



## 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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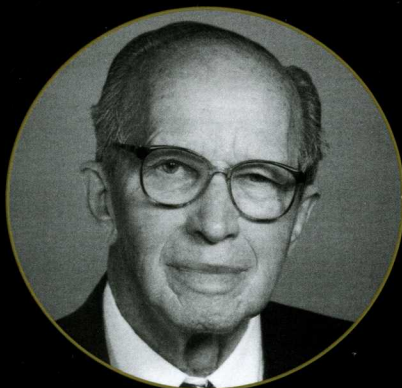
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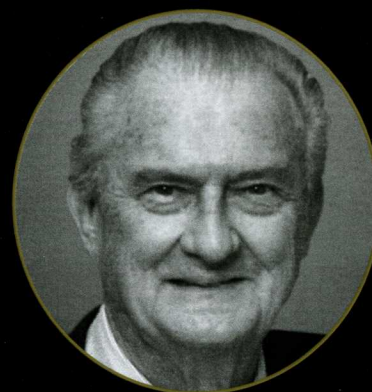
# TEXAS DENTAL Journal



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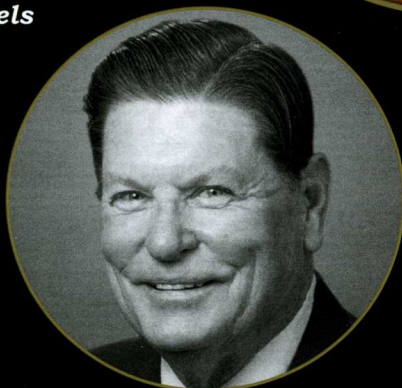
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**Texas Dental Association's Gold Medal Winners**

# What Would You Do?

## Ethical Dilemma #47

**D**r. Jeffrey Crowley has been in general practice in his current location for 1 year, although he has 10 years of experience with an office in another city. He moved to the new location because of the increasing health needs of his parents and for the opportunity to practice in a large, multidisciplinary dental complex. There are 10 clinicians in the building, which is in a growing suburb with exciting potential.

It is just before noon on Wednesday, and the week has gone unusually well, with no cancellations and a full schedule. One of the real challenges for Dr. Crowley is that with the move to be closer to his parents, he has a new set of patients, including family and friends. In his previous location, most patients were "strangers," although they often became good friends of the practice, and many were sad to see him leave. While the adage, "never treat a stranger" seems to have the best intentions, at least to Dr. Crowley, there was some relief in having some professional distance from his patients. The reason? When you treat a friend it seems that nothing seems to go just right. Today, Jack Larson is the 11:00 a.m. patient, and Dr. Crowley wonders, "Why do I continue to see my friends as patients?" Jack is a true dental phobic: every appointment takes twice as long as it should and both are exhausted when they are finished.

At 35 years of age, Jack takes excellent care of his general health, with annual physicals, stable vital signs, regular exercise, and good nutritional habits. His oral health, however, has really suffered over the last 10 years due to the neglect originating from his childhood dental fears. When Jack learned that his best friend was returning, he could hardly wait. However, today has not turned out the best day for either. Dr. Crowley is unable to perform an adequate mandibular block after three tries. He prides himself on delivering effective and relatively comfortable local anesthesia, and his patients often compliment his technique. He is visibly frustrated and his best friend continues to stymie him and quips, "I thought you were number one in your class! Is this the best you can do?"

Dr. Crowley 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. Crowley? Some options (check on or write your own) include:

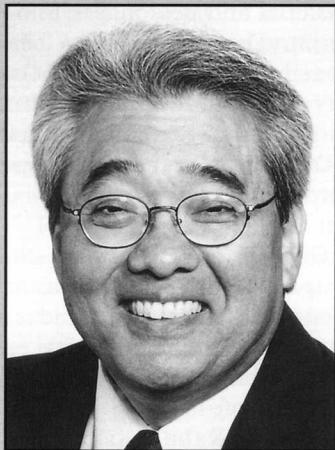
- ☐ 1. Dr. Crowley needs to just put on a professional face and get over it!
- ☐ 2. Dr. Crowley should seek the advice of other dentists in the group to help him deal with this frustration.
- ☐ 3. Dr. Crowley should tell Jack that he can no longer treat him and that he will refer him to a competent dentist nearby.
- ☐ 4. Dr. Crowley should have never agreed to treat his friends if it makes him uncomfortable.
- ☐ 5. Other alternative (please describe): \_\_\_\_\_

**SEND YOUR RESPONSE BY February 1, 2004 ATTENTION:** Dr. Thomas K. Hasegawa, Jr.,  
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# Ethical Dilemma

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Hasegawa

## Ethical Dilemma #47

### "Friend or Patient...or Both?"

Dr. Jeffrey Crowley has been in general practice in his current location for 1 year, although he has 10 years of experience with an office in another city. He moved to the new location because of the increasing health needs of his parents and for the opportunity to practice in a large multidisciplinary dental complex. There are 10 clinicians in the building, which is in a growing suburb with exciting potential.

