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ETHICAL OBLIGATIONS AND THE DENTAL OFFICE TEAM

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ABSTRACT

A hypothetical case of alleged sexual misconduct in a practice with high employee turnover and stress is analyzed by three experts. This case commentary examines the ethical role expectations of an office manager who is not directly involved but becomes aware of the activities. The commentators bring the perspectives of a dental hygienist, academic administrator, and attorney; a teacher of behavioral sciences in a dental school; and a general dentist with many years of practice experience.

Continuing education credit is available online at www.dentaethics.org for those who wish to complete the quiz and exercises associate with this article (see Course 21).



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THE CASE

Ms. Stanley has been the office manager for Dr. Pruitt for 15 years. Over the course of time, several dental assistants have come and gone. Ms. Stanley is the one primarily responsible for hiring and managing the staff in the office. She has found that usually when dental assistants leave the practice, it is because "the office is too stressful a work environment." It is in fact a very busy practice.

Ms. Stanley hired Ms. Long, a personal acquaintance of Dr. Pruitt's, about 18 months ago and now even Ms. Long is exhibiting the telltale signs of office burnout: not getting her work done in a timely manner, coming to work late, and often calling in sick. Ms. Stanley really thought Ms. Long would stay employed in the practice for many years considering she knew Dr. Pruitt outside the office via their children's school. It seemed now that even she will be leaving at some point. It was just a matter of time.

Because Ms. Stanley has her own office space and deals mainly with paperwork issues, she rarely sees the interaction between the rest of the staff and Dr. Pruitt during working hours. In her 15 years at Dr. Pruitt's office, she has always thought him to be a good boss. If he had only one fault in her eyes, it would be that he

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occasionally flirts with the women in the office after hours, but the interaction seemed harmless. After all, he is a happily married man with two children he adores.

One afternoon—after all the patients were treated for the day and Dr. Pruitt was gone—Ms. Long approached Ms. Stanley with some shocking news. Ms. Long told her that she and Dr. Pruitt had been having an affair for the last six months and that it was “totally stressing her out.” Ms. Long claimed that her husband was starting to get suspicious and she was feeling very guilty, so she told Dr. Pruitt that their relationship was over. She needed to get her life back on track and knew it was not healthy for the office either. She said that when Dr. Pruitt heard this he became very angry and told her that her “working days were numbered.” She needs her job to pay for her daughter’s college education, and she felt she needed to tell Ms. Stanley the truth in case Dr. Pruitt tried to fire her for invalid reasons.

Ms. Stanley was taken totally off guard with this news and was simply at a loss for words. She did not know what to believe. The thought did cross her mind, however, that maybe Ms. Long was not the first dental assistant to experience this “special treatment” by Dr. Pruitt. Maybe this is why they all left!

INTRODUCTION

Sexual conflicts and affairs are inevitably messy. News media are full of celebrity relationship scandals, and one only needs to look at divorce statistics to realize that relationship dishonesty and

conflict are commonplace in the United States. When such situations occur in a dental office setting among co-workers or between employer and employee, another dimension is added to the mix: patient care may be at risk and the fiduciary relationship between the dental profession and society may suffer.

One of the bigger questions that the case raises is this: How far does the ethical obligation of professionalism and professional conduct in a dental office extend to office employees? Should dental office staff or “auxiliaries” be held to the same standards as their dentist-employer? Are they simply an extension of the dentist’s obligations, undiluted and pure, or should they not be expected to maintain such standards? Should licensed dental office employees be held to a higher standard than those who are unlicensed? What if the dentist-employer is the one exhibiting the ethical lapse? How should office staff respond?

The following three case commentaries explore different aspects of the case. Professor Zarkowski examines the legal and ethical issues associated with the case. Dr. Donate-Bartfield explores professional obligations of dental office staff and also looks at the pitfalls of dual relationships. Dr. Patthoff delves into the nature of professionalism itself and ethical shortcomings.

What ethical issues are at play here? What should Ms. Stanley do now that she has this information? Does Ms. Stanley have an ethical obligation to take action?

