

# American Society

for

# Dental Ethics

(Formerly PEDNET)

## Mission Statement

The American Society for Dental Ethics exists to support ethics as an integral value for the dental health care professions. The members of the Society are dedicated to the ongoing study of ethical issues and education to promote professional responsibility and conduct, thereby enhancing oral health care for those we serve.

## Core Values of ASDE

- Leadership
- Community
- Education
- Collegiality
- Scholarship
- Service
- Professional integrity

## Officers

President: Lawrence Garetto

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Executive Director: Anika Ball

The ASDE officers are inviting all members to go to our website at

[www.societyfordentaethics.org](http://www.societyfordentaethics.org)

**November 2007**

## Recent Events

The 5<sup>th</sup> ADEA Summer Intensive Ethics Workshop was held in Toronto, Canada on May 23 & 24, 2007 before the IDEALS conference. The workshop had 30 participants and received positive evaluations for its content and interactive format. Networking with other dental ethics teachers was listed as a highlight. The winner of the first **Ozar-Hasegawa Ethics Award**, Andrew Siaowitz from the University of Maryland presented his winning entry on paternalistic considerations at the workshop. The honorable mention went to Sam Malkinson from UConn. His essay is provided later in the newsletter.

The annual ASDE Board meeting was hosted by Marilyn Lantz at the University of Michigan on August 10-12, 2007. Members present were Alvin Rosenblum, Don Patthoff, Anne Koerber, Muriel Bebeau, Marilyn Lantz, Laura Bishop, Larry Jenson, Anika Ball, and Pamela Zarkowski. In brief, the goals set forth by President Larry Garetto were to brainstorm, strategic plan, and expand our constituency. The weekend was a great success with several new developments. Anika Ball spoke on the progress of ASDE's website. A press release issued October, 2, 2007 officially launched the new updated website. The site continues to grow in substance and hopes to become a stronger resource for our members. Other issues addressed were the future our organization as it continues to grow and angle toward an esteemed resource for dental educators, ethics consultations, dental associations, and private practice.

The executive board proposed a possible collaboration with such admired groups as the American College of Dentists, Kennedy Institute of Ethics Library and Information services, and student groups such as USC's Student Professionalism and Ethics Club.

One of the great things about belonging to an organization like ASDE is the access one has to the top scholars in the field of dental ethics. At the August 2007 strategic planning retreat in Ann Arbor, the Executive Board of ASDE had the pleasure of listening to a presentation by Dr. Mickey Bebeau on her most recent research findings regarding the professional development of dental students at the University of Minnesota. For those of you who don't know, Dr. Bebeau has been studying the effect of dental ethics education on dental students for over twenty years. Having developed and employed (with Dr. James Rest) empirical tools that measure moral development (the DIT and the DEST) she has been able to bring an empirical basis to the often-asked question: Can ethics be taught? Too often in professional education there are theories and ideas that are mere speculation about what does and does not work to develop an enhanced moral sense in students. It is always refreshing to have some hard data to refute or support these ideas and Dr. Bebeau has done the difficult work of not only providing this data but offering tools for others to generate their own. Dr. Bebeau's presentation to the Executive Board strongly suggests (once again) that ethics education can, in fact, make a difference in the moral development of dental students. The entire results will be presented at the upcoming American Education Research Association Meetings in March, 2008. Finally, the highlight of the weekend was a catered dinner at the house of Marilyn Lantz. The meal was rich with exotic flavors and unusual use of spices. Larry Garetto drew the evening together by presenting an award of appreciation to past president Pamela Zarkowski for her outstanding leadership and dedication to the field of dental ethics. The weekend produced new relationships, strengthened former ones, and created new visions for the future of ASDE.

