



## 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.

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June 1994

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- Pulse rate drops to normal
- Body temperature of hands and feet increases to normal

#### 8 hours

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#### 48 hours

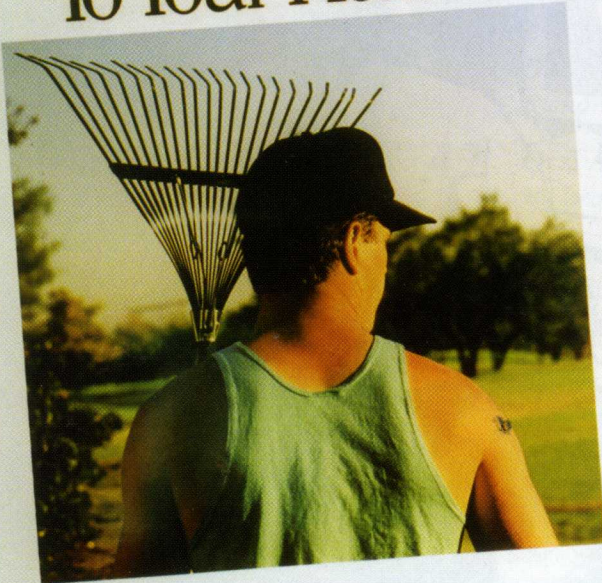
- Nerve endings start regrowing

# TEXAS DENTAL

# Journal



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## Ethical Dilemma

with the "ruddy complexion" and wonders if a dentist's objective assessment of esthetics could realistically include, for example, a Bioform shade 100 or a Bioblend shade 59.

The elements of patient autonomy and oral function are also effected by the patient's subjective and the dentist's objective judgments about esthetics.

### Appropriate Oral Function/ Patient Autonomy

The dentist is permitting Mr. Davies to exercise his autonomy with his selection of the tooth color for his complete dentures, but is the dentist merely the agent who fulfills patient requests and is, therefore, free of responsible clinical decision-making?

Patients may have a diminished autonomy when they are in pain or have compromised oral function and esthetics. The edentulous patient has suffered a loss just as patients who suffer the loss of another body part and must adapt to a prosthesis, and some argue "no prosthetic restoration, even

if mechanically and esthetically perfect, can restore a person's image of himself as a whole person with no parts missing."<sup>8</sup> Most patients adapt to complete dentures and some even welcome the treatment. Even if they do adapt, they may feel, however, as one patient said: "the denture fits, I am not suffering any physical pain but part of me is gone. These are not mine, they are a dead part of myself."<sup>8</sup> When teeth are lost, "people lose more than function; they suffer a psychological shock that leaves them with a loss of self-esteem and other anxieties," and some patients "may remain in a state of grief or depression indefinitely."<sup>5,8</sup> The edentulous patient may feel as physically and psychologically vulnerable during a dentist's oral examination as during a physician's physical examination. One patient expressed the pain of seeing herself without dentures by saying "it just ripped my whole self apart. I felt I was old...it was absolutely ghastly!"<sup>9</sup> Psychologists describe the edentulous patient as potentially maladaptive (the patient that views tooth loss as a serious impairment of the quality of their lives). As a result, the

patient may pretend to seek technical advice from dentists when he or she may be actually seeking emotional solutions.<sup>10</sup>

Although Mr. Davies' choice may seem misguided, even foolish, he has not asked for a treatment that is harmful or will compromise his appropriate oral function. Philosopher D.T. Ozar has ranked value categories in clinical dental ethics to establish a hierarchy that compares conflicting values in an ethics case.<sup>7</sup> Ozar reasons, for example, that "accepting a trade-off which would leave a patient with significantly impaired oral function, even for the sake of autonomy...would be unethical practice." If Mr. Davies' brother requested, for example, full mouth extraction of his healthy, natural, objectively esthetic dentition so that he would feel "younger and more vigorous," his request would not override the dentist's responsibility for making a clinical judgment and determining if the treatment would significantly impair the patient's appropriate function.