COMMENTS by PROFESSOR ZARKOWSKI

I believe all members of the office team should aspire to work in an environment that supports the ethical principles guiding oral healthcare delivery. Ms. Long’s autonomy is not being respected. It is unclear as to how she found herself in the situation of having an affair with

her employer. It is unclear whether the relationship was consensual or not. If it was not, the dentist has compromised the employee's professional autonomy. An additional issue is the situation Ms. Long finds herself in because her employer has now threatened to terminate her employment. The ethical principle of justice is being violated. If Ms. Long is telling Ms. Stanley the truth about the circumstances, the principle of veracity is being honored. At the same time, by being truthful to her employer, Ms. Long is at risk of losing her job. Nonmaleficence is also important in this case as Dr. Pruitt is doing harm to Ms. Long. She is under stress, fearful of losing her job, and now is telling a colleague about her circumstances. It appears that emotional, physical, and potentially financial harm will occur.

Ms. Long believes that she will be terminated because she no longer wants to have a relationship with Dr. Pruitt. Ms. Long may be in a situation which falls within the sexual harassment category of quid pro quo. Quid pro quo behavior involves expressed or implied demands for sexual favors in exchange for some benefit (a promotion, a raise, or a recommendation) or to avoid some detriment (termination, demotion) in the workplace. By definition, it can only be perpetrated by someone in a position of power over another. It appears that as long as Ms. Long maintained her sexual relationship with Dr. Pruitt she remained employed. When she indicated she wanted to end it, she has been threatened with loss of her job.

The affair may have also created a hostile work environment within the practice. This illegal condition exists when circumstances prevent employees from performing their assigned

responsibilities—the pattern of high stress and turnover noticed by Ms. Stanley. Hostile environment may also arise from unwanted conduct which is so severe or persistent that it creates an intimidating, hostile, or offensive educational or working environment. Conduct contributing to a hostile environment may be physical, verbal, or nonverbal.

As is found in most sexual harassment situations, Dr. Pruitt is very powerful in this situation and appears to be abusing his power as an employer.

I am offering the following as suggestions as to what Ms. Stanley may consider. These recommendations are based on some of the ethical principles that have been discussed, as well as the legal issues.

1. She could provide advice to her employer to end the relationship and not take any other action that may appear to be retaliatory.
2. She could educate Dr. Pruitt concerning the sexual harassment categories of quid pro quo and hostile environment and the risks he is taking with his staff.
3. She could work with a consultant or expert to educate the office staff about their roles and responsibilities to create a work environment that is respectful, update a staff manual if appropriate to include then protocol for reporting inappropriate behavior, and take other measures to protect current and future employees and patients.
4. Depending on the state in which the practice is located, she could seek advice from the state dental association peer review committee or similar entity.
5. She could personally confront Dr. Pruitt, although the situation would become a matter of he said-she said and still may result in Ms. Long being fired.

6. She could advise Ms. Long to contact her local Equal Employment Opportunity Commission (EEOC) for advice about the situation.
7. The state law where the practice is located most likely has laws protecting the civil rights of employees, under which sexual harassment would be included. She could educate her employer about the protections afforded employees within the state.
8. If Ms. Stanley is a valued member of the dentist's team, she may have enough status to sit down with Dr. Pruitt and Ms. Long to work out the situation.
9. If Ms. Stanley is concerned that other staff has been the victims of harassment, she may want to contact them. Often individuals who have left a situation will not talk about the reasons. But if she wants to gain additional insights this action may be helpful. As far as the EEOC is concerned, there is usually a time limit as to when an employer can be reported. However, if Ms. Stanley discovers this has been a pattern of behavior by her employer, data gathering may assist her in determining how she approaches the next steps. She may determine she does not want to work in an environment where such activity occurs.

It should be said that any actions Ms. Stanley takes may put her in harm's way as her employer, Dr. Pruitt, may terminate her as well.

I feel that Ms. Stanley has been made aware of a potentially discriminatory action her employer may take with one of his employees. She has worked in the office for a number of years and may

have been unaware of the actions of the dentist. She is now aware of at least one situation. To honor the principles of justice, do no harm, and beneficence, she should address the situation as outlined in some of the recommendations noted above. I do not believe her status as an office manager diminishes her responsibilities as a colleague and employee.

