



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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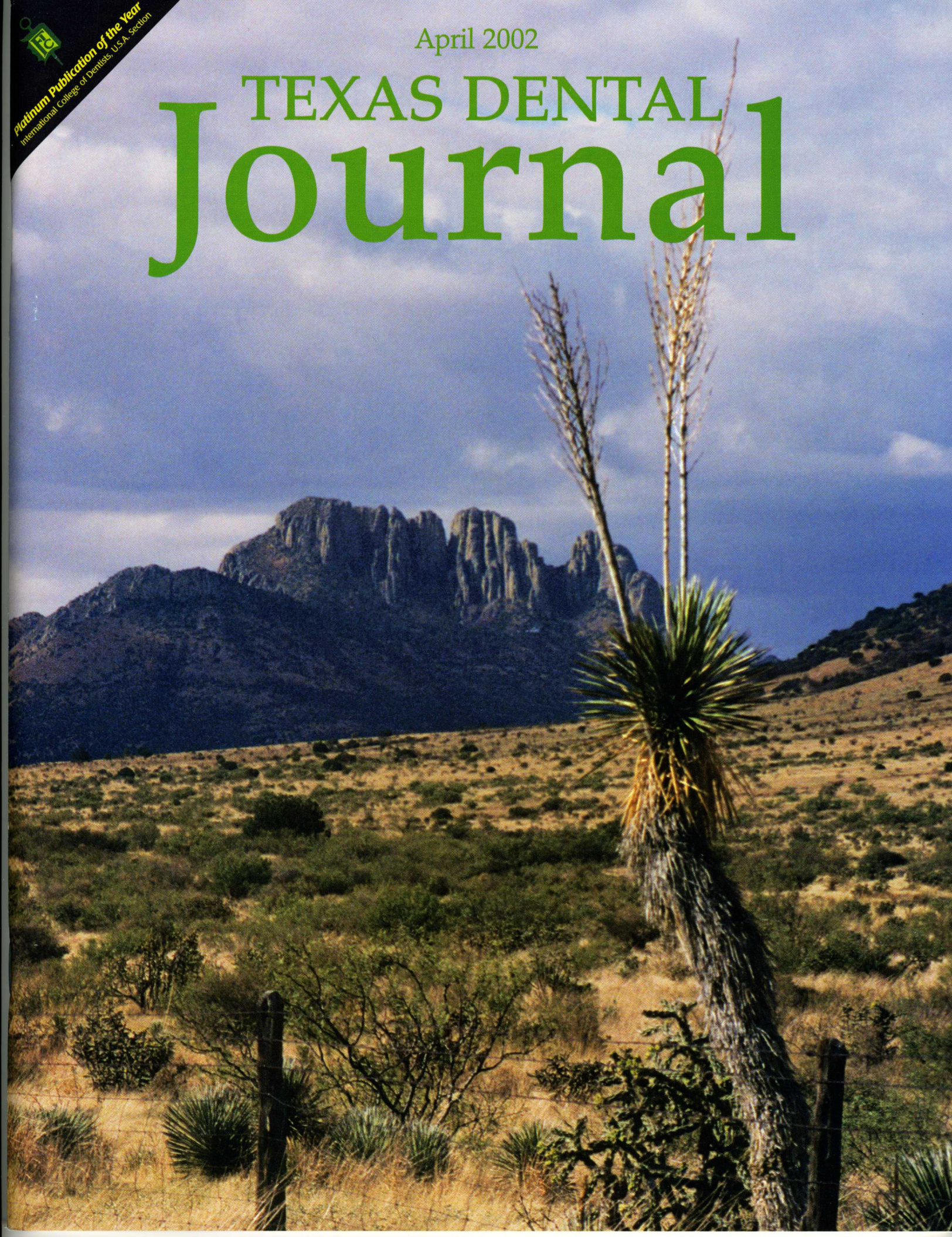
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What Would You Do?

Ethical Dilemma #39

Dr. Jan Newel is a board certified pediatric dentist who has practiced in the same location for 5 years. Her office is in a residential suburb near a large metropolitan city. Over the years she has developed a good reputation as an excellent and caring pediatric dentist. She treats most of the referrals from the dental community in her office, but for some patients who are referred for behavior management, treatment is rendered in the hospital operating room under general anesthesia.

