

Ethics in Dentistry: Part I - Principles and Values



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Disclaimer: Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

Note to Iowa dental professionals: This course does not comply with the Iowa Dental Board for recertification in the area of Iowa jurisprudence, as established by the Centers for Disease Control and Prevention (CDC).

Conflict of Interest Disclosure Statement

- The author reports no conflicts of interest associated with this course.

Introduction – Ethics in Dentistry

Ethics in Dentistry: Part I - Principles and Values will review the health care principles used in dentistry to help identify, clarify and support choices when faced with an ethical problem or dilemma. A principle is a general normative standard of conduct that is derived from morality and traditions in health care. Each principle will be presented and discussed with examples from the practice of dentistry and dental hygiene.

Please note this is Part I of a three-part series. To gain the full benefit of the concepts covered in this course, be sure to read [Ethics in Dentistry: Part II - Codes of Ethics](#) and [Part III - Ethical Decision-making](#).

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Overview

This course will review the health care principles used in dentistry to help identify, clarify and support choices when faced with an ethical problem or dilemma. A principle is a general normative standard of conduct that is derived from morality and traditions in health care. Each principle will be presented and discussed with examples from the practice of dentistry and dental hygiene.

Learning Objectives

Upon completion of this course, the dental professional should be able to:

- List and define the ethical principles used in dentistry and dental hygiene.
- Describe the difference between a problem and an ethical dilemma.
- Explain the terms, values and concepts that are often used in health care.
- Choose the principles or values which are present and important in clinical scenarios.

Introduction

Every dentist and dental hygienist is granted special rights and responsibilities when they earn the credentials to become an oral health care professional. A professional person is one who has completed a specialized program of knowledge and gained a license in a discipline that is of value to society.

In the corporate world, success is often measured by financial gain. For the health care professional, the motive of the patient's welfare is placed above the profit motive. Because of this service motive, society has granted to the health care professional a certain status that carries prestige, power, and the right to apply that special knowledge and skill.

When patients seek care from any health care provider, they expect to receive the very best care from a professional and ethical practitioner. The health care services provided involve technical skill, appropriate knowledge, critical judgment, and most importantly, empathy and caring. It is the essence of caring that patients perceive and to which they respond. In the delivery of health care, trust is the critical foundation for the relationship that develops between the person seeking services—the patient—and the health care provider—the professional. The patient is aware that the health care provider has certain knowledge and skills. However, it is the caring the patient seeks that gives the provider of dental services the greatest opportunity for professional service and satisfaction. An understanding of ethical issues and an awareness of the ethical obligations inherent in the provision of health care will enable the dental professional to deal effectively with patients and their community.¹

Ethical Dilemmas in Oral Health Care

The two main goals involved in ethics are the ability to discern right from wrong and the commitment to act on a decision. As clinicians providing care and services, every dentist and dental hygienist will be faced with many choices, problems and dilemmas. Some of these choices will be simple issues of right and wrong, whereas others may be ethical dilemmas that require careful decision making. The clinician must be aware of the ethical issues that can arise and be prepared to take appropriate action when necessary.

A useful tool the clinician can refer to is the appropriate code of ethics for their discipline. For the dentist, it is the American Dental Association's (ADA) *Principles of Ethics and Code of Professional Conduct* and for the dental hygienist it is the American Dental Hygienists'

Association (ADHA) Code of Ethics for Dental Hygienists.^{2,3}

Codes of ethics are the written standards to which health care professionals agree to adhere before society, which grants certain privileges to these groups. Among these privileges is societal trust and self-regulation. Once an individual has gained the necessary professional knowledge and skill and acquired a professional license, he or she is accorded professional status. The responsibility that goes with this status is to uphold the principles and core values of the professions. Principles help address the moral question: What ought a person to do in a troublesome situation? More specifically, what is good, right, or proper for a person to do in this situation? Normative principles provide a cognitive framework for analyzing moral questions and problems.

