Mission Statement
The American Society for Dental Ethics exists to support ethics as an integral value for the dental health care professions. The members of the Society are dedicated to the ongoing study of ethical issues and education to promote professional responsibility and conduct, thereby enhancing oral health care for those we serve.

Core Values of ASDE
• Leadership
• Community
• Education
• Collegiality
• Scholarship
• Service
• Professional integrity

Officers
President: Phyllis Beemsterboer
President Elect: Al Rosenblum
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ACD Liaison: Larry Garetto
Editor for Issues in Dental Ethics: Jim Rule
Editor for Cases: Bruce Peltier
Editor Emeritus: Dave Ozar
Executive Director: Anika Ball

Check our website at www.societyfordentalethics.org

Membership Meeting
ASDE held its membership meeting at the ADEA annual session in Orlando, FL in March 2012. Anika Ball, Executive Director, updated the board on current ASDE membership. Our 2012 renewals went out January 1, 2012. We had approximately 70 members renew this first round (per our second notice in May 2012, our membership is at 105 members). This number does not include our Student or Institutional members. The members have been active in communicating with us and have richly contributed to our calls for updates. Two educational offerings from ASDE members were presented during the meeting and are described below.

Engaging Students in Professional Identity Formation
This session described the experiences of educators who have used the Professional Identity Essay to measure levels of identity formation and to engage students in self-assessment and reflection. The workshop described strategies for promoting professional identity formation during professional education and for remediating professionals who have violated
professional standards. The workshop was presented by Muriel Bebeau, Marilyn Lantz and Kathy Faber-Langendoen.

- **Ethics and Professionalism – Approaches to Assuring Student Competency and Compliance with New CODA Standards**

Because the Commission on Dental Accreditation (CODA) recently adopted language on the topic of ethics and professionalism for each discipline as a new discipline-specific standard, these standards and intent statements are now incorporated into discipline accreditation standards for implementation within the next two years.

The second ASDE-sponsored program focused on a description of teaching, learning and curricular approaches currently in use in predoctoral dental, dental hygiene and advanced dental education programs to assure student competency in ethics and professionalism. Participants in the session gained an understanding of the variations of these new standards among the disciplines and were presented with strategies to help achieve compliance. Participants were also invited to share their own curricular approaches as resources for others. This program was presented by Phyllis Beemsterboer, Kathi Shepherd, James Swift and Pamela Zarkowski.

**Board Meeting**

The ASDE Board also met in lovely Orlando at the ADEA annual session. Plans for the summer strategic session in Plymouth, Michigan in August were discussed. Prior to the Board meeting a CE course open to all will be held at the Inn at St. John’s.

**CE Opportunity in Michigan**

**Ethics Around the Table: A Model for Discussions**

Sponsored by the Society for Dental Ethics, a Section of the American College of Dentistry

The Inn at St. John’s in Plymouth, Michigan

August 10, 2012

This course will assist you in refreshing your knowledge about dental ethics and introduce you to techniques to facilitate a small group discussion. The course is targeted to dental and dental hygiene practitioners and educators. The first half of the course will review the state of dental ethics and the fundamental elements of dental ethics including normative principles, core values and codes of ethics that are the foundation in the discipline of dental ethics. The second half of the course will provide an opportunity to work in small groups discussing hypothetical dental and medical cases.

For registration contact UD Mercy at [http://dental.udmercy.edu/ce](http://dental.udmercy.edu/ce) or call 313 494-6626.