Respondents to the case chose to involve Mr. Davies in the treatment decision<sup>11,12</sup> by honoring the patient's

## What Would You Do?

### Ethical Dilemma #9

Ms. Stacey Allen is a forty-five-year-old patient who, along with her three children, has been in your practice for ten years. Ms. Allen is in excellent health, exercises regularly, and is conscientious about her yearly medical and dental examinations. Her chief dental complaint was the space caused by the loss of her mandibular first molar twenty years ago. She has excellent periodontal health, a stable Class 1 occlusion, no evidence of bruxism, good esthetics and only a few small anterior and posterior restorations. Since she did not have dental insurance, she saved her money until she could pay for an 18x20, three-unit porcelain fixed partial denture with all porcelain occlusion to replace the missing molar. Both abutments had small occlusal restorations, but overall the tooth size, crown-to-root ratio, alignment, and gingival attachment were favorable. The three-unit, fixed partial denture was cemented three years ago and she has been satisfied with the overall esthetics and function.

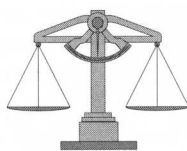
Last Friday, while Ms. Allen was eating a sandwich, Ms. Allen felt a hard object and, as she told your receptionist, "it's the tooth-colored part of my bridge!" Your examination found that the buccal cusps of both molars had failed, leaving some bare metal and some porcelain on the buccal surface. Although she wasn't in pain, the esthetic deficiency was obvious and she was angry. As she explained the situation, she wants to know if you "stand behind your work" because she cannot pay for another bridge. Although you explain to her that there are no guarantees for dental care, she still wants to know if you will "stand behind your work."

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. \_\_\_\_\_ Replace the three-unit fixed, partial denture at no fee.
2. \_\_\_\_\_ Ms. Allen should pay the laboratory fee only for the replacement.
3. \_\_\_\_\_ Ms. Allen should pay 50% of the full replacement fee.
4. \_\_\_\_\_ Ms. Allen should pay the full replacement fee.
5. \_\_\_\_\_ 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

### "Will you stand behind your work?"

#### *Response to Ethical Dilemma #9*

Ms. Allen (April issue) is a forty-five-year-old patient who, along with her three children, has been in your practice for ten years.

Ms. Allen, who does not have dental insurance, saved for an 18x20 porcelain fixed-partial denture with porcelain occlusion that was cemented three years ago.

While eating a sandwich, she fractured the buccal cusps of both molars leaving some bare metal and some porcelain on the buccal surface. Although she wasn't in pain, the esthetic deficiency was obvious and she was angry. She wants to know if you "stand behind your work," because she cannot pay for another bridge. You explain there are no guarantees for dental care but she still wants to know if you will "stand behind your work."

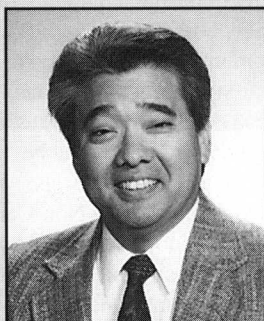
Are dentists obliged to redo at no charge treatment that fails? What do our professional codes say about this? Should dentists guarantee their work and, if so, for what length of time?

The majority of the respondents chose to replace Ms. Allen's fixed partial denture at no charge. A few chose to either have Ms. Allen pay only for the laboratory fee, or 50% of the full replacement fee. None of the respondents would have Ms. Allen pay the full replacement fee.

Are dentists obligated to "stand behind their work?" The following three ethical issues provide a context for analyzing this complex case: (1) appropriate function; (2) guarantee or informal consent; and (3) promise-keeping.

### TDA Council on Ethics and Judicial Affairs

By Thomas K. Hasegawa, Jr., D.D.S.  
Consultant Merrill Matthews, Jr., Ph.D.