*-Anika Ball and Larry Jenson*

The American Society for Dental Ethics, in cooperation with the ADA's Council on Ethics, Bylaws and Judicial Affairs (CEBJA), and the American College of Dentists organized and participated in its tenth consecutive Leader Skills session at the Annual ACD meeting in San Francisco, California on September 26, 2007. This year's session was "Your Dental Brain on Trial" and was initiated and facilitated by Dr. Don Patthoff DDS, who played Judge Nowitall. The script was designed and presented by Dr. Erin Egan, MD, JD: she also played the defense attorney and directed the action. Dr. William Leffler, DDS, JD, member of the ADA's CEBJA Council played the plaintiff attorney.

Erin is an assistant professor at the University of Colorado's Hospital Medicine and a visiting lecturer at the Neiswanger Institute for Bioethics and Health Policy, Loyola University Medical Center. Bill practices dentistry in Ohio and is currently vice-chair of ADA's CEBJA. Both demonstrated their theater skills, health care and legal expertise as they played off each other's leads in an engaging, entertaining, and very innovative case presentation. The interactions lead to a lively audience question and comment session that was both informative and disturbing.

This particular session demonstrated how courts determine the validity of scientific evidence. It then explored the issues of accuracy and accountability in expert testimony. Finally, it looked at the role of experts and scientific evidence in demonstrating causation in a malpractice claim. As a result, dentists were exposed to, and experienced a very complex area of philosophical scholarship known as causality. For further documentation into the case, audience discussion themes, and summary of the meeting, please check the ASDE website.

*-Donald E. Patthoff*

*The American Society for Bioethics and Humanities held its annual meeting in Washington DC Sat. Oct. 20. Laura Bishop, coordinator, provides us with a brief synopsis of the Dental Affinity group meeting.*

Congressman Elijah E. Cummings (D-MD, 7<sup>th</sup> District) spoke thoughtfully and passionately about how the lack of access to oral health care especially affects children. Adults are responsible to bring about change. While children are particularly vulnerable to poor health care, they themselves do not have the means to change the situation or to advocate for their own needs, but must rely on adults to do so for them. Cummings used the phrase, “children are the living message we send to a future that we will never see.” He challenged those in attendance to use their voices and professional and personal connections to make access issues an education, action and outreach mission. Technical expertise and education should be used to ensure that children live to see the future in as healthy a manner as possible. Cummings has been involved (along with Senator Dennis Kucinich, D-OH, and others) in legislative efforts to bring about reform regarding oral health care. He also helped to create an innovative partnership between the University of Maryland Dental School and the United Health Group to fund and coordinate the provision of dental care. Under the agreement, the United Health Group will provide the financial support to hire a dental case manager and a dental fellow, create a mini-dental clinic, and educate dental and family practice residents about oral health issues in Maryland..

Cummings spoke at the joint meeting of

the Dental Ethics Affinity Group (of the American Society for Bioethics and Humanities) and the American Society for Dental Ethics (ASDE) held in Washington, DC on October 20, 2007. The focus case for the meeting was that of Deamonte Driver, a young boy from Prince George's County, MD (near Washington, DC) who died at age 12 as the result of a brain infection spread from an untreated abscessed tooth. After regaining her Medicaid coverage, his mother found it very difficult to find a dentist who would accept Medicaid for treatment. ASDE Board Member Donald E. Patthoff, Jr., a practicing dentist in Martinsburg, WV, spoke about efforts within the dental community to improve access to care and highlighted some of the practical issues associated with trying to cover needed dental care for uninsured persons or those covered by Medicaid or Medicare. Jacquelyn L. Fried, RDH, MS, Director of the Dental Hygiene program at the University of Maryland Dental School, also spoke. The Bureau of Labor Statistics forecasts that the shortage of dentists will worsen in coming years. Ms. Fried suggested that in light of BLS projections, workforce models ought to be examined, including considering whether the scope of practice for advanced dental hygiene practitioners might be broadened to allow them to provide preventive and palliative care. More sophisticated treatments would be referred to dentists, but the unmet need for basic care might be eased to some degree through the skills an advanced dental hygienist could offer.

