

Exploring Options for an Ethical Challenge: Three Shades of Grey

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In Canada, the College of Registered Dental Hygienist of Alberta¹ (CRDHA) has outlined a comprehensive code of ethics that can be used in conjunction with Alberta's Health Professions Act² (HPA) to guide a dental hygienist who find themselves in an ethical challenge. Using these 2 resources, I will demonstrate how a dental hygienist may navigate an ethical problem. The following adaptation from Breemsterboer's text book: Ethics and Law in Dental Hygiene³, will be used as the scenario to illustrate ethical problem solving.

“Shari is a dental hygienist who has been working for the past 3 years at Dr. Merriweather's practice. He is a wonderful employer, fosters a positive environment, provides benefits, and, most importantly, practices quality and ethical dentistry. He allows his staff to work their full scope of practice within the law.

Dr. Merriweather is an avid bicyclist and had been planning for months to leave early on a Saturday morning for a 4-week long bike tour in Spain. Shari has scheduled part of the 4 weeks with a temporary agency and realized on Saturday afternoon that she forgot her loupes in her operatory room. As she and all the employees have an office key, she decided to swing by the office after her morning meeting on Sunday to collect her loupes.

As she drives in, she notices Katrina's car in the parking lot, the new, lead dental assistant. Katrina has been with the practice about 3 months. Shari enters through the back door of the office and yells a cheerful greeting to Katrina. As Shari walks around the corner, she sees Katrina working on a patient.

There is a full restorative kit open, and local anesthetic carpules and syringe appear to have already been used. The patient has a rubber dam on [13] through [23], and Katrina is

holding a high speed hand piece. Katrina looks at Shari and says, “Oh hi! I was just placing a filling for my friend because she doesn't have the money to go to the dentist. It's was just a small chip.” Katrina turns back to the patient to continue the treatment. Dental assistants are not educated or allowed by law to perform local anesthetic, prepare teeth, or place and finish restorations in her [province].”³

For this scenario, 3 possible courses of actions for the dental hygienist will be explored and weighed against one another in terms of satisfying moral and ethical obligations. Option 1 will entail stopping the assistant from performing treatment. The hygienist will identify them self to the friend and obtaining consent to perform an oral examination. Furthermore, a temporary filling would be placed if permitted, and a post-operative radiograph would be taken. Comprehensive notes and a signed document from the friend explaining the situation would be gathered. Lastly, the tasks of advising the friend to seek licensed dental care appropriate to their financial needs and contacting the regulatory bodies and dentist would be required of the hygienist. The benefits of perusing option 1 is that adherence to the principles of beneficence, autonomy, integrity, and accountability would adhered to. Consequently, option 1 could put pressure on relationships between the hygienist and the assistant, or the assistant and her friend. In the long term, the assistant may lose her job, license and reputation which were providing her with the means for a living wage.

Option 2 allows the hygienist to avoid conflict, but minimally requires the principle of accountability to be upheld: reporting the ethical breach of another health care professional to the appropriate complaint director of the respective college.¹ The friend will receive restorative dental care for free since finances were low. The assistant’s unethical behaviour will eventually

get addressed, however, the patient and assistant remains at risk for injury. Despite the advantages, the hygienist fails to completely adhere to the principles of beneficence, autonomy, integrity and accountability.¹ The claim made by the hygienist will have no merit and could be disputed due to lack of documentation. The assistant will also be reprimanded accordingly by her regulatory authority, but also risks damaging her professional reputation and source of income.

Option 3 ultimately highlights avoidance by requiring the hygienist to entirely omit the acknowledgement of an ethical violation. This will allow the patient to receive free restorative dentistry, and the assistant's career will not be under threat. Consequently, none of the ethical principles are adhered to, and both the patient and the assistant remain at risk for injury. The assistant may also continue this behaviour with more friends or unknowing patients.