Principles in Dentistry and Dental Hygiene

Ethical principles guide the conduct of health care providers by helping to identify, clarify, and justify moral choices. A principle is a general normative standard of conduct that is derived from morality and traditions in health care. These principles are linked to commonly expected behaviours' because they are based on shared standards of thinking and behaving. In health care, the main normative principles are nonmaleficence, beneficence, autonomy, and justice. These principles are associated with expectations for behavior, and they provide guidelines in dealing with right and wrong actions. These principles provide direction about what should and should not be done in specific situations. Thus, a principle is a general normative standard of conduct, holding that a particular decision or action is true or right and good for all people in all times and all places.⁴

Nonmaleficence

Nonmaleficence is the principle that actions or practices are right insofar as they avoid producing bad consequences.⁵ This is the foundation of all health care and describes the first obligation that every health care provider embraces — do no harm. In Latin the term is *primum non nocere* which means first, do no

harm. Patients who seek dental services place themselves in the care of another person and, at a minimum, should expect that no additional harm will result from that act. The patient grants the clinician the privilege of access to a portion of his or her body for an explicit purpose, a privilege founded in trust. Fundamental to that trust is that the health care provider will do no harm to the patient.

The Hippocratic Oath requires the health care provider promise to keep the sick from harm and injustice. In reference to nonmaleficence, the *ADA Principles of Ethics and Code of Professional Conduct*, states “the principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.” For example, practitioners are required to maintain their level of knowledge and skill through participation in appropriate continuing education programs. Thus a dentist who has not performed an endodontic procedure since graduation from dental school 20 years ago would be expected to refer patients to a colleague for root canal therapy. Likewise, a dental hygienist also has an obligation to stay up-to-date with the changing standards of care in the profession. A hygienist who is unfamiliar with local anesthesia techniques should refer or defer performing that service until achieving competency.

Over time nonmaleficence has evolved to include preventing and removing harm. Therefore, health care providers have an obligation to do no harm as well as to prevent harm. Prevention of harm clearly is a domain of dentists and dental hygienists as great emphasis is placed on educating patients about preventing dental caries and periodontal disease.

A narrow interpretation of this principle would hold that complete avoidance of any pain and suffering in patient care must be maintained. Such strict interpretation would mean that invasive diagnostic tests to locate disease, as

well as intraoral injections could never be performed. Consequently patients would never benefit from treatment that would alleviate current pain, and they could not benefit from the prevention of future pain and suffering — and this is unrealistic. A clinician may not always be able to avoid harm. In fact, causing some degree of harm when that harm will lead to a greater good—restoring a patient to health—maybe desirable as well as necessary. This conflict is referred to as the principle or rule of double effect, and it requires the health care provider to consider the risks and benefits whenever treatment is provided.

This principle is referred to in such complex situations as saving the life of a pregnant woman or her fetus and in the difficult end of life choices. To be morally acceptable, the clinician intends only the good effect. Frankena clarified that delineation between harm and good in the following classification system.⁶

1. One ought not to inflict harm.
2. One ought to prevent harm.
3. One ought to remove harm.
4. One ought to do or promote good.

The first classification refers to avoidance of harm which takes precedence over the second, third, and fourth entries, which define beneficence, or the promotion of good. This hierarchy of nonmaleficence and beneficence provides the clinician with a guideline to follow in sorting out dilemmas in practice. Not inflicting harm takes precedence over preventing harm, and removing harm is a higher priority than promoting good. Ideally, the clinician would be able to implement all four parts of this hierarchical relationship; however, when faced with constraints and conflict, prioritization would be necessary. Avoiding harm and promoting good in the practice of dentistry and dental hygiene are not always possible.

Beneficence

Beneficence is the principle that actions and practices are right insofar as they produce good consequences.⁵ Whereas nonmaleficence is concerned with doing no harm to a patient, beneficence requires that existing harm be

removed. Beneficence focuses on “doing good” for the patient. Doing good requires taking all appropriate actions to restore patients to healthy state. Health care providers, based on their knowledge and skill, use all reasonable means to benefit the patient. Dentists and hygienists have acquired a body of knowledge and corresponding skills that make them uniquely qualified to help identify patient needs and recommend and provide services to address those needs. Thus, their unique knowledge and skills allow them to benefit the patient by removing existing harm and assisting in the prevention of future harm.

Beneficence and nonmaleficence often are linked because they are both founded in the Hippocratic tradition, which requires the physician to do what will best benefit the patient. This is a consequentialist approach. Meeting the requirement to do what the physician believes will best benefit the patient and implies the need to conduct a consequence analysis to determine the best possible outcome for the patient. Beneficence is found in all health care codes. By choosing to become a dentist or dental hygienist, an individual assumes a responsibility to help others and professes to be a part of a profession. This means that actions, behaviors, and attitudes must be consistent with a commitment to public service. This commitment to help and benefit others defines the healing professions and sets them apart from other occupations.

