



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

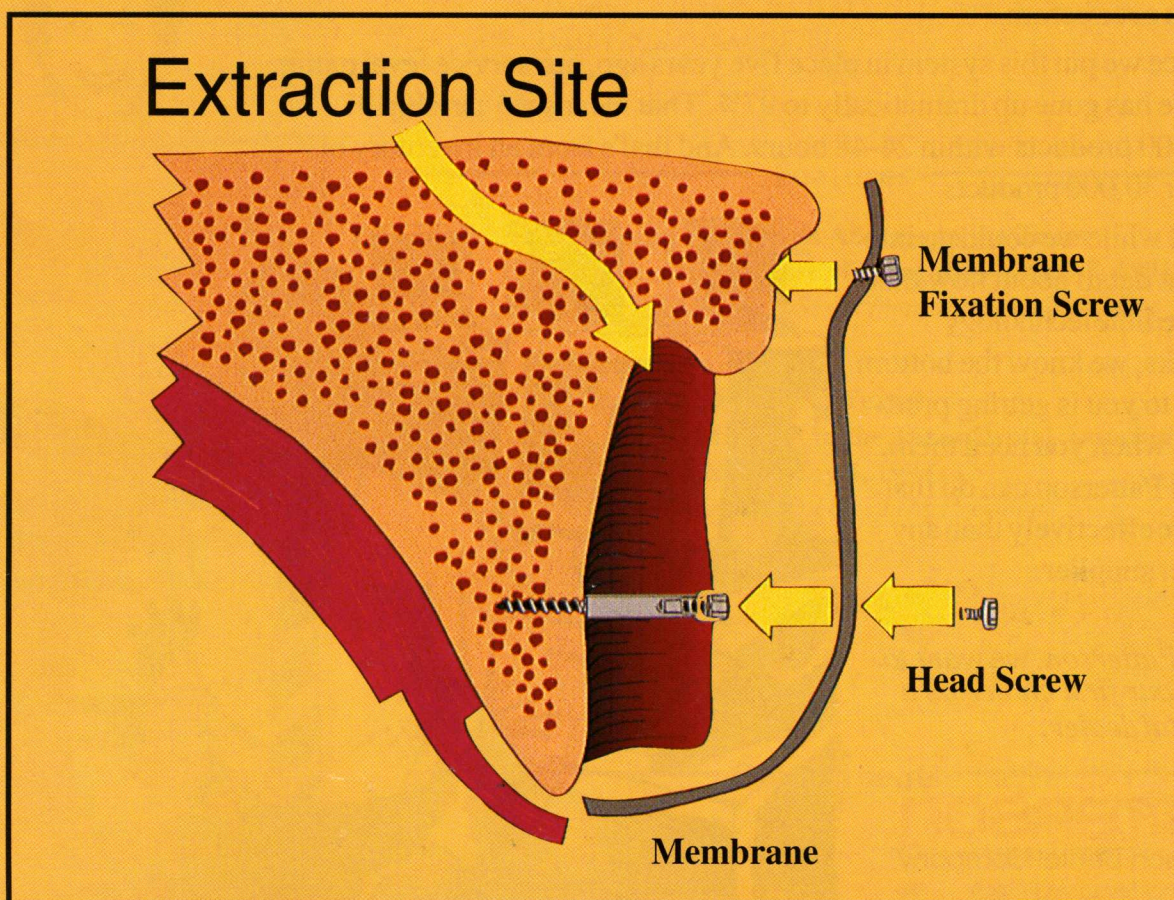
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TEXAS DENTAL Journal



**Advances in the Use of
Guided Tissue Regeneration**

**Inside This Issue:
The Political Podium**

Ethical Dilemma

The majority of the respondents chose the option to perform nonsurgical root canal therapy and to avoid starting a porcelain crown until he is able to pay. The root canal is the treatment of choice for his condition and has a good probability of success with less potential post-operative complications due to the draining sinus tract.² Although delaying the porcelain crown may have possible deleterious effects, such as further discoloration of the tooth or possible fracture, Mr. Glover may prefer these risks over the certain disadvantage of extraction. A few respondents chose pulpectomy as an alternative, as an interim treatment for Mr. Glover.

