

# Ethics Corner

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Ethics Committee Chair



*Dr. Cho is active in organized dentistry with several organizations. Dr. Cho has served on the NYCDS Ethics Committee since 2010, and became chair in 2020. In addition, he served on the New York State Board for Dentistry from 2007 to 2017 and was vice chair in his last two years.*

*Dr. Lawrence Bailey, a member of the NYCDS Ethics Committee and a past president of NYCDS, submitted the following case. The case was edited and summarized to fit this newsletter.*

A 65-year-old patient with well-maintained oral health and a stable dental home presented to her long-time general dentist (GD-1) with symptoms indicating a failing tooth (#19). After being diagnosed with cracked tooth syndrome, a diagnosis confirmed by an endodontist, GD-1 proceeded with the extraction and bridge preparation during the same visit. However, during the procedure, GD-1 encountered difficulties and left behind a root tip, which was disclosed to the patient as being in her best interest.

Over the next year, the patient experienced recurring signs of infection and discomfort. GD-1 made two unsuccessful attempts to remove the retained fragment, prescribed antibiotics, and advised the patient to receive all care, including hygiene, exclusively from her office. When informed that the bridge would need to be destroyed to access the root tip and that she would bear the cost of a new one, the patient sought advice from another general dentist (GD-2). GD-2 recommended that she request her radiographs and seek a referral to an oral surgeon.

Notably, in addition to maintaining professional relationships with each general dentist involved in the case, the patient has long-standing social interactions with them and is a blood relative of GD-2. Except for GD-2, all practices are within the same community.

The patient's periodontist, who had been excluded from her recent care, examined her, prescribed antibiotics for an active infection, and issued a referral.

Oral Surgeon (OMFS-1) successfully removed the root tip without damaging the bridge. The patient later transitioned to a new general dentist (GD-3), who discovered a second retained root tip nearly two years after the initial treatment. This fragment was also removed by another oral surgeon (OMFS-2), again without compromising the bridge. Despite an insurance denial, the patient completed her care and recovered fully, resulting in a structurally sound and aesthetically pleasing prosthesis.

What are your thoughts? How would you manage this case?  
What ethical principles were breached?

## **My Thoughts:**

This case highlights several significant ethical concerns. The patient's autonomy was challenged when she was discouraged from seeking care outside of GD-1's practice. Additionally, beneficence and non-maleficence were called into question due to the prolonged discomfort, failed interventions, and delays in referral. Justice was implicated when GD-1 insisted that the patient pay for a replacement bridge resulting from complications of the original procedure.

Ultimately, this case underscores the importance of ethical decision-making in dental care. It reminds us that our professional responsibility extends beyond treatment outcomes to include transparency, appropriate referrals, respect for patient choice, and accountability in the event of complications. This case encourages us to continuously reflect on how we balance clinical care with ethical integrity.

*Thank you, Dr. Bailey. Cases like this serve as sobering reminders that complications are sometimes unavoidable, but our response to them defines our professionalism. Ethical practice is not measured by perfection but by the humility to acknowledge our limits, the willingness to refer, and the integrity to prioritize the patient's best interests. As clinicians, we must routinely ask ourselves: Am I doing what is right, or what is easy?*

If you have a case that raises ethical questions or would like to share your thoughts, please get in touch with the NYCDS Ethics Committee by emailing [info@nycdentalsociety.org](mailto:info@nycdentalsociety.org).