

Oregon Health & Science University School of Dentistry

Course Syllabus for Fall Term 2005 CDEN 702 Ethics in Dentistry

Wednesday's 1-2 PM

1. General Information

Director: Beemsterboer, Phyllis L.

Minor Unit: Community Dentistry

Designation: Bridge Science

Small Group Leaders:

Denice Stewart DDS, MHSA

Peter Morita DMD

Jack Clinton DMD

Bob Johnson DMD

Gary Chiodo DMD

Susan Tolle MD

Erik Fromme MD

Magee Allee RN, MS, JD

Ella Booth MD

Barbara Glidewell MBS

Starting Year/ Semester: 4/1

Ending Year/ Semester 4/1

Credit Hours: 1

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:

1. Relate the use of the term professional and why we study ethics in dentistry.
2. Describe the aspects of a true profession.
3. Explain the relationship and obligations between the health care provider and the patient.
4. List the traits of a professional dental health care provider.
5. Discuss the ethical principles, values and concepts of health care and explain their role in decision-making.
6. List the central values of dentistry.
7. Describe how a code of ethics can assist in the professional duty of self-regulation.
8. Discuss the concept of ethical decision-making.
9. Identify and apply a process of ethical decision making to hypothetical dental cases.
10. Respond to the presentation of ethical problems and dilemmas in dentistry.
11. Discuss and analyze hypothetical dental cases using ethical decision-making process.
 - Informed consent
 - Paternalism
 - Scope of practice
 - Appropriate treatment

- Confidentiality
- Inter-professional relationships
- Competency

12. Interpret and apply the ADA Code of Ethics to hypothetical dental cases.
13. Recognize the ethical issues facing dentistry regarding access to care.
14. Discuss the role of the dentist in social justice in health care.
15. Describe the scope of the problem of impaired dentists.
16. Discuss the role of a professional in identification and assistance of impaired colleagues.
17. Describe the support services available for the impaired colleague.

5. Learning Resources:

Primary resources

- Handout materials distributed by course director
- ADA Principles of Ethics and Code of Professional Conduct

Secondary resources

- Ozar, David T. and Sokol, David J. Dental Ethics at Chairside 2nd ed Georgetown Press. 2002
- Rule, James T and Veatch, Robert M. Ethical Questions in Dentistry. Quintessence Publishing Inc. 1993.
- 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. For the small group seminars you will be expected to participate in the discussions, articulate an understanding of the principles and ethical decision making and apply the ADA Code of Ethics.

Course Evaluation:

The Final Grade is composed of:

- Participation in small group seminars = 50%
- Final written examination = 50%

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

“Integrity is far more than honesty or truthfulness, though these are indicators of integrity. The ideal of ethical integrity is constant sincerity of moral purpose.”

G. Winslow, JACD 2003

7. Instructional Sessions

Date	Type	Topic
Session 1 Sept. 21	Lecture & discussion Dr. Beemsterboer	Professionalism Health care provider obligations
Session 2 Sept. 28	Lecture & discussion Dr. Beemsterboer	Principles in health care Central values of dentistry
Session 3 Oct. 5	Lecture & discussion Dr. Beemsterboer	Codes of Ethics Ethical decision making
Session 4 Oct. 12	Lecture and discussion Dr. Gary Chiodo	Social Justice in Dentistry
Session 5 Oct. 19	No Class – Ethics Conference	
Session 6 Oct 26	Small groups 2:14	Cases and application of ethical decision making
Session 7 Nov. 2	Small groups 2:14	Cases and application of ethical decision making
Session 8 Nov. 9	Lecture & discussion Dr. Beemsterboer	Medical mistakes, dentistry in the health care arena
Session 9 Nov. 16	Small groups 2:14	Cases and application of ethical decision making
Session 10 Nov 23	Small groups 2:14	Cases and application of ethical decision making
Session 11 Nov 30	Lecture & discussion Dr. Beemsterboer	Impaired professional
Session 12 Dec 7	Written final comprehensive examination.	Multiple choice and short answer.