One respondent, an endodontist, considered **no treatment** as an alternative as "we have all seen patients who have had fistulas that

have drained on and off for years without any apparent problems." Although the tooth may continue to discolor and his symptoms could exacerbate, Mr. Glover may prefer no treatment over extraction, as he is not in pain and his localized infection is currently palliated by the chronic sinus tract. A few dentists wrote that they would begin antibiotics for his infection, although a chronic sinus tract is not usually an indication for coverage.³

PROFESSIONAL CODES AND THE OBLIGATION TO TREAT

Professional codes are an important source of understanding the values and norms of a profession. What do our professional codes say about the dentist's obligation to accept patients, especially those that are unable to pay?

Both the ADA and the TDA Codes agree that dentists "may exercise reasonable discretion in selecting patients for their practices" (ADA)⁴ and that they "may choose whom to serve." (TDA)⁵ Both prohibit discrimination because of a "patient's race, creed, color, sex, or national origin" (ADA) or because of "an individual's particular class or group status." (TDA)

For emergency patients, not of record, such as Mr. Glover, the ADA Code states that dentists are obligated to "make reasonable arrangements for emergency care," while the TDA code is more specific in its statement: "a dentist should render appropriate care compatible with professional ability and existing circumstances."⁵ Neither of these statements infers that "reasonable arrangements" or "existing circumstances" include providing

What Would You Do?

Ethical Dilemma #10

Ms. Gladys Marker is a new patient in your office with a chief complaint that she "hates her partial denture" and she wants a "porcelain bridge, just like the one you just did for my best friend." She is a 39-year-old computer analyst working for the same company for the past 15 years, and has had a fee-for-service dental insurance contract with her company since she was hired.

Ms. Marker is in excellent general and dental health, and has had yearly dental examinations for the past 15 years. Twenty years ago, she had a serious auto accident and lost her mandibular central and lateral incisors, mandibular molars on the right side, along with her maxillary right first and second molars. She initially wore a temporary acrylic partial denture for three years that was replaced by her current removable partial denture that she has worn for ten years. The fit and appearance of the partial denture is poor. Her excellent periodontal health, tooth position, size, and occlusion would tolerate either a fixed or removable partial denture.

You have explained to Ms. Marker that she will not have occlusion on tooth #3 if a #22x27 porcelain fixed partial denture is made, but she doesn't care. You agree to submit a preestimate for a fixed partial denture along with radiographs to her dental insurance company. Her dental insurance has a \$250 deductible with a co-pay of 50% for prosthodontics, for a maximum annual benefit of \$1,000.

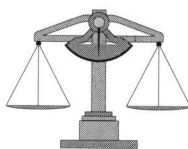
Five weeks later, you receive a reply and a rejection of the treatment plan with an explanation that a removable partial denture would be allowable. Ms. Marker is upset and insists that you complete the fixed partial denture, submit it as a removable partial denture, and she will pay the balance. You explain to her that this is illegal, but she again insists that you follow her decision.

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. ☐ Send a letter or call the insurance company explaining that the patient does not want a removable partial denture.
2. ☐ Have the patient contact the company representative for dental insurance.
3. ☐ Contact the insurance consultant for your local component of the TDA.
4. ☐ Follow the patient's request and submit the bridge as a removable partial denture.
5. ☐ Other alternative (please explain)

SEND YOUR RESPONSE BY **JUNE 6, 1994**, 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.



Ethical Dilemma

The Patient's (Fraudulent) Request

Response to Ethical Dilemma #10

Ms. Gladys Marker (May issue) is a healthy, 39-year-old new patient with a chief complaint that she "hates her partial denture" and wants a "porcelain bridge, just like the one you just did for my best friend." Her ten-year-old removable partial denture that replaced her four mandibular incisors and molars on the right side has a poor fit and appearance. She is also missing maxillary molars on the right side (*correction — the case should have stated her maxillary second and third molars were also avulsed in the accident.*) Her excellent periodontal health, tooth position, size, and occlusion would tolerate either a mandibular fixed or removable partial denture.