I also wish to emphasize the point that it should be irrelevant that Ms. Stanley is an “auxiliary.” She is described as the office manager, which in my mind makes her an employee, a colleague, and someone with specific job responsibilities. The term “dental auxiliary” combines a number of different dental professionals into one category which is not reflective of their education, licensure, certification, and scope of practice. I recognize the intent may not be to categorize everyone under one umbrella title, but I feel obligated to draw attention to this. I think the case would make more sense if it asked whether any employee is obligated to do something about such a situation that has been brought to attention. The proposed framing seems to imply that a dental office manager practices under different ethics or may not even be obligated to act ethically.

COMMENTS by DR. DONATE-BARTFIELD

Ms. Stanley, a dental office manager, just learned that Dr. Pruitt, her employer, may have had an affair with a member of their dental team, Ms. Long. In addition, Dr. Pruitt may have threatened to fire Ms. Long when she ended the affair. Ms. Stanley can decide that this is a personal matter and none of her business, thus avoiding an uncomfortable conversation with Dr. Pruitt that could

result in her losing her own job. Deciding not to intervene would be an easy choice, especially because discussing Ms. Long’s accusations could potentially hurt both Ms. Long’s and Dr. Pruitt’s families if they learned about the allegations.

Does Ms. Stanley have an obligation to act on the information she has just been given? Does Ms. Stanley, Dr. Pruitt’s subordinate on the dental team, have a duty to confront Dr. Pruitt on these allegations?

I believe the office manager does have a duty to act on the information, and the duty is derived from her role as assistant to a healthcare professional.

Healthcare professionals have a societal agreement to serve the public. Their services are needed to support important public functions (such as providing necessary health services), and their professional role is sanctioned and protected by the public (Welie, 2004). Licensing laws support this agreement by restricting the practice of professional services to members of the profession. In addition to being competent, patients expect that dentists will put their own self-interest aside to care for them when they are in a vulnerable state (Ozar, 2002). Trust is important in a professional relationship because patients cannot judge the quality of the interventions being made. These expectations are reflected in the profession’s code of conduct.

We need to be able to trust professionals, among other things, to safeguard our personal information, to act in our best interests, and to respect our autonomous decisions—even when we make poor ones. We also trust that dentists’ professional and ethical obligations are reflected in their business practices. This can be seen in a team approach where the office staff and dentist work together to meet each patient’s needs. As a professional, Dr. Pruitt has been charged with the well-

being of his patients and his professional code calls for “...a workplace environment that supports respectful and collaborative relationships...” (American Dental Association, 2012). When considering this case, it is important to note that Dr. Pruitt’s employees are charged with helping him fulfill these professional obligations.

Professionals do not work alone. Every day, medical records clerks safeguard data, dental assistants sterilize and care for instruments, and research assistants carefully code data. No professional could provide these services without expert support. While it is the job of the supervising professional to select appropriate tasks for supporting staff and make sure they are properly trained and supervised, once duties are delegated, supporting staff members acquire corresponding professional and ethical responsibilities for the part of the professional service that they provide. This means that they too must be worthy of patient trust by acting responsibly in their roles and completing their duties in a way that honors the values and obligations expected of the profession. Thus, a medical records clerk should never violate confidentiality, even when tempted to gossip about what is learned at the job, dental assistants sterilize every instrument as if it would be used in their own mouths, and research assistants check and re-check data with the knowledge that careless errors could affect published results that influence patient care.

In this case, I am assuming that, as office manager, Ms. Stanley’s contribution to honoring these professional obligations is to provide leadership for the business aspects of the office. It also appears that she is involved in some human resources functions as

part of her job. Proper execution of her duties affects both staff and patients. This includes making sure that there is adequate staffing, helping set appropriate performance expectations for employees, and enforcing office policies that provide a safe and supportive working environment. Importantly, the moral pressure to carry out these duties—and to act on information that may have a negative impact on the office setting—is not lessened if others in the office, even her employer, are not honoring their obligations. It also does not logically follow that Ms. Stanley's responsibilities to the practice, the employees, and ultimately, the patients the practice serves are negated if the problem threatening the work environment is caused by the supervising professional who employs her. In fact, it may be that she is even more obligated to act in this situation, since she is likely the person in the practice who is best positioned to manage the problem.