The joint meeting continued previous efforts to build and establish connections between the academic, legislative, and professional practice communities. Go to

the National Reference Center for Bioethics Literature's QuickBibs page at <http://bioethics.georgetown.edu/nrc/quickbibsbio.htm> (888-BIO-ETHX) for a bibliography on dental ethics or visit the ASDE website [www.societyfordentaethics.org](http://www.societyfordentaethics.org). For more on the investigation into Deamonte Driver's death see <http://domesticpolicy.oversight.house.gov/story.asp?ID=1563>. Laura Bishop, Ph.D. ([bishopl@georgetown.edu](mailto:bishopl@georgetown.edu)) is the coordinator for the ASBH Dental Ethics Affinity Group.  
*Laura Bishop*

### **Upcoming Events**

#### **Call for Student submission for 2008**

The Ozar-Hasegawa Ethics Award is an annual award named for two individuals who have contributed to the scholarship, discussion, and application of dental ethics, *Professor David Ozar* (Loyola University) and *Dr. Thomas Hasegawa Jr.* (Baylor, deceased). The award is presented by the American Society for Dental Ethics (ASDE) to a dental or dental hygiene student for an essay or comparable product of careful ethical reflection.

We highly recommend this unique opportunity to advance the involvement of dental students in the field of dental ethics. Please note that the application for submission must be completed prior to November 22. All entries must be submitted in electronic form.

Entries must be submitted by December 15, 2007. Please refer to our website for specific details at [www.societyfordentaethics.org](http://www.societyfordentaethics.org).  
*-Anika Ball*

#### **ASDE Sponsored Faculty Development Workshop Proposed for ADEA Dallas Meeting**

ASDE members Phyllis Beemsterboer, Larry Garetto and Mike Goupil will be presenting a Faculty Development Workshop (FDW) at the upcoming ADEA Annual Session in Dallas entitled *Assessing Professional Ethics for the Developing Dental Practitioner*. Given that effective dental ethics curricula strive to enable students to understand professional ethical principles and to be capable in applying these principles to practice situations, the goal of this workshop is to introduce participants to various tools for assessing student performance. This workshop follows up on last year's FDW in which ASDE presenters focused on the teaching and learning environment for professional ethics and discussed strategies and elements in creating and using composite cases (real cases that had been modified to address specific learning objectives) to present ethical problems or dilemmas that may arise in oral health care treatment settings. A key feature of the proposed FDW is to help participants develop reflective critical thinking components to the items and exercises that they use to assess student performance in professional ethics. Assessment practices and strategies from three different schools will be discussed and participants will be challenged to prepare assessment items or activities for use in their own institutions. This program will be of interest to teachers in all types of dental professional programs. For more information please contact Larry Garetto at [lgaretto@iupui.edu](mailto:lgaretto@iupui.edu)  
*-Larry Garetto*

### Collaborative Meeting: ASDE, Admissions, and Legal Issues

A program entitled “Rethinking the Admissions Interview – Predicting clinical performance and professionalism in dental school.” will be presented at the 2008 ADEA meeting. The program is the result of a collaborative effort between ASDE, and the Sections on Academic Affairs, Dental School Admissions Officers, Student Affairs and Financial Aid, and the Legal Issues Special Interest Group. The program will describe several new admissions interview protocols that show promise for predicting clinical performance and professionalism for both dental and medical students. It will also consider emerging legal issues relevant to professional school admissions processes and will encourage participants to reflect on their school’s admissions processes. Please watch the meeting announcements from ADEA for more details!

*-Marilyn Lantz*

### **Student Professionalism and Ethics Club (SPEC)**

#### *Student Perspective on SPEC*

A new student organization is taking flight and moving forward with incredible gusto within the dental community. This organization is the **Student Professionalism and Ethics Club (SPEC)**, which began in March 2007 as a loose network of dental and dental hygiene students at the University of Southern California School of Dentistry. Early this year, we were simultaneously asking questions and having casual discussions about ethics, professionalism, and how they apply to our academic and professional careers. Gradually, we were linked together by key faculty members such as Dr. Alvin Rosenblum, Mrs. Diane Melrose, and Dr. Eugene Sekiguchi.

