make permanent bridges so she won't have to worry about losing another set. You discuss the need for extraction of the infected tooth and periodontal and pre-prosthetic treatment before fixed prosthetics can be properly made. The patient agrees to the treatment, but requests that you discuss it with her son.

Halfway through your case presentation to her son, he stops you and states bluntly, "Mom is losing it. If you are

*EDITOR'S NOTE: The new Department of Ethical Dilemma was developed under the consultation of Dr. Thomas Hasegawa. It will be a regular feature each month beginning with this issue. The purpose of this department will be to track trends and extract meaningful statistics on how the TDA membership views different ethical circumstances. For this reason, its success depends greatly on the response and feedback from readers. We encourage you to take the time to review the Dilemma and forward your response. The Baylor College of Dentistry will review the responses, extract the statistics, note the trends and report their findings to Dr. Hasegawa. In a commentary in the following month, Dr. Hasegawa will present and discuss the findings along with the different options posed in the dilemma.*

*This department was developed by the TDA Council on Ethics and Judicial Affairs.*

going to take the tooth out, take them all out." He continues to explain that his mother is old and doesn't need "all this expensive dental treatment — just make her a set of dentures."

Now you are faced with an ethical dilemma. What do you think you should do? Check the course of action you would follow and forward this page as instructed below.

- 1.) \_\_\_\_\_ Extract the remaining dentition as per the son's request and fabricate dentures after healing.
- 2.) \_\_\_\_\_ Extract the remaining dentition, seat immediate dentures and relines after healing.
- 3.) \_\_\_\_\_ Extract the necrotic molar, provide periodontal and partial denture therapy.
- 4.) \_\_\_\_\_ Extract the necrotic molar, provide periodontal and fixed prosthodontic therapy.
- 5.) \_\_\_\_\_ Extract the necrotic molar and provide periodontal therapy. Reevaluate after the periodontal therapy for fixed or partial prosthodontic options.
- 6.) \_\_\_\_\_ Other alternative. (Please explain).

SEND YOUR RESPONSE ATTENTION  
Dr. Thomas Hasegawa, Department of General Dentistry, Baylor College of Dentistry, 3302 Gaston Avenue, Dallas, TX 75246 or fax (214) 828-8346.

## INTERVENTION

Intervention is the most underused tool in the behavioral health and substance abuse field.

The process of colleagues, family, clergy, friends, all coming together to prevent the natural course of substance abuse or mental illness is powerful and effective. To confront an individual with love, concern, understanding, support and direction is humane. To ignore is easier. To not get involved or say "it's none of my business" is typical.

If the person had any other illness other than substance abuse or a mental health problem, would you consider looking the other way?

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### TEXAS DENTAL PEER ASSISTANCE PROGRAM

Bob Robinson, LCDC, CAS, NCAC II, Director/Therapist

## IS MOM "LOSING IT"?

### Response to Ethical Dilemma #1

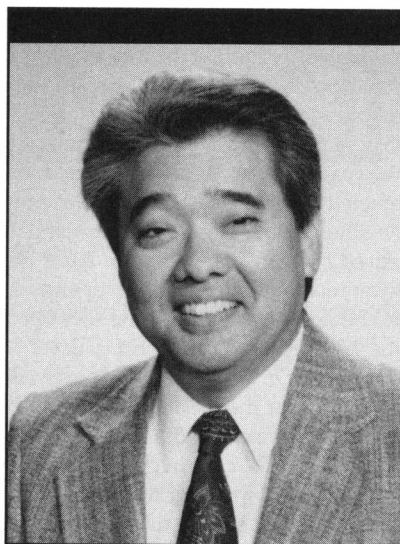
In our first ethical dilemma, Mom has decided on a type of dental therapy that her son finds unacceptable. Her son tells you, "Mom is losing it." He then instructs you to "take them all out and just make her a set of dentures." He justifies his decision by saying that she is "old" and "she doesn't need all this expensive dental treatment."

Is your patient losing it? She seems capable of reasoning about her prior experiences and deciding on a course of treatment. Should we ignore her desires and let her son make decisions for her?

None of the TDA dentists who responded to the first dilemma believed that the son should make decisions for your patient, that she should have dentures. The majority (60%) selected option #5 — "Extract the necrotic molar and provide periodontal therapy. Re-evaluate after the periodontal therapy for fixed or partial prosthodontic options." A few (6%) selected option #3 — "Extract the necrotic molar, provide periodontal and partial denture therapy." Many (34%) selected option #6 — "Other alternative" and wrote extensive and thoughtful appraisals of the case. A few noted the lack of detailed information about the patient — information that may have affirmed the decision making capability of the patient.

What is at stake here is an ethical principle called autonomy, which, in this dilemma, is the moral basis for informed consent. In essence, competent people have the right to make decisions about what they want to have done to their own bodies. Although we probably think of informed consent as a legal doctrine, it is anchored in moral doctrine. If we believe that Mom has decision-making capability, then we ought to respect her desires. Does this mean

that we must always do what the patient asks? This is the cusp of a dilemma for dentistry and other health professions. One respondent to the survey wrote "Over the years I have had the best relationship with my patients by doing what I believed was best for them." The ethical dilemma, wanting to do what is best for your patient while respecting the right of patients to make decisions, conflicts in dramatic ways. The Patient Self Determination Act (1990), living wills, and the discussion of active euthanasia, mirror the



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ebb and flow of the discussion of who makes decisions about health care and what our respective roles will be in the future. Even the ADA Principles of Ethics and Code of Professional Conduct establish "the benefit the patient" as the primary goal of the dental profession but fail to describe in the same statement the patient's role in decision making.