When balancing between options 2 and 3 only, I would argue that the hygienist experiences an ethical violation. As per the definition provided by CRDHA's codes of ethics¹, an ethical violation occurs when the patients right to fundamental duties are compromised. By failing to pursue option 1, there is an unnecessary risk to the patient's health. Since it is within the hygienist scope of practice to assess, diagnose, plan, implement, and evaluate the situation, option 1 holds the most beneficial for the patient in regards to health and safety. Considering the current code of ethics¹ and legislation², option 1 remains the most beneficial for the professional parties involved despite the possibility for conflict or confrontation. This is due to the risk for limitations for the assistant being heavily outweighed by the benefits for the patient.

The term ethical violation is used to describe the hygienist's ethical challenge because they are at risk of endangering the patient and the assistant when avoiding upholding the code of

ethics using duties that are within their scope of practice. If the hygienist was at risk to endangering them self, then the term ethical distress could be used.

The first option holds the potential to keep the patient the safest, but could potentiate an altercation between the dental assistant and the hygienist. The friend could also refuse to have the treatment stopped. We can suspect that it is very likely that both the dental assistant and her friend know what they are doing is unethical, because the justification for treatment was related to low finances³. Therefore, we can make the minimal assumption that the friend knows they are stealing supplies for said treatment. This assumption can remain valid whether the friend is informed of Katrina's scope of practice or not.

If the unethical appointment was dissolved promptly in a calm manner, then the hygienist would have access to assess the oral cavity. The hygienist's responsibility for beneficence¹ will be fulfilled by the intentions of initiating an intervention. The hygienist can then discuss the pros and cons of getting licensed dental, advise the friend of an office that would be more financially suitable, and then make comprehensive signed documentation. The friend does however reserve the right to decline signing any notes or being exposed to radiation even if they choose to consent to having a temporary filling placed. By acknowledging this right to refusal, the hygienist continues to uphold principle of autonomy¹ as earlier discussed. Not only does informing the friend that they should seek qualified dental care uphold the principles of beneficence in regards to informed choice, this notion also upholds subprinciples of accountability: making a referral to an appropriate professional.¹ Notifying the employer and the dental assistant association would be the next step so that the assistant could be suspended accordingly.

The second option could be used if the situation could not be dissolved by the hygienist. For example, if the assistant refused to stop, hostility arose, and the hygienist began to fear for their own safety. However, by avoiding conflict, the patient and the assistant are both at a high risk for injury. According to the College of Alberta Dental Association⁵ (CADA) the assistant scope of practice lacks formal education with highspeed hand pieces, restorative procedures and local anesthetic administration. An additional contraindication to the second option would be that the hygienist fails to fulfill the sub-principles of autonomy, integrity and accountability. The hygienist may feel like they have been involved in an ethical violation due to failing to work with the assistant in way that would provide the patient with optimal and ethical care. Despite the principles of beneficence, autonomy, integrity and accountability to the patient being violated, the sub-principle of integrity is fulfilled when the hygienist reports unethical care to their employer and the appropriate regulatory authorities.¹

The third option allows for confrontation to be completely avoided. Failing to interfere with the ongoing treatment puts the friend and assistant at a high risk for trauma. None of the code of ethics principles¹ are adhered to, likely leaving the hygienist feeling unfulfilled ethically, with the addition of questioning their own morality. A person may argue that morally, it would be better for the assistant to not be reported to the authorities due to the sensitive task of being suspended. This may be a valid opinion if the hygienist values the assistants needs over the friend's health and safety. This option could also be justified because the friend is receiving free dental care which show sensitivity to the patient's financial situation. When comparing these values to the CRDHA's code of ethics¹, the option has very limited merit, and is easily outweighed by the merit of option 1 and 2.

The option I would prefer if I was in a similar situation would be option 1 since it holds the greatest opportunity for safety despite the higher risk for confrontation. By working within the scope of practice, the hygienist can prevent the friend from enduring possible injury. Intervening allows for the hygