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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What Would You Do?

Ethical Dilemma #49

Dr. Mike Arnest has been in solo general practice for 15 years in a booming suburb that has doubled in size since he started practice. For the last 10 years, most of his practice has been providing esthetic dentistry. He has been invited to present continuing education programs highlighting his skills in cosmetic dentistry at several national meetings.

Ms. Ashley Newcomb is a new patient in the office, and since she is 15 years old, her mother completed the health history and has written "porcelain veneer makeover" as the chief complaint. Ashley is in good health and has yearly medical and dental examinations. Dr. Arnest's examination of Ashley reveals excellent care and attention with sealants on her molars and an "ideal" dentition in regards to tooth position, color, size, shape, and tissue health and architecture. If one were searching for the picture of the "ideal" smile in dentistry, a photograph of Ashley would be appropriate.

Dr. Arnest is puzzled about the request for veneers and is unable to find out much from Ashley who is very quiet. Her parents are invited into the operatory to discuss his findings when her father says, "we came to you to do veneers on all of her teeth." He explains that Ashley has been in three teenage pageants, and while she is competitive, both parents know that veneers will give her a competitive edge. They want longer and "chalky white" teeth that really stand out when she smiles. They even have pictures from a magazine showing the before and after and how veneers improve the smile. Her mother says, "Look, all of our competitors are having it done — and we want it too!" The parents both remark that dental veneers are always a part of the new extreme make-over shows, and explain, "We tried every type of bleaching from another dentist and it is not chalky enough and she now complains of cold hurting her teeth."

Dr. Arnest explains that Ashley has a "textbook" smile and veneers are invasive and irreversible and may be harmful to Ashley due to her large pulp chambers. He even says, "I would not do veneers if Ashley was my daughter — she has a great smile." Her father says, "She is not your daughter, and veneers may be what it takes that gets her from second to first place. We want her to be a winner. Just do it. Money is no object."

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Dr. Arnest 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. Arnest? Some options (check one or write your own) include:

____1. Dr. Arnest should stay out of this discussion and just provide the veneers. If he doesn't do it, someone else will;

____2. Dr. Arnest should educate the parents about the qualities of Ashley's smile and the risks of veneers, and if they still demand it, he should then provide the care;

____3. Dr. Arnest should educate the parents about the qualities of Ashley's smile and the risks of veneers, and if they still demand it, decline to provide the treatment but refer her to another dentist who may provide the treatment;

____4. Dr. Arnest should educate the parents about the qualities of Ashley's smile and the risks of veneers, and if they still demand it, decline to provide the treatment nor refer her to another dentist;

____5. Dr. Arnest should educate the parents about the qualities of Ashley's smile and the risks of veneers and offer bleaching as an alternative, one more time. If they still demand it, he should decline to provide the treatment nor refer her to another dentist.

____6. Other alternative (please describe): _____

_____

SEND YOUR RESPONSE BY August 1, 2004 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, Ph.D., Charles W. Wakefield, D.D.S., M.A.G.D.,
Director of the Advanced Education in General Dentistry Program Baylor College of Dentistry

Hasegawa

Ethical Dilemma #49
"Extreme Makeover: We Want Her to be a Winner"

Dr. Mike Arnest has been in solo general practice for 15 years in a booming suburb that has doubled in size since he started practice. For the last 10 years, most of his practice has been providing esthetic dentistry. He has been invited to present continuing education programs highlighting his skills in cosmetic dentistry at several national meetings.

Ms. Ashley Newcomb is a new patient in the office. Since she is 15 years old, her mother completed the health history and has written "porcelain veneer makeover" as the chief complaint. Ashley is in good health and has yearly medical and dental examinations. Dr. Arnest's examination of Ashley reveals excellent care and attention with sealants on her molars and an "ideal" dentition in regards to tooth position, color, size, shape, and tissue health and architecture. If one were searching for the picture of the "ideal" smile in dentistry, a photograph of Ashley would be appropriate.

Dr. Arnest is puzzled about the request for veneers and is unable to find out much from Ashley, who is very quiet. Her parents are invited into the operatory to discuss his findings when her father says, "We came to you to do veneers on all of her teeth." He explains that Ashley has been in three teenage pageants, and while she is competitive, both parents know that veneers will give her a competitive edge. They want longer and "chalky white" teeth that really stand out when she smiles. They even have pictures from a magazine showing the before and after and how veneers improve the smile. Her mother says, "Look, all of our competitors are having it done — and we want it too!" The parents both remark that dental veneers are always a part of the new extreme make-over shows, and explain, "We tried every type of bleaching from another dentist and it is not chalky enough and she now complains of cold hurting her teeth."

