



## 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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October 1995

# TEXAS DENTAL Journal



Dental Education in Texas

## Ethical Dilemma

In the case example, Eddie Harris is treating a patient who prefers porcelain to gold for a fixed-partial denture. He must now decide whether to "sell" her the gold, "trade" bridges with a classmate, or stay the summer or even repeat the year. Under this clinical model, multiple students treating the same patient may be a convenient and

efficient way to provide technical training. This is especially the case in situations where there are insufficient patients for certain types of experiences. For example, two students may treat a patient who needs maxillary and mandibular immediate dentures if the availability of this experience is limited. However, the ethical dilemma

begins when the procedural requirements of each department place the needs of the student and patient in conflict. If Eddie completed his root canal requirements, he could trade extra canals for a different requirement, thus helping a classmate and himself. The author Betsy Hagan has described this situation as an ethical dilemma

## What Would You Do?

### Ethical Dilemma #23

Dr. George Marrot has been in solo practice at the current location for 10 years. He has specialty training in prosthodontics and limits his practice to prosthodontic and TMD care. The only other clinician with similar training and experience is over 200 miles away.

Dr. Marrot has been treating Ms. Alice Avery for two years for TMD. She is thirty-five years old, in good general health but has a complex history of dental complications associated with TMD symptoms, missing teeth and malocclusion. He alleviated her muscular symptoms using analgesics and antiinflammatory agents, physical therapy, and an occlusal orthotic appliance. He has now started her posterior reconstruction and has several teeth in temporaries. Patient compliance has been excellent in the past, but Ms. Avery canceled last week and is calling to cancel today's appointment.

Dr. Marrot has been dating Ms. Avery for six months, but he recently broke off their relationship. He has never dated a patient before. Ms. Avery explained her reason for canceling the appointment to the secretary. She said, "I just can't bear to see him anymore," although she understands that she cannot stay in temporary crowns very long. She asked the secretary for the name of a dentist to continue her treatment.

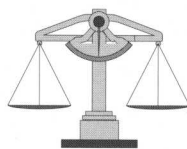
Dr. Marrot is upset when he learns about her reasons since her case requires a clinician with specialty training. He knows that her work schedule prohibits a five- or six-hour commute, and he arranged finances that she would probably not find in most offices.

Dr. Marrot is facing an ethical dilemma. Check the course(s) of action that you would recommend and mail or FAX this page, or a note suggesting your recommendation, as instructed below:

1. \_\_\_\_\_ Dr. Marrot should attempt to re-establish a professional relationship with the patient, attempt to set the personal problems aside, and complete the reconstruction;
2. \_\_\_\_\_ Dr. Marrot should cease treating the patient and take proper steps to avoid patient abandonment;
3. \_\_\_\_\_ Dr. Marrot should avoid dating patients in the future;
4. \_\_\_\_\_ Dr. Marrot should attempt to have the patient continue treatment with the specialist who is 200 miles away; or
5. \_\_\_\_\_ other alternative (please describe) \_\_\_\_\_.

SEND YOUR RESPONSE BY **AUGUST 8, 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

### I Just Can't Bear to See Him Anymore"

#### Response to Ethical Dilemma #23

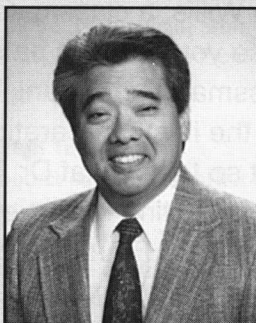
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### TDA Council on Ethics and Judicial Affairs

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



Hasegawa

Dr. Marrot is upset when he learns about her reasons, since her case requires a clinician with specialty training. He knows that her work schedule prohibits a five- or six-hour commute, and he arranged finances that she would probably not find in most offices. Dentists responding to the case chose all four of the alternatives: 1) Dr. Marrot should attempt to reestablish a professional relationship with the patient, attempt to set the personal problems aside, and complete the reconstruction; 2) Dr. Marrot should cease treating the patient and take proper steps to avoid patient abandonment; 3) Dr. Marrot should

avoid dating patients in the future; and 4) Dr. Marrot should attempt to have the patient continue treatment with the specialist who is 200 miles away. Dentists also offered advice to Dr. Marrot for this and future related romantic dilemmas.

Should dentists date their patients? Can the dentist sustain a professional and romantic relationship with a patient? We will examine trust and the dentist's fiduciary duties to patients and three ethical issues related to dating patients including: 1) exploiting power; 2) conflict of interests; and 3) role reversal.

#### Fiduciary Duties of the Dentist

A fiduciary relationship exists, "when one person justifiably reposes confidence, faith, and reliance in another whose aid, advice, or protection is sought in some matter, the relation existing when good conscience requires one to act at all times for the sole benefit and interests of another with loyalty to those interests (1)." Trust is a core feature of the fiduciary relationship between the health professional and his or her patient. Unlike the trust of a friend that must be earned, the patient expects professional trustworthiness (2).