Hasegawa

#### Appropriate Function/Technical Considerations

One of the predicaments dentists face is satisfying both the functional and esthetic demands of the patient. Some patients have extremely high esthetic expectations without an appreciation for the limitation of the materials and technique. A few of the respondents challenged the selection of porcelain occlusion in this case and discussed the possibility of dental laboratory error as a source of failure of this prosthesis.

Porcelain occlusion is contradicted in some circumstances. (1) One respondent wrote that the dentist "should not have made that type of bridge in that part of the mouth in the first place." Porcelain occlusion has the inherent characteristics of high-compressive but low-shear strength. It is more difficult than metal to establish occlusion and is contraindicated in cases where the patient bruxes, has

short clinical crowns, or large pulp chambers. (2,3) Although Ms. Allen has "excellent periodontal health, a stable Class I occlusion, and no evidence of bruxism," the risk of brittle fracture exists and may be attributed to the dental laboratory technique.

"Bare metal is a laboratory error," one respondent wrote and his lab would not charge to redo this case. A failure at the metal-oxide/opaque interface, characteristically the strongest interface, indicates the possibility of a dental laboratory error that could include: (1) excessive or inadequate metal oxide formation; (2) contamination of the metal surface; (3) porcelain/metal coefficient of thermal expansion mismatch; and/or (4) improper framework design that leaves the porcelain over 1.0 mm thick. (1,2,3)

However, both the dentist and the dental laboratory technician are restricted by the clinical parameters of the patient and the physical requirements/limitations of the dental materials and techniques. Ms. Allen's case highlights the importance of communication and teamwork between the dentist and dental laboratory technician as they both strive to accomplish the rehabilitation of form, function, and esthetics in complex clinical situations.

A few dentists wrote that their laboratory would redo at no charge, in one case up to five years after cementation. One dentist wrote that after one year, redoing the case would be at full charge to the patient, although they would make an exception in Ms. Allen's case.

Should the dentist also guarantee his or her treatment and for what period of time?

#### Guarantee or Informed Consent

The ADA Council on Insurance

## Ethical Dilemma

advises dentists not to guarantee treatment but rather to involve patients in treatment decisions as recommended by the ADA Principles of Ethics. (5)

Guarantees infer that dentists provide a product or commodity as in any business, rather than a valued professional service. The dental educator Nash (6) described the business of proprietary culture in dentistry as "selling cures" in contrast with the professional culture rooted in a tradition of "curing." (6) Along this theme, the philosopher Pellegrino (7) observed that one of the emerging sociocultural forces in medicine is, "the partial reconceptualization of medicine as a business, replete with

providers and consumers and increasingly controlled by market forces or governmental regulations." Moreover, making claims that a health professional can "guarantee" a successful treatment does not acknowledge the inseparable role of the patient's attitude and aptitude in the successful maintenance of his or her own health.

Training may help to explain why dentists often focus on the procedure rather than the person. Traditionally, the clinical training of dentists is technically-oriented, with success or failure measured more by the fit of the margin in microns and the completion of required numbers of clinical procedures than restoration of health itself. If the crown doesn't fit, the

dental student will redo the crown until it is acceptable. If we perceive dentistry as simply the selling of services and procedures, rather than the restoration of health, we could move dentistry into a marketplace where guarantees and warranties are expected by the patient.

By contrast, informed consent establishes a professional relationship which acknowledges both the patient's awareness of his or her own goals or values and the dentist's expert knowledge of the risks and benefits of dental treatment. The dentist seeks to involve the patient in treatment decisions by making the patient aware of the risks and benefits of the recommended treatment, reasonable

## What Would You Do?

### Ethical Dilemma #11

Arthur Green, Ph.D., is a forty-eight-year-old Professor in the mathematics department at the nearby university who joined your practice four months ago and has been a source of continual irritation due to his obnoxious attitude.