**Georgetown Intensive Bioethics Course**

Kennedy Institute of Ethics, Georgetown University

**June 4-8, 2012**

Course explores the theoretical framework and practical issues of bioethics over 5 days, and includes lectures and discussions by leaders in the field, as well as special topics and small group discussion sections following each lecture. Attendees will be:

1) introduced to both the philosophical underpinnings of bioethics and the current major topics in the field

2) able to define and describe various principles of and approaches to bioethics and then apply these principles to an enhanced understanding of medical practice, law, and public policy

3) able to understand and can demonstrate bioethical principles within a solid framework of decision making in clinical, research, and policy settings

Library seminar focuses on general search strategies and tips to carry out effective and efficient research in the field of bioethics (additional fee required).
Plenary lecturers include Tom Beauchamp, Christine Grady, Henk ten Have, John Keown, Rebecca Kukla, John Langan, Margaret Little, Edmund Pellegrino, and Robert Veatch. Small discussion groups follow each lecture. Cost: $1,700 CME/nursing credits. Beginning Day 2, breakfasts and lunches are included, plus an opening reception and a closing banquet.

http://kennedyinstitute.georgetown.edu

Ozar-Hasewaga Award Winner

The winner of the 2012 award is Ms. Athena deBrouwer, a candidate for the DDS degree in 2015 at Schulich School of Medicine and Dentistry in Canada. The winner will receive a one year membership in ASDE for herself and her advisor, Dr. Barry Schwartz and publication of the essay in the ASDE newsletter as well as the essay posted on the ASDE website. Congratulations, Athena! Her essay is provided at the end of this newsletter.

Upcoming 7 Hour Ethics Course at ACD Annual Session in San Francisco

Honorary ACD Fellows and ASDE Members Bruce Peltier and Pamela Zarkowski will present a new 7 hour ethics course on Wednesday, October 17. This course will build on the two previous courses that have been offered at annual sessions (Introduction to Dental Ethics; Dental Ethics Facilitator Training) and is titled Analyzing and Responding to Ethical Dilemmas. The main objectives of the course will be to understand the concepts of professional ethics and their role in addressing ethical issues that present conflict. The morning session led by Dr. Zarkowski will focus on ethical principles and values, sensitivity and the decision process. The afternoon component of the course will be led by Dr. Peltier and will focus on principles of communication and confrontation in dealing with and managing conflict. This course will be open to all and separate from the LeaderSkills workshops. Registration and a nominal fee ($200) will be required for attendance. Full details about this course can be found in the annual meeting insert of this issue of the ACD News.

The 9th International Congress on Dental Law and Ethics will be August, 22-24, 2012, in Leuvan, Belgium. Topics for the sessions include; Health care insurance, Liability insurance, Patient rights, the legal aspects of dental expert investigation (civil and criminal law), and ethics. See website for more info on this conference! www.ideals.ac
Culturally diverse patients and professionalism in dentistry
Athena deBrouwer, D 1
Schulich School of Medicine and Dentistry
University of Western Ontario

The Unhappy Daughter
A cheerful 25 year-old woman comes to the dental clinic complaining of pain in her maxillary left central incisor. This tooth presents with a deep carious lesion, slight mobility and swelling over the apex consistent with a diagnosis of a necrotic pulp. Her oral hygiene is quite poor and other deep carious lesions are visible on the other anterior teeth. The dentist recommends radiographs of the affected teeth and an examination. The patient requests her father come in and they speak in a foreign language. After a brief conversation in their own language, the father responds to the dentist in English with “just take care of the tooth that is bothering her today. We don’t want any x-rays but if you have to take a picture of this one tooth so that you can extract it, then go ahead.” The daughter sits quietly avoiding eye contact with both the dentist and father and she looks very unhappy.1

According to Fearon in the Journal of Economic growth, Canada and the United States rank first and fifth in the western world respectively for cultural diversity2. Furthermore, the proportion of minority individuals in these populations is expected to rise throughout the coming years3. As a result, culturally-sensitive situations are common and highly relevant to dental professionals practising in Canada and the United States. Therefore, as an example of a culturally-sensitive case, The Unhappy Daughter is worthy of this essay’s critical examination of the ethical responsibilities and conflicts of the dentist in this case, given the status of dentistry as a profession.

