

## Ethics During the Pandemic

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Imagine you are a 65-year-old dentist with Type I diabetes. You just received your second dose of the COVID-19 vaccine one week ago, but your assistant has not yet been vaccinated. Your long-term patient calls you one evening complaining of a severe toothache, which has gone unrelieved with pain medication and is now starting to develop mild submandibular swelling. Before the conversation ends, your patient tells you that he just tested positive for COVID-19 and has developed a 100-degree fever. He claims he is unable to tolerate the pain and wishes to see you as soon as possible.

This scenario surfaces a couple of questions:

**What is your ethical responsibility to self and others?**

**What is your priority on protecting both patients and your staff?**

The COVID-19 pandemic has affected us all, in different ways and to varying degrees. This infectious disease has proven to spread more rapidly than our healthcare resources can handle at times. The number of cases currently reported in the US is 28 million, but this number continues to rise.

The virus can be transmitted through coughing, sneezing, and direct contact-transmission. It was reported that dental professionals have the highest infection potential among all healthcare professionals due to the inevitable close contact with patients and direct exposure to their secretions, saliva, and aerosols. This makes dental offices a hotspot for viral transmission, putting dentists, staff members, and patients at high risk of SARS-CoV-2 infection.

**This brings us back to the initial questions: What are our responsibilities when it comes to treating patients with COVID-19? Do dentists have the right to refuse treatment to a COVID-19 positive patient or do we have a professional duty to provide treatment regardless?**

In these times, every patient has to be considered potentially contagious. As the pandemic remains a threat to the health of all individuals and communities, it is important to be cognizant of this fact. To maximize protection and to reduce the chance of transmission, all treatments should be performed following proper infection control measures. In my experience, PPE

has done an adequate job of preventing exposure and limiting spread. In addition to wearing PPE, it is essential to appropriately triage patients to ensure the utmost safety for all persons involved, including healthcare professionals and their staff.

Ideally, both patients and dental professionals should be tested for COVID-19 prior to dental treatment. Testing symptomatic individuals, in particular, is critical because early diagnosis and supportive treatment are in the best interest of healthcare providers and patients alike. Most of the spread is thought to result from actively symptomatic patients.

As implied earlier, the COVID-19 pandemic has raised difficult ethical and legal questions regarding access to dental care. Remembering the four principles of ethics (autonomy, beneficence, nonmaleficence, and justice) should guide dentists in making tough decisions when reflecting on moral issues that arise at work, especially during this pandemic.

The ADA Code of Ethics directs dentists to “have the benefit of the patient as their primary goal.” We have a duty to act in the best interest of our patients (beneficence) while respecting their dignity and personal choices (autonomy). Human dignity is one of the most vital values to preserve during this difficult and uncertain time. And in accordance with the principle of justice, dental treatments should be provided regardless of a patient’s age, sex, ethnicity, color, place of residence, and social or economic status.

Society has the right to uphold healthcare professionals to the highest of standards when it comes to providing support and care to fulfill a patients’ needs and to improve their quality of life. But as healthcare professionals, family members, spouses, and individuals ourselves, we also have a duty and the right to balance the commitment to our patients with the commitment to protecting the lives of our loved ones, dental team, and ourselves. To provide the best long-term support and treatment to others dental professionals must take care of their own safety, health, and wellbeing, although this may come into direct conflict with their moral duty to patient care.

It cannot be ignored, however, that dental professionals, like the rest of the population, also face the same threat of becoming infected, which may even prove fatal. If care is refused, widespread condemnation from the public and other health professionals may transpire. But according to the core bioethical principles, dental professionals have the right to judge whether to provide or refuse treatment to a COVID-19 patient based on

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the distinct situation at hand as these far from normal times force professionals of all kinds to consider the consequences of their actions on themselves and others in their lives more acutely. It is thus ethically justified to choose to re-schedule or cancel elective procedures. We should, however, be available to manage any urgent/emergency needs.

There are several circumstances in which it is acceptable to withdraw or refuse care. One situation is if a dental professional is currently suffering from an infectious disease that could potentially be passed on to patients and colleagues. It is critical to avoid putting others at an increased risk. Furthermore, if a dentist has an underlying condition that weakens his or her immunity, this could preclude him or her from working with patients diagnosed with COVID-19. High risk conditions that may significantly jeopardize one's survival after contraction of the virus include diabetes, cardiac issues, pregnancy, and ages over 60. A lack of essential personal protective equipment in one's work environment also significantly puts professionals at risk.

As is the case for many difficult ethical questions, there is no single straightforward answer. Each case should be carefully assessed and considered on an individual basis. Are you the 65-year-old diabetic dentist from the opening scenario or are you someone else? As said by British writer Damian Barr, "while we're not in the same boat, we're all going through the same storm." It's a quote that should remind us that each dental office is unique in managing and navigating through this pandemic. We are all morally inclined and committed to providing the best support and care, but we do not all have the same backgrounds, stories, and health histories. While healthcare providers have a moral obligation to assist others and provide services during this pandemic, society should understand that those who defer their dental or medical responsibilities due to their own personal health risks or extenuating family circumstances at this time are still trying their best to care for a great number of people in and out of office.

**[Access the NYSDA and ADA Code of Ethics](#)**

[NYSDA Code of Ethics](#)

[ADA Principles of Ethics and Code of Conduct](#)