If you decided to extract the patient's teeth in order to protect her from her foolish ways, you may be acting paternalistically. "Paternalism" is an ethical

term used to describe a person who is "acting to substitute his or her decision for that of another, under the guise of authority, and often to override the autonomous decision of another, for that person's own benefit."<sup>1</sup> For example, some people believe that laws requiring motorists to wear seat belts or motorcycle riders to wear helmets are paternalistic. In the history of medicine and dentistry, practitioners have often acted paternalistically. We even hear these intonations in the first code of dental ethics (1866):

"His (the dentist's) manner should be firm, yet kind and sympathizing," and "(patients) are unable to correctly estimate the character of his (the dentist's) operation, his (the dentist's) own sense of right must guarantee faithfulness in their performance." (Code of Dental Ethics. Trans. Am. Dent. Assoc., 1866, pp. 403-405.)

The letters in response to the first dilemma produced useful questions for this case. What was the patient's medical/dental history and physical assessment? Was her physician consulted? Was her son a court-appointed guardian? Is the patient capable of maintaining proper oral hygiene to support tooth-retained restorations? Respondents also expressed important views, such as; "Do not let age interfere with proper treatment. Many elderly are extremely capable and motivated and should be honored, not neglected, as this lady seems to have been." Another stated; "Give the patient and her son options 1-5 along with fees and expected treatment time and risks. Let them choose the option that fits their needs." Some felt that full-mouth extraction was "unacceptable" and they would "refer the patient out of their practice" if they chose that option. And finally, another dentist stated, "Do not extract teeth or do other treatment that could be contrary to your own ethics

or standard of care."

Is Mom "losing it"? None of the TDA dentists who responded to the survey believed that the son should make dental care decisions for your patient. The first ethical dilemma asked us to consider how decision making occurs within the dental operatory and how dentists, as other health professionals, deal with wanting to do their best for their patient while also respecting their patient's autonomous wishes, or considering the wishes of their family members.

1. Weinstein, B. *Dental Ethics*. Lea & Febiger, 1993. p. 62

*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 Hasegawa, Baylor College of Dentistry, 3302 Gaston Ave., Dallas, TX 75246.*

## What Would You Do?

### Dilemma #2

Just over 3 years ago, Dr. Boley began practicing general dentistry in a community of 10 dentists. One of them, Dr. Leeds, has been in practice in the community for over 30 years and treats many of the older residents, who are very loyal to him as one of the "old-timers." During one of Dr. Leeds' infrequent absences, Ms. Wentworth, a longtime patient of Dr. Leeds, visited Dr. Boley for emergency treatment, which involved dental work recently completed by Dr. Leeds. Ms. Wentworth presented the sixth unsatisfactory case of Dr. Leeds' work that Dr. Boley had observed during the past two years. In Ms. Wentworth's case, an infected root tip had been left close to the sinus following an extraction and caused her considerable pain. After Dr. Boley recommended that the operation site be opened to remove the root tip, Ms. Wentworth questioned Dr. Boley about why Dr. Leeds had not removed the root tip at the time of the initial operation. She also asked about the quality of Dr. Leeds' care in general.

It had been apparent to Dr. Boley for some time that Dr. Leeds had not kept up with the latest advances in dentistry and that both his technical ability and his clinical judgment were slipping. Ms. Wentworth, for example, suffered from advanced periodontal disease and needed replacement of almost all restorations. Ms. Wentworth reported to Dr. Boley, however, that Dr. Leeds had recently told her that she required no additional dental care. (Case cited from Weinstein, B. *Dental Ethics*. Lea & Febiger, 1993; p. 102. All names in the case are fictitious.) What would you do if you were Dr. Boley?

1) Say or do nothing

- 2) Discuss the problem with a colleague or friend
- 3) Contact a member of the local peer review committee and discuss the case with him/her without mentioning the dentist
- 4) Report the dentist to the local peer review committee
- 5) Recommend that the patient review her case with a lawyer
- 6) Contact a member of the Texas State Board of Dental Examiners and discuss the case with him/her without mentioning the dentist
- 7) Recommend to the patient that she discuss the concerns with her previous dentist
- 8) Other alternative. (please explain)

SEND YOUR RESPONSE ATTENTION  
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*EDITOR'S NOTE: Your positive response and encouraging comments to the first ethical dilemma are appreciated! The TDA membership expressed their views on the survey forms and in detailed letters. Due to publishing deadlines, it would be helpful if the response is received within two weeks of your receipt of the Journal so that your comments will be included. Joining in this column as a consultant is Merrill Matthews, Ph.D., a philosopher who is director of the Center for Health Policy Studies of the National Center for Policy Analysis (NCPA) and a lecturer of Philosophy and Ethics in the Department of Continuing Education at Southern Methodist University.*

*Thank you. Dr. Thomas Hasegawa*