Mondays are typically unpredictable and today is no exception. Her second patient is Sam Norris, a 3-year-old who is good health except for asthma for which he uses an inhaler periodically. Sam is a new patient in her practice who was referred from a general dentist in town because he couldn't properly examine the child due to Sam's poor behavior. The child was referred to Dr. Newel's office for evaluation for treatment under general anesthesia. Ms. Norris arrives for a consultation appointment with Sam. Mr. Norris was to meet them at the office but hasn't arrived yet. Sam's mother is apologetic about Sam's behavior in advance and tells Dr. Newel that Sam's father moved out of the house 5 months ago and they have begun divorce proceedings. Since that occurred, Sam has been "acting out" and is "very aggressive." Dr. Newel attempts to examine the patient but only gets a visual exam done while the child remains in his mother's lap and screams and kicks through the brief procedure. Dr. Newel sees multiple carious lesions on his anterior teeth and large lesions on virtually all posterior teeth. Completion of the treatment plan would require 3 to 4 lengthy appointments. Dr. Newel agrees with the referring dentist's recommendation for treatment under general anesthesia. Conscious sedation in the office is not a reasonable alternative considering Sam's age, oral disease, and behavior.

Sam's father arrives while Dr. Newel is discussing the need to treat the child in the hospital. Mr. Norris is immediately resistant to the plan, and refuses to consider paying for the hospital expenses. Mr. Norris thinks Sam is "tough" and can tolerate the treatment in the office — after all, he tolerated a great deal of dental treatment when he was a child. Ms. Norris says that the child cannot be treated in the office because he is uncooperative, and she adds, "if you had been on time for the appointment, you would have seen for yourself." The father responds, "If you had ever made the kid behave in the first place, we wouldn't be having this discussion now." An argument ensues.

After tempers calm down, Mr. Norris says he will pay for the dental care but not any of the hospital expenses. He says that if she wants him to be treated in the hospital, she can pay for it herself. Ms. Norris is distraught because she cannot afford to pay for the hospital expenses because she has limited funds and no insurance since her part time job offers no benefits.

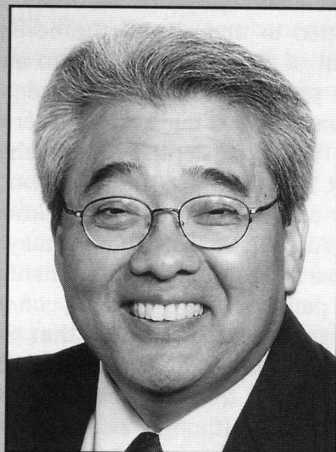
Dr. Newel is now faced with an ethical dilemma. Check the following course(s) of action she should take in this case and mail, fax this page, e-mail, or send a note as of your recommendation. What would you do if you were Dr. Newel? Some options (check one or write your own) include:

- ☐ Dr. Newel should do nothing. This is the family's problem, not hers.
- ☐ Dr. Newel should change her recommendation and treatment should be done in the office while the child is restrained in a papoose board.
- ☐ Dr. Newel should attempt to provide the care in her office with enteral conscious sedation.
- ☐ Dr. Newel should arrange for financing through her office.
- ☐ Dr. Newel should encourage the family to secure a loan to cover the hospital costs.
- ☐ Dr. Newel should write off her fees which leaves the hospital costs only.
- ☐ Other alternative (please describe): _____

SEND YOUR RESPONSE BY February 1, 2002 ATTENTION: Dr. Thomas K. Hasegawa, Jr., Associate Dean for Clinical Services Baylor College of Dentistry, P.O. Box 660677 Dallas, TX 75266-0677.

Ethical Dilemma

By Thomas K. Hasegawa, Jr. D.D.S., M.A., Merrill Matthews Jr., Ph.D., Alton McWhorter, D.D.S., M.S.
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Hasegawa

Caring for the Child — The Pediatric Dentist's Dilemma

*Response to Ethical Dilemma
#39*

Dr. Jan Newel is a board certified pediatric dentist who has practiced in the same location for 5 years. Her office is in a residential suburb near a large metropolitan city. Over the years she has developed a good reputation as an excellent and caring pediatric dentist. She treats most of the referrals from the dental community in her office, but for some patients who are referred for behavior management, treatment is rendered in the hospital operating room under general anesthesia.

Mondays are typically unpredictable and today is no exception. Her second patient is Sam Norris, a 3-year-old who is good health except for asthma for which he uses an inhaler periodically. A new patient in her practice, Sam was referred from a general dentist in town who had been unable to properly examine the child due to his poor behavior. The general dentist recommended treatment evaluation under general anesthesia.

