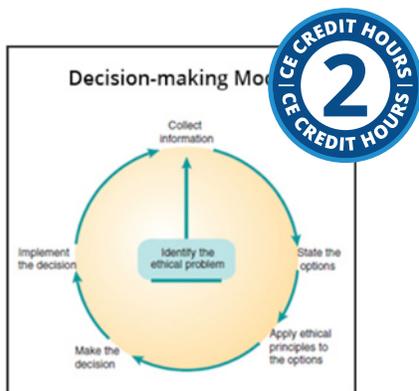


Ethics in Dentistry: Part III - Ethical Decision-making



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Intended Audience: Dentists, Dental Hygienists, Dental Students, Dental Hygiene Students

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- 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 complies with the Iowa Dental Board for recertification in the area of infection control standards, 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. She has no relevant financial relationships to disclose.

Introduction

Ethics in Dentistry: Part III – Ethical Decision-making will present two ethical decision-making models used in dentistry and health care. Issues in decision-making, such as moral distress, will be discussed and related to a case in the practice of dentistry and dental hygiene.

Please note this is Part III 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 I - Principles and Values](#) and [Part II - Codes of Ethics](#).

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Overview

The dental health care professional will be faced with many choices and dilemmas as a clinician providing oral health care and services. Some of these choices will be simple issues of right and wrong, whereas others may be ethical dilemmas that require reflection and careful decision-making. The dentist and dental hygienist must be aware of the ethical issues that can arise in the delivery of dental care and take appropriate action when necessary. There are two overarching aspects involved in ethics: the ability to discern that a problem exists and the commitment to act appropriately on a decision. Each dental and dental hygiene student learns about ethical decision-making as part of their educational program, a requirement from the Commission on Dental Accreditation.

Learning Objectives

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

- Describe the importance of ethical analysis in the provision of dental care.
- Identify the goal for use of an ethical decision-making process in dentistry.
- List the six steps provided in the ethical decision-making model.
- List and discuss the categories of common ethical dilemmas.
- Apply the decision-making model to a hypothetical situation.

Ethical Decision-making

Ethical problems arise for the clinician in professional practice when the dentist or hygienist is caught between two or more competing obligations. Throughout their lifetimes, health care professionals face

situations that require carefully weighing options. Often no right or wrong answer exists. Instead a variety of answers may be possible, each of which may have an element of rightness about it. Most decisions must be made in the context of professional, social, and economic pressures, which may be in conflict with values and principles. Determining what to do when faced with an ethical dilemma can be an easy problem or a daunting challenge. Making such decisions can be greatly facilitated by the structure of an ethical decision-making model.

Teaching about ethics in dental and dental hygiene educational programs has been acknowledged as an essential part of the education of the dental health care professional since 1989 when the American Dental Education Association (ADEA) established guidelines for all dental-related educational programs that stated curriculum should provide opportunities for refining skills of ethical analysis so students are able to apply ethical principles to new and emerging problems in the profession. The goal of these curricula was to develop a commitment by the students to the moral principles that are the basis of the profession's contract with society. Moreover, students should be encouraged to develop an attitude that ethical decision-making is a process involving lifelong learning and commitment.¹ The ADEA policy has been revised since that time to include expanded statements on professional behavior, societal obligations, access to care needs, and community service.² Intellectual and clinical skills are essential to the competent provision of oral health care, which is why ethics and professionalism content are required in educational curriculum.

A health care professional is influenced by a number of factors including age, education, training, family, experiences, religious beliefs, culture and societal norms. What is different for the health care professional in decision-making is that he or she has professional obligations and duties – placing the best interests of patients foremost in the diagnosis and treatment process. Each patient is unique and thus a case by case evaluation is appropriate when carefully reflecting and reasoning a course of action.

Commonly Used Ethical Terms

Many terms are used in the biomedical literature and reflect the growing attention to this important discipline. A good deal of the literature is involved with moral dilemmas that address matters of life and death. Often the terms ethical and moral are used interchangeably as they are in this module.

- Ethical analysis – ability to apply ethical principles in a systematic approach to problems in health care.
- Ethical dilemma – competing obligations with two or more options possible to resolve the situation. Depends on moral evaluation not solely on clinical skills or scientific judgment.
- Moral courage – demonstrating the bravery and valor to address ethical problems found in the delivery of health care.
- Moral distress – frustration from perceived powerlessness when unable to act ethically.
- Moral sensitivity – ability of an individual to be aware of ethical issues.
- Moral uncertainty – the question of whether a moral obligation exists and its scope.
- Moral weakness – the situation when obligations and responsibilities point in one direction and personal inclinations in another.

