Course Syllabus for Fall Term 2003
CDEN 702 Ethics in Dentistry

1. General Information
   Director: Beemsterboer, Phyllis L.                Starting Year/ Semester: 4/1
   Minor Unit: Community Dentistry                Ending Year/ Semester 4/1
   Designation: Bridge Science                    Credit Hours: 1
   Small Group Leaders:
   Peter Morita DMD                                Susan Tolle MD
   Denise Stewart DDS, MHSA                       Susan Hickman PhD
   Jack Clinton DMD                                Geoff Gordon MD
   Gary Chiodo DMD                                 Erik Fromme MD
   Bob Johnson DMD                                 Mary Denice Smith RN, MS
   Barbara Glidewell MBS

2. Purpose
   This course will present the concepts of biomedical ethics and guide the student in
discerning and managing the ethical issues of dental practice through analysis and
discussion of case based dental problems and ethical dilemmas.

3. Goals:
   1. Ethical Principles: To present the ethical principles relevant to dentistry and health
care.
   2. Ethical Decision Making: To recognize ethical issues, problems and dilemmas and
      relate them to the ethical principles involved.
   3. Code of Ethics: To understand the purpose and demonstrate the role of the dental
      code of ethics in the provision of dental care.
   4. Patient Primacy: To foster selection of treatment options which are sensitive to the
      patient’s goals and values and congruent with patient-centered, comprehensive oral
      health care philosophy.
   5. Impaired Colleague: To identify what action to take with regard to the incompetent,
      impaired or unethical colleague.

4. Outcomes:
   See instructional sessions.

5. Learning Resources:
   Primary resource
   Handout materials prepared by instructor
   Secondary resources
   - Ozar, David T. and Sokol, David J. Dental Ethics at Chairside. 2nd ed Mosby
     Publishing. 2002
   - Rule, James T and Veatch, Robert M. Ethical Questions in Dentistry. Quintessence
   - Beauchamp, Tom L. and Childress, James F. Principles of Biomedical Ethics. 5th ed.
     Oxford University Press, Inc. 2001

6. Evaluation Methods Overview
   The course will consist of lectures and small group seminars. The lecture provides the
basic information about ethics theory, ethics problems and problem solving to help the
student maximize the value of the interactive small group seminar. A faculty member
from the SoD and a faculty member from the Center on Ethics in Health Care conduct the
small group seminars.
### Course Evaluation:

Final Grade is composed of:

- **4.0** = 92% to 100%
- **3.5** = 85% to 91%
- **3.0** = 80% to 84%
- **2.5** = 75% to 79%
- **2.0** = 70% to 74%
- **1.5** = 65% to 69%
- **1.0** = 60% to 64%
- **0** = < 59% Failure