Any individual who is in a position to promote good for the benefit of others, such as health care professionals, fails to increase the good of others is considered morally wrong. The purpose and existence of biomedical research, public health policies and programs, and preventive medicine are the formalized aspects of this part of health care. Through various federal, state, and community-based activities, society attempts to meet this need for the good of the general public. The promotion of good becomes challenging when good is defined according to differing values and belief systems. The teaching of careful oral hygiene self-care to maintain health and function is an example of promotion of good to many people.

However, the removal of all carious teeth to eliminate pain and suffering may be considered promoting good to other individuals. In public health programs, the appropriation of limited resources to meet the medical and dental needs of a given population can be a complex and frustrating exercise. It is also part of being a health care professional, a leader who advocates for the betterment of society.

Autonomy

Autonomy is the principle that embraces respect for persons, the ability to be self-governing and self-directing. An autonomous person chooses thoughts and actions relevant to his or her needs, independent from the will of others. In health care autonomy gives rise to the concept of permitting individuals to make decisions about their own health, which is the heart of many ethical dilemmas that occur in dentistry.⁷ All health care professionals must respect the autonomy of patients and properly inform them about all aspects of the diagnosis, prognosis, and the care being provided. Because dentists and dental hygienists have a wide range of knowledge and skills, they must fully and adequately explain the parameters of the services that can be performed as well as the consequences of performing or not performing those services.

Unlike nonmaleficence and beneficence which arise from the Hippocratic traditions, autonomy concerns arose much later in the 20th century. The application of autonomy is based on respect for persons which holds that the health care professional has a duty to allow patients to make decisions about actions that will affect their bodies. This also includes the duty to provide patients with all the unbiased information they would need to make a decision about treatment options.

Conflict can arise around this concept when what the dentist and/or hygienist believes is in the best interest of the patient differs from what the patient desires. Sometimes what the professional believes is best for the patient is not what the patient elects to do. As long as the patient selects from treatment options that are consistent with accepted standards of care, the professional may ethically act on the patient's

choice. However, the professional practitioner also has the autonomy to not provide a service requested by the patient if that service is in conflict with the standards of patient care. For example, refusing a patient's request to extract all healthy teeth would be ethical even though that decision would conflict with the patient's autonomy. Dentists and hygienists will avoid doing harm to a patient even if the patient is exercising autonomy by asking to receive a potentially harmful treatment or service.

Justice

The principle of justice is concerned with providing individuals or groups with what is owed, due, or deserved. Some view justice as a duty for health care providers. The foundation of justice has frequently been described as the principle of equality; likes should be treated alike, equals should be treated as equals, and unequals treated as unequals. The obvious problem in this approach is that some mechanism or criteria must determine who is equal or unequal. Fundamental to the principle of justice is an effort to treat people who have similar needs in a similar or identical manner. All patients who seek treatment for the prevention of periodontal disease should receive the same level of care and attention from the dentist or dental hygienist regardless of personal or social characteristics. Naturally, this approach does not take money into consideration and that is unrealistic. Placing money aside is easy in a discussion but difficult in application in a capitalistic society. Regardless of age, gender, social status, religion, or other distinguishing factors, each person should be entitled to the same oral health care options when a similar health care need exists. That would be just.

Justice in dentistry is most often discussed in terms of public policy issues, referred to as distributive justice. Every society must address the problem of how its resources will be distributed because every society has a scarcity of resources. Resources are scarce whether referring to materials, specially trained individuals, money, or time. Distributive justice is concerned with the allocation of resources in large social systems. Policymakers must confront the issue of how society distributes

its resources. This has implications for national health care policy and is a complex issue. Questions immediately arise around what kind of treatment will be offered, who will provide the treatment, and who will be eligible to receive the treatment?

If resources were unlimited, the problem of just allocation would be minimal. Unfortunately, that is not the reality of the world. Choices must be made, benefits and burdens must be balanced, and resources justly distributed. A lofty goal for most organized societies would be the just application of health care. However, no legal mandate exists for dental care to be available to all persons, and decisions are made daily according to the ability of the patient to pay for the services rendered. Thus the provision of dental care is applied unequally. People who present for treatment are, for the most part, are granted access to care based on their economic ability and not their dental needs.