Moral Distress

The term moral distress acknowledges the situations in which the health care professional is frustrated from feelings of powerlessness when a perceived wrong is occurring but he or she is unable to act. Basically, it is the feeling experienced when an individual cannot do what he or she believes ought to be done because of a system issue, resistance of a powerful person, or a restraint in the situation. The use of this term came from the nursing profession to describe situations in which the nurse feels powerless to act ethically.^{3,4} Although this is a relatively newer term, the resulting distress, emotional toll, anger, guilt, and depression are familiar to many health care providers who must balance conflicts of conscience with professional expectations. An example of this for the dentist or dental hygienist could be when treatment recommended by another provider for a patient is deemed excessive or unnecessary. To deal with this distress, several

tools have been created to help a clinician process through this type of situation.

The American Association of Critical Care Nurses (AACCN) advocates a model for rising above moral distress called the “four A’s.”⁵ The four A’s are ask, affirm, assess and act used in this way to help the clinician remember the steps.

Ask	Ask about the problem. Be aware of situations around you that may be affecting you or others.
Affirm	Affirm that you are in distress and that you have a professional obligation to act.
Assess	Identify sources of distress and analyze risk and benefits.
Act	Prepare to take action both personally and professionally.

The goal in this model is to preserve the integrity and authenticity of the health care professional but does require making changes and addressing the issue.

Morally courageous professionals are encouraged to persevere in standing up for what is right even when it means they may do so alone. Murray provided a listing of seven critical checkpoints to use in ethical decision-making.⁶ His guiding checkpoints start with evaluating the need for moral courage and end with avoiding things that might restrain moral courage. In a clinical setting, whether it is a small or large group of practitioners, there can be an unwillingness to face the challenge of addressing unethical behaviors. Those who have the courage to stand up and speak out need the support of their peers.

Guidelines to apply when dealing with moral distress:

1. Evaluate the circumstances to establish whether moral courage is needed in the situation.
2. Determine what moral values and ethical principles are at risk or in question of being compromised.

3. Ascertain what principles need to be expressed and defended in the situation – focus on one or two of the more critical values.
4. Consider the possible adverse consequences/risks associated with taking action.
5. Assess whether or not the adversity can be endured – determine what support/resources are available.
6. Avoid stumbling blocks that might restrain moral courage, such as apprehension or other reflection leading to reasoning oneself out of being morally courageous in the situation.
7. Continue to develop moral courage through education, training, and practice.

Ethical Decision-making Models

Ethical decision-making models provide a suggested mechanism for critical thinking and planning for the resolution of ethical dilemmas. An ethical decision-making model is a tool that can be used by health care providers to help develop the ability to think through an ethical dilemma and arrive at an ethical decision. A number of models are presented in the ethics literature, most of which are similar in design and content. The goal of each model is to provide a framework for making the best decision in a particular situation with which the health care provider is confronted. Most of these models use principle-based reasoning, an approach primarily derived from the work of philosophers Beauchamp and Childress.⁷ These models consider ethical principles, obligations and values. They advocate the use of resources such as published evidence, clinical data and consulting colleagues in dentistry. Some of these models incorporate four, five or seven steps for resolving dilemmas but all support careful reasoning through the structure of a decision model whether in solo private practice, large clinical settings, or dentally-related advocacy organizations.

The model suggested in this module is a simple six-step approach derived from the decision-making literature as interpreted by Atchison and Beemsterboer and used since the early 1990s with dental and dental hygiene students in a combined ethics course. It is a reasoned

approach based on theory and principle.⁸ The model has been diagrammed as a circle to emphasize the use of past information and experiences on current and future decision-making (Figure 1).

The process of decision-making is dynamic, evolving as additional information comes to light. Dentists and dental hygienists are confronted with myriad questions to consider, requiring them to factor in the code of ethics and their own values and beliefs before arriving at a decision. The evaluation process involved in an ethical dilemma is not unlike that which occurs when the practitioner is faced with a clinical or scientific problem. Careful attention to and systematic analysis of the evidence, facts, and details will help the health care professional reach an appropriate decision. Applying the decision-making model gives a tool to use throughout professional life.