Could this situation have been avoided? In hindsight, there were issues that should have been red flags that not all was well in the office: a certain amount of staff turnover is expected, but lots of staff turnover suggests work environment issues that needs to be addressed. Similarly, hiring friends such as Dr. Pruitt hiring Ms. Long, is a questionable practice that needed to be addressed at the onset of Ms. Long's employment. It should have been recognized that hiring friends and family may invite problems with dual relationships (such as causing problems with overlapping roles because of the blurring of work and personal boundaries) and can create staff issues because of the appearance of favoritism towards the friend-employee. This blurring of appropriate boundaries can become a slippery slope, and that is particularly relevant here, because

boundary violations are always present in sexual harassment. Finally, despite a description of Ms. Long's tardiness, absenteeism, and problems getting her work done, her work performance issues do not seem to have been addressed. There is no mention of performance standards, discussions of job expectations, or a performance improvement plan in place for Ms. Long's work difficulties. This laissez-faire approach to addressing performance issues adds to the problem of role conflicts and boundary violations. Taken together, these practices would make the work situation problematic, even without her report of an affair with Dr. Pruitt.

But perhaps the most concerning red flag for Ms. Stanley should have been the "occasional flirting" Dr. Pruitt engaged in with team members after hours. While this behavior may indeed have been "innocent," it is inappropriate in the workplace, and may have been experienced as unwelcome by employees who, because of their subordinate relationship with Dr. Pruitt, may not have felt comfortable expressing discomfort with this type of interaction. Such unsolicited sexual innuendo or banter, which is how this "flirting" may have been perceived by the staff, can constitute sexual harassment. This ethically problematic behavior was apparently commonplace and accepted in Ms. Stanley's workplace.

The ADA code calls for respectful and collaborative relationships, and sexual harassment represents the antithesis of these interactions. In addition to being illegal, sexual harassment involves an abuse of power by the professional that can create an atmosphere that dehumanizes the victim of the

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harassment. This environment harms the climate at the workplace and can result in an atmosphere of intimidation and shame for victims. Role expectations are violated, and appropriate workplace interactions are replaced by a breakdown of professional and personal boundaries. The deleterious effects of these interactions would be experienced by the entire team, affecting employees’ performance in the practice, and ultimately their interactions with patients. If the inappropriate “flirting” created a hostile environment for women at the office (and Ms. Stanley admits she is not in a position to observe what goes on at the practice, so this is a possibility), a legal and ethical line was crossed. Ms. Stanley, in her role as office manager, needs to honor her professionally ascribed duties. She needs to take actions to assure a psychologically healthy work environment for the team, act in accordance with the ADA code which calls for respectful work relationships, and confront these pernicious behaviors.

It is unfortunate that Ms. Stanley did not act earlier because prevention can be useful in reducing the potential for harassment (Levin, 2010). In retrospect, Ms. Long needed to have a discussion with Dr. Pruitt long before her afternoon meeting with Ms. Stanley. As office manager, it would have been within her job responsibilities to point out the need for an office policy about appropriate behavior, to create an office manual that clearly outlined a procedure for handling issues of this sort, and to educate everyone, including Dr. Pruitt, about the types (quid pro quo and hostile environment) and legal consequences of sexual harassment. Likewise, the wisdom of hiring a friend should also have triggered conversation

about the potential problems with dual relationships (Donate-Bartfield & D’Angelo, 2000) and preventive actions to manage the potential problems caused by dual relationships in the work settings should have been initiated.