At our first few meetings we talked about the recent reports of unethical behavior taking place at dental schools around the country. We also considered issues at our own school which might need to be

addressed and had general discussions about the field of ethics as it applies to dentistry. Quickly enough, discussion grew into action, and we developed solid goals which could be accomplished.

At USCSD, SPEC was responsible for hosting the “Introduction to Ethics and Professionalism” at this year’s orientation for the DDS Class of 2011. We have also put together an “Ethics Start-up Kit” to lend useful information to students at other dental schools wishing to start their own ethics club. We are in the process of forming a student mediation group, the Professional Standards Council, that will compliment the existing Ethics Committee (a hearing and judicial body for reported violations of USCSD’s Code of Ethics). We are bringing respected speakers to USC in conjunction with our Dean’s Lecture series. In addition, SPEC is planning a National Symposium on ethics and professionalism so that members across the country may come together for an exchange of ideas and experiences.

As a student representative of SPEC I have been swept off my feet by the amount of interest, support, and positive feedback we have received. This motivating enthusiasm has come from renowned professionals in the field of ethics and dentistry across the country, students at many other dental schools, and a vast body of students at our own school who will be initiated into the organization on October 29. I feel the deepest sense of gratitude for the support and encouragement of such prestigious organizations as the American Society for Dental Ethics and the American College of Dentists.

In my eyes, the interest from students at other dental schools is perhaps most moving because this means that future dentists and dental hygienists nationwide deeply care about the ethics and professional standards that can and must be applied in the field of dentistry. As SPEC goes national, our goal is to unite this community, share perspectives in an open and unbiased forum,

and appreciate the diversity of experiences present in the arena of dental ethics. Students across the country will be joining hands with faculty, staff, administration, current professionals, and each other to “influence the culture” of our chosen profession.\*

If you are interested in opening your own chapter of SPEC, please contact them at [SPECdental@usc.edu](mailto:SPECdental@usc.edu) and their Satellite Club Liaison will send you an Ethics Start-up Kit.

*Nicola Malik, SPEC President, USC DDS Class of 2010*

\*Dr. Alvin Rosenblum, our faculty advisor, examines ethics and its influence on a culture of professionalism.

#### Suggested Reading

**Ethics and Law for the Dental Team** by Mark Brennan, Richard Oliver, Bryan Harvey and Gill Jones was published in 2006. This volume designed for all dental professionals, is authored and published by UK based individuals. The format uses cases which apply principles to practice across a wide range of dental related topics. One chapter deals with the ethics of teamworking in practice.

#### **Ozar–Hasegawa Award**

#### **Honorable Mention 2007**

**Dr. Sam Malkinson, UConn\***

*\* Dental Student at the time of submission*

*PLEASE NOTE: The views expressed in this essay are those of the author and do not necessarily represent those of the American Society for Dental Ethics*

A young male dental student sees a young female patient for the first time regarding a severely fractured left mandibular first molar. Due to the trauma of the fracture and its sequelae, the treatment plan calls for this tooth to be endodontically treated, and subsequently restored with a post-and-core supported porcelain-fused-to-

metal crown. Of course, owing to the nature of dental school, this treatment will last over an extended period of time.

Having noticed how attractive the patient was upon the initial presentation, by the time the final canal of the molar has been obturated, the dental student has a full-on crush on the girl. Choosing to continue her treatment, the student proceeds with the post-and-core placement and full coverage of the tooth. This treatment takes time, and the student, who has been single for a year, senses that his feelings for the patient are intensifying.