“Culture is the set of values, beliefs, and behaviors shared by a group of people and communicated from one generation to the next.”4 This definition is a reminder that culture has a strong impact on ethical decision-making; culture determines the emphasis its members place on specific values. This hierarchy of values becomes so embedded in the lives of a culture’s members that it comes to seem natural: the hierarchy of values comes to seem like an absolute truth, universal to all people.5 As a result, unless a person has recognized the workings of their culture on their own hierarchy of values, interacting with people of different cultures can be problematic. In contrast, the culturally competent “practitioner is aware of his or her cultural values and attitudes, resists stereotyping, and allows patients to communicate their views.”6

Because dentistry is a profession, the ethical aspects of The Unhappy Daughter and similar culturally-diverse situations warrant careful consideration. I see truth in

the assertion of Welie, Hilton and others that a profession is created by the existence of a social contract. As such, I agree with Welie's resulting definition of a profession as, "a collective of expert service providers who have jointly and publicly committed to always give priority to the existential needs and interests of the public they serve above their own and who in turn are trusted by the public to do so." I therefore define professionalism as the values, actions and goals that demonstrate commitment to serving the "existential needs" of the public, regardless of the implications of this service to the "expert service provider". In this way, professionalism requires that dentists act ethically in all situations, upholding the ethical principles of beneficence, non-maleficence, justice and autonomy.

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In order to act ethically, the dentist must also display beneficence by providing, "competent... delivery of dental care... with due consideration to the needs, desires and values of the patient." Competent performance of the treatment the father has
authorized is one way that beneficence is involved in this case. If a more comprehensive treatment plan could be agreed on for the patient, through approaches considered later in this analysis, there is potential for even greater beneficence.

Upholding justice, which entails fair treatment of all patients, will require particular effort in the case of The Unhappy Daughter. It would be unfair to allow cultural differences between the patient and dentist to negatively affect the quality of this patient’s treatment. In order to avoid this injustice, a thoroughly considered, sensitive approach must be used, requiring cultural competence on the part of the dentist.

Non-maleficence involves reducing harm suffered by a patient. In the case of The Unhappy Daughter, treating the central incisor with the necrotic pulp will prevent harm to the patient by reducing risk of infection/other complications and relieving the patient’s pain. Non-maleficence is more uniquely involved in this case through respect for her culture, which will prevent the dentist from harming the patient emotionally and psychologically.

Although dentists must strive to respect beneficence, justice, non-maleficence and autonomy, ethical dilemmas sometimes preclude universal adherence. An ethical dilemma is a situation in which commitment to one of the three core ethical principles results in another of the principles being violated or compromised to a degree.

In the case of The Unhappy Daughter, an ethical dilemma exists between beneficence and autonomy. The best interests of patient care will not be served (beneficence) if only the central incisor is treated, but it is also necessary to respect the autonomy of the patient by accepting her father’s decision. Therefore, unless the dentist can influence the father’s decision, the patient will experience either a lack of respect for her autonomy or a compromised level of beneficence. Justice and non-maleficence are also in conflict in this case. This patient deserves as high a standard of care as all other patients (justice), but suggesting that the patient go against her father’s wishes would be an act of maleficence on the part of the dentist through disrespect of the patient’s culture.

The social contract that creates a profession not only calls on dentists to act ethically (i.e. to pursue beneficence, justice and respect for autonomy) but also allows dentists the privilege of self-governance. Self-governance of Ontario dentists is achieved through the RCDSO\textsuperscript{21}, which is charged by the RHPA\textsuperscript{22}, Health Professions Procedural Code and the Dentistry Act of 1991 with the responsibility of protecting the public. The RCDSO has created a Code of Ethics\textsuperscript{23}, which provides more specific guidance to the dentists of Ontario than the ethical principles discussed above. The principles of this Code are helpful in the case of The Unhappy Daughter, and are enforceable by law. Violations of these principles may be reported to the ICR\textsuperscript{24} Board or the Health Professions Appeal Board and later the Discipline Committee, if necessary\textsuperscript{25}. If the Discipline Committee finds that a dentist has violated one or more principles of the RCDSO Code of Ethics during patient treatment, the committee has the authority to “revoke a dentist’s right to practice in Ontario, impose… limitations on the dentist’s certificate of registration, reprimand

\textsuperscript{21} Royal College of Dental Surgeons of Ontario
\textsuperscript{22} Regulated Health Professions Act
\textsuperscript{24} Inquires, Complaints and Review
the dentist and/or require the dentist to pay a fine to the government of Ontario."\(^{26}\)

Principle 1 of the Code states that, "the paramount responsibility of the dentist is to the health and well-being of the patients."\(^{27}\) Involvement of principle 1 was established above, during discussion of the role of beneficence in this case.

