



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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TEXAS DENTAL

THE WILD SIDE OF LIFE

Journal

you wouldn't read my let-ter if I wrote you

you ask

on the phone

tho' there.

ing to tell you

So I wrote it in the words of this song -

@HO-

I didn't know God made Honky Tonk An-gles

I might have known you'd never make a wife

Ethical Dilemma

Should the Dentist "Crank it Up"?

Is the dentist obligated to provide treatment when a patient requests or demands it? A dentist could perceive his or her primary role as serving the patients' needs by fulfilling their requests, whatever those requests may be.

Although this is foreign to our common understanding of the role of health professionals, Ozar has described this relationship as the "Agent Model" of the dentist-patient relationship, where the dentist acts merely to fulfill the patient's requests. (4) In this distorted relationship, a

patient requesting a controlled substance to meet their addiction needs would receive it from the dentist, without regard for the patient's well-being or the profession's standards, norms, or legal responsibilities. The "Agent Model" is an inappropriate description of the dentist-patient relationship because the model ignores the values of the profession as it functions in our society.

But Alan's case is not about a patient's request for a narcotic analgesic, but rather for a nitrous oxide "high." Should the dentist

provide euphoria on demand? One dentist remarked, "I don't know of any reason to withhold N₂O from the patient if the patient needs that crutch in order to have their dentistry completed and requests its use." What are some of the issues related to nitrous oxide sedation and its potential for abuse?

Dentists benefit their patients by providing competent care (5) and sedative agents like nitrous oxide provide a real benefit for patients by helping manage their fear and anxiety. (1) Alan experienced several painful dental experiences as a child and

What Would You Do?

Ethical Dilemma #19

For five years, you have been trading dental emergency weekend coverage with Kurt Knell, another general practitioner in your office complex. It has worked out well, as you can almost plan the entire year and the weekend coverage that fits both of your needs.

Felix Major is an emergency patient of Kurt's who lost a small part of an amalgam on his mandibular second molar. Mr. Major was more worried than in pain as he was scheduled to start crowns on all of his molars next week. You expose a bitewing and periapical radiograph and plan to place IRM in missing mesial box of #18. The deficiency is small and there is no evidence of clinical or radiographic caries. Mr. Major asks you, "Do you think these four teeth need crowns? I only had silver fillings before I started with Dr. Knell. He showed me the big cracks in the teeth with his tiny tooth camera and said I should do crowns before I have nerve problems or the teeth split. My teeth don't hurt me and crowns are expensive, although my dental insurance helps. What do you think?" Your examination reveals small, two and three surface amalgam restorations on the four molars, no evidence of decay or excessive occlusal wear from bruxism. Mr. Major is 30 years old and is in good general and oral health. It appears that the replacement of a few of the molar restorations is all that is needed.

Your concern is that you are aware that Kurt is having problems economically because of major losses in the stock market and cost overruns on his new office. Is it only a coincidence that several recent emergency patients like Mr. Major are also planned for crowns when it appears that a few replacement restorations would suffice? Is Kurt over-treating his patients because of his money woes or is this just a difference of clinical opinion?

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

1. ☐ Don't concern yourself with this situation. Take care of the emergencies and don't worry about over treatment.
2. ☐ Explain to the patient that you don't have all the diagnostic materials to make that judgment and can't answer the question.
3. ☐ Call Kurt and describe your concerns to him.
4. ☐ Have the patient contact the local dental peer review committee.
5. ☐ Other alternative (please explain) _____.

SEND YOUR RESPONSE BY April 6, 1995 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

Overtreatment or Appropriate Treatment?

Response to Ethical Dilemma #19

For five years (complete case in March *TDA Journal*), you have been trading dental emergency weekend coverage with Kurt Knell, another general practitioner in your office complex. It has worked out well, as you can almost plan the entire year and the weekend coverage that fits both of your needs.