If true, Ms. Long’s report that her job was threatened because of her unwillingness to continue a relationship with Dr. Pruitt would constitute quid pro quo sexual harassment. But the situation may be complex. While Ms. Stanley may have her suspicions about Dr. Pruitt’s relationship with Ms. Long, and Ms. Long is in the subordinate position of power with respect to Dr. Pruitt because of her employee status, Ms. Stanley still needs to distinguish what she knows from what she suspects; she does not know for sure that Ms. Long’s accusations are true. Moreover, Ms. Long’s job performance has been problematic and it is possible that Ms. Long may be distorting facts to save her job. Since there is a need for more information to decide a course of action, and since resolution of this conflict could benefit everyone—by preventing Ms. Long’s victimization and potentially keeping Dr. Pruitt from becoming involved in costly legal actions—Ms. Stanley is obliged to have an uncomfortable conversation with Dr. Pruitt about his relationship with Ms. Long (Chambers, 2009).

With Ms. Long’s permission, Ms. Stanley needs to talk to Dr. Pruitt and hear his side of the story. Depending on Dr. Pruitt’s response, Ms. Stanley should inform him of the potential consequences of his actions (including the need for possible legal counsel), the need for education, and creation of an office policy for employees on appropriate office relationships. If Dr. Pruitt denies the allegations, some actions to remediate the situation are in order: training for the staff, a performance improvement plan for Ms. Long to document performance

deficiencies and to assist her in meeting job expectations, increased awareness on Dr. Pruitt's part of the impact of his behavior on his employees and the need for appropriate professional boundaries with subordinates, along with written office policies to institutionalize these understandings. Referral to an employee assistance program, which can bring in a trained and objective mediator to deal with both workplace and personal fallout from workplace situations, can be of great value in helping in situations such as these, and Ms. Stanley can request consultation and make appropriate referrals.

On the other hand, if Dr. Pruitt admits to being guilty of the behavior Ms. Long has accused him of, Ms. Stanley is faced with a painful choice—she needs to hold herself to a professional standard that she acquired because of her association with Dr. Pruitt's professional obligations. This is a standard that the dentist is not honoring. This paradox places her in a situation similar to that of the “whistle-blower.” She needs to stand up for what is right, even though it will come with some costs. As evidence of this, her conversation with Dr. Pruitt may threaten her own employment, paradoxically placing her in a similar situation to Ms. Long.

Stumbling on a difficult moral problem that one has not created, while having to manage and suffer the consequences, feels like being in an accident. In some ways, Ms. Stanley is a victim. But what serves the principle of beneficence is clear: Ms. Stanley cannot support proper professional services for patients while tolerating illegal actions such as quid pro quo sexual harassment and cannot direct an office where inappropriate dual relationships and

corrosive work place behaviors are sanctioned without violating professional standards. Like any professional, she is honored to work in a setting that has the primary goal of improving peoples' health and eliminating their pain. She now has to act on the obligation that goes with that privilege.

COMMENTS by DR. PATHOFF

Like a wound ball of string, the nature of ethics and habits are such that pulling on any loose end will trigger a change elsewhere. Finding and identifying what will maximize values for all, though, are still ethical questions. If we listen carefully to these complex ethical issues through the theme of restorative-justice (a theory of justice that emphasizes repairing of harm through cooperation of all stakeholders), the proposition eventually surfaces that ethical deliberations ultimately should center more on care-and-love (not just rules-and-regulations). That said, rules-and-regulations and care-and-love are hard habits to nurture.

As a dental auxiliary, does Ms. Stanley have an ethical obligation to take action? Any proposal for Ms. Stanley will be influenced by natural habits. Habits grow from years of guidance and practice (desirable and undesirable), our own experiences (failure and success), and our observations of others. Any number of ethical decision-making frameworks (such as principles, virtues, rights, and casuistry) would accordingly be useful aids to some, if not all, of us.

Relevant laws regarding sexual harassment, if available, could also be referenced. The *ADA Code of Ethics* (2012) Section 3.E. Abuse and Neglect as well as Section 4, Justice and Fairness, offers professional guidance. Together, these raise further concerns about criminal implications and possible

reporting obligations or whistle-blowing.

Ms. Stanley may not, though, see herself as a professional, serving in a true professional practice. Professional practices fully integrate the well-being of the patient, society, and the profession as a first priority. She may not have a reasonably ranked set of professional core values to help her (and the others involved) to collaboratively identify any violations of verbal promises or any other moral, legal, business, or professional obligations. If Ms. Stanley held an adequate sense of any authentic professional reality—one that gets past the either-absolute-or-relative dichotomy—she could find a path for structured reasoning and a foundation for sound judgment.