Six-Step Decision-making Model

1. **Identify the Ethical Dilemma or Problem.** Step 1 is the most critical step in the process as awareness of an issue must occur to move through the steps. Many situations are simply never perceived to be ethical problems or dilemmas. Once the problem has been recognized, the decision maker must clearly and succinctly state the ethical question, considering all pertinent aspects of the problem. If the ethical question does not place principles in conflict, it is a simple matter of right and wrong and no process of ethical decision-making is required. Proceeding to step 2 is not necessary if a clear determination of right or wrong has been made.
2. **Collect Information.** The decision maker must gather information to make an informed decision. This may be factual information about the situation as it developed, and it may come from more than one source. Information such as the medical and/or dental history, diagnosis or prognosis may come into play here. Are the treatment expectations attainable? Is the patient competent or is there a surrogate involved? The values of the parties, including those of the health care provider, are needed.

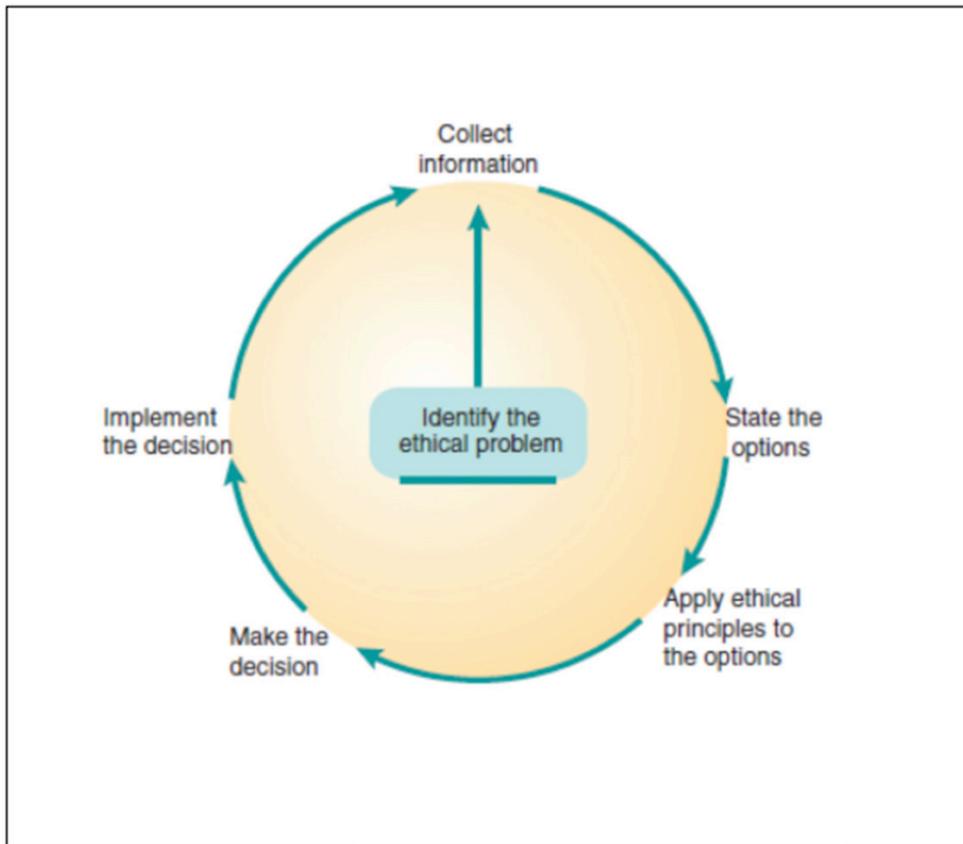


Figure 1.

3. **State the Options.** After gathering all the necessary information, one may proceed to the third step, which involves brainstorming to identify as many alternatives or options as possible. Often the best decision is not the first one that comes to mind. Also, a tendency exists to think that a question has only one answer. This step forces us to stop and view the situation from all angles to identify what other people might see as alternative answers to the problem. An enlightened and open mind is required to recognize often more than one answer to a problem exists.
4. **Apply the Ethical Principles to the Options.** Focus on the ethical principles (autonomy, beneficence, nonmaleficence, justice, veracity) and ethical values and concepts (paternalism, confidentiality, and informed consent). In general, one or more of these will be involved in any ethical decision.

State how each alternative will affect the ethical principle or rule by developing a list of pros and cons. In the pro column, show

alternatives that protect or hold inviolate each principle or value. In the con column, state how an alternative could violate the principle or value. Do this for each option. This process will enable you to see which ethical principles are in conflict in this situation. Refer to the appropriate code of ethics for guidance. Often discussing the issue with a trusted colleague can help one gain a better-rounded appraisal of the situation and subsequent solutions.