Ms. Norris arrives for a consultation appointment with Sam. Her husband was to meet them at the office but hasn't arrived yet. Sam's mother is apologetic about Sam's behavior in advance and tells Dr. Newel that Sam's father moved out of the house 5 months ago. The couple has begun divorce proceedings. She concedes that Sam has been "acting out" and has been "very aggressive" since the separation.

Dr. Newel attempts to examine the patient while he is in his moth-

er's lap, but only manages a visual exam because he is screaming and kicking through the brief procedure. She sees multiple carious lesions on his anterior teeth and large lesions on virtually all posterior teeth. Completion of the treatment plan would require three to four lengthy appointments.

Dr. Newel has to agree with the referring dentist's recommendation for treatment under general anesthesia. Conscious sedation in the office is not a reasonable alternative considering Sam's age, oral disease, and behavior.

Sam's father arrives while Dr. Newel is discussing the need to treat the child in the hospital. Mr. Norris is immediately resistant to the plan, and refuses to consider paying for the hospital expenses. Mr. Norris thinks Sam is "tough" and can tolerate the treatment in the office — after all, recalls the father, he himself tolerated a great deal of dental treatment when he was a child. Ms. Norris disagrees and says that the child cannot be treated in the office because he is uncooperative, adding, "if you had been on time for the appointment, you would have seen for yourself." The father responds, "If you had ever made the kid behave in the first place, we wouldn't be having this discussion now." An argument ensues.

After tempers calm down, Mr. Norris says he will pay for the dental care but not any of the hospital expenses. He says that if his wife wants their son to be treated in the hospital, she can pay for it herself. Ms. Norris is distraught because she cannot afford to pay for the hospital expenses; she has limited funds and no insurance since her part-time job offers no benefits.

E t h i c a l

Dentists that responded to the case selected several alternatives including: 1) do nothing. This is the family's problem, not hers; 2) encourage the family to secure a loan to cover the hospital costs; 3) arrange for financing through her office; and 4) other alternatives were discussed. Responses ranged from "get the brat out of the office ASAP" to "have a frank discussion with Mr. Norris about the serious ramifications of non-treatment of Sam's oral condition." Ethical issues in this case include: 1) the unique aspects of pediatric practice; 2) the problem of balancing risks and benefits; and 3) who cares for the (young) child?

Unique Aspects of Pediatric Practice

Most of dentistry deals with competent, ambulatory patients, treated in private offices by general dentists. However, there are three groups of patients that can prove to be a challenge due to incompetence or patient capacity: the elderly, patients with mental or physical disabilities, and minors — particularly very young patients like Sam.

The competent clinician must gauge the capacity of each patient, and that assessment will be the foundation for reasonable communication and, eventually, informed consent. Three common measures of adequate capacity include: 1) possession of a set of values and goals; 2) the ability to communicate and understand information; and 3) the ability to reason and deliberate about one's choices (1). These attributes are often linked to patient autonomy, a principle delineated in the ADA Code of Ethics (2). The code refers to patient autonomy as "self-governance" and explains that dentists have a duty to respect the patient's right to self-determination and confidentiality:

This principle expresses the concept that professionals

have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy (2).

However, there is no meaningful way for Sam at 3 years of age to become involved in treatment decisions, and the ADA Code does not address the obligations to patients who lack autonomy or for the clinicians who treat them. Sam must rely on those with capacity to care for him, including family members and health care professionals. While his autonomy is not recognized, other values such as family autonomy may come into play (3). But even family autonomy can be disrupted when family members are contentiousness. One pediatric dentist wrote that "we've experienced the divorce battle many times and no one wins."

Patients are referred to pediatric dentists because of their young age, inability to cooperate and when the amount of work required exceeds the capacities of the generalists. The principle of nonmaleficence, or "do no harm," is cited in the code encouraging dentists to seek consultation, if possible, "whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special, skills, knowledge, and experience (2)."

The first factor in this case, age, is important because pediatric dentists treat a wide range of ages, from very young patients to teenagers. Imagine how different this case would be if the patient were 17 years

old. Decision-making about high-risk procedures like general anesthesia is intensified when dealing with the very young. As for the second factor, pediatric dentists are trained to understand the development of the child and how to manage problem behaviors in order to promote the child's best interests (4). While one dentist recommended that he would get the "brat" out of the office ASAP, he also acknowledged that Sam's behavior may be in part a result of the relationship of his parents. The overriding concern in the case, however, is that Sam needs a series of lengthy appointments and that his health is compromised, although not an emergency at this time. Perhaps some of the behavioral problems stem from his neglected oral health.