The question of who should provide dental care when an economically impoverished individual with no financial means is in need of treatment is difficult to answer. Many dentists and dental hygienists provide charitable services on a regular basis, either in a private practice office or through participation in a community-based service clinic, because of their recognition of their obligation to serve society. Many dental public health practitioners and leaders consistently call for the profession to make oral health a much higher priority for federal and state decision makers.¹

Complementarity is a term that is defined as doing the greatest good for the greatest number of persons. This term is closely aligned with justice and good stewardship of resources. Any discussion about the use and application of public policy is an example of complementarity, as is consideration of culture and language in health care services.

Veracity

Veracity is defined as being honest and telling the truth and is related to the principle of autonomy. It is the basis of the trust relationship established between a patient and a health care provider. Veracity is what binds the patient and the clinician as they seek to

establish mutual treatment goals. Patients are expected to be truthful about their medical history, treatment expectations, and other relevant facts. Clinicians, for their part, must be truthful about the diagnosis, treatment options, benefits and disadvantages of each treatment option, cost of treatment, and the longevity afforded by the various treatment options. This allows patients to use their autonomy to make decisions in their own best interest.⁷ The obligation of veracity, based on respect for patients and autonomy, is acknowledged in most codes of ethics, including the codes of the ADHA and the ADA.

Lying to a patient does not respect the autonomy of the patient and can compromise any future relationships the patient may have with health care providers. Because relationships are built on trust, lying, even little “white lies,” easily erodes trust. *Benevolent deception* is the name given to the practice of withholding information from a patient because of the clinician’s belief that the information may harm the individual. This practice is in the tradition of the Hippocratic oath but is not supported by most codes of ethics and then only in extraordinary circumstances. Only a rare case would justify deceit in the dental setting. The interactive health care relationship between patient and clinician functions most effectively when both parties are truthful and adhere to all promises made in the process.

Values and Concepts in Dentistry and Dental Hygiene

An ethical dilemma occurs when one or more ethical principles are in conflict. Several values and related rules support the principles of ethics and help the problem solving process when a clinician is making ethical decisions. Values and concepts presented are founded in ethical principles and the theory upon which those principles are based. Occasionally these values or concepts might add to the complexity and conflict of the situation, but the goal is to add clarity when resolving ethical issues. These rules then, along with the supporting principles and values, can provide the clinician guidance in the decision-making process.

These terms and concepts are informed consent, confidentiality, paternalism, and

capacity and are rooted in the health care principles.

Informed Consent

Informed consent is based on the patient exercising autonomy in decision making and has both ethical and legal implications in medicine and dentistry. Informed consent has two parts.

First, it requires that the professional provide the patient with all relevant information needed to make a decision. Second, it allows the patient to make the decision on the basis of the information provided. Informed consent is a process of providing appropriate information to the patient, the process of understanding and assimilating the information, and making the decision.⁸

Dentists and hygienists must recognize the patient has a right to informed consent as well as a right to make an informed refusal. Respecting the autonomy of individuals as self-determining agents recognizes their right to make their own choices and determine their own destiny. This includes the right for a patient to assess all the information provided by the professional yet still make a choice that is not the one most valued by the professional — informed refusal. Although not as dramatic as life and death decisions made by clinicians in medicine, dental decisions may involve choices that are potentially harmful to the patient.

When patients give their authorization for a procedure or a comprehensive treatment plan, they grant the health care provider informed consent for that treatment. First, the clinician must obtain and document information and disclosure; secondly is the process of interaction and communication, which produces a truly informed decision. Not all individuals have the ability to make informed decisions about their dental health. Children and people who are mentally disabled typically have a parent or caregiver who assumes that function. Depending on the age and capacity of the child, certain choices can and should be discussed with the younger patient, but actual decisions regarding what types of services are rendered must remain the purview of

the legal guardian. Informed consent when the patient does not understand because of a language barrier is not possible, and steps must be taken to remedy the situation. The use of a translator, family member, or other communication option must be pursued to ensure the patient fully understands the choices and consequences. To do any less is unethical and illegal. The only exception to this would be if the patient's life was in danger and an immediate procedure was required to save that life.

