

CE Course: Ethics in Review

Learning Objectives

- Identify foundation of Kantian ethical theory
- Define common ethic terminology
- Describe steps in the ethical decision-making model
- Discuss patient rights and provider responsibilities

Introduction

The term “professionalism” is widely used among licensed practitioners and those who abide by an oath or code guiding their profession. Professionalism is based on basic ethical principles that include conduct and qualities that tend to characterize the profession.¹ Healthcare professionals make judgments on a daily basis as they interact with patients, colleagues and communities of interest throughout their careers. Judgments in our professional lives are likely based on morals, beliefs and behaviors begun in early childhood and influenced by parents, friends, religious practices, social norms, and perceptions. As such, moral beliefs are the foundation for developing ethical principles and abiding codes that guide professionals as they do what is right for each patient.

To obtain a dental hygiene license in California graduates, and those relocating from other states, are required to take and pass an ethics and law exam. The purpose of the exam is to protect the public, by stressing ethical practices, and adherence to standards of care. In December 2016, the Dental Hygiene Committee of California (DHCC) revealed low pass rates for those who attempted the California Law and Ethics Exam. From April 1 to November 10, 2016, of the 871 prospective dental hygiene licensees who attempted the exam, only 72% passed the exam.² Statistics presented by DHCC did not separate California graduates from those relocating from another state. California dental hygiene programs contribute approximately 600 graduates each year. A fail rate of 28% leaves room for improvement in understanding ethics as regarding scope of practice. Healthcare providers must retain a thorough understanding of core ethical values to best serve the public and keep their best interests a priority.

For those who have enjoyed a lifetime career, or have only a few years as a practicing dental hygienist, or who are new graduates, one might perceive ethics as becoming inherent during the

education process and years of patient care experience. Infusion of ethical principles begins in the first semester of hygiene school. Standard of care and fair treatment of patients are reinforced in all clinical experiences. Once graduated and working in the private or public health sectors, clinicians diligently approach each patient case in a systematic manner to ensure dental hygiene therapies are applied appropriately, fairly, and to best of their ability. Dental hygiene professionals are surrounded by ethical situations and decisions every day, yet may not realize how often or which ethical principles are present.

Foundation of Ethical and Moral Principles

Ethics, and acting ethically, are grounded in moral principles and views of right and wrong. Each person has his or her own moral compass, which begins to be shaped in early childhood. Actions deemed right and wrong are instilled in everyday life interactions. Stumbling blocks and questionable situations frequently arise, yet may not be immediately recognizable as ethical problems. Thomas Shanks³ provided examples that occur every day:

- “Is it right to keep my mouth shut, when I know the neighbor’s child is getting into trouble?”
- “How should I decide when my parent needs to be placed in a nursing home?”
- “Should I treat Harvey just as badly as he treats me?”
- “My next patient is always 15 minutes late for the appointment, - which procedures should I cut out of the appointment?”

Are basic ethical principles so common that we, as dental professionals, have forgotten basic ethical principles?

Ethics and ethical theories are numerous and span centuries of time. The following is a brief review of those most noted in dental publications. First, *Utilitarian* ethics originated from British philosophers John S. Mill and Jeremy Bentham.⁴ Utilitarian theory focuses on how one would act in certain situations such as keeping promises, or how one follows rules because it is required to act a certain way, such as polishing teeth even though there is some level of damage to tooth structure.⁵ Next, the science of *Normative* ethics stems from desirable attributes and has two theoretical

foundations. Deontology⁴ emphasizes duties, or an obligation regardless of consequences, i.e. telling the truth no matter what and Teleology,⁴ in which the consequences of actions are emphasized, i.e. would telling the white lie be better than telling the truth? Deontological theories focus on duties, just as the practice of dental hygiene does. *Prima facie* means “at first glance”. A *prima facie* duty is to address the most important thing that presents itself. An example in dentistry is treating a patient who presents with pain before treating the patient appointed for a routine appointment. The foundation of acting and thinking ethically seem obvious in these few examples when it comes to patient treatment and dental hygiene practice. Healthcare remains grounded in ancient structures of ethics and philosophies.

Another approach to ethical thinking falls into the theory of what is known as *Kantian* ethics. In the philosophy of 18th-century thinker, Immanuel Kant, ideas were focused on the individual’s rights to choose for himself or herself.⁵ Kant and other philosophers believed human dignity was to be respected. As a result, Kant’s theories revolved around rights: people had the right to choose, the right to the truth, to privacy, and the right not to be harmed. Kant’s theories are rooted in morality and include those that seem to be threaded in present day society.