Dr. Arnest explains that Ashley has a "textbook" smile and veneers are invasive and irreversible and may be harmful to Ashley due to her large pulp chambers. He even says, "I would not do veneers if Ashley was my daughter — she has a great smile." Her father says, "She is not your daughter, and veneers may be what it takes that gets her from second to first place. We want her to be a winner. Just do it. Money is no object."

* * *

Dentists who responded to this dilemma overwhelmingly chose to 1) educate the parents about the qualities of Ashley's smile and the risks of veneers, and if they still demand it, neither provide the treatment nor refer her to another dentist. Dentists rarely chose to

2) educate the parents and decline to provide the treatment but refer her to another dentist who may provide the treatment, and 3) educate the parents about the qualities of Ashley's smile and the risks of veneers and offer bleaching as an alternative, one more time. If they still demand it, Dr. Arnest should decline to neither provide the treatment nor refer her to another dentist. None of the respondents chose to 4) stay out of the discussion and just provide the veneers, if he doesn't do it, someone else will; or 5) educate the parents about the qualities of Ashley's smile and the risks of veneers, and if they still demand it, he should then provide the care.

Dr. Arnest is faced with parents who believe that his skills as a dentist will create the winning smile for their daughter. Esthetics is certainly an important aspect of the dentist's skills, but are there lines over which we should not cross? When does the pursuit of beauty become an unhealthy obsession? And what input should Ashley have in this circumstance? These questions and others lead us to reflect on the ethics of: 1) weighing esthetics: the "ideal" smile; 2) form follows function ... or fashion?; and 3) speaking on Ashley's behalf.

Weighing Esthetics: The "Ideal" Smile

It is not difficult to imagine that some dentists, when engaged in conversation, consciously or unconsciously, perform some type of esthetic inventory with the subject before them. Do the teeth show too much or too little? Do the incisal edges match the smile line? Is the midline correct, and are the teeth matched in size, shape and alignment to the facial symmetry? Is the tooth color and texture complementary to the smile? Does the gingival architecture accentuate or detract from the overall effect, and is the tissue healthy? Are there signs of normal wear and tear or are there gaps, injuries or the residue of dysfunctional habits? These overt characteristics and more may be calculated by a dentist in a few seconds of observation.

One of the unique qualities of dental practice is the responsibility for translating aspects of an esthetic inventory into a coherent and cogent treatment plan for our patients. These subjective and objective measures of esthetics are core skills of the dentist. The philosopher David Ozar, has observed that a dentist who pays no attention to the oral and facial appearance of patients or to their judgments about their oral and facial appearance would surely be failing professionally (1).

Dr. Arnest has made these measures for Ashley and has determined that she has an "ideal" dentition and smile. Dentists must deal with requests ranging from the most subtle, such as bleaching or esthetic reshaping, to more invasive alternatives, such as veneers and then fixed partial dentures, to the most extreme procedures, such as rehabilitating the diseased, dysfunctional, and developmentally disfigured dentition. Determining an action plan that matches the right skills, techniques and products when faced with these challenges is part of what we understand as the art and science of dentistry. Our challenge is that the smile is a visible, integral part of our personality, always on display and easily accessible for inspection by other dentists.

While the demand for veneers by Ashley's parents may initially sound justifiable, since "all" pageant competitors are having it done, Dr. Arnest would be acting unprofessionally if he ignored other constraints and parameters and attended only to esthetics. Claude Rufenacht noted in this regard that, "esthetic sensibility will have to develop within the limits of physiological, morphological, and occlusal parameters in restoring stomatognathic function and improving dentofacial and facial esthetics (2)." Ozar observes that as dentists care for patients, they make numerous decisions that are inherently value laden, and that certain of these values are central to the proper practice of dentistry. In this instance, the dentist would be acting unprofessionally if he placed the demand for esthetic care before the patient's life and health, oral health and appropriate oral function (1). For example:

we understand there are physiological and possible psychological constraints when dealing with a 15 year old who has large pulp chambers and sensitive teeth. Ashley may be more sensitive with further bleaching and may have irreversible pulpal changes with more invasive care.