She has had a fee-for-service dental insurance contract with her company since she was hired 15 years ago. Her current contract has a \$250 deductible with a co-pay of 50% for prosthodontics, for a maximum annual benefit of \$1,000.

You explained to her that she will not have occlusion on tooth #3 if a #22x27 porcelain fixed partial denture is made, but she doesn't care. You agreed to submit a preestimate for a fixed partial denture, and five weeks later you receive a rejection with an explanation that a removable partial denture would be allowable. Ms. Marker is upset and insists that you complete the fixed partial denture, submit it as a removable partial denture, and she will pay the balance. You explain to her that this is illegal,

TDA Council on Ethics and Judicial Affairs

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Hasegawa

but she again insists that you follow her decision.

The dentists that responded to the dilemma agreed that insurance companies would usually agree to pay the alternative benefit based on the removable partial denture fee if the dentist proceeded with the fixed partial denture. Respondents chose either to send a letter or call the insurance company (option #1), or have the patient contact the company representative for dental insurance (option #2). None of the respondents chose to contact the insurance consultant of the local component of the TDA (option #3), or to follow the patient's request and submit the bridge as a removable partial denture (option #4).

Although the case did not seem to be a dilemma for the respondents, the

case illustrates that seemingly simple requests by patients may have serious ethical and legal implications. This case presents potential ethical problems related to: (1) multiple treatment alternatives and informed consent; (2) submitting dental claims; and (3) problematic requests by patients.

MULTIPLE TREATMENT ALTERNATIVES

Ms. Marker's case proposed two viable alternatives for treatment: fixed or removable partial denture therapy. In other cases, informed consent for dentists may involve a myriad of treatment options, materials and techniques, compounded by the patients' preferences and the dentists' preferred materials.

For example, although a three-surface restoration could be provided in amalgam, resin, porcelain or gold, the dentist may not provide (or even recommend) the specific material and technique the patient requests. In order to provide "quality care in a competent and timely manner," and "involve the patient in treatment decisions." The dentist first must learn to deal with multiple treatment alternatives. The author, Donald Sadowsky, referred to this as "moral dilemmas of the multiple prescription," as in the three-surface restoration example with each material having risks, benefits, and varied costs. The dentist may perceive role conflicts such as between doctoring and salesmanship as he or she discusses treatment options with the patient.

DENTAL INSURANCE

Ms. Marker's case provides the opportunity to discuss the effect that

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third-party payers may have on dental practice because of the possibility of multiple treatment alternatives and the unique character of fee-for-service dental insurance.

The patient may question the judgment of the dentist if a treatment recommendation is rejected by the insurance company even though it is the benefit plan that is the issue. Some patients don't understand the coverage limits of their dental plans. Another potential conflict in Ms. Marker's case is why the patient must pay the more

expensive co-payment for a fixed partial denture than its removable counterpart. In comparison, less expensive treatment such as preventive and restorative services have a proportionally higher co-payment, which makes the fee-for-service plan more like a prepayment plan than medical insurance. Out-of-pocket expenses to patients may be higher for dental than medical claims, even if the medical costs may be significantly higher because of the proportionally higher dental co-payment.

One respondent replied that as in Ms. Marker's case, he had "lost count of the times" this situation had happened, and that in every case, when a "complete narrative" was sent to the dental insurance consultant, the co-payment of the alternative treatment, the removable partial, was approved. Another wrote, "in my opinion, the patient is entitled to the best dentistry regardless of what her insurance company says," and finally, "insurance companies don't dictate dental treatment, just the benefits allowed."

What Would You Do?

Ethical Dilemma #12

Dr. John Wilkins is a periodontist who recently joined a large group specialty practice including endodontists, prosthodontists and other periodontists. The group practice has a strong referral base and enjoys an excellent reputation.

Dr. Ed Biggs, a general dentist with a large practice in the area referred a patient, Mr. Randy Crane, for an evaluation. Dr. Biggs sent a note "evaluate perio and call me." When Dr. Wilkins asked others in the practice about Dr. Biggs, they said he was a "great guy but his dentistry isn't the best." Dr. Biggs has referred patients to the group practice for several years.

