

## The Ethics Corner

By Julie Connolly, DDS, Ethics Committee Chair



The ADA Council on Ethics, By-Laws and Judicial Affairs (CEBJA) deals at a national level with issues related to Ethics and Professionalism in Dentistry. At present, New York State has a member dentist on this national council, Dr. Guenter Jonke, an oral surgeon based in Suffolk County. Dr. Jonke is a former Chair of the NYSDA Ethics Council.

As I have mentioned previously, the ADA publishes a recurring column in the *Journal of the American Dental Association* (JADA) entitled the “Ethical Moment Column” which is authored by members of CEBJA. This past October, Dr. Jonke wrote the column in a feature entitled “Justifiable Criticism and its Ethical Considerations.” I would like to use this quarter’s Ethics Corner to discuss Justifiable Criticism. To read Dr. Jonke’s original feature please visit JADA October 2018, Volume 149, Number 10, pages 924-925. The feature is a Question & Answer format in which a member dentist has written a question regarding repeated observations of questionable treatment and declining technical skills by a dentist in their community. Dr. Jonke responds to this dentist outlining their ethical obligations in this situation from the perspective of the ADA Code.

We are often confronted with the clinical situation where we are asked to provide a second opinion to a patient based on care rendered by another provider. There are many factors that can drive a patient to seek a second opinion (pain/discomfort, cost, perceived dissatisfaction with their current dentist’s clinical work or their practice management, for example). In these instances we are asked to provide the patient with our own assessment of their clinical condition.

The ADA Code in their Advisory Opinion 4.C.1 can provide us with guidance as we prepare our assessment to our patients. This Advisory Opinion is aptly placed in the section

on the Ethical Principle of Justice which discusses the concept of fairness in our interactions with other within our dental community as well as our patients. The Advisory Opinion first tells us that we are obligated to report “gross or continual faulty treatment by other dentists” while at the same time “informing patient(s) of the status of his or her oral health without *disparaging comments* about prior service.” These statements represent our need to exhibit fairness (Justice) to both our patients as well as other dentists. It also asks us to be cognizant that we are obliged to protect our patients from harm (Non-Maleficence) if we observe work that is truly negligent.

The advisory opinion then goes on to say that “when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable.” Here is where the other ethical principles of Veracity and Autonomy also apply. We must be truthful to our patients about our findings and also be sure to give them the appropriate information needed to make an informed decision about their oral health needs.

The advisory opinion concludes by stating that a dentist’s comments about their findings “should, if possible, involve consultation with the previous treating dentist(s)...to determine under what circumstances and conditions the treatment was performed.” While we can learn much through our patient interview, as well as from our clinical and radiographic examination, to achieve the most complete picture of our new patient’s oral health, reaching out to the prior dentist is always a good idea. This can allow you to gather further information about the patient’s dental history and any specific clinical details pertinent to your current findings.

By using Advisory Opinion 4.C.1 as a guide, we are able to honor both our duty to put patients first while at the same time maintaining professionalism and integrity when interacting with our fellow dentists. ■