The *fairness and justice* approach originated with Aristotle and relates to equality. “Equals should be treated equally,”⁶ if fairness and justice are to be imposed for all persons, favoritism and discrimination are unjust and wrong. Adding to Aristotle’s views, other philosophers such as Plato and Cicero advocated for the *common-good* approach. This 2,000 year old notion focuses on social policies, social systems, and environments that are of benefit to all communities. Present-day examples could include affordable health care, effective public safety, a just legal system, and a clean environment.

A final approach to ethics from Kant’s theories deals with virtues. *Virtue* ethics emphasizes character traits such as generosity, honesty, compassion, courage and more.⁶ Those having high virtues would develop habits within their character and naturally be disposed to act in certain ways under certain situations. If facing an ethical dilemma, virtuous characteristics would rise and direct the person toward the solution believed to be the in the best interest of both sides.

John Rawls, an American philosopher (1921-2002), built on Kant’s justice and fairness theory. He was well-known for elevating the concept of common good, along with justice and fairness, “having

certain conditions that are equally to everyone’s advantage.”⁷ He believed that people in a society should reach agreements based on rational debate that they accept and enact. Rawls thought that people had to think impartially to reach a lasting agreement. For example, scientists can remain impartial and come to a conclusion once all the data is presented. Impartiality can be difficult for the average person who may have biased attitudes toward the economy, the legal system, politics and society. Recent issues reported by the media have shown social unrest in communities and among racial groups. Therefore, acting ethically for common good, justice and fairness, as Rawls theorizes, may cause a divide in how individuals approach ethical circumstances.

Rawls’s theories also point out that rights are not absolute.⁴ They can be revoked or suspended, as evidenced in actions by the justice system. Rights and privileges are not synonymous. Privileges are not guaranteed, rights are. Both can be denied based on circumstances and results of actions by individuals and communities. If a person wants to practice dental hygiene, he or she works to attain the education and licensure to do so. This is a privilege, since not everyone is guaranteed to earn the license. A current and prominent controversy is whether or not health care is a right or a privilege. The political arena remains divided on this topic, yet one might argue public consumers have a basic human need for healthcare despite their economic status.

The discipline of ethics consists of thoughts and ideas that are well-grounded in ancient philosophies. Kant’s theories emphasize duties and virtues while Rawls focuses on fairness and justice determined by society. Health care providers tend to enter their chosen profession to help others. In learning the art of medicine, dentistry, and dental hygiene, there are core values founded in morality and ethics and common to all health care providers.

Core Values and Ethics

Decisions and actions of dental professionals are guided by such values and based on the Hippocratic Oath or similar codes. Codes of ethics are developed from selected core values founded by ethical principles. Not only applicable to health care professions, many non-health organizations and professions, such as certified public accountants, educators, social workers, realtors, adopt codes of ethics. The following is a review of core values as related to the practice of dental hygiene.

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Autonomy: “Self-rule”- healthcare providers must respect a patient’s right to make decisions regarding his or her medical care. Competent, informed patients have the right to choose among treatment options and refuse unwanted medical interventions. By providing all treatment options and following patients’ wishes, providers demonstrate respect for autonomy. In developing the dental hygiene assessment, the clinician will present the case along with alternatives. For example, after evaluating the medical and dental history and collecting all clinical data, the clinician may recommend scaling and root planning. However, options for other types of treatment or no treatment should also be included so the patient can choose. Education on long-term effects of each choice is advisable so the patient is fully informed.

Beneficence: Providers must act in the best interests of the patient. Patients are vulnerable either because of illness and/or a lack medical expertise. Therefore, patients rely on the provider to offer advice and to place their well-being first. If patients lack decision-making capacity, they need to be protected from making decisions that are contrary to their best interests. Providers must put the interest of the patient ahead of their own or those of third parties such as insurers or managed care organizations.

A clinical application of beneficence: Providers are expected to refrain from causing harm, yet also have an obligation to help patients. Ethicists often distinguish between obligatory and ideal beneficence. Ideal beneficence constitutes extreme acts of generosity or attempts to benefit others on all occasions. Practitioners are not necessarily expected to live up to this broad definition of beneficence. However, the goal of health care is to promote the welfare of patients, and providers possess the skills and knowledge qualifying them to assist others. Due to the nature of the relationship between health care professionals and patients, providers have an obligation to 1) prevent and remove harms, and 2) weigh benefits against risks of an action. Beneficence can also include protecting and defending the rights of others, rescuing persons who are in danger, and helping individuals with disabilities. *Examples of beneficent actions:* providing CPR, providing vaccinations for the general population, and encouraging a patient to quit smoking.⁷

Do no harm: The principle of non-maleficence directs providers to “do no harm” to patients. Practitioners must refrain from ineffective treatments or malicious actions. This principle, however, may be

viewed as in conflict with treatment options since many beneficial therapies also have serious risks. One example is local anesthesia. There is a risk with administration techniques and the drugs themselves, yet it is necessary to provide dental hygiene therapies. The ethical issue is whether or not the benefits outweigh the risk.

