



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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TEXAS DENTAL Journal

The 34th Annual Galveston
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Either the dentist is unable to identify the source of the pain or Mr. Rudd is either imagining or feigning his symptoms. Some of the respondents to the case chose to appoint Mr. Rudd for Monday and inform him that since you, the dentist, could not locate the source of the pain, you cannot prescribe any pain medications, and that he should take an over-the-counter medication. On the surface this appears to be an unsympathetic decision, especially since dentists should be "caring and fair" ⁶ in their contact with patients; however, it would also be inappropriate and unlawful to perpetuate a drug dependence if it could be avoided.

A special circumstance in this case is that Mr. Rudd is an emergency patient which adds another factor to the dentist-patient relationship.

Dentist-Patient Relationship

The dentist in emergency situations must make an immediate assessment of the patient's decision-making capacity and assess if the patient is truthful in his or her disclosure.

Informed decision-making requires that the patient have the capacity to **understand** information and to **communicate** this understanding. Patients must also have some **awareness** of personal goals and values regarding their health and to have the **ability to reason and deliberate** about treatment options.⁷ In most emergency situations, the goal of therapy is to manage the acute aspect of the emergency, whether it is a pulpotomy, temporary restoration, extraction, incision and drainage, etc., and to reappoint the patient for a comprehensive evaluation.

What Would You Do?

Ethical Dilemma #8

Mr. Howard Glover is an emergency patient who has come to your office because of a "bad front tooth." He is a 30-year-old man who has an unremarkable health history and has had regular dental care until he lost his job one year ago. Mr. Glover is unemployed and admits to your receptionist that he will be unable to pay for expensive dental treatment.

Six months ago, Mr. Glover slipped on the ice and bumped his front teeth on the pavement. Mr. Glover explains that the teeth were loose initially but now seem to be firm, but one tooth, his maxillary right center incisor, has turned slightly darker than the other teeth and there is a slight swelling under his lip. He has had only mild pain for which had taken Advil for the few days after the injury. Your clinical and radiographic evaluation reveals that the clinical crown and root were not injured by the fall and the 2mm periapical radiolucency at the apex of #8 and the draining sinus tract confirm the diagnosis of pulpal necrosis. The tooth is restorable and a porcelain veneer crown is the treatment of choice because of existing mesial and distal composites. Overall, his oral health other than a generalized mild gingivitis seems stable—there are only a few posterior occlusal amalgams, no obvious caries, and his occlusion is stable.

As you explain your findings to Mr. Glover with the recommendation for nonsurgical root canal treatment and a porcelain veneer crown, he becomes distressed as you discuss the cost and exclaims, "I don't want to lose my tooth, but I told your receptionist that I am unemployed and can't afford expensive treatment. I have always taken care of my teeth and until I lost my job I have always had regular checkups. What can I do? I don't want to lose the tooth but I can't afford the root canal and crown!"

You are now faced with an ethical dilemma. Check the course of action you would follow and mail or fax this page, or a note indicating your choice, as instructed below.

1. ☐ Perform a pulpectomy, instrument the canal, and dismiss the patient.
2. ☐ Extract #8
3. ☐ Refer Mr. Glover to a local clinic that does low cost or charitable dental treatment.
4. ☐ Complete the root canal treatment for Mr. Glover and have him pay what he can over time. Avoid doing the porcelain crown until he is able to pay.
5. ☐ Complete the root canal and crown for Mr. Glover. Have him pay what he can over time.
6. ☐ Dismiss Mr. Glover from your practice.
7. ☐ Other alternative (please explain)

SEND YOUR RESPONSE ATTENTION

Dr. Thomas Hasegawa, Department of General Dentistry, Baylor College of Dentistry, P.O. Box 660677, Dallas, Texas 75266-0677 or fax to (214) 828-8952.



Ethical Dilemma

EDITOR'S NOTE: Thank you for your responses and letters regarding the dilemmas and your support of this Department! If your local dental society or study club is interested in discussing an ethical dilemma as part of your continuing education program, please write or phone and I will assist you in coordinating and conducting a discussion of a case including a case analysis format, background materials, and handouts.

"I Don't Want to Lose My Tooth"

Response to Ethical Dilemma #8

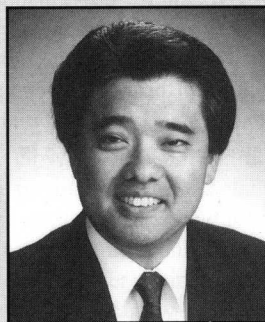
Mr. Howard Glover (complete case in April TDA Journal) is a healthy 30-year-old, who has come to your office as an emergency patient because of a "bad front tooth." He had regular dental care until he lost his job one year ago and admits to your receptionist that he will be unable to pay for expensive dental treatment.

