



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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Fig. 1

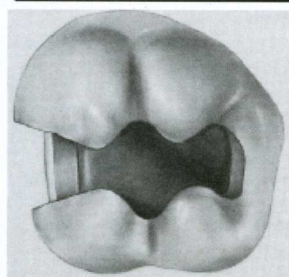
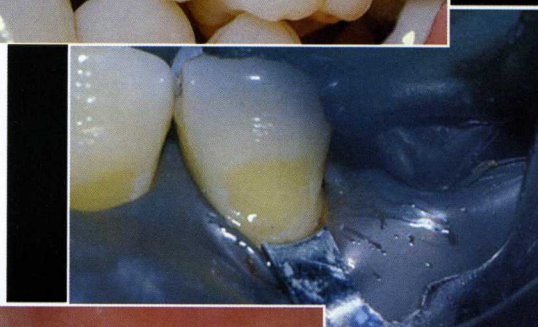
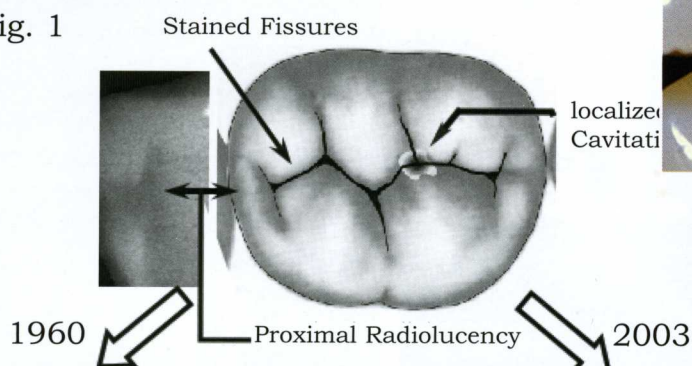


Fig. 1A Class 2 preparation
Tocchini Text 1967 (21)

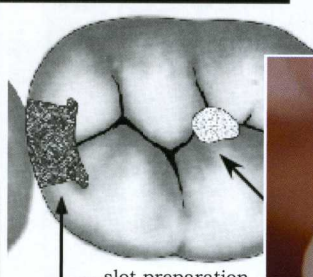


Fig. 1C localized restorative

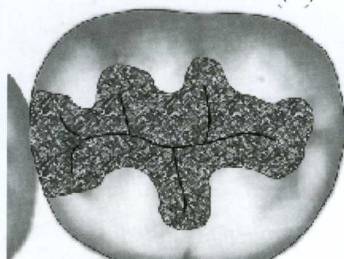


Fig. 1B Class 2 amalgam restoration

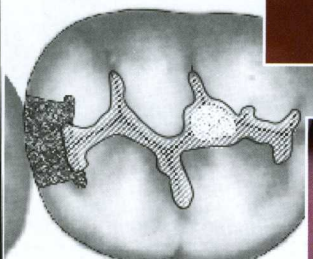


Fig. 1D preventive restorative



Research Evidence
Applied to Clinical Practice

What Would You Do?

Ethical Dilemma #45

Dr. Gene Perelli is a third-generation general dentist practicing in a suburb near a metroplex and has enjoyed 15 years of practice at the same location. He has made a special effort to include preventive education and training as the foundation for his practice. Many young families are moving into this area and share his concern for wellness. His patients know that they will learn about the quality of their oral habits when they return for recalls, and most referral patients understand that "Doc" will ask them to be responsible for their own health.

Jim Crawford is a 35-year-old rancher in the area who maintains a very successful cattle business. While he has had some dental care in past, by his own admission he generally does not take much time or put much effort into his health. While he does see his physician every other year, it has been five years since his last visit to the dentist.

Dr. Perelli and Jim start off on a very positive note as the examination begins. Jim's general health is good, in part because his work requires much physical activity. He is being treated with diuretics for his high blood pressure (135/89 at his first visit). One health concern that is noted is that Jim is a 20-year, three-pack-a-day smoker. His voice is somewhat "raspy," although he says it is more of an "allergy issue." Dr. Perelli's oral examination and treatment plan include the extraction of three carious third molars and periodontal needs that indicate moderate to localized severe chronic periodontitis. Dr. Perelli provides periodontal treatment including surgery for his patients, but may refer Jim to a periodontist due to his excessive needs.