It is just before noon on Wednesday, and the week has gone unusually well, with no cancellations and a full schedule. One of the real challenges for Dr. Crowley is that with the move to be closer to his parents, he has a new set of patients, including family and friends. In his previous location, most patients were "strangers," although they often became good friends of the practice, and many were sad to see him leave. While the adage, "never treat a stranger" seems to have the best intentions, at least to Dr. Crowley, there was some relief in having some professional distance from his patients. The reason? When you treat a friend it seems that nothing seems to go just right. Today, Jack Larson is the 11:00 a.m. patient, and Dr. Crowley wonders, "Why do I continue to see my friends as patients?" Jack is a true dental phobic: every appointment takes twice as long as it should and both are exhausted when they are finished.

At 35 years of age, Jack takes excellent care of his general health, with annual physicals, stable vital signs, regular exercise and good nutritional habits. His oral health, however, has really suffered over the last 10 years due to the neglect originating from his childhood dental fears. When Jack learned that his best friend was returning, he could hardly wait. However, today has not turned out the best day for either. Dr. Crowley is unable to perform an adequate mandibular block after three tries. He prides himself on delivering effective and relatively comfortable local anesthesia, and his patients often compliment his technique. He is visibly frustrated and his best friend continues to stymie him and quips, "I thought you were number one in your class! Is this the best you can do?"

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Dentists who responded to this dilemma chose two of the alternatives and offered other insights for the case. Clinicians chose to: 1) tell Jack that he can no longer treat him and that he will refer him to a competent dentist nearby, and 2) Dr. Crowley should have never agreed to treat his friends if it made him uncomfortable. None of the dentists chose the remaining options of: 1) Dr. Crowley needs to just put on a professional face and get over it!, or 2) Dr. Crowley should seek the advice of other dentists in the group to help him with his frustration.

Is Dr. Crowley's problem with his phobic friend an ethical dilemma? Why should treating a friend be much different than treating any patient? Do the rules change simply because you have a friend in the chair? And what about the small-town dentist who knows most of his or her patients? These questions and others lead us to reflect on the ethics of: 1) the right to choose patients, 2) dual relationships, 3) the needs of friends and patients — a Pandora's Box?

# E t h i c a l

## **The Right to Choose**

Dentists have a right to choose their patients within certain ethical and legal boundaries. Dr. Crowley chose to accept his friend as his patient knowing that Jack was a dental phobic who had neglected his oral health for 10 years.

The decision to accept the responsibility for any person as a patient is a significant ethical and legal event. Patient selection according to the ADA Code is based on the ethical principle of justice and the duty to treat people fairly in the selection process (1). The duty in the Code is expressed in a legal context as follows:

"While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentist shall not refuse to accept patients into their practices or deny dental service to patients because of the patient's race, creed, color, sex, or national origin."

The Code leaves wide discretion to the dentist for selecting patients. For example, Dr. Crowley may choose to accept phobic patients or to refer them to a more skilled clinician. General dentists, for example, may choose to refer all endodontic procedures, pediatric and complete denture patients.

A dentist could also decide to never accept friends or family members as patients, although readers who responded to this case did not choose to recommend such a policy. Dentists may be familiar with the expression "never treat a stranger" and subscribe to it as a basic tenet of practice, but this homily suggests that doctors get to know all of their patients well. Conversely, they may have told a patient who is also a friend, "I will treat you like I would my own sister" as an expression of commitment and trust. Yet, we are still left with the question: is Dr.

Crowley's reaction to clinical difficulties encountered with Jack any different than those he might experience with a similar patient who is not a friend?

Our personal lives may be filled with friends, and we may feel significant obligations to help them or protect them from harm. Our professional lives may cause conflict between feelings of friendship and the obligations embedded in the doctor-patient relationship. The philosopher Puri explains that for the professional these feelings evoke duties to act in ways to be helpful and not harmful (2). Dentists understand that helping and not harming has both dental and psychological implications.

One reader observed that, unlike psychologists who must refrain from socializing with their patients, dentists do not have similar constraints. Another said that over 34 years of practice he continues to learn about how different each patient is in regards to dental and psychological needs. So are there some ways that the roles of psychologists and dentists intersect or overlap?