5. **Make the Decision.** When each alternative has been clearly outlined in terms of pros and cons, a reasonable framework is apparent for making a decision. Each option must then be considered in turn, with attention to how many pros and cons would attend each decision. The seriousness of the cons must then be weighed by the clinician, remembering that, as a professional, he or she is obliged to put the patient's interests first. Simply by examining the options in a careful way, the best solution to an ethical dilemma frequently becomes obvious. Before implementing the decision, the practitioner

should replay each principle against the decision to see if the decision holds up to this evaluation.

6. **Implement the Decision.** The final step involves acting on the decision that has been made. The decision process will have been futile if no action is taken. This is where moral courage may be required. Many appropriate decisions are never implemented because this step is omitted. Remember that no action represents tacit approval of a situation.

Other Ethical Decision-making Models

A frequently used ethical decision-making model in medicine is called the Jonsen or Four Box Model. This model was developed by Drs. Albert Jonsen, Mark Siegler and William Winslade and is particularly helpful when dealing with complex medical cases. The authors describe this framework as an ethics workup similar to the history and physical when first assessing a patient. This approach organizes and displays the relevant data and questions in a four domain arrangement. The 4 boxes, quadrants or paradigms are: medical indications, patient preferences, quality of life, and contextual features.

Assessing the importance of facts, opinions, and circumstances in light of complex ethical issues is a challenging and perplexing task. This is what an ethical decision-making model framework can provide the clinician – an approach to problem solving.

Common Ethical Problems and Dilemmas

How common are ethical dilemmas in dentistry? That is a very difficult question to answer as the perception and awareness of ethical issues varies with the individuals involved. No studies or evidence exists documenting the volume of problems. However, Boards of Dentistry often cite ethics as causative in cases considered by these agencies. Each situation involving human beings will be unique since each problem or dilemma will have distinguishing aspects. The following listing provides the general categories that have been acknowledged as ethical dilemmas in the dental ethics literature.^{8,10,11}

Categories of Ethical Dilemmas

- Breaches of confidentiality
- Failure to disclose dental mistakes
- Over treatment and poor quality dental treatment
- Requests for fraudulent documentation
- Requests for narcotic medications
- Requests for inappropriate treatment
- Deceptive dental marketing and advertisements
- Impaired or dishonest colleagues
- Challenges with capacity and informed consent
- Conflict or unethical behavior among clinicians
- Challenges arising from management, finance or legal issues

The scope and depth of ethical problems in the delivery of dental care will vary greatly.

<p>Medical Indications – Autonomy, Beneficence</p> <p>Consider the medical condition, diagnosis, prognosis, interventions.</p>	<p>Patient Preferences – Autonomy</p> <p>Does the patient have capacity? What are the patients' wishes?</p>
<p>Quality of Life – Autonomy, Nonmaleficence, Veracity</p> <p>Consider the patient's quality of life from his/her view.</p>	<p>Contextual Features – Justice</p> <p>What are the social, cultural, legal, economic and institutional circumstances?</p>

Discerning or being aware that an ethical issue is present is always the first step followed by defining the aspects of the problem. Every clinical situation has ethical aspects.

Application of Decision-making Model in a Hypothetical Case

You are a new clinician in an established dental clinic in a large urban area that sees patients from many different immigrant groups. To accommodate these patients and facilitate treatment, the practice employs several interpreters and dental assistants from these various communities.

One day, the interpreter for a new family comes to you concerned about the three children whom she is interviewing for your next screening appointments that afternoon. The family was referred from a local church which has been helping a number of immigrant families in the community. The children seem healthy, well-adjusted and pleasant but have obvious serious dental problems. The oldest child, nine year old Angie has anterior decay across all her maxillary teeth and the youngest, three year old Sophie has only black stubs for teeth.

The mother is pleasant and very caring for her children. She invites you to their church for a special festival -- a feast and a dance to celebrate the end of the harvest. She talks about what she would like to cook for you and the nice people in the office. The interpreter tells you that you should inform child protective services (CPS) because of this high level of neglect. After your examination of the three children, you too are very concerned about the level of dental disease you have observed as they fit the definition of dental neglect in your state.

Applying the Ethical Decision-making Model

Step 1. What is the ethical question? Should the clinician report to child protective services the dental neglect found in the children? Is this dental neglect or dental ignorance? What

is the responsibility of the clinician in this case to the children and the parent?

Step 2. Collect information

Determine the history of the family and the length of time they have been in the US --- they are from a small country in Eastern Europe and have been in the US six months.

The dental practice appears to have a relationship with the local church, what guidance do they provide for these folks and do they cover the cost of care --- a clerk at the church helps set up appointments and the church pays for basic care. The children are healthy, happy and well-adjusted --- Mom is involved, cooks and cares for them and is present in the dental office.