Finally, the crown is cemented and the patient returns for some minor post-cementation modifications. It is to be her last visit before the summer, but when the fall comes she will be returning to the student as a recall patient. The dental student, being shy of nature, cannot work up the courage to confess his infatuation with her. It is thus a pleasurable surprise when she pre-empts her farewell to him by remarking how handsome she always thought he was, and would he be interested in hanging out for coffee some time?

A practitioner of oral health-care spends a significant portion of his professional life in close proximity to the mouths of his patients. It might thus be argued that even without trying, dentists and the like attain a certain measure of intimacy with their charges, since they are allowed access and entry to a relatively private area of the body. This privilege, of course, is meant to be used in the best interests of the patient, and certainly never in an exploitative fashion. However, professionals are people too, and it is easy to imagine a situation where some measure of romantic intimate attraction develops between a dentist and his, or her, patient. How might such an association come to pass, and where might it end up? Whether initiated by the patient or the professional, are these relationships a valid romantic pursuit for two consenting adults on a pre-existing dentist-patient axis? How should an oral health-care worker proceed upon

determining that one party is developing some romantic feelings for the other?

Examining the relevant literature on the subject, the available evidence points to the fact that sexual advances by both patients and health-care providers are a very present reality. Chiodo et al conducted a study based on interviews of dental students, and on a questionnaire for dental hygienists and dentists concerning patient-initiated sexual advances in the dental office.

Amongst the dental students, who felt that they were not provided with enough didactic or practical knowledge to deal with these situations, some of the reported inappropriate behaviors initiated by patients included subtle verbal means such as innuendos or discussions of the patient's personal sexual life, as well as overt physical means such as fondling, rubbing up against the student's body, and attempts at kissing. Of those professionals who responded to the questionnaire, 46% of the almost exclusively female dental hygienists reported verbal sexual advances, and 23% reported physical advances. These were mostly of a heterosexual nature. Amongst the almost exclusively male dentists, 30% reported verbal advances, and 14% reported physical advances; once again, these were mostly, but not restricted to, heterosexual situations. The study implied that there was a difference in perception of the importance of the study between dentists and dental hygienists (and thus possibly between men and women), with the mostly female dental hygienists being far more concerned about sexual advances than the mostly male dentists. The hygienists also tended to respond more negatively to the advances than the dentists did.<sup>1</sup> Lest we are led to believe that this is a reality only for male dentists, in another survey of patients' perceptions of dentists, some male patient responders expressed increased comfort levels to making sexual advances to female dentists, citing that they appeared more approachable.<sup>2</sup> Unfortunately, there is a paucity of literature dealing with provider-initiated romantic pursuits, since it would appear that the majority of relationships

studied have involved patients pursuing their dentist. Sometimes, the nature of the dental treatment itself can inspire sexual feelings in a patient, even when not intended by the provider. Chiodo and Tolle put forth a case study where a patient requested to be treated without local anaesthesia, which is the prerogative of an autonomous patient, but then admitting to the dentist that it would cause him masochistic sexual pleasure.<sup>3</sup> In such an extreme case, it is easy to see how the conflict of interest might compromise dental treatment for the patient; in less extreme cases, the potential for catastrophe may still be significant.

The Quebec Code of Ethics from the Guide for Dentists, issued by the Order of Dentists of Quebec, is very clear on the subject. Taken directly from section 3.02.01, "The fact of a professional taking advantage of his professional relationship with a person to whom he is providing services, during that relationship, to have sexual relations with that person or to make improper gestures or remarks of a sexual nature, constitutes an act derogatory to the dignity of his profession."<sup>4</sup> This section comes under the rubric of a dentist upholding integrity for his profession, and indeed, integrity is one of the founding principles and defining factors for a person to be regarded as a professional.<sup>5</sup> Furthermore, section 3.01.07 states a dentist must "establish mutual trust" and must not "interfere in the personal affairs of his patient on subjects not relevant to the practice of his profession." Section 3.05.03 states that "a dentist must safeguard his professional independence and avoid any situation which could put him in a conflict of interest. A dentist is in conflict of interest, in particular, when he is in a situation where his judgment might be unfavorably affected to the detriment of his patient or his professional independence could be questioned."<sup>4</sup> If we are to focus on these last two ethical principles, then three arguments arise as to why intimate relationships with patients are inappropriate. First, there is an imbalance of power between a health-care provider and his patient. Due to the nature of