### 7. Instructional Sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Outcomes/Objectives</th>
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<tbody>
<tr>
<td>Session 1</td>
<td>Sept. 22</td>
<td>Lecture 1:70 Dr. Beemsterboer Professionalism Health care provider obligations</td>
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<td>Relate the use of the term professional and why ethics is important in dentistry.</td>
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<td>Describe the aspects of a true profession.</td>
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<td>Explain the relationship and obligations between the health care provider and the patient.</td>
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<td>List the traits of a professional dental health care provider.</td>
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<td>Session 2</td>
<td>Oct. 1</td>
<td>Lecture 1:70 Dr. Beemsterboer Principles in health care Central values of dentistry</td>
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<td>Discuss the ethical principles, values and concepts of health care and explain their role in decision-making. List the central values of dentistry.</td>
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<td>Session 3</td>
<td>Oct. 8</td>
<td>Lecture 1:70 Dr. Beemsterboer Codes of Ethics Ethical decision making</td>
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<td>Explain the value of a Code of Ethics.</td>
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<td>Describe how a code of ethics can assist in the professional duty of self-regulation.</td>
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<td>Discuss the concept of ethical decision-making.</td>
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<td>Identify and apply a process of ethical decision making to hypothetical dental cases.</td>
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<td>Session 4</td>
<td>Oct. 15</td>
<td>Analysis of dental problems and ethical dilemmas by faculty experts.</td>
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<td>Respond to the presentation of ethical problems and dilemmas in dentistry.</td>
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<td>Session 5</td>
<td>Oct. 22</td>
<td>Small Groups 1:12 Appropriate treatment cases Informed consent cases</td>
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<td>Discuss and analyze hypothetical dental cases using ethical decision-making process.</td>
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<td>Interpret and apply the ADA Code of Ethics to hypothetical dental cases.</td>
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<td>Session 6</td>
<td>Oct 29</td>
<td>Small Groups 1:12 Confidentiality cases Paternalism cases</td>
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<td>Session 7</td>
<td>Nov. 5</td>
<td>Small Groups 1:12 Inter-professional relations cases Scope of practice cases</td>
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<td>Session 8</td>
<td>Nov. 12</td>
<td>Small Groups 1:12 Resource allocation cases Competency cases Abuse &amp; violence cases</td>
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| Session 9  
| Nov. 19  
| Lecture 1:70  
| Dr. Chiodo  
| Social Justice in Dentistry  
| Recognize the ethical issues facing dentistry regarding access to care. 
| Discuss the role of the dentist in social justice in health care.  
| Nov 26  
| No class scheduled  
| Day Before Thanksgiving Holiday  
| Session 10  
| Dec 3  
| Lecture 1:70  
| Beemsterboer  
| Impaired professional  
| Describe the scope of the problem of impaired dentists in the United States.  
| Discuss the role of a professional in identification and assistance of impaired colleagues.  
| Describe the support services available for the impaired colleague  
| Session 11  
| Dec 10  
| Final Exam  
| Written comprehensive examination  
| Multiple choice and short answer examination.  
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Oregon Health & Sciences University  
School of Dentistry  

CDEN 702 Ethics in Dentistry  

Cases for Discussion  
October 22, 2003  

Tobacco- Chewing Youngster  
(Al Rosenblum, USC School of Dentistry)  

A women patient calls her dentist to refer her 16 yr. old son to him for a new patient examination. She reports that since he began to play high school baseball, he has become habituated to chewing tobacco. She asked the dentist if he would do what he could to encourage her son to quit.  

When the young man presented for his examination, he was quite apprehensive. The dentist looked in his mouth and on examining the site where the boy held the tobacco, he exclaimed, “Oh my God, what's this? This looks like a pre-cancerous lesion!” He then went on to over-dramatize his concern about a minor change in tissue appearance that he believed would revert to normal as soon as the irritation was withdrawn. The dentist went on to say, “We are going to cut out a piece of your lip and have it tested.”  

When the dentist called the oral surgeon to request a biopsy, he instructed the specialists to leave one suture long to annoy the young man so he will remember the ordeal. The surgeon complied, and as a result of the experience, the youngster quit using chewing tobacco. Is this an ethical dilemma?  

The Implant Case  
(Stewart and Rogers)  

Drs. Van Gogh and Rembrandt are general dentists in a partnership practice in an urban area. Dr. Rembrandt established the practice 20 years ago. The practice grew, and after 10 years, Dr. Van Gogh joined as an Associate. Dr. Rembrandt increasingly talks about being bored practicing general dentistry and reports that he feels unfulfilled in spite of his excellent income. To broaden his practice, Dr. Rembrandt decides to take an on-line implant course that is widely advertised to prepare participants to place implants. The six segment course is entirely didactic, and involves no direct patient contact. At the conclusion of the course the participants receive a video tape of the implant placement procedure and a website with access limited to those who have completed the course. In addition, the participants receive a framed certificate announcing their membership in an “implantology society.” Dr. Rembrandt also has purchased a digital radiography and photograph unit, which he feels will enhance the marketing of dental implants. This unit costs $10,000.  

Dr. Rembrandt completes the on-line course and receives his certificate. He is enthused about the prospect of adding this service to his practice and eager to try out what he has learned. He instructs Dr. Van Gogh and all of the staff that candidates for bridges or dentures should be referred to him for implant consultation.  

Dr. Van Gogh wonders whether she should refer implant candidates to her partner or to another local general dentist, who has completed more than 2 years of didactic and clinical dental implant education and has been placing implants for 10 years. Dr. Van Gogh has referred several implant patients to this other dentist and has observed excellent treatment results. She is also concerned because the staff members (especially Dr. Rembrandt's assistant) have received no
training in placement of implants or use of the digital radiography and photography unit and he thinks this could impact the outcomes and quality of the result.