**Oregon Health & Sciences University
School of Dentistry**

CDEN 702 Ethics in Dentistry

Cases for Discussion
October 26, 2005

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?

Family Ties that Bind

(Hickman & Beemsterboer, OHSU)

Dr. Kristi Hanson is a newly graduated dentist who joined a successful practice as an associate with the owner of the practice, Dr. Jeff Langdon. Her parents supported her through dental school with the unspoken assumption that she would provide free dental care to them and other family members after graduation, after all she was the first person in her family to go to college. Dr. Hanson has done routine examinations and arranged for free-of-charge cleanings by her staff for family members since graduation. Recently, she discovered during a routine visit that her older sister, Jessica, required extensive dental work including several large molar restorations that had deteriorated quite a bit since the last time Dr. Hanson had seen her. The buccal and mesial aspects of #30 were quite involved and required a temporary filling because Jessica had an appointment she did not want to miss.

When Jessica called to complain about mouth pain, Dr. Hanson phoned in a prescription for 12 tablets of Tylenol with codine. Jessica went through this medication quickly and then called her little sister to request a refill, but Dr. Hanson refused. She did not believe her sister needed additional pain medicine, in part because she had always thought Jessica was a bit of a spoiled whiner.

Jessica called Dr. Langdon to complain about her pain on Dr. Hanson's day off. When he looked at her chart he found inadequate documentation to fully understand the situation, so he asked Jessica to come in for an examination. He found an infection that was responsible for Jessica's continued pain and prescribed an antibiotic. Following this visit, he instructed his officer manager to bill Jessica for the time, materials, and resources required for the dental procedures she underwent previously as well as his time, though Jessica was not charged for Dr. Hanson's time.

Dr. Langdon told Dr. Hanson the next day that their practice could not afford to write-off costly treatments for family and criticized her for prescribing a narcotic without an examination and thus missing the infection. A few days later, Jessica sent a nasty email, calling her sister a fraud and threatening to report her to the dentistry board for malpractice if she did not take care of the bill. Dr. Hanson was upset with her sister who she viewed as ungrateful and shared her frustrations with her parents, complaining that many of Jessica's troubles, including the recent infection, were due to laziness and poor self-care. Her parents angrily reminded her that she owed it to the family to provide free care. What should Dr. Hanson do to resolve this mess?

Oregon Health & Science University
School of Dentistry

CDEN 702 Ethics in Dentistry

Cases for Discussion
November 2, 2005

The DMV
(Gordon & Tolle, OHSU)

Hiram Brown is an 82-year old retired long-distance truck driver with hypertension, osteoarthritis, and glaucoma. He values his independence including living alone in his own home and driving. He takes walks, does crossword puzzles, and visits friends. He drives a newer Lincoln Town Car, which he is very proud of.

His 25-year-old daughter calls and says he has a checkup with you today. She says he accelerated backwards out of the garage and scraped the entire passenger side of the car against a telephone pole near the curb. She also notes that the driver's side mirror is broken and there is a gash in the garage doorframe. All of this has been in the last month. She's "afraid he's going to kill somebody" and is glad no children were in the sidewalk when he backed up and hit the phone pole. She says you can tell him that she called you about this.

On physical exam his vital signs are within normal range. However, his peripheral vision is decreased on gross visual field testing. He also has only about 30 degrees of neck flexion and rotation due to osteoarthritis of the cervical spine. The remainder of his exam including visual acuity, hearing, neurologic exam, and Mini-Mental Status is normal. You tell him about your conversation with his granddaughter and advise him to stop driving. He is peevish and argumentative. He says that unless he can drive, he'll just "sit at home and rot." He reminds you that he passed his drivers test 2 yrs ago and has not had an reported accidents. He has not had any disturbances of consciousness and does not use alcohol or sedating drugs. After he leaves, hid daughter calls and asks if you're going to report him to the DMV?