A major concern for the prognosis now that periodontal and oral surgery is being contemplated is Jim's smoking habit. Just six months ago Dr. Perelli included smoking cessation counseling and treatment as another part of the preventive focus of his practice. He has had moderate success with 30 of his patients thus far and believes that it is a real benefit to his practice. Dr. Perelli shares his concerns with Jim and explains how cessation will be important to his overall prognosis. Jim is shocked and says, "my smoking habits are none of your business and, by the way, Doc, I think you are a smoker." Dr. Perelli is 40-years-old, and is a 15-year, two-pack-a-day smoker who has been careful to mask his habit. While he has not suffered adverse effects from smoking Dr. Perelli has wondered if a patient would someday challenge him. Jim then says, "Doc, if you can't stop smoking, why should I?"

* * *

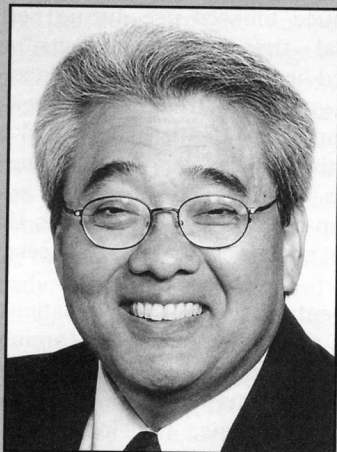
Dr. Perelli is now faced with an ethical dilemma. Check the following course(s) of action he should take in this case and mail, fax this page, email, or send a note indicating your recommendations. What would you do if you were Dr. Perelli? Some options (check one or write your own) include:

- ☐ 1. Dr. Perelli should break the habit first before attempting to help others;
- ☐ 2. Dr. Perelli should explain to Jim that the recommendations will help him regardless of what he thinks about his dentist's own habits;
- ☐ 3. Dr. Perelli has no obligation to discuss his personal habits with a patient and should inform Jim of this fact;
- ☐ 4. Dr. Perelli should explain to Jim, "Because I am a smoker, I know how difficult quitting can be."
- ☐ 5. Other alternative (please describe): _____

SEND YOUR RESPONSE BY September 1, 2003 ATTENTION: Dr. Thomas K. Hasegawa, Jr., Associate Dean for Clinical Services Baylor College of Dentistry, P.O. Box 660677 Dallas, TX 75266-0677. Fax to (214) 828-8958 or E-mail to thasegawa@tambcd.edu

Ethical Dilemma

By Thomas K. Hasegawa, Jr. D.D.S., M.A., Merrill Matthews, Jr., Ph.D., K. Vendrell Rankin, D.D.S. and Sarah S. Pollex, MPH. Dr. Rankin is a Professor & Associate Chairman in the Department of Public Health Sciences, Director of the Baylor Tobacco Intervention and Education Clinic (BTIEC). Ms. Pollex is the Tobacco Cessation Counselor for the BTIEC.



Hasegawa

"Doc, if you can't stop smoking, why should I?"

Response to Ethical Dilemma #45

Dr. Gene Perelli is a third-generation general dentist practicing in a suburb near a metropolis and has enjoyed 15 years of practice at the same location. He has made a special effort to include preventive education and training as the foundation of his practice. Many young families are moving into this area and share his concern for wellness. His patients know that they will learn about the quality of their oral habits when they return for recalls, and most referral patients understand that "Doc" will ask them to be responsible for their own health.

Jim Crawford is a 35-year-old rancher in the area who maintains a very successful cattle business. While he has had some dental care in the past, by his own admissions he generally does not take much time or put much effort into his health. And while he does see his physician every other year, it has been 5 years since his last visit to the dentist.

Dr. Perelli and Jim start off on a very positive note as the examination begins. Jim's general health is good, in part because his work requires much physical activity. He is being treated with diuretics for his high blood pressure (135/89 at his first visit). One health concern that is noted is that Jim is a 20-year, three-pack-a-day smoker. His voice is somewhat "raspy," although he says it is more of an "allergy issue." Dr. Perelli's oral examination and treatment plan include the extraction of three carious third molars and periodontal needs that indicate moderate to localized severe chronic periodontitis. Dr. Perelli provides periodontal treatment including surgery for his patients, but may refer Jim to a periodontist due to his excessive needs.

A major concern for the prognosis now that periodontal and oral surgery is being contemplated is Jim's smoking habit. Just 6 months ago Dr. Perelli included smoking cessation counseling and treatment as another part of the preventive focus of his practice. He has had moderate success with 30 of his patients thus far and believes that it is a real benefit to his practice. Dr. Perelli shares his concerns with Jim and explains how cessation will be important to his overall prognosis. Jim is shocked and says, "my smoking habits are none of your business and, by the way, Doc, I think you are a smoker." Dr. Perelli is 40 years old, and is a 15-year, two-pack-a-day smoker who has been careful to mask his habit. While he has not suffered adverse effects from smoking Dr. Perelli has wondered if a patient would someday challenge him. Jim then says, "Doc, if you can't stop smoking, why should I?"

* * *

Dentists who responded to the case selected only two of the four stated alternatives and offered their own suggestions. Dentists recommended that 1) Dr. Perelli should break the habit first before attempting to help others, and 2) Dr. Perelli should explain to Jim that the recommendations will help him regardless of what he thinks about his dentist's own habits. None of the respondents chose the other two alternatives: 1) Dr. Perelli has no obligation to discuss his personal habits with a patient and should inform Jim of this fact, or that, 2) Dr. Perelli should explain to Jim, "Because I am a smoker, I know how difficult quitting can be."

Should dentists be concerned about the health of the patient who uses tobacco? When does a health professional's personal habits become problematic for the patient? These questions ask us to review the ethics of: 1) tobacco facts; 2) "do as I say, not as I do?" and 3) a smoking cessation action plan for dentists.

Tobacco Facts

Tobacco use is responsible for approximately 434,000 deaths per year in the

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U.S., more than alcohol (DUI), accidents, AIDS, firearms, and homicides combined (1).

According to one recent study, 15 percent of smokers who saw a physician in the past year were offered assistance with quitting, but only 3 percent were given a follow-up appointment to address the problem. A 1992 study found that about half of all adult U.S. smokers visited a dentist and approximately 25 percent were advised to quit. Effective strategies for treating tobacco use included brief advice, counseling and pharmacotherapy (2). The ADA in 1994 published the results of a survey that asked dentists about their efforts in tobacco cessation. Approximately 56 percent of all practitioners in this limited study asked their patients if they smoke or use smokeless tobacco. Of these practitioners 53 percent advised their patients who used tobacco to quit. Only 4.4 percent of the patients who were advised to quit were provided any follow-up. The greatest barriers to incorporating tobacco use cessation services were lack of reimbursement mechanisms, followed by the amount of time required, patient resistance and/or complaints and concerns about effectiveness (3).

Do as I Say, Not as I Do?

Dentists are free to make certain choices as clinicians. While the ADA survey indicates that about half of the dentists choose to ask about tobacco use, should they do so? And should dentists who use tobacco refrain from counseling patients about cessation?

Dentists are obligated to promote the patient's general health and oral health (4). Assessing the patient's vital signs and conducting an oral cancer screening, for example, are essential components of competent practice. Recording the patient's tobacco use is commonly referred to as the "fifth vital sign." One clinician said that Dr. Perelli should just "keep his mouth shut

and just fix teeth." However, the dentist who "fixes teeth" but does not identify the lesion on the floor of the mouth is not maintaining the benefit of the patient as the primary goal (5). A relevant question is whether dentists are competent to be tobacco cessation counselors for their patients?

In this case, a dentist who smokes two packs per day provides a tobacco cessation intervention to his patient who smokes three packs per day. The patient asks, "Doc, if you can't stop smoking, why should I?" The premise is that the dentist can't oppose a behavior while still engaged in it himself—raising the question of credibility if not hypocrisy. One dentist wrote that if Dr. Perelli broke his own habit first, it would make him a better counselor. Unsurprisingly, smokers in tobacco cessation programs value counselors with tobacco histories. If his ensuing interaction with the patient is handled appropriately the dentist has the opportunity to establish a deeper credibility with the patient that comes from difficulties he may have faced first-hand. Not only does the dentist in this case have personal smoking knowledge but also a greater appreciation of tobacco addiction. Most smokers have tried to quit at some point. Overall 39 percent of current smokers report having tried to quit at least once in the previous year. The percentage for younger smokers who have tried is even higher (6). If Dr. Perelli has also tried to quit, he is able to provide personal insights: sharing what worked, what didn't work, and his current plan. Ironically, the dentist's smoking experience makes him more, not less, credible.

Regardless of the dentist's habits, counseling the patient about the known adverse effects of tobacco use and the outcome of care is relevant and the recommendation is sound. After all, it is not the dentist who must undergo this treatment and the patient needs to know these concerns before making an informed

decision. It is entirely possible that the periodontist who evaluates Jim will also advise him about the risks of continued tobacco use during periodontal therapy, the effects of delayed healing, and the overall poorer prognosis for treatment success. The competent dentist is expected to recognize predisposing and etiologic factors to establish prognosis and develop a plan that incorporates the patient's goals, values and concerns (7).