An issue related to autonomy and informed consent is the determination of decision-making capacity. Capacity is a clinical term used to describe a person's ability to understand their health care conditions, treatment options and ability to make their own decisions. For an individual to make informed consent, capacity or competence is a prerequisite. This is a growing concern with an aging population as older adults can exhibit a wide range of cognitive function.

Confidentiality

Confidentiality is related to respect for persons and involves the patient exercising his or her autonomy in providing information to the dental professional. Confidentiality is a critical aspect of trust and has a long history of use in health care. The requirement for confidentiality is mentioned in all codes of ethics as well as the Hippocratic oath. Trust is necessary for the exchange of personal and intimate information from the patient to the clinician. A patient has a right to privacy concerning his or her medical and dental history, examination findings, discussion of treatment options and treatment choices, and all records pertaining to dental and dental hygiene care. This privacy extends to the way in which information is gathered, stored, and communicated to other health care professionals. Discussion about a patient's history or treatment is not to be shared with spouses, family, or friends — to do so is a violation of confidentiality. Information about a patient can be given to other health care professionals with the patient's permission.

Conflicts and exceptions will arise surrounding the principle of confidentiality. In certain situations legal requirements exist to report

diseases that can have an effect on the health of the public, such as sexually transmitted diseases. Reporting suspected child abuse, which is required in most states, is a violation of confidentiality. In dealing with minor children, divulging confidential information to the parents may be necessary to protect the child from harm. This is especially difficult with adolescents, who may or may not be adults according to the legal system. The patient's right to confidentiality often must be balanced against the rights of other individuals. In any situation the health care provider must communicate to the patient the professional and legal responsibilities that exist for disclosure and work toward assisting the patient as much as possible.

Paternalism

Paternalism is closely related to the principles of nonmaleficence and beneficence and arises from the Hippocratic tradition of writings. The Hippocratic approach is interpreted as the clinician doing what he or she believes is best for the patient according to ability and judgment. This approach requires the dentist or hygienist to undertake a role similar to that of a parent, thus the term. Paternalism means the health care professional acts as a parent and makes decisions for the patient on the basis of what the professional believes is in the best interest of the patient. Paternalism should never be applied primarily to benefit the professional at the expense of the patient. Thus paternalism and autonomy may be seen as in conflict. A dentist or hygienist cannot unilaterally act on behalf of the patient without denying the patient's right to exercise autonomy. Paternalism is now commonly called parentalism, reflecting the dual parent roles.

Patients today are well-informed about health, treatments, and their rights as patients and want to participate in the decision-making process. In the past, paternalism was a common practice partly because the health care provider had knowledge and skills and partly because patients expected the health care provider to make decisions in their best interests. Patients often had no knowledge that alternative care options were available. Furthermore, even if patients did know other

options existed, many placed the professional in a parental role by asking the professional what they should do. Patients frequently had so much trust in the provider that they would do whatever was suggested. Such paternalistic acts were carried out with good intentions to benefit the patient and often became second nature to the clinician. The responsibility of the dentist and dental hygienist is to educate the patient about the balance of benefits and risks of treatment, which often creates a conflict between autonomy and beneficence. This aspect of providing ethical care is most important and requires the clinician to take the time and effort to ensure the patient has all the knowledge required to make health decisions. Many dentists have been asked by a patient—and have refused—to remove a healthy dentition merely because the patient believes that taking care of dentures would be easier than caring for their natural teeth.

Capacity

For an individual to make an informed consent decision, capacity or competence is a prerequisite. This is a growing concern with an aging population as older adults can exhibit a wide range of cognitive function. Older individuals are not only becoming a larger percentage of the population but they are also living longer. It is essential for the clinician to determine the cognitive status of the patient he/she is planning to treat.

The elements of capacity include understanding, appreciation and reasoning. These elements are measured by a person's ability to express their wishes, understand information, reason and arrive at a decision. Questioning the patient as to how he or she understands the risks to treatment or why they are declining treatment are among the ways to explore the capacity of a patient. There are objective assessment instruments that can be utilized to help with this determination and routinely used by primary health care providers. Treating a person with a cognitive impairment can present a range of ethical dilemmas. In the dental setting, assuring that a patient has capacity may often require reaching out to the family, the primary care physician or surrogate decision maker. It is not uncommon for an individual

have transient or diminished capacity which is the ability to express their wishes on one day and not the next. Being aware of the issues of capacity will assist the dentist in providing ethical and legal oral health treatment to geriatric and special need populations.