The interpreter and the clinician have observed that dental disease is present and meets the definition of neglect – what would the likely course of action be from child protective services for these children based on history and information. CPS workers usually take one to two weeks to respond on non-emergency issues, according to the website.

Step 3. State the options

1. Treat the children.
2. Call child care services and report the cases of dental neglect in these two children.
3. Call child care services for information and guidance.
4. Wait until the children can be seen for treatment; monitoring their return visits to assure that dental care is provided in a timely manner.
5. Begin education with the mother about dental disease and prevention.

Step 4. Apply the principles

1. Treat the children if and when they present for treatment would be acknowledging the autonomy of the parent to choose for her minor children.
2. Call child care services and report the cases of dental neglect in these two children. This option would be honoring the principle of nonmaleficence, removing harm as dental disease is harmful and veracity as it would also meet the legal statute of the state for reporting negligence.

3. Call child care services for information and guidance.
This option would be honoring the principles of beneficence, determining how to restore oral health to these children, especially if basic costs are exceeded. It could also meet the intent of the legal statute.
4. Wait until the children can be seen for treatment; monitoring their return visits to assure that dental care is provided in a timely manner.
This option would be honoring the principles of autonomy, respecting the mother's understanding and choice for care for her children.
5. Begin education with the mother about dental disease and prevention.
This option would honor beneficence, educating the mother and children about oral health. It would also acknowledge justice, as this was new information to the mother having come from a culture that did not understand or possibly value oral health.

Step 5. Make the decision

#4 is the first option chosen in this situation because the children are in the dental office and all indications are that the Mother will

proceed with treatment. Informing Child Protective Services (CPS) would most likely not get dental care any faster for these children. Option #5 would be also be part of the treatment plan.

Step 6. Implement the decision
Provide dental treatment to the children.

In this hypothetical case, additional options might be available. Often discussing a case like this among colleagues would result in additional thoughts, suggestions and options. The model is diagramed in a circle as information can change requiring the clinician to reframe the initial question and begin again based on new facts.

Conclusion

Careful ethical decisions can be greatly facilitated by the structure of an ethical decision-making model. The first step is to identify what the ethical question is, being aware of what is morally/ethically at stake in a situation. The steps are arranged to allow reasoning and other reflective skills leading to judgments about what ought to be done, based on facts, values and principles. Implementation of an action requires the motivation and moral conviction to follow the established course of action.

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/ce546/start-test

- 1. Making ethical decisions in the provision of dental care can be greatly facilitated by:**
 - A. Using an ethical decision-making model
 - B. Reading journals
 - C. Completing advanced education courses
 - D. Attending study clubs
- 2. Why is ethical decision-making for a health care professional different than a person in a non-professional career?**
 - A. Religious beliefs
 - B. Experiences in health care
 - C. Professional obligation
 - D. Normative principles
- 3. The term that describes the bravery and valor needed to address ethical problems in health care is:**
 - A. Moral courage
 - B. Moral distress
 - C. Moral sensitivity
 - D. Moral uncertainty
- 4. The ability of an individual to be aware of ethical issues is termed:**
 - A. Moral courage
 - B. Moral distress
 - C. Moral sensitivity
 - D. Moral uncertainty
- 5. The term that describes a situation when obligations and responsibilities point in one direction and personal inclination in another is called:**
 - A. Moral distress
 - B. Moral sensitivity
 - C. Moral uncertainty
 - D. Moral weakness
- 6. What is the feeling experienced when an individual cannot do what her or she believes ought to be done because of system issue?**
 - A. Moral sensitivity
 - B. Moral uncertainty
 - C. Moral distress
 - D. Moral weakness
- 7. The four "A's" used to help the clinician to remember the steps in addressing moral distress are:**
 - A. Assert, avow, answer and act
 - B. Ache, anguish, affirm and answer
 - C. Ache, affirm, anguish and act
 - D. Ask, affirm, assess and act

- 8. A clinician can develop moral courage by:**
- A. Avoiding adversity
 - B. Enduring difficult situations
 - C. Education and practice
 - D. Seeking outside resources
- 9. The six-step ethical decision-making model suggested in this article states that the most critical step in the process is:**
- A. Implementing the decision
 - B. Identifying the problem or dilemma
 - C. Stating the options
 - D. Applying the principles
- 10. The categories of ethical dilemmas reported in the dental literature include all categories listed below EXCEPT one. Which one is the EXCEPTION?**
- A. Breaches of confidentiality
 - B. Setting prices of care
 - C. Impaired colleagues
 - D. Challenges with informed consent
 - E. Over treatment

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