Similarly, adherence to principle 15 was covered in the above discussion of autonomy, which established that, in this case, autonomy includes respect of the patient’s wish to include her father in her treatment decisions. Principle 15 of the RCDSO Code of Ethics asserts dentists’ duty to, "protect the confidentiality of the personal and health information of patients."\(^{28}\) Clearly, the patient would need to give the dentist permission to include her father in discussions of her dental care.

Principle 2 is particularly helpful for the present case and entreats dentists to, “be truthful, obey the law, and provide care with respect for human rights and dignity without discrimination.”\(^{29}\) Therefore, according to the RCDSO, it is the duty of the dentist in the case of The Unhappy Daughter to be mindful of the cultural orientation of his/her patient and to provide treatment of the highest standard, regardless of cultural differences between the dentist and patient. To fail to do so would be an act of discrimination. However, the dentist must also be aware of the fact that, "diverse cultures approach life with a different set of expectations, values, and interpretations, and that their approach can be as satisfying and as rich to them as any other culture is to any other person."\(^{30}\) Therefore, the highest standard of treatment for a given patient is a function of that patient’s culture, among other factors, and should be individually tailored as such.

The RCDSO’s Code of Ethics principle 6 requires that dentists, "provide unbiased explanations of options with associated risks and costs, and obtain consent before proceeding with investigations or treatment."\(^{31}\) This principle has a unique meaning in the case of The Unhappy Daughter, where it is imperative that the information required to generate informed consent is given to the father as well as the patient, given the father’s role in deciding which treatment his daughter will consent to. In a similar way, principle 12 can only be achieved by conscientious consideration of the patient’s cultural orientation, as it states that dentists should, "only provide compromised or unconventional treatment with full disclosure or consent from patients."\(^{32}\) Since the patient has placed authority with her father, the full disclosure process should include the patient’s father if


the compromised treatment they have requested is to be justified.

In the situation of *The Unhappy Daughter*, the dentist involved has four options. The dentist could respond by doing nothing, refusing to treat the patient and sending the daughter and father to another dentist. Acting in this way would violate the professional values that underlie the ethical principles discussed above, especially those of compassion and integrity, which call the dentist to help this patient, despite the complexity of her case.

The dentist could also respond by doing exactly as the father has directed and treat the painful tooth but do nothing further. This response (at this point in the case) would demonstrate a broken commitment to informed consent: it violates RCDSO Code 12, pertaining to disclosure and consent for compromised treatment. In this case so far, informed consent has not truly occurred, because the decision-maker (the father) has not been fully informed. In addition, even though the father’s unique role in consent has been accepted (out of respect for autonomy), it should be noted that the patient has not yet communicated her agreement with her father’s treatment decision. Consent has not been given, and further communication is required before any treatment is performed.

A third possibility is to ignore the father and discuss the patient’s condition and treatment plan with the patient only. However, this would be a form of discrimination, violating RCDSO Code principle 2 by failing to respect the patient’s cultural orientation. This approach also disregards the patient’s autonomy, which requires that the dentist strive to create, “as interactive a relationship with the patient as possible,” which cannot be achieved by forcing her to adopt an interaction model involving the patient and dentist only.

The dentist’s final option is to take the patient’s culture into account and (with the patient’s permission) address his/her advice to both the patient and her father, in recognition of the evident importance of paternal authority in their culture. The dentist would review all relevant information, including the options of the patient, associated consequences of each option and probability of each consequence with the father. With receipt of this information, the father would be capable of making an informed decision about his daughter’s care.