Mr. Crane had been in Dr. Biggs' practice for 10 years and was pleased with his overall care. Mr. Crane, at 40 years-old, was in excellent health and had regular dental examinations, but was worried that he had an offensive mouth odor and that his gums were bleeding frequently, especially when he flossed. Recently, food would get lodged causing soreness between the mandibular molars that were crowned five years ago.

Mr. Crane had four porcelain crowns on his mandibular molars that were esthetic but had bulky margins that made it difficult to floss. The interproximal contacts were loose but not open between the molars. There was a generalized, chronic gingivitis with localized areas of mild periodontitis (3-5mm pockets with bleeding) in the molar areas around the crowns.

As the examination continued, Mr. Crane asked, "are these crowns causing a problem for my gums? I don't want to lose my teeth like my father."

Dr. Wilkins is faced with an ethical dilemma. Check the course of action that he should follow and mail or fax this page, or a note indicating your recommendation, as instructed below.

Dr. Wilkins in this case should:

1. _____ defer the question from Mr. Crane and call Dr. Biggs and inform him of the findings including the possibility of replacing some of the crowns due to the bulky margins and loose contacts
2. _____ inform Mr. Crane that he has a mild form of periodontal disease and that some of his crowns may need to be replaced
3. _____ defer the question from Mr. Crane and not inform Dr. Biggs of the concerns about the crowns. Dr. Wilkins should attempt to provide periodontal care first without recommending the removal of crowns
4. _____ defer the question from Mr. Crane and without being specific, tell Dr. Biggs that he will be unable to treat Mr. Crane.
5. _____ Other alternative (please explain)

SEND YOUR RESPONSE BY **AUGUST 6, 1994** ATTENTION:

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P.O. Box 660677, Dallas, TX 75266-0677 or fax to (214) 828-8952.

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THE PATIENT'S (FRAUDULENT) REQUEST

Patients, like Ms. Marker, may ask their dentists to misrepresent treatment in order to maximize dental insurance benefits, a request that challenges the honesty of the dentist.

The TDA Principles of Ethics describes these questions of reimbursement as: "(public and private entities) and the dentist are in an important relationship which demands mutual fidelity, and requires each to recognize their obligations to patients and to society." Fidelity refers to keeping implicit promises such as being truthful when submitting procedure codes and treatment dates. Those who break these implicit promises, according to the ADA Principles of Ethics, are making an "unethical, false, or misleading representation to such a third party." The misuse of insurance codes may be "fraudulent and misleading when funds are requested for a procedure that has been "miscoded" and may result in the suspension of the dentist's license to practice dentistry.

The TDA Department of Economics recommends that dentists call the insurance company to review any questions about a claim or policy benefits. If this doesn't resolve the question, dentists can contact Ms. Bonnie Simpson, Director of Dental Economics, for assistance, (800) 460-8700).

CONCLUSION

Dentists must routinely manage the complex areas of informed consent and third-party payers in practice. Ms. Marker's request focused our attention on the dentist's obligation to maintain implicit promises, such as being truthful, in the process.

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EDITORS COMMENT: Carl D. Ellis, D.D.S., Assistant Professor in the Department of General Dentistry, 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.

IT STARTED WITH A SAMPLE...

Many professionals have received drug samples from the manufacturer to dispense to your patients.

The vast majority never have problems from this, but many do.

A simple weekend project around the house, an injury, a pulled muscle, and why not take "a couple" of those hydrocodone samples?

All the stresses surrounding a practice and then a physical or emotional overload can make it sound like a good idea at the time. Besides that, "I am only going to take a few to get me through this."

This is the way many people find themselves getting into a problem they never intended to have.

Remember, no one ever took a pill or a drink and intended to become an abuser or become addicted to these substances.

It is a biogenetic disease and addiction does not care about your education, family tree or who you know. It only takes hostages.

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ASSISTANCE PROGRAM**
1-800-945-6203 or
1-512-451-9040

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