The ADA Code establishes this fiduciary relationship when it says, "The ethical statements which have historically been subscribed to by the dental profession have had the benefit of the patient as their primary goal (3)." Furthermore, in an ADA Council on Ethics and Judicial Affairs commen-

tary on the ethics of managed care, "Dentists are reminded that contract obligations do not excuse them from their ethical duty to put the patient's welfare first (4)." Trust is considered the heart of the TDA Code of Ethics because the public expects that dentists will serve "only their true dental needs with appropriate quality care (5)." Dentistry is a profession and is granted greater autonomy to control its own work precisely because of public trust. As stated in the TDA Code, "This concept of trust, imbued with dedicated service, is the hallmark of professionalism and has provided the warrant for self-governance given the dental profession by society (5)."

Ms. Avery has entrusted herself to Dr. Marrot for the treatment of her chronic TMD condition. She presumes that her dentist will fulfill this fiduciary role by promoting her best interest, even over his own self-interest. She expects quality, appropriate care from a person who has special knowledge and expertise. If the dentist is unable to help her, she assumes that he will help her by looking for appropriate alternatives, such as another dentist.

Over two years, her oral health has improved and her reconstruction is in progress. However, when Dr. Marrot breaks off their personal relationship, the patient decides that she must also break off their professional relationship. As one dentist observed, "anyone with a high school dating experience could predict this outcome...and he would be wise to forget salvaging this one."

Separating romantic interests from professional obligations provides an array of ethical issues for the dentist and patient that undermine the fiduciary duties of the dentist.

### Exploiting Power

The most apparent source of conflict involves the possibility that the dentist could exploit the inequalities of doctor/patient power and, therefore, the

vulnerability of the patient. Inequalities arise from the expertise and knowledge of the dentist and his or her professional status as "Doctor (6)." Painful, chronic conditions like TMD leave the patient especially vulnerable. The AMA Code considers that sexual or romantic interactions between physicians and patients "may exploit the vulnerability of the patient" and that these interactions concurrent with treatment and with some former patients are considered sexual misconduct (7).

If Ms. Avery breaks off the professional relationship, she rejects the only specialist in the area, leaves the practice in temporary restorations, and loses his special financial arrangements. Were the financial arrangements an incentive to encourage their romantic relationship?

### Conflict of Interests

Another source of conflict is differentiating whose interest the dentist is serving (8). In a fiduciary relationship, the dentist is promoting the patient's best interest. In a romantic relationship, the dentist may promote dual or multiple interests including his or her own self-interest. One respondent observed that if the dentist does not refrain from dating patients: "each new patient is likely to be considered on two different bases: one as a dental patient and the other as a potential romantic or sexual interest (or both). You don't treat both of these kinds of interest in the same way (even if you never go on a date with them)."

Unlike the ADA Code that is silent on this issue, several health professions' codes of ethics specifically address this occurrence. Physicians are advised that romantic or sexual interactions, "may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being (7)." Similarly, psychologists are advised to

avoid multiple relationships that "might impair the psychologist's objectivity (9)." Psychiatrists are also advised that "the treatment relationship may tend to activate sexual and other needs and fantasies on the part of both patient and psychiatrist, while weakening the objectivity necessary for control (10)."

Several health professions' codes of ethics are clear that having a romantic or sexual relationship with current patients is unethical (7,9,10). Health professionals may avoid this outcome by terminating the professional relationship and referring these patients before initiating a dating, romantic, or sexual relationship with a patient (11). However, the codes are not as clear when the health professional is involved in a post-treatment relationship or when the professional-patient relationship has been terminated (12).

### Role Reversal

Along with conflict of interests is the possibility for role reversal, where the professional and the client switch places and the client becomes the caretaker (8). In this relationship, the professional looks to the client for gratification as it is the professional who is in a dependent role. "Reversing the roles blurs the boundary between professional and client and dismantles the shared understanding that allows clients to feel safe in the relationship (8)."

### Conclusion

When a person becomes a member of a health profession, he or she assumes certain obligations to patients, other professionals, and the larger community. Doctors are considered fiduciaries for their patients by acting in their best-interest. This trusting relationship is undermined when the professional relationship becomes romantic or sexual. For now, Dr. Marrot should attempt to reestablish a

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## Ethical Dilemma

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professional relationship with Ms. Avery, perhaps through a marriage counselor or psychologist as mediator, as one respondent recommended. If these attempts are unsuccessful, he should provide a referral, but he should avoid future romantic relationships with his patients or refer these patients to another dentist.

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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. 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, for fax to (214) 828-8952. ■



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