Ms. Monet, one of the dental hygienists, is concerned because she feels she is being coerced to “sell” implants and also doesn’t know how to answer patients’ questions about the success of implants and Dr. Rembrandt’s experience. She, as well as the dental assistants, is having difficulty using the new digital unit and feel the quality of the images is less than what they can produce through conventional means. Mr. Picasso, the front office manager, wants to know how the images are stored as part of the patients chart and how he is suppose to use them for insurance submission since the office printer won't work with the digital unit.
Judith and the Dentures
(Beemsterboer)

Judith is a 48 year old female who presented to Dr. Vig, a general dentist, concerned about her lifelong struggle to maintain good dental health. Judith indicated that she had been treated by a number of dentists over the course of her life, but has continued to require multiple fillings, root canals, and full crowns in an attempt to keep her teeth. She expresses considerable frustration not only with the time spent with dentists, but with the expense and apparent failures of repeated dental treatments.

Judith now has problems with her gums and tells Dr. Vig that her previous dentist in another town advised her she will need extensive periodontal therapy. She tells Dr. Vig that she would like him to extract all of her teeth and make her upper and lower dentures. Upon examination, including radiographs, periodontal evaluation and soft tissue assessment, Dr. Vig explains that extraction is not necessary and that Judith can save her remaining teeth. Judith continues to insist that she prefers complete dentures so that she will be “free of dental problems once and for all”. Dr. Vig is distressed, what does he do?

Broken Instrument
(Chiodo & Tolle OHSU)

The only endodontist in a suburban area with 11 general dentists, Dr. Harold Hicks received an urgent referral from one of the local dentists. This GP reported that he had performed root canal therapy in a patient the preceding day, and that the patient was swollen and in significant pain. The general dentist explained that a #4 reamer had broken off inside the apical third of the canal during instrumentation. The general dentist had elected to leave the broken instrument in the tooth and fill it with gutta-percha. He had not informed the patient about the broken instrument, and asked the endodontist to examine the patient, and render whatever treatment was needed, but not tell the patient about the accident. Dr. Hicks retreated the tooth and retrieved the broken instrument. The patient asked Dr. Hicks why the swelling and pain had occurred following the root canal therapy and why the tooth has to be treated. Dr. Hicks replied, “it is impossible to say why such complication occur in some patients, and that patients heal at different rates.
A Great Boss
(Zarkowski, Univ of Detroit/Mercy)

Lesa Lawrence thoroughly enjoyed practicing as a dental hygienist. It was important to her to work in a practice that provided quality patient care. She also enjoyed being part of a good “team” and enjoyed the camaraderie of the dental office. Employees sometimes ate lunch in the office and on other occasions, went out to lunch as a group.

Dr. Frank Harris, Lesa’s boss usually went out to lunch by himself or to meet some other dentist’s. Frequently, after lunch, Lesa noticed that Dr. Harris smelled like alcohol. She picked up on the same smell in the morning, but also noticed he used mouthrinse prior to examining a patient. She wanted to believe that it was the mouthrinse she smelled, but was suspicious that it was the smell of alcohol. Lesa mentioned her concern to her fellow employees. They acknowledged that Dr. Harris had a history of alcoholism, seemed to be managing it through Alcoholics Anonymous, but recently had started drinking again. His dental assistant, Corey, assured Lesa that when he appeared unsteady or tentative, she helped out to assure patient care went smoothly.

Lesa suggested to the Office Manager that she wanted to help Dr. Harris by reporting him to the state dental society, which had a program to assist dentists with a substance abuse problem. The office manager, Debbie became very protective of Dr. Harris. She indicated all the staff was receiving generous salaries and if Dr. Harris had to stop practicing to participate in a recovery program, the staff could lose their jobs and their incomes. She reminded Lesa that this had been an ongoing problem and that ALL the staff worked together to “help” Dr. Harris when he was in a compromised state. Debbie reminded Lesa they were a “team” and needed to work together!