Although his general health is good, his oral health, in the words of your hygienist "is horrible...the worst!" He has halitosis and obviously doesn't brush because you cannot see the gingival one third of his crowns because they are covered with food debris. His chief complaint is that he wants to have the "gaps filled in with bridges" since he recently acquired dental insurance.

Dr. Green feels that his teeth are a "nuisance" and that he lets the dentist take care of them. He has generalized chronic periodontitis with 4-6mm pockets with bleeding in all four quadrants.

As part of your preventive program you have scheduled three appointments with your dental hygienist. After the second appointment, he gets up from the chair and says "Look — I don't have time to brush and floss...that's why I pay you! Let's skip the gum work and get on with the bridges!" As you intercede he agains says, "I'll sign a waiver that says I know about the gum disease but choose to have the bridges made. I know the consequences." You again try to explain the need for periodontal treatment but his insists "Let's skip the gum work and start the bridges!"

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. \_\_\_\_ Have Dr. Green sign a letter acknowledging that he has gum disease but wants the bridges anyway even though he knows they may fail in a few years. Proceed with the fixed-partial dentures.
2. \_\_\_\_ Discuss with Dr. Green that you will only treat his periodontal disease and active caries now and that you will not proceed with prosthodontics until his disease is under control.
3. \_\_\_\_ Tell Dr. Green that his attitude makes it impossible for your office to effectively treat his oral health problems. Offer to refer him to another office.
4. \_\_\_\_ Dismiss Dr. Green from your practice.
5. \_\_\_\_ Other alternative (please explain).

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alternatives, and the risk of no treatment. (4,8,9) In Ms. Allen's case, we do not know if she insisted on porcelain occlusion over the dentist's objection, if she was informed that the risk of failure due to fracture was higher for porcelain over metal occlusion (10), or if she was informed about any replacement policy in the office before treatment was started. These three factors define some of the risks of treatment and may have prevented Ms. Allen's angry response. As for the longevity of restorations, patients should be informed that there are no absolute standards as reflected by the varied responses to this case. There may be individual standards, however, established by dental insurance companies or dentists practicing in a community.

By involving patients in treatment decisions, dentists fulfill their promise to the patient to work in his or her best interest.

### Promise-Keeping/Fidelity

Although the ADA Principles of Ethics do not explicitly describe the dentist's responsibility in Ms. Allen's case, they do challenge dentists to be "caring and fair in the contact with patients." (5)

The moral obligation to keep promises is an "important part of the dentist-patient relationship, just as it is in any other interpersonal relationship." (11) Ms. Allen's question, "Do you stand behind your work?" focuses on whether the dentist is working in her best interest and questions the very trust that is essential for a healthy dentist-patient relationship. As one dentist said, "She trusts you would do the right thing." Another dentist wrote that he tries to base his decision on "looking from the patient's perspective." Considering the amount of therapy he does during the year, redoing the case, even if he had to pay

the laboratory, the cost would be "minuscule" in relation to his total practice.

Dentists also realized if they were not sensitive to her plight it could result in damaging the dentist's image in the community as the patient expressed her dilemma with others.

### Conclusion

Ms. Allen's dilemma causes us to consider our obligations to patients when treatment fails, and that others, such as dental laboratory technicians, may share in this responsibility. The case also asks us to reflect on, and acknowledge, the reality that our treatment may fail and there are no absolute standards for longevity. Preparing the patient includes educating the patient about these risks. Finally, although the ADA Principles of Ethics offers no explicit advice for this situation, the fact that dentists responding to this case considered Ms. Allen's loyalty as a factor in replacing the prosthesis at a reduced or no fee, provided evidence that they were concerned about being "caring and fair" with Ms. Allen.

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*EDITOR'S COMMENT: Fredrick Alexander Shaw III, D.D.S., Assistant Professor in Restorative Sciences, Baylor College of Dentistry is a consultant for this ethical dilemma. 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.*