Six months ago he fell on the ice, which loosened his teeth initially, but now they seem to be firm. However, his maxillary right central incisor has turned slightly darker than the other teeth, and there is a slight swelling under his lip. He has had only mild pain for which he had taken Advil for a few days after the injury. Your clinical and radiographic evaluation reveals that the clinical crown and root were not injured by the fall and the 2mm periapical radiolucency at the apex of #8 and the draining sinus tract confirm the diagnosis of pulpal necrosis. The tooth is restorable and a porcelain veneer crown is the treatment of choice because of existing mesial and distal composites. Overall, other than a generalized mild gingivitis, he has only a few posterior occlusal amalgams, no caries, and a stable occlusion.

You explain your findings to Mr.

TDA Council on Ethics and Judicial Affairs

By Thomas K. Hasegawa, Jr., D.D.S.
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Glover with the recommendation for nonsurgical root canal treatment and a porcelain veneer crown. He becomes distressed, however, as you discuss the cost and exclaims, "I don't want to lose my tooth, but I told your receptionist that I am unemployed and can't afford expensive treatment. I have always taken care of my teeth and until I lost my job, I have always had regular check-ups. What can I do? I don't want to lose the tooth, but I can't afford the root canal and crown!"

Mr. Glover's case invoked a vigorous response, with most dentists choosing to complete the root canal and have him pay what he can over time (#4). A few chose to either perform a pulpectomy, instrument the canal, and dismiss the patient (#1) or to refer the patient to a low-cost charitable clinic (#3). None of the respondents chose to extract the tooth (#2) or to provide the root canal and porcelain crown (#5).

What are the therapeutic options and the associated benefits and harms for Mr. Glover? Are dentists obligated

to treat emergency patients without payment? Is this an ethical dilemma or is it, as one dentist wrote, mainly a question of whether a dentist is obligated to do "charity dentistry?"

There are three important ethical aspects to this case: 1) what are the issues of esthetics and function in this case?; 2) what do our professional codes say about our obligation to treat patients?; and 3) is dentistry a service or a profession?

ESTHETICS AND APPROPRIATE FUNCTION

Mr. Glover's plight is that he is unable to afford the recommended treatment that would restore esthetics and maintain appropriate function. Unlike a previous ethical dilemma that featured the esthetic requests of a complete denture patient, Mr. Glover's case intermixes esthetics and appropriate function as revealed in the assessment of risks and benefits of alternative treatments.

None of the respondents chose to extract #8, although the extraction would predictably remove the nidus of infection, resolve the chronic sinus tract, and prevent possible complications such as cellulitis. If the dentist extracts the tooth without prosthetic replacement, however, both esthetics and appropriate function are compromised, along with Mr. Glover's hopes for future employment. His plight is intensified as the extraction contradicts the principle of nonmaleficence, or, "above all, or first, do no harm."¹ The extraction, although expedient, is an unattractive alternative.

Likewise, **none of the respondents chose to extract #8 and restore prosthetically** with treatment alternatives such as temporary acrylic denture, a fixed or removable partial denture, or an implant and crown. These alternatives have additional fees and laboratory costs that the patient may be unable to afford.

Ethical Dilemma

The majority of the respondents chose the option to perform nonsurgical root canal therapy and to avoid starting a porcelain crown until he is able to pay. The root canal is the treatment of choice for his condition and has a good probability of success with less potential post-operative complications due to the draining sinus tract.² Although delaying the porcelain crown may have possible deleterious effects, such as further discoloration of the tooth or possible fracture, Mr. Glover may prefer these risks over the certain disadvantage of extraction. **A few respondents chose pulpectomy** as an alternative, as an interim treatment for Mr. Glover.

One respondent, an endodontist, considered **no treatment** as an alternative as "we have all seen patients who have had fistulas that

have drained on and off for years without any apparent problems." Although the tooth may continue to discolor and his symptoms could exacerbate, Mr. Glover may prefer no treatment over extraction, as he is not in pain and his localized infection is currently palliated by the chronic sinus tract. A few dentists wrote that they would begin antibiotics for his infection, although a chronic sinus tract is not usually an indication for coverage.³

PROFESSIONAL CODES AND THE OBLIGATION TO TREAT

Professional codes are an important source of understanding the values and norms of a profession. What do our professional codes say about the dentist's obligation to accept patients, especially those that are unable to pay?

Both the ADA and the TDA Codes agree that dentists "may exercise reasonable discretion in selecting patients for their practices" (ADA)⁴ and that they "may choose whom to serve." (TDA)⁵ Both prohibit discrimination because of a "patient's race, creed, color, sex, or national origin" (ADA) or because of "an individual's particular class or group status." (TDA)

For emergency patients, not of record, such as Mr. Glover, the ADA Code states that dentists are obligated to "make reasonable arrangements for emergency care," while the TDA code is more specific in its statement: "a dentist should render appropriate care compatible with professional ability and existing circumstances."⁵ Neither of these statements infers that "reasonable arrangements" or "existing circumstances" include providing

What Would You Do?

Ethical Dilemma #10

Ms. Gladys Marker is a new patient in your office with a chief complaint that she "hates her partial denture" and she wants a "porcelain bridge, just like the one you just did for my best friend." She is a 39-year-old computer analyst working for the same company for the past 15 years, and has had a fee-for-service dental insurance contract with her company since she was hired.

Ms. Marker is in excellent general and dental health, and has had yearly dental examinations for the past 15 years. Twenty years ago, she had a serious auto accident and lost her mandibular central and lateral incisors, mandibular molars on the right side, along with her maxillary right first and second molars. She initially wore a temporary acrylic partial denture for three years that was replaced by her current removable partial denture that she has worn for ten years. The fit and appearance of the partial denture is poor. Her excellent periodontal health, tooth position, size, and occlusion would tolerate either a fixed or removable partial denture.

You have explained to Ms. Marker that she will not have occlusion on tooth #3 if a #22x27 porcelain fixed partial denture is made, but she doesn't care. You agree to submit a preestimate for a fixed partial denture along with radiographs to her dental insurance company. Her dental insurance has a \$250 deductible with a co-pay of 50% for prosthodontics, for a maximum annual benefit of \$1,000.

Five weeks later, you receive a reply and a rejection of the treatment plan with an explanation that a removable partial denture would be allowable. Ms. Marker is upset and insists that you complete the fixed partial denture, submit it as a removable partial denture, and she will pay the balance. You explain to her that this is illegal, but she again insists that you follow her decision.

You are now faced with an ethical dilemma. Check the course of action you would follow and mail or fax this page, or a note indicating your choice, as instructed below.

1. ☐ Send a letter or call the insurance company explaining that the patient does not want a removable partial denture.
2. ☐ Have the patient contact the company representative for dental insurance.
3. ☐ Contact the insurance consultant for your local component of the TDA.
4. ☐ Follow the patient's request and submit the bridge as a removable partial denture.
5. ☐ Other alternative (please explain)

SEND YOUR RESPONSE BY **JUNE 6, 1994**, ATTENTION:

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emergency care for all patients regardless of their ability to pay.

A significant point of contention within the dental codes originates from the word "service" in the phrase "service to the public." If the "primary obligation of dentists shall be service to the public"⁴ does this infer that the dentist is obligated to provide care for all patients regardless of their ability to pay?

SERVICE OR PROFESSION

The debate about what a profession is supposed to be, professional models for example, has been as perplexing for dentistry as it has been for medicine. Health care reform has prompted an intense introspection about professional norms and the values, particularly in regards to the interrelationship of the health professions with the larger community. Is dentistry a service that should be provided freely by its members, a commercial agreement as any business, an autonomous profession, etc.? Mr. Glover's case allows us to briefly explore three professional models that delineate some of the issues involved in the debate.

The first professional model is the **Service Model** in which dentists approach their profession with a "nearly selfless devotion, often sacrificing personal and familial needs in favor of serving their patient and the public at large."⁶ Salvatore Durante, a dentist, has referred to the term "serve" in this context to literally mean "to be a slave."⁷ None of the respondents chose to provide care without some expectation of payment by Mr. Glover.

A second model has been described as the **Commercial Model** where the dentist has "products and services to sell to patients" and the "doctor-patient relationship is a function of marketplace exchanges, with neither party having obligations to the other until a 'contract' is agreed upon."⁶ In other words, "we offer a highly valued service, but we are still, in essence, *traders* - like anyone else

in a free society."⁷ Some respondents to Mr. Glover's predicament wrote that "ours is a fee-for-service profession," and that, "I do not believe that any dentist is under ANY ethical, moral, or professional obligation in any way to render treatment of any kind without expectation of full payment for his/her services." In all responses, although the dentist expected some if not all payment for treatment, none of the respondents chose to dismiss Mr. Glover without providing some care, or at least a referral to a low-cost or charitable dental clinic.

The third model has been described as the **Interactive Model**, where "decisions made by the dentist and patient together involve a subtle meshing of the expertise of the professional with the choice of the patient, based on the patient's own values, priorities, and purposes," or simply described as a "partnership of equals."⁸ The majority of respondents chose the option to complete the root canal treatment for Mr. Glover and have him pay what he can over time. Some dentists explained in notes and letters their office policy and how they would arrange for payment, including the number of months and the amount. Another respondent wrote that his office "always take the patients' individual needs at hand," and another wrote that patients like Mr. Glover are often appreciative and are "excellent patients and refer all their friends." All of the respondents, again, expected some payment for their treatment, with some expecting full payment.

CONCLUSION

Mr. Glover's case asks us to consider our obligations to patients generally and specifically to those who are unable to pay. Although the professional codes do not articulate specific responsibilities in these regards, the responses to this case provide a glimpse of various professional models that are worthy of debate and scrutiny. As an overview, at least, none of the respondents

abandoned Mr. Glover, but rather, **in all instances**, attempted to help him by providing some care or referring him to a charitable or low-cost dental clinic, with the majority providing root canal treatment and having him pay over time. In this regard it seems that the respondents were "*caring and fair in their contact with patients.*"⁴

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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, or fax to (214) 828-8952.