Balancing the Risks and Benefits

The fact that this child has been referred due to his poor behavior does not necessarily mean that the child will have to be treated in the hospital, regardless of the demands of the parents. Dr. Newel "treats most of the referrals from the community in her office," and prior to the appointment may be thinking that she can handle this child in the office as well. Dr. Newel is sensitive to the financial burden caused by the additional expenses incurred for treatment in the hospital. Her philosophy is that she will only subject the parent to the added expense of general anesthesia and the patient to the risk of general anesthesia, which includes brain damage and death, if it is the only way to safely treat the child. Weighing risks and benefits is one way health professionals grasp the subtleties of clinical decision-making. In this case, for example, resorting to general anesthesia could be considered high risk compared to the benefits if prophylaxis and fluoride were the only treatments needed (3).

However, Sam's extensive needs

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raise the level of benefit significantly, balancing out the increased risk due to using general anesthesia.

According to the American Academy of Pediatric Dentistry (AAPD)(5), patients for whom general anesthesia is indicated include: those who are unable to cooperate due to a lack of psychological or emotional maturity and/or mental, physical or medical disability; and those who are extremely uncooperative, fearful, anxious, or uncommunicative. The child in question falls into this category. Furthermore, Dr. Newel's objectives for recommending general anesthesia are in agreement with those stated by the AAPD Reference Manual: 1) to provide safe, efficient, and effective dental care; 2) to eliminate anxiety in dental patients; and 3) to reduce untoward movement and reaction to dental treatment.

Who Cares for the (Young) Child?

Even though the office is busy, Dr. Newel has taken the time to appropriately examine the child and attempt to discuss her findings with the parents. If the father suggests that she "hold him down and do it," the dentist is under no obligation to follow that recommendation. Dr. Newel's office policy is not to perform treatments in such a manner when other options are available. This is clearly not an emergency visit in which Dr. Newel might use the papoose to restrain a young child for extraction of an abscessed tooth. The doctor should explain that restraint for a treatment program that will require several lengthy appointments is not an option in her office. Explaining these concerns to the parents is part of effective communicative management on the part of the clinician (4).

Based on her past experiences, Dr. Newel has made the decision not to attempt treatment with multiple sedation appointments. She has found that the child's behavior deter-

iorates over a series of long appointments even with the use of sedation, and she has had to complete involved treatment plans under general anesthesia when the patient's behavior prevented completion in the office. Although she typically sedates anxious patients with mild to moderate treatment needs, Dr. Newel's limited visual exam has led her to conclude that Sam's treatment will require 3-4 lengthy appointments. It has also been her experience that the type of behavior that Sam displayed for the examination is not corrected by the sedative agents that she is comfortable with and uses in her office. Having made this decision, she should not let the parents coerce her into doing something against her best judgment. They have come seeking her opinion concerning the care of their child; if the father doesn't like what he hears, he should be encouraged to try another dentist. Concerning the family's financial situation, Dr. Newel should strongly recommend that the parents find a way to work out the financing, but let them decide the particulars. This is not a charity case and she is not a family counselor.

There is an option that has not been discussed. The doctor could suggest to the mother that when her divorce is final, she could apply for Medicaid for the child so that the child could receive medical and dental care until she finds a job that has these benefits.

CONCLUSION

Dr. Newel, a pediatric dentist, treats very young patients like Sam with serious oral needs. She may also be faced with contentious parents that confound sound, professional judgment. Unlike competent adults that make autonomous decisions, the child, and particularly the very young child, relies on professionals to promote their best interests even when it conflicts with

responsible adults. The dentist is not obligated to respect the advice or judgments of adult decision-makers when they are at odds with the best interests of the child. While the decision about how to treat rests with the dentist, whether to treat still lies with the parents, who may be unable to resolve their disagreements over responsibility and payment.

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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 Institute for Policy Innovation, or the Texas Dental Association. This is not to be taken as legal advice. If you have legal questions, seek competent legal counsel. Address your comments to Dr. Thomas K. Hasegawa, Jr., Office of Clinical Services, Baylor College of Dentistry. P.O. Box 660677, Dallas, TX 75266-0677, Fax to 214 828 8952, or E-mail to thasegawa@tambcd.edu.