We also understand that her parents want an "extreme makeover" so that Ashley's smile will fit those in the pictures they bring to the office, even though Dr. Arnest has provided his professional opinion that she has an "ideal" smile and dentition. Her parents furthermore believe that his skills as a dentist may provide the competitive edge to move Ashley from second place to being a winner.

But can or should Dr. Arnest "just do it" and provide the care that the parents demand? Money is no object to the parents in this pursuit. Will Ashley become a winner because the dentist provides the treatment that her parents demand?

Form Follows Function ... or Fashion?

Ashley's parents have produced a picture of the perfect makeover: the outcome they expect from the veneers. Dr. Arnest has determined that their daughter has the "ideal" dentition and smile: one that could serve as the picture of the "ideal" in dentistry. What picture is right for Ashley or for the profession?

Sociologist Arthur Frank provides an insight here by proposing that, "the possibility of fixing renders inescapable the question of whether or not to fix..." and the problem thereby, "where to draw limits of self-fixing (3)." Frank describes an article in Vogue magazine titled "the flawless foot" where New York podiatrists were interviewed and described the surgical practice of shaping women's feet so they can fit into and look good wearing designer shoes (4). The patient-consumer would bring a pair of shoes in the anticipation that the podiatrist would then shape her feet to fit them. The point here is that the foot should not be an embarrassment to the shoe, and therefore should be fixed. It is the shoe design that sets the ideal by which the foot should be shaped. This view of foot fixing was not held by all podiatrists as Helena Reid in the article offered, "When I operate my goal is to alleviate pain. The risk with all podiatric surgery, no matter how minor, is that it fundamentally alters the structure of the foot and the way you walk, which may cause new calluses and pain you didn't have to begin with."

The tension then is between the dental profession's historic affirmations that form follows function in contradistinction to the narrower view that form follows fashion. The question remains, which view is right for Ashley?

Speaking on Ashley's Behalf

Dentists who responded to this case overwhelmingly chose to educate the parents about the qualities of Ashley's smile and the risks of veneers, and if they still demand it, neither provide the treatment nor refer her to another dentist. Respondents had much to say about this case, including that Ashley is old enough to be asked about what she wants, since she will have to live with the consequences, and that "some things are worth more than money, and integrity is one of them."

But while Ashley may be old enough to be asked about what she wants, it is her parents who are entrusted to act in her best interests: their daughter can not legally consent to this treatment. In medical decision making, health care professionals are also entrusted to act in the best interests of the minor (5). In this case, it isn't the patient who is demanding the care, and it's the parents, who don't have to go through the operation. Ashley has been quiet in this case, but what if she also asserted that she wanted and needed the veneers to be a "winner?" Would that change Dr. Arnest's views that the treatment is unnecessary and may be harmful to Ashley? The philosopher William May, writing on the subject of professional character and virtue, observes that, "Integrity marks the professional who is upright or integral (whole)." "Integrity ... signifies a wholeness or com-

pleteness of character; it does not permit a split between the inner and the outer, the word and the deed. As such, it makes possible the fiduciary bond between the professional and the client (6)." The term "fiduciary" refers to the trust that the professional will act on behalf of his or her client's best interest, even before his or her own self-interests (7).

The issue, then, is when is the dentist "permitted" to say no and when is the dentist "obligated" to say no. The difference is: "In my professional opinion, this is an unnecessary procedure and so I will decline to perform it" vs. "In performing this procedure I would not be acting in my patient's best interest and undermining my fiduciary trust so I cannot do it." While the differences may seem subtle, in the former the dentist is saying no to a competent patient who is expressing his/her autonomous rights and in the latter the dentist is saying no to the parents of a vulnerable minor who must live with the decision of those who should be trusted.

While there is general agreement about the duties and obligations surrounding the doctor-patient relationship, there is much less consensus when there is a third-party decision maker. In that case, the role of the professional in speaking up for the patients who can't or won't speak for themselves is paramount.

Conclusion

The challenges of practice include the moral questions that continually define and refine how we view ourselves as professionals in relation to our patients, profession and the larger community. While there seems to be an ongoing tension between function and fashion that may only intensify in the pursuit of the esthetic "ideal," dentists are ethically obligated to refuse to provide treatment that they deem to be unnecessary and that may harm the minor patient.

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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.

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.