I would select this final approach in the situation of *The Unhappy Daughter*. I find this course of action ethically preferable because it ensures the daughter’s rights to consent and autonomy (cultural orientation) are respected, and that the cultural values of the father and the daughter are incorporated into the information process to achieve truly informed consent. It is hoped that informing the father will lead to a treatment plan that more fully addresses the patient’s issues, which would constitute justice by achieving a standard of treatment that is as high as possible for the patient. Furthermore, this approach could optimally lead to family support for improved patient oral hygiene practices in the future and therefore prevent harm to the patient (achieving non-maleficence).

To further improve this course of action, the role of intercultural communication should be taken into account, since “…information-based communications [which are used by dentists in the process of informed consent] are effective when they present strong evidence or compelling arguments that there will be positive consequences associated with accepting the

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recommendations in the message,” but often, “people of different cultures find different evidence or arguments compelling.” Therefore, the dentist in the case of The Unhappy Daughter should take into account the fact that cultural differences could render his/her treatment plan explanation less effective, decreasing the likelihood that the patient will consent to the treatment and thereby limiting the beneficence achieved by the dentist. Therefore, the dentist in this case should attempt to use culturally relevant language and treatment options in order to improve both the quality of informed consent given by the father and the level of compliance of the patient.

Inter-cultural communication is one component of cultural competency, a larger skill set essential in culturally-sensitive patient-dentist interactions. In fact, “A number of studies have suggested that if health professionals are inter-culturally competent and skilled in recognizing and working with patient/client values and beliefs, the client response is enhanced.” Cultural competence can be developed by dentists through one or several of the following strategies, which include, “1) self awareness through introspection, 2) acquisition of knowledge of the health beliefs and practices of cultures most likely to be served, 3) taking courses in intercultural communication, 4) learning a second language… 5) [acknowledging] patient’s interpretation of condition… [and]

6) presenting direct advice in a familiar manner.” By interacting with people of many cultural backgrounds, future dentists can become aware of the preferences, practices and values of cultures that they were not born into. This will give the dental student some idea of appropriate and effective ways to interact with people of these cultures once they begin practicing dentistry. Exposure to diverse cultures can be acquired through travelling to foreign countries, volunteering in community outreach programs, and even through friendships with classmates. In my class at Schulich, we have members of many different cultural groups, making socialization with classmates not only recreational, but an educational opportunity. It should also not be forgotten that classmates will remain important members of a practicing dentist’s life and can be an important way for dentists to discuss culturally and non-culturally based ethical dilemmas. Furthermore, classmates that share a culture with a given dentist’s patient may be able to offer valuable advice on the most sensitive and appropriate approach for caring for that patient.

The ethical analysis above was performed using the principle approach, which is the approach most commonly used in dental ethics. O’Toole defines a principle as, “a general normative standard of conduct, holding that a particular decision or action is true or right or good for all people in all times and all places.” Although those that employ the principle approach for all situations can be perceived as intractable, I believe it is an especially useful approach in culturally-sensitive situations, where the ethical action may be particularly unintuitive.
due to the bias created by the practitioner’s own culture. In these cases, principles give the dentist firm guidelines that he/she can be confident are uninfluenced by his/her culture. The relative importance placed each of these principles should be adjusted according to the individual patient however: especially in cases involving cultural diversity.

In conclusion, a social contract exists between dentists and patients, bequeathing dentists the trust of the public, binding dentists to the service of their patient and society, and qualifying dentistry as a profession. As a result of this contract, dentists are called to analyze culturally-sensitive situations like *The Unhappy Daughter*, in order to identify and work through the ethical dilemmas such cases can contain. The ethical principles of beneficence, justice, non-maleficence and respect for autonomy can guide dentists through these ethical dilemmas. Codes of ethics developed by dental associations and regulators like the RCDSO can also be helpful. In the case of *The Unhappy Daughter*, both the core ethical principles and the RCDSO Code of Ethics indicate that cultural competence and communication are important skills for ethically navigating culturally diverse patient-dentist interactions.