Because Ms. Stanley is an office manager, working in a professional office, her actions may require professional obligations in addition to those of normal civil rights or fair-trade practices. Though she is not a licensed professional, she is a person who must act professionally because she represents, and is an extension of, a particular dental professional and a licensed profession. Her “boss,” however, may not model or articulate professionalism. Her professional acting role, nevertheless, can be comforting and consoling to Ms. Stanley. A sense of professionalism will make public any over-dependence on individual judgments, those marketplace judgments and reactions that tend to supersede the reality that we also live in community; we depend on each other, and an Other for our very being and our daily survival.

The central challenge to dentists as

professionals—and to dentistry as a profession—is the problem of submergence of professionalism in marketplace values and motivations. Our marketplace's dependence on individual judgments tends to override our continuing need to apply recognized expertise to serve the patient's needs. Professional ethical challenges for dentists and their offices ultimately concern prioritizing professional values and commitments over marketplace values and motivations. Professions have three distinct social and ethical characteristics: professional expertise, professional authority, and professional ethics (Patthoff, 2007).

These characteristics transfer to Ms. Stanley. What professionalism looks like in a dentist's competent and ethical practice and consequently, the interactions of the rest of the office staff with patients, with the dentist, and with one another is detailed elsewhere (Patthoff & Ozar, 2012). Staff should perform assigned tasks competently, respect the competence and contributions of co-workers, interact with patients in a respectful manner (consistent with the dentist's ethical goal of an ideal collaborative relationship with every patient). They need to understand dentistry's central practice values and make them primary in their work (Ozar & Sokol, 2002). These values are for the sake of patients; the reason dentistry is a profession in the first place (Patthoff & Ozar, 2008a; 2008b).

Some staff members directly focus on office efficiency or the market success of the business. The professional-patient interaction, however, is profoundly

different from the seller-consumer interactions in the marketplace; this needs to be reflected in everything the office does. This involves direct patient interactions and, in different ways, administrative situations like those faced by Ms. Stanley.

Any habit of professional virtue is the culmination of a process. It begins with recognition, by an individual and—in the case of an office—by a group collectively, that a certain way of acting is valuable enough that all ought to learn to do it habitually. A conscious effort to act this way over and over should ideally follow, and then, every time this pattern of action fits. A desired way of acting needs to be adapted as called for and, simultaneously, reinforced as a habitual response to pertinent situations. Offices may not be proficient in novel situations. With time, though, less conscious attention is required to produce a predictable response. These responses need to be continuously reevaluated, however, for appropriateness and effectiveness.

Even when a desired habit becomes unconscious, the process is incomplete. Full development of a virtue also requires that:

- The virtuous action happens every time it is appropriate—and usually with little effort and minimum attention.
- The person or group becomes spontaneously aware of circumstances that frequently challenge or inhibit the desired virtuous action and learns a collection of responses that ease the decision-making process.

Addressing “shortfalls” is not primarily about the initial learning process—for instance a new member who knows little about professionalism. Most dental offices, presumably, have many habits of professionalism already established for every staff member. Ms. Stanley's focus is on how her office can

take the next step towards full development of professionalism through consistent competent and ethical conduct.

This brings us to shortfalls—occasional shortfalls and systemic shortfalls from perfect professionalism. Systemic shortfalls imply that an office may not have ample real habits of professionalism, and obviously would be facing a great deal of remedial work. It is hoped that this is not Ms. Stanley's situation. Until more is known, then, we should first consider the occasional shortfall.

Competent practice and ethical conduct has four general kinds of occasional shortfalls: (a) a common situation arises but what professionalism calls for is not deemed important in the situation; (b) a common situation arises but a person is uninformed what professionalism concretely calls for or how to do it; (c) a common situation arises but other concerns so burden a person that what professionalism calls for gets pushed aside; and (d) something totally unexpected or out of the ordinary makes it hard to decide what professionalism calls for or how to do it.

In an ideal professional dental office, the first two shortfalls are unlikely, except for a few new staff members. Respectful education, by the dentist or another staff member (depending on the situation) is obviously what is called for when such shortfalls occur.