The Practice
(Chiodo and Tolle)

Following graduation from dental school, you associate with a dentist who plans to practice with you part time while slowly retiring over the next five years and then sell you his very established, very lucrative practice. This dentist begins referring patients to you immediately and you are quite busy. You notice, however, that almost all of your patients are treatment planned for crowns. In fact, some of your patients are scheduled for full cast restorations in teeth which have one or two surface alloys in place. When you question the senior dentist about this practice, he advises you that his practice is associated with a high level of excellence and quality and this is the type of treatment that his patients expect. Furthermore, he advises you that his patients associate high cost with high quality. He has firm expectations that you will continue this tradition. What do you tell this dentist?
Insurance

*(Chiodo and Tolle)*

In a large city with many dental providers, a general dentist with a growing practice has been in the same location for eight years. Over the past year, his number of new patients has dwindled. He attributes this to the increase in the number of dentists in the community. About half of this dentist’s patients have dental insurance, and he wishes to increase this percentage. A new patient, a 30-year-old man, was examined, x-rayed, and received an oral prophylaxis. He needs a lot of restorative treatment, including 10 units of crown and bridgework. For obvious esthetic reasons, he wants the six maxillary anterior crowns (with deep carious lesions around old composite restorations) restored immediately. There is no evidence of pulpal involvement. The patient’s job provides dental insurance after the first six months of employment. The patient has been on the job for five weeks, but he asks the dentist to place the anterior crowns and simply postdate the insurance claim form. The dentist objects, so the patient says that some of his coworkers received this type of (“treat now, bill later”) consideration from another dentist in the community. If the dentist is unwilling to do this, the patient says that he will go to his coworkers’ dentist. What should the dentist do?

Multiple Concerns

*(Chiodo and Tolle)*

Dr. Jones, a general dentist in a medium-size town, performed a new-patient examination on a 53-year-old woman, an elementary school teacher, who had moved to Dr. Jones’ state 2 months earlier. The patient had concerns about extensive crown and bridge restorative treatment that had been performed 16 months earlier by her former dentist. The fee expended all ($1,500) of her dental insurance policy’s annual maximum reimbursement, and cost her an additional $7,100 out-of-pocket. Dr. Jones examined all of the restorations and performed a complete periodontal screening. The patient had 12 units of maxillary crown and bridge restorations and 4 single mandibular full gold crowns. The maxillary right and left bridges had margins that terminated 1 to 2 mm short of the prepared margins on all abutment teeth. The porcelain had been removed, and the metal had been perforated on the occlusal surfaces of the molar abutments, apparently in an attempt to achieve adequate occlusal relation. The maxillary left bridge was in occlusion on only two lingual cusps. Six maxillary anterior single crowns had short margins; two of these units had been perforated on their lingual surfaces. The mandibular single units also demonstrated inadequate margins. A full gold crown on tooth No. 32 was in occlusion with the maxillary tuberosity. This tooth had no labial keratinous tissue and had labial probing depths all in excess of 6 mm.

In spite of these faulty restorations, the patient had maintained her dentition admirably. She had returned to her previous dentist several times to seek advice regarding problems with brushing, flossing, and increased sensitivity. He had advised her that sensitivity is a normal outcome of crown and bridge treatment; he had recommended using desensitizing toothpaste and waxed floss. She had followed this dentist’s recommendation to increase her frequency of visits to her dental hygienist to every four months.
Before advising the patient, Dr. Jones requested her radiographs from and a consultation with her previous dentist. The consultation was brief and uncomfortable. Dr. Jones informed his out-of-state colleague of the patient’s oral health and said that, in his opinion, all of the restorations needed to be redone. The other dentist was quite defensive and told Dr. Jones that some of the restorations were “less than ideal” but had no major problems. He agreed to forward her radiographs, which consisted of four bite-wing and two anterior periapical views.

Dr. Jones met with the patient the following week, and explained the need to obtain a full set of radiographs, to redo all of her fixed prosthodontic treatment, and to extract tooth No. 32. The patient was upset by the prospect of having such extensive treatment redone so soon. In addition, she was aware that her dental insurance would not cover any of this treatment. She questioned why all of this restorative treatment needed to be replaced so quickly, and why her previous dentist or dental hygienist did not discover the problems at her four-month recall and prophylaxis appointment two months earlier.