treatment, and of the disclosure of personal information on the part of the patient, the patient assumes a vulnerable stance, and the unscrupulous dentist is in a position to exploit the situation. Next, because of the sensitive nature of this private and confidential information, the dentist is in a position to manipulate or entrap the patient for his own ends, against the patient's will. Finally, it is to some measure inevitable that along the way, a conflict will arise between what is considered to be the patient's best interest and what is best for the relationship to proceed.<sup>6</sup> Because of these possibly hazardous occurrences, it would appear that entering into an intimate relationship with a patient, regardless of who initiated romantic contact, is an invalid interpretation of the ethical principles involved in the dental profession as well as a potentially harmful dispensation of one's professional duties.

The question remains of how dentists should proceed when they realize that a particular patient is attracted to them, or vice versa. First, considering the case of a patient initiating the advance, it has already been noted that dental students felt they were inadequately trained to handle the event. Clearly, this calls for additions to the curricula of dental schools, to include workshops or small group seminars based on a three-step model. This model involves assessment of patient and provider behaviors prior to the advance, assessment of the environment where the advance has occurred, and development of a range of strategies to deal with the advance.<sup>8,9</sup> For a licensed dental professional working in or operating a private office or hospital, when a patient makes an advance, one strategy might be to begin with a polite statement declaring a boundary in the dentist-patient relationship. If that is either misunderstood or ignored, a firmer and more direct statement might be issued.<sup>6</sup> In an extreme case, especially where stopping treatment with a patient may also be deemed unethical or to the patient's detriment, provisions might be made to refer the patient to a colleague, combined with an explanation of why this was necessary.<sup>1,3</sup> It must be noted

at this point that purely in a legal sense, a dentist is not only responsible to himself but also to the members of his staff, should they be approached inappropriately by a patient. It is recommended that each dental office have a sexual harassment protocol, and that this protocol be made visible and available to anyone entering the office for any reason.<sup>7</sup> Finally, considering the flip-side, if a dentist realizes that he has feelings for one of his patients, and is unwilling to cease the romantic pursuit in favour of the patient remaining with him professionally, he must ensure that the patient will undertake a transfer to another dentist, and even then, allow a period of time to elapse before continuing with his romantic endeavour.<sup>6</sup>

Having put forth the available evidence, it is clear that much still needs to be done in this area of research. Dentistry as a profession is rapidly equilibrating between the genders. It is necessary to see how female dentists respond to sexual advances in comparison to their male counterparts. As well, there is considerable geographic variation, even within North America, as to what is considered sexually appropriate. It would therefore be interesting to study the effect of geographic location on the responses of dental professionals to sexual advances, and potentially, on any differences in their respective Codes of Ethics. In light of recent political upheavals in both Canada and the United States, homosexual union, and thus in a broader sense homosexuality, is set to enjoy new social freedom. It will be necessary to quantify and qualify the specifics of homosexual advances to dentists from patients, and to patients from dentists, and to see if there is any difference in reaction based on whether the recipient of the advance is homosexual or not. This may lead to developing new techniques for dealing with uncomfortable or distasteful situations, since homosexuality is still in the process of gaining universal social and political acceptance. To that end, the most important idea one might take from this discussion is the immediate need for dental schools, the profession's gateway to the

future, to definitively address this issue as a routine part of their curricula.

#### References

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ASDE has decided to meet the demands of most of our members and transmit our newsletter electronically via email. If you would prefer to receive this mailing in paper form or have a problem in receiving it, please let Anika Ball know at [Anika@dentaethics.com](mailto:Anika@dentaethics.com).