Felix Major is an emergency patient of Kurt's who lost a small part of an amalgam on his mandibular second molar. Mr. Major was more worried than in pain, as he was scheduled to start crowns on all of his molars next week. You expose a bitewing and periapical radiograph and plan to place IRM in missing mesial box of #18. The deficiency is small and there is no evidence of clinical or radiographic caries. Mr. Major asks you, "Do you think these four teeth need crowns? I only had silver fillings before I started with Dr. Knell. He showed me the big cracks in the teeth with his tiny tooth camera and said I should do crowns before I have nerve problems or the teeth split. My teeth don't hurt me and crowns are expensive, although my dental insurance helps. What do you think?" Your examination reveals small, two and three surface amalgam restorations on the four molars, no evidence of decay or excessive occlusal wear from bruxism. Mr. Major is 30 years old and is in good general and oral health. It appears that the replacement of a few of the molar restorations is all that is needed.

Your concern is that you are aware that Kurt is having problems economi-

TDA Council on Ethics and Judicial Affairs

*By Thomas K. Hasegawa, Jr., D.D.S.
Consultant Merrill Matthews, Jr., Ph.D.*



Hasegawa

cally because of major losses in the stock market and cost overruns on his new office. Is it only a coincidence that several recent emergency patients like Mr. Major are also planned for crowns when it appears that a few replacement restorations would suffice? Is Kurt overtreating his patients because of his money woes, or is this just a difference of clinical opinion?

Dentists who responded to the case chose all of the four options listed: 1) don't concern yourself with this situation. Take care of the emergencies and don't worry about overtreatment [option #1]; 2) explain to the patient that you don't have all the diagnostic materials to make that judgment and can't answer the question [option #2]; 3) call Kurt and describe your concerns to him [option #3]; and 4) have the patient contact the local dental peer

review committee [option #4].

Is this a case of overtreatment by Dr. Knell, or is it a difference of opinion about appropriate alternative treatments, and what does the research tell us about this treatment decision? The correspondence by practitioners was helpful to highlight the complex ethical issues in this case, including: 1) uncertainty and the science/art of dentistry; 2) uncertainty and the emergency patient; and 3) treatment outcomes and practice parameters/guidelines.

Uncertainty and the Science/Art of Dentistry

When is it "time" to replace amalgams with crowns? Are our treatment decisions based more on the art than the science of dentistry?

Uncertainty is a central feature of this case and related cases of amalgam replacement by crowns. Renée Fox has identified three basic types of uncertainty in medicine that affect physicians: "The first results from incomplete or imperfect mastery of available knowledge. No one can have at his command all skills and all knowledge of the lore of medicine. The second depends upon limitations in current medical knowledge. There are innumerable questions to which no physician, however well trained, can as yet provide answers. A third source of uncertainty derives from the first two. This consists of difficulty in distinguishing between personal ignorance or ineptitude and the limitations of present medical knowledge (1)."

Robertson, Bader and Shugars relate the uncertainty of our current dental knowledge as: "The overall incidence rate for cusp fracture is unknown, rates for teeth with putative

Ethical Dilemma

risk factors such as old amalgams and weakened cusps are even more problematic (2).” “Finally, risks for pulpal death and periodontal destruction due to crown-preparation treatment, as well as the expected longevity of the crown, are also undetermined (3,4).” The authors describe how the appropriateness of medical care decisions is being examined and how in dentistry, “the focus on the appropriateness of care is in its infancy (4).” The term “appro-

priateness” in this context refers to, “the expected health benefit...exceeded the expected negative consequences... by a sufficiently wide margin that the procedure was worth doing (5).” Due to the lack of research in this area, dentists must make decisions based on their clinical training, experience, and judgment — more art than science. A dentist’s philosophy could range from, “I crown everything (6)” to “if in doubt, prevent, wait, and reassess (7).”

The criteria for selection of cast

metal, porcelain, and the porcelain-fused-to-metal restorations include: 1) amount of destruction previously suffered by the tooth; 2) esthetic demands of the patient; and 3) and plaque control (8). The amount of destruction may range from incipient caries to the amputated clinical crown. However, our case concerns itself with decision making at what Howard Bailit has called the “gray zones” (9) in dentistry, where criteria for effective treatment is unclear as to when it is

What Would You Do?

Ethical Dilemma #21

Eddie Harris is a third-year dental student who is in a bind. It is eight weeks into the Spring Semester and he has not started his three-unit gold, fixed partial denture requirement. If he does not finish this requirement, he will either stay during the Summer Session or may even repeat the year. Some of his patients have discontinued treatment and he has even paid for some of his patients’ care in order to meet other procedural requirements.