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.

Kidney in Oregon (ABC News Service)

Horacio Reyes-Camarena was convicted of committing a heinous crime. He stabbed an 18 year old women to death. And that was not the end of the trouble he caused the state of Oregon. Two days before his sentencing, he and another prisoner escaped from jail. In the process, Reyes-Camarena fell four stories and eluded capture for three more weeks. During the fall, he suffered serious injuries and now has such severe kidney damage that he must be hooked up to a dialysis machine three days a week, four hours at a time. His treatment while on death row, awaiting his ongoing appeals, is costing the taxpayers of Oregon some \$120,000 per year. Last month, Reyes-Camarena's prison doctor pointed out that he is a good candidate for a kidney transplant, medically speaking. But ethically speaking? As it is with health care these days, money is often the bottom line. Reyes-Camarena's dialysis costs \$120,000 per year, every year. A transplant operation would be a one time cost of approximately \$100,000. He would still require anti-rejection drugs, which are not cheap, but there is no question that the surgery would be less expensive to the state of Oregon than ongoing dialysis. Some 55,000 people are waiting for kidney transplants around the country. And in Oregon, the state budget crisis is so dire that thousands of people are denied some level of health care each day because the state health system is virtually broke. So, the people of Oregon were outraged when it was even discussed as a possibility that Reyes-Camera might get one of the precious few kidneys available for transplant. Would the state be keeping him healthy just long enough to kill him?

Oregon Health & Science University
School of Dentistry

CDEN 702 Ethics in Dentistry

Cases for Discussion
November 16, 2005

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?

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!

Dr. Lester
(Gluck & Morganstein)

Dr. Jim Lester has a suburban dental practice that suits him just fine. He lives in a midwestern community consisting of a city of 60,000 with surrounding suburbs of approximately 40,000. He works 5 days a week for 40 hours and has time for his family and his current passion, creating a bird sanctuary outside town. His hobby is environmental protection, and he and his wife are active members of the local Sierra Club.

Dr. Lester's community has been hit hard by the economy. Two years ago, two manufacturing plants laid off large numbers of workers. Efforts have been made to attract new businesses, and many workers have stayed in the community hoping some new opportunities will develop. Many are still drawing unemployment, but medical and dental benefits expired some time ago. Several dentists have started a program through the local dental society to contribute time – mostly nights and weekends – at a downtown clinic to provide emergency and preventive care. They ask Dr. Lester to join. He refuses. He points out that he is already contributing to the community through the Sierra Club, that he feels personally fulfilled through his current practice, and that his personal goal has never been to become that involved in organized dentistry. He does a good job with suburban children and that is his interest. He has always believed that he is the kind of person who does better with a wider range of commitments.

“But, Jim,” his friend Dr. Al Felding argues, “your lack of professional involvement means the rest of us have to contribute more, and lack of cooperation for this project makes us look bad at the state meetings. You're the third suburban dentist to turn me down this week.” “Look, Al,” Jim counters, “you chose to do this. I'm not proselytizing you to become a member of the Sierra Club. To each his own. You're fulfilling your mission in life. I'm just choosing a different track for my extracurricular activities. Come off it, will you?”

**Oregon Health & Science University
School of Dentistry**

CDEN 702 Ethics in Dentistry

Cases for Discussion
November 23, 2005

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.

**Oregon Health & Science University
School of Dentistry**

CDEN 702 Ethics in Dentistry

Evaluation Form for Fall 2005

Was the DS 4 student in your small group discussion sessions able to:

1. Articulate an understanding of the ethical principles and participate in the ethical thinking discussions? _____

2. Demonstrate knowledge and use of ethical decision-making model and the ADA Code? _____

3. Be in attendance at all four sessions or let you know why not? _____
(If a student missed more than two sessions they should come see me)

Name of Student: _____

Date: _____

Faculty Members: _____

Comments and suggestions??

Thanks for your participation!!