Conclusion

The presentation of principles and values is to provide the precepts that are the

underpinnings of codes of ethics used in dentistry. The basic principles of nonmaleficence, beneficence, autonomy, justice and veracity along with the values of informed consent, confidentiality and parentalism are presented and discussed with the goal of identifying and applying these guidelines when analyzing an ethical dilemma or pondering a difficult choice between right and wrong.

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/professional-education/ce-courses/ce510/test

- 1. The two main goals involved in ethics is the ability to _____.**
 - A. identify the principles and values
 - B. discern right from wrong and commit to act on a decision
 - C. list the codes of ethics and their terms
 - D. analyze the normative principles and rules
- 2. A general normative standard of conduct that is derived from morality is termed a _____.**
 - A. value
 - B. rule
 - C. principle
 - D. obligation
- 3. The principle that describes the actions or practices that are right insofar as they avoid producing bad consequences is _____.**
 - A. autonomy
 - B. beneficence
 - C. justice
 - D. nonmaleficence
 - E. veracity
- 4. Which of the following "ought" classifications would take precedence over the others in the avoidance of harm to a patient?**
 - A. Ought not to inflict harm
 - B. Ought to prevent harm
 - C. Ought to remove harm
 - D. Ought to do or promote good
- 5. Public health policies and biomedical research are examples of which health care principle?**
 - A. Autonomy
 - B. Beneficence
 - C. Justice
 - D. Nonmaleficence
 - E. Veracity
- 6. The principle that embraces respect for persons and the ability to be self-governing and self-directing is _____.**
 - A. autonomy
 - B. beneficence
 - C. justice
 - D. nonmaleficence
 - E. veracity

7. **When society is concerned with the allocation of resources in large social systems it is called _____.**
A. beneficence
B. distributive justice
C. paternalism
D. principlism
E. professional authority
8. **The term closely aligned with justice and good stewardship of resources is _____.**
A. autonomy
B. beneficence
C. complementarity
D. nonmaleficence
9. **What is the principle that binds the patient and clinician as they establish mutual treatment goals?**
A. Beneficence
B. Justice
C. Nonmaleficence
D. Veracity
10. **The process of providing a patient with all the relevant information needed to make a decision is called _____.**
A. benevolent deception
B. capacity
C. informed consent
D. informed refusal
11. **Informed consent and informed refusal are most directly based on which principle?**
A. Autonomy
B. Beneficence
C. Justice
D. Nonmaleficence
E. Veracity
12. **The clinical term used to describe a person's ability to understand their health care conditions, treatment options and ability to make their own decisions is _____.**
A. benevolent deception
B. capacity
C. informed consent
D. informed refusal
13. **What is the term that describes the value that involves the patient exercising his or her autonomy in providing information to the dental professional?**
A. Capacity
B. Complementarity
C. Confidentiality
D. Justice
E. Prima facie

- 14. When the clinician makes decisions based on what he or she believes is best for the patient according to his/her ability and judgment it is termed _____.**
- A. benevolent deception
 - B. capacity
 - C. informed consent
 - D. paternalism
- 15. What are the elements of capacity in determining the cognitive status of a dental patient?**
- A. Understanding
 - B. Reasoning
 - C. Confidentiality
 - D. All of the above.
 - E. None of the above.

References

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Additional Resources

- No Additional Resources Available.

About the Author

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Dr. Phyllis L. Beemsterboer is Professor and former Associate Dean for Academic Affairs in the School of Dentistry at Oregon Health & Science University in Portland, Oregon. She is an associate director in the Center for Ethics in Health Care at OHSU and a faculty member in Internal Medicine in the School of Medicine. Her research interest is in bioethics education and measurement and she is past president of the American Society for Dental Ethics. She was a Gies Fellow at the American Dental Education Association in 1998 and completed the Executive Leadership in Academic Medicine Program (ELAM) in 2000.

Dr. Beemsterboer's academic activities include journal publications in bioethics, occlusion and temporomandibular research, service on numerous dental education review boards, academic consulting and the author of two dental hygiene textbooks. She has extensive experience in accreditation, assessment and evaluation. Dr. Beemsterboer was elected to the American College of Dentists as an honorary member in 2010 and received a Presidential Citation from the American Dental Education Association in 2013.

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