A clinical application of non-maleficence: Clinicians should not provide ineffective treatments to patients if they bring risk and no possibility of benefit. Such action may harm patients. In addition, practitioners must not purposely harm patients unless that particular action/therapy is balanced by a benefit. Because many medications, procedures, and interventions cause harm in addition to benefit, the principle of non-maleficence provides little guidance in the care of patients. Non-maleficence is most helpful when it is balanced against beneficence. In this context non-maleficence assumes the risk of treatment (harm) is understood in light of the potential benefit. Ultimately, the patient must decide (autonomy) whether the potential benefits outweigh the potential harms.

Examples of non-maleficent actions: Stopping a harmful medication or refusing to provide an ineffective treatment that has not been shown to be effective.⁸

Justice (or distributive justice): Clinicians should treat similarly situated patients in a similar manner and allocate resources justly (fairly). Examples relate to equality and dealing with issues of treating patients equally. Standard of Care can be attributed to the justice principle. For example, in Dr. A’s office the treatment plan for any patient presenting with moderate to severe periodontal disease along with visible calculus, is likely to include scaling and root planing with possible adjunct therapies. If standard of care arches over the practice of dentistry then the same or similar treatment plan would occur should the same patient be evaluated in Dr. L’s office. If not, the patient may not be treated fairly or equally when presenting identical conditions to each practitioner.

Veracity: This is the legal principle that states a health professional should be honest and give full disclosure to the patient, abstain from misrepresentation or deceit, and report known deficiencies in standards of care to the proper agencies. Many dental professionals are faced with the following dilemma: *My office staff members who do not follow OSHA mandates. If I report it, I will lose my job.* Although a job may be lost, protecting the patient should take priority.

Confidentiality: Health professionals must maintain the confidentiality of health records information. Confidentiality respects patient autonomy and encourages them to disclose information that may affect health treatment recommendations. However, confidentiality can be overridden in order to protect third parties when there is the potential for serious, foreseeable harm to them. Practitioners may be conflicted when trying to determine what should and should not be kept confidential. One example where reporting outweighs confidentiality is reporting on child or elder abuse or domestic violence legally mandated.

How does one decide on the best solution when confronted with an ethical situation or dilemma? As a health care provider with strong core values and ethical standards, maintaining integrity is important. Critical thinking skills are tested daily as a dental hygienist. Clinicians want to ensure confidence both within themselves and from their patients. Patients appreciate and respect when providers keep their best interests in mind. The process for decision-making in ethical situations is not unlike the process for making decisions in other aspects of our lives and careers.

Ethical Decision-making

There are many models of ethical decision-making steps, yet most involve the same steps.⁴ When faced with a situation that requires a solution, Kimbrough and Lautar (2010) provide six steps in ethical decision-making (Table 1). With each situation, the first step in decision-making is **identifying the problem**. Problems are not always clear, and in order to determine how to solve them it is necessary to expose the root of the problem. The key is to ask questions that test ethical and core values are key. ‘Does this follow the standards of care?’ ‘Is this for the good of the patient?’

The second step is to **gather all or as many of the facts** as possible. For a dental hygienist, this might be talking with the patient, the dentist, a dental assistant, or family member to gather all relevant information.

Third is to **list alternatives** or pros and cons for one treatment modality over the other. Of course the first option is to do nothing. The second is to do something – but what will that be? Alternatives should take into consideration the concerns and obligations (rights and duties) of all those involved,⁴ should not ignore the interest or duty of one party, and should be a reliable solution.

Once alternatives are listed along with the pros and cons for each, **selecting the course of action** is required. Weighing the risks and benefits encompasses a broader spectrum: Will the selection best alleviate the problem? Will there be unintended consequences? If so, is this course of action still the best? Many questions like this still lead to the best solution.

Acting on the course of action or alternative is the fifth step. As health care providers the patient has placed their trust in our decision-making skills. Acting on the selected course of action is easy when it can be justified.³ However, sometimes there are risks in acting on the selection. One could lose a friend, or perhaps a job, even though the best outcome is sought to alleviate the ethical dilemma.

The last step is **evaluating the action**. Here is another opportunity to ask questions: If I had to go through this situation again, would I do it the same way? Could I have done something differently to achieve a better outcome? Evaluating and reflecting on a decision or action can lead to improved critical thinking and decision-making skills.

A. Identify the problem	Define the problem or dilemma
B. Gather facts	Be a detective; ask questions
C. List alternatives	Brainstorm; list pros and cons
D. Select course of action	Justify the chosen action
E. Act on decision	Follow through on decision
F. Evaluate the action	Judge the result of the action
Source: Kimbrough, V., Lautar, C., (2012). Ethics, Jurisprudence, & Practice Management in Dental Hygiene.	