The third type of shortfall happens because busy offices are not always running smoothly and peacefully. Dentists and staffs need to take careful note, then, of the third type of situation and work out ways to address them. This is like an individual learning how to avoid enticements that sway away from a true or desired virtue. Some patterns of shortfall may be preventable with appropriate foresight, others may

not. By noting their patterns, the office will not be blindsided. Everyone involved will be aware that extra care and generosity, not only towards patients, but towards one another in the office, is essential to acting their professional best in spite of special circumstances.

The fourth type of shortfall, by definition, does not follow a pattern. It cannot. This does not mean, though, there is nothing an office committed to professionalism can do. In some situations, time can be made to consult with the dentist or other staff to help decide what professionally ought to be done and how to respond. If there is no time for this, the person must then make a best professional judgment and proceed. The situation can at least, then, be examined by the dentist and staff after the fact. In this way, whatever is done can become, either at the time or after the fact, something that is “owned” and affirmed by the whole office team. Others might disagree with what a person involved judged best; a respectful conversation though, affirms the good will and best intentions of the person involved (affirmation for trying one’s best does not need consensus). Everyone’s efforts to practice dental professionalism can still be mutually honored.

A shared desire by every member of the office—professionals and non-professionals—to grow together towards fully developed professionalism in the office requires a shared recognition that every individual’s efforts in this matter at hand needs to be respected and supported by every other member. This is a lofty goal. It requires a special kind of honesty and humility on the part of

all (professionals and nonprofessionals) alike. It is uncertain how many office managers can rise to this level of discussion. Ms. Stanley and others face the real risks of losing their jobs and struggling with the process of wrongful discharge claims. If we are looking at what “should” be done, nonetheless, this points the way.

What Should Ms. Stanley Do? Ms. Stanley could approach Dr. Pruitt, perhaps with the support of Ms. Long (if she desired) or with a trained restorative justice mediator, to simply say something like this:

We want this to stay confidential and fear we should have spoken out sooner. I’m concerned about this practice and my role in it, especially regarding the revolving employees. I have sensed something less than professional in the comments of our team about our office interactions and relationships ever since I have been here. Given the new legal climate, I am concerned I may no longer have a job. Before I became an administrator with you, I had some sense of what dentistry and the profession are and what my role in this ought to be. Over these past 15 years my appreciation and pride has grown. I’m in a situation, though, where all of that is being challenged.

I think we can be better than we have been. To do that, though, we need to review our agreements about what professionals and professional practices are and what they should do and be. We can start with what we are already doing and, equally, perhaps change a few things that are not getting us there. A few important things need to change if I am to stay here. I am responsible for keeping our busy office running smoothly and I want to start with why Ms. Long, who was

The office manager needs to take actions to assure a psychologically healthy work environment for the team, act in accordance with the ADA code call for respectful work relationships, and confront these pernicious behaviors.

The office manager cannot support proper professional services for patients while tolerating illegal actions such as quid pro quo sexual harassment and cannot direct an office where inappropriate dual relationships and corrosive workplace behaviors are sanctioned without violating professional standards.

once a great employee, now seems so depressed. I am beginning to think she may need medical help and that I am not being responsible about the health of our staff. She looks sick and is not seeing a doctor. I think she's afraid of letting us down but sense she still wants to work here.

CONCLUDING COMMENTS

Sexual conflicts and deception in relationships will always stir strong emotions from those involved and those looking in. In a professional setting, such scenarios become even more complex as professional duty and responsibility are challenged. In this case Ms. Stanley's personal and professional ethics are tested. All three authors agree that some action is required.

Specific recommendations for action vary somewhat from expert to expert. All three agree that professional obligations supersede the impulse to either withdraw from the fire or feed it. The professional ethics at work in a dental office are there to protect the public as well as the profession. These duties, as articulated in this case analysis, do not only belong to the owner-dentist but to all those who are employed in that office. When the owner dentist is the offending party, these obligations do not end; in fact, those who must pick up the pieces and carry on may be forced to exhibit moral courage at the highest level. ■

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