Dentists should educate patients about the latent effects of carcinogens, the presence or absence of a specific malignancy modified by the passage of time, the individual's immune status the synergistic effects of other factors or carcinogens. Consequently two people may develop very different disease patterns although they may appear only to have long-term tobacco use in common. For example Dr. Perelli is a smoker but may not be genetically predisposed to hypertension. There may also be co-morbidity factors such as alcohol use, which would significantly increase this patient's relative risk for oral pharyngeal cancer. A heavy smoker (30+ cigarettes per day) has a relative risk approximately 4.4 times greater than that of a non-smoker of developing oral pharyngeal cancer. However if the heavy smoker is also a consumer of 15 to 25 alcohol drinks per week, the relative risk for oral pharyngeal cancer rises to 37.7 times that of a non-smoker, nondrinker. Given the "raspy voice," the patient's alcohol consumption should be assessed and/or referred for visualization of the oropharynx (8).

Tobacco Cessation Strategies

The type of tobacco cessation intervention that Dr. Perelli provided is unknown. That he elicited a defensive response from the patient may indicate he miscalculated his treatment approach.

The Clinical Practice Guidelines for treating tobacco use and depend-

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ence recommends utilizing the "5 A's": Ask, Advise, Assess, Assist, Arrange (9). After confirming tobacco use the care provider advises the patient to quit. The message is to be clear and strong yet personalized, sensitive, and non-judgmental. Determining the patient's readiness to change (Assess) is the next critical step in tobacco use intervention and dictates the direction of the counseling intervention. If the patient is ready to quit, then behavioral counseling, medications (Assist) and follow-up (Arrange) are provided. If the patient is not ready to quit, Assisting the patient will not be an action oriented phase but a motivational phase using the "5 R's" — Relevance, Risks, Rewards, Roadblocks, Repetition — to enhance the patient's motivation to quit. The patient's challenge — "Doc, if you can't stop smoking, why should I?" — provides the dentist an opportunity to be honest and confirm his patient's suspicions about his smoking. Providing a motivational intervention in the context of the dentist's personal experience would engage the patient in identifying reasons for smoking, health consequences of continued smoking, and pros and cons of smoking. Taking action steps such as, setting a quit date or beginning pharmacotherapy is inappropriate for a patient who is not yet decided to quit. Success in a cessation attempt is dependent in large part on the patient's prepared-

ness and commitment.

This motivational dialogue also allows the dentist to dispel the myth that smoking is a habit but rather a complex, addictive behavior. Most importantly, the dentist should be empathetic and encouraging and communicate that the decision to quit or not to quit is the patient's.

Conclusion

Competent dentists understand the predisposing risk factors that may affect the successful outcome of care. Dentists who use tobacco may be faced with questions like Jim's and can use the opportunity to either counsel or ignore the patient's query. While the advice to stop using tobacco products may sound like "do as I say, not as I do," the dentist's obligation to promote the value of the patient's well-being exists whether he uses tobacco or not.

References

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3. ADA. The 1994 survey of current issues in dentistry: tobacco cessation efforts among private practitioners, June 1995.
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5. ADA principles of ethics and code of professional conduct, January 2003:1.
6. Centers for Disease Control and Prevention. Advance Data; Number 331, February 2003.
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8. Blot, WJ, McGlaughline JK, Devesa & Fraumeni JF (1996) Cancer of the Oral Cavity and Pharynx. In *Cancer Epidemiology and Prevention* 2nd Ed. Eds Schottenfeld & Fraumeni: 666-680.
9. Fiore MC et al. U.S. Department of Health and Human Services. Treating tobacco use and dependence, Clinical practice guideline, June 2000.

WEBSITES:

News about tobacco and tobacco control: <http://www.tobacco.org>

Reviews, medical journal articles: <http://www.update-software.com/ccweb>

Cochrane reviews on tobacco interventions: [cochrane/revabstr/g160index.htm](http://cochrane.revabstr/g160index.htm)

Clinical Practice Guideline & Patient info.: <http://www.surgeongeneral.gov/tobacco>

British Medical Journal smoking collection: <http://bmj.com/cgi/collection/smoking>

RESOURCES TO HELP PEOPLE QUIT SMOKING

American Lung Association cessation site: <http://www.lungusa.org/tobacco>

Quitnet cessation site: <http://www.quitnet.com>

National Cancer Institute cessation site: <http://smokefree.gov>

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) 828-8958, or E-mail to thasegawa@tambcd.edu.

NOTE: Readers are invited to submit topics to be considered in the Ethical Dilemma column. Contact the editor with suggestions or for further information. Recommendations in these cases are not intended to be legal advice. If you need legal advice, seek consultation from an attorney.