## **Dual Relationships**

A dual relationship exists when a doctor has a relationship that is additional to or outside of the primary professional relationship. This can include personal, social, familial, business, and secondary financial relationships. For example, when you treat your accountant's teeth, you have a dual relationship, as you do when you provide dental care for your office staff. You are a dentist and a client at the same time, or a dentist and a "boss" at the same time. The additional relationship can occur simultaneously or may have occurred in the past. There may or may not be obvious role conflicts involved.

While prohibitions against

dual relationships have existed in psychology and psychiatry for many years, there is a minority opinion that favors some mixing of professional and personal relationships (3). Doubt has even been expressed about the constitutional legality of prohibitions against anyone's social relationships (4). The ADA Code now includes a specific prohibition (1):

2.G. Personal Relationships with Patients. Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

While there may, indeed, be some positive benefit to a dual relationship in dentistry (enhanced trust, a relaxed doctor and patient, a deeper understanding of the patient, and less expensive care), the dangers and downside are significant and often unnoticeable until something untoward occurs.

The most obvious potential problem has to do with the roles that we play and expect in the treatment paradigm. Doctors act (and think) like doctors, and patients act and think like patients. This is no small matter. From the doctor's perspective, he or she must be able to confidently and competently place a needle for a mandibular block. He or she must weigh probabilities and consequences correctly. Judgment derives from the doctor role. Patients, for their part, must trust the judgment and behavior of their doctor. They cannot think like friends might think, and, at some point, cannot second-guess. One text on dual relationship puts it this way (5):

"Because we are conditioned to

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accept the social structure and values that legitimize professionals' power, we accept their authority as part of a normative process. We voluntarily comply. Because of social conditioning and professional training, professionals learn to exercise the authority prescribed by their role. They expect their directives to be accepted. We endorse their authority by cooperating."

Role expectations are important, and they must be clear and consistent. When your accountant is sitting in your dental chair, he or she is first a patient and second an accountant and possibly friend; just as when you are sitting in your accountant's chair, you are first a client and only second a dentist. There is nothing inherently wrong with dual relationships as long as each person plays his role at the proper time. This is easier for some doctors and patients than others.

## **Needs of Friends and Patients: A Pandora's Box?**

The question of "whose needs are being met?" is critical in this discussion, because, in a friendship, the needs of both parties are central. When both friends' needs are not met the relationship is unbalanced and may be counterproductive. In the doctor-patient relationship, it is the patient's needs that are central. The whole point of the interaction is to attend to those needs. The doctor takes care of his or her own needs in a less direct way, by being paid or by feeling professional satisfaction. While treating friends is allowable, it may complicate treatment, and may not be appropriate. Sometimes serious problems lurk in dual relationships, and they are not obvious at the onset of treatment. For example, do you want to be the first adult in the family to learn about your niece's pregnancy and impending abortion? Do you

want to keep a secret, and, if you do, what do you tell your sister when she confronts you about it years later? And what about the health history form? You must have a complete one for each patient that you treat. Do you want to know about Aunt Nellie's Lithium or Uncle Bill's penile implant? Conversely, do you want patients to lie on the health history form — or feel compelled to do so? Do you warn them about the health history before they show up at your office for treatment?

Then there is the issue of fees. Do you charge the same fees for your family that you charge for "strangers?" If you don't, there is a good chance that cousins will wonder about whether they got the same deal as other cousins. When you reduce the fee that you charge your contractor, do you expect him or her to reciprocate? Do they expect favors (e.g., waiving the copay) from you in the dental office?

There are many complex aspects of dual relationships, even though they are not illegal or necessarily unethical. In fact, rural dentists cannot avoid multiple levels of relationships (someone has to treat the mayor and your children's teacher!). But they require serious consideration and open discussion in advance.

## **Conclusion**

Dentists have the right to choose the patients they treat within certain ethical and legal boundaries. Treating friends is not prohibited on legal grounds, although a dentist would be ethically justified to refuse to do so if he or she believes that the possible conflicts are unacceptable. Dentists who choose to accept friends as patients would be ethically justified in explaining the potential conflicts as part of securing informed consent and for protecting these friendships.

## **References**

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4. Ebert WB. Dual-relationship prohibition: A concept whose time should never have come. *Applied and Prevention Psychology*. 1997, 6:137-156.
5. Peterson MR. At personal risk; boundary violations in professional-client relationships. W.W. Norton & Company/NY 1992:36-37.

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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) 828-8958, or E-mail to [thasegawa@tambcd.edu](mailto: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.