Using the ethical decision-making steps, what principles might need to be considered when developing a treatment plan for this patient?

- A. Identify the problem: Untreated decay. Untreated decay can be a sign of child neglect by the parents, the responsible party.
- B. Gather facts: The facts could be extensive. Ask about the family to understand the reason nothing has been done about the decay. Are there an economic or religious reasons? Does the parent not have the time due to work hours?
- C. List alternatives: It is essential to explain and educate the parent on the consequences of no treatment as well as treatment. This is the parent’s decision. This is a mandated

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reporting situation; yet one alternative includes informing the parent about perceived neglect.

- D. Select the course of action: This type of case should be a joint decision between the parent and the provider. Try to understand any limitations affecting the parents, such as finances, unemployment or transportation. This will help establish the course of action.
- E. Act on the decision: Set up the next appointment, or determine how the case will be directed, based on the selected course of action.
- F. Evaluate the action: Once all steps have been completed, evaluate whether or not this process resulted in expected outcomes. If not, which step might require modification in the future, in similar cases?

In Summary

Core values and ethical principles are the framework for the practice of dental hygiene. Professional and ethical behavior among dental hygiene practitioners is founded in a Code of Ethics which guides the profession. Acting ethically on behalf of patients, colleagues and community are viewed as characteristics of professionalism, thus as a profession. Comprehending and instilling the values of beneficence, veracity, justice, autonomy and confidentiality ensure high integrity of the clinician and develop confidence in those served. As licensed professionals faced with various situations each day, employing critical thinking and decision-making skills is necessary to keep the patient's best interest on the forefront.

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CASE Study for Ethical Decision-Making

During a routine dental hygiene recare appointment for an 8-year old female patient, you notice Class V decay along all posterior teeth. The lesions were noted in the patient's record over nine months ago. The patient's parent has indicated the child has not complained of pain, so she does not want to spend the money to fix the teeth since some are 'baby teeth' and will only fall out. You and the dentist have recommended the patient to a pediatric dentist, yet nothing has been done for nearly a year.

About the Author

Dr. Kimbrough has been in higher education for nearly 20 years in both teaching and administrative roles. She began as an adjunct instructor for Taft College dental hygiene and quickly rose to the Director of Shasta College. She has co-authored two textbooks for dental hygiene, including Ethics Jurisprudence and Practice Management for the Dental Hygienist. Her extensive teaching and administrative experience stems from health and career technical education in the community college system and her passion is mentoring faculty and students.



Dr. Kimbrough has a baccalaureate degree in biology, a Master's in business administration and a PhD in Educational Leadership. Leadership roles have included President of California Dental Hygienists' Association (CDHA) along with various roles with national associations such as the American Dental Education Association.

Currently, Dr. Kimbrough is the Executive Administrator for the California Dental Hygienists' Association.

Home Study Correspondence Course

“Ethics in Review”

2 CE Units – CDHA Member \$25, Non-member \$35

Circle the correct answer for questions 1-10

1. Utilitarian theories on ethics includes which two of the following foundations:
 - a. Bentham and Mills
 - b. Kant and Rawls
 - c. Deontology and Teleology
 - d. Prima facie and Beneficence
2. Kantian ethical theories are rooted in which of the following?
 - a. Greek and Latin
 - b. Morality and fairness
 - c. Privileges and rights
 - d. None of the above
3. As a more recent philosopher, Rawls advocated for:
 - a. Changes in laws
 - b. Human rights
 - c. Socialism
 - d. Common-good and justice
4. Codes of Ethics can be found in
 - a. Healthcare
 - b. Business
 - c. Education
 - d. All of the above
5. Informed patients with the right to choose treatment options is the core value of:
 - a. Justice
 - b. Beneficence
 - c. Autonomy
 - d. Informed consent
6. The Hippocratic Oath emphasizes that caregivers should first do no harm. “Do no harm” is synonymous with which of the following terms?
 - a. Non-maleficence
 - b. Ideal beneficence
 - c. Autonomy
 - d. Veracity
7. Preventing a patient from taking a harmful medication is an example of:
 - a. Informed consent
 - b. Veracity
 - c. Non-maleficence
 - d. Justice
8. Health professionals are expected to be honest and provide full disclosure to patients on therapeutic procedures. This is an example of which core value?
 - a. Veracity
 - b. Trust
 - c. Autonomy
 - d. Beneficence
9. The second step in any ethical decision-making process is likely to be:
 - a. Gathering the facts
 - b. Listing alternatives
 - c. Identifying the issue
 - d. Acting on the decision
10. Healthcare professionals are not required to maintain confidentiality when it comes to:
 - a. Abuse of any kind
 - b. Financial status
 - c. Educating a care provider
 - d. None of the above

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