Ms. Carole Landis came to the College primarily for “bridge work” to replace a missing lower left first molar. She is thirty-four years old and is in good general health with stable vital signs. She is a lead shipping agent for an express mail company, and her flexible hours are well-suited to being a patient at the Dental College. Besides bridge work, she was concerned about her appearance, and Eddie has replaced several discolored anterior resin restorations after treating her Type II, localized, mild periodontitis (with generalized chronic gingivitis).

She has a stable, Class I occlusion with cuspid disclusion, no evidence of bruxism, and clinical crowns and a periodontium compatible with either a gold or porcelain fixed-partial denture. Tooth #18 requires full coverage due to a large MOD amalgam restoration and #20 has a small DO amalgam.

Eddie had two “gold” patients who recently discontinued treatment. As he discussed his predicament with Ms. Landis, it was clear that porcelain was still her treatment of choice. She told Eddie that she trusts him and appreciated his caring manner, as she was really “worried” about who would treat her when she started at the Dental College. Eddie has also appreciated her patience with his novice attempts and her understanding and encouragement even when a resin needed to be redone twice.

Jack Werner, Eddie’s classmate and friend, told Eddie: “Look, if you can’t ‘sell’ her the gold bridge, tell her you can’t treat her unless she does the gold. If that doesn’t work, I can let you use my gold bridge (patient) and I’ll do her porcelain. My porcelain bridge was a disaster: I ‘pulped’ and then ‘perfed’ the premolar and I have to do another ASAP.”

Eddie is faced with an ethical dilemma. Check the course(s) of action that you would recommend to Eddie and mail or fax this page, or a note indicating your recommendation, as instructed below:

1. ____ Eddie should “trade” bridges with Jack. This is standard in dental schools;
2. ____ Eddie should discuss the case with the department chairman to see if he could substitute the porcelain for the gold this semester;
3. ____ Eddie should try and “sell” the gold bridge and, if that doesn’t work, tell her if she doesn’t do the gold, he will have to “drop” her;
4. ____ Eddie should try to find another patient and treat Ms. Landis this Summer or Fall, even if he has to stay the Summer or repeat the year;
5. ____ Ms. Landis should quit going to the Dental College; or
6. ____ Other alternative (please explain) _____.

SEND YOUR RESPONSE BY **June 9, 1995** 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.

appropriate to replace an amalgam restoration with a crown because of "cracks" in order to prevent tooth fracture.

Our Codes of Ethics stress the benefit of the patient as the primary goal of our profession (10) and that competent, quality care will be provided in a timely manner (10,11). Regarding the issue of overtreatment, the TDA Code emphasizes that, "Trust by the public that serving their true dental needs with appropriate quality care is the heart of the patient-dentist relationship (11)." In regards to our case, however, it is less clear as to how we define our patients' true dental needs. Authors Jay Friedman and Kathryn Atchison contend that what is lacking are standards of care to guide practitioners and protect the public (12). Without these standards, they contend that we now have two schools of thought, the first being *prophylactic dental care* that advocates the prophylactic crowning of teeth to prevent fractures, and the opposite, *incident-related dental care* based on the diagnosis of dental disease or significant malfunction or injury. The authors cite examples of prophylactic care in medicine as the removal of nonpathologic appendixes, tonsils and uteruses and in dentistry recommending proximal amalgam restorations in the absence of caries, crowns to prevent fractures, and the routine removal of nonpathologic, erupting or impacted third molars (12).

What seems to be lacking is the acknowledgment that uncertainty will always be a part of our clinical practice because our knowledge, materials, techniques, and abilities are imperfect, and the oral cavity is a hostile environment in a constant state of entropy.

Uncertainty and the Emergency Patient

How should the dentist providing the emergency care in this case respond to the patient's inquiry, and should the question of economic motive be

discussed with Dr. Knell?

Doctors made extensive assertions about this case, including: "Over the last fifteen years of dental practice, I have seen this argument over and over. Unfortunately, you are damned if you do and damned if you don't. Everyone is appalled when they feel someone is overdiagnosing and when they are under diagnosing. In other words, you are a bad dentist unless you diagnose exactly the same way I do. This is ridiculous and very harmful to the profession."

Another dentist suggested that the emergency dentist should inform the patient that, "truthfully, he does not have enough information to make an intelligent comment about any proposed treatment." The dentist's primary responsibility for treating the emergency patient is to diagnose and treat the patient's condition and communicate this information to the primary dentist. Offering a comprehensive diagnosis and treatment plan when important diagnostic information is missing, such as appropriate radiographs and diagnostic models, is precarious. It is possible that video imaging did provide a view that was diagnostically significant. Also, we do not know if the patient is being honest. As one clinician wrote, "patients are notorious for distorting the facts, either intentionally or unintentionally, to see what one dentist will say about another's treatment."

In this case, the dentists have been trading emergency coverage for five years. As to whether the emergency dentist should describe his concerns to Dr. Knell, one dentist advised, "to tell Dr. Knell that he saw his patient while he was out of town, and pass along the information that his patient was confused and unsure about his proposed treatment and that the patient was advised to contact dentist #1 (Dr. Knell) for clarification." Another offered that he "couldn't live with" ignoring the situation, that telling the patient that you don't have all the

diagnostic materials made the dentist feel like an "accomplice," that calling the dentist "made an enemy out of a friend," and that having the patient contact the local dental peer review committee "made me a pariah in the local dental community, but that was the easiest to live with."

The uncertainty in this case includes whether the patient is being honest and accurate as to Dr. Knell's recommendations, if there is sufficient diagnostic information available to the emergency dentist to make a determination of appropriate or overtreatment, and the central question, is this overtreatment or a difference of opinion as to a preferred treatment? As one dentist wrote, "a tooth can be restored by a variety of materials in a variety of ways," such as, "amalgam, composite, gold, porcelain and those can be in the form of inlays, onlays or crowns." While dentists are obligated to "report instances of gross or continual faulty treatment by another dentist," they are also advised that they "should exercise care that the comments made are justifiable (10)." If the patient is one of "several" recent emergency patients representing an atypical pattern, the emergency dentist is ethically justified and obligated to discuss these concerns with Dr. Knell.

The lack of consensus in this case may be an indication of the complexity of the case, particularly when there is uncertainty about treatment decisions and appropriate care.

Treatment Outcomes and Practice Parameters/Guidelines

There is an intensive focus on this area of uncertainty about treatment outcomes, decision making, and appropriate care.

The Summary Report from the Institute of Medicine (IOM) (13) on dental education has made specific reference to outcomes research and recommended that each dental school: "support a research program that includes clinical research, evaluation

and dissemination of new scientific and clinical findings, and research on outcomes, health services, and behavior related to oral health," and "extend its research program, when feasible, to the basic sciences and to the transformation of new scientific knowledge into clinically useful applications," (Recommendation # 9). The IOM Report also recommends that educators and policy makers, "support research to identify and eliminate unnecessary or inappropriate dental services," (Recommendation #21) and finally that dental educators work with public and private organizations to "make use of scientific evidence, outcomes research, and formal consensus processes in devising practice guidelines," (Recommendation #1).

A recent survey by Bader and Shugars of ten professional dental organizations found that seven have or will soon have some form of practice guidelines or parameters available. Their published findings offer an excellent review of variation in dental practice, the status of treatment outcomes, and practice guidelines (4). The ADA will publish parameters for twelve conditions in May and describes these parameters as: "simply intended to describe the range of acceptable treatment modalities. They are intended as educational resources, not legal requirements. As such, the parameters are not intended to establish standards of dental care, which are rigid and inflexible and represent what must be done; nor are they guidelines which are less rigid but represent what should be done; nor are they intended to undermine or restrict the dentist's exercise of professional judgment (13)." For example, in regards to dental caries or a fractured (cracked) tooth, the parameters recommend that "The dentist should consider the characteristics and requirements of each case in selecting the material(s) and

technique(s) to be utilized (13)."

Conclusion

Dentists practice within an environment of uncertainty in many aspects of their profession. The increased attention to outcomes research, practice parameters and guidelines may aid clinicians in making appropriate treatment decisions. When emergency patients request definitive treatment recommendations in the absence of adequate diagnostic information, the dentist is justified in treating the emergency and informing the primary dentist of the patient's comments. If there is a pattern of probable overtreatment, the dentist is ethically justified and obligated to discuss these concerns with the practitioner.

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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. Mark J. Hanna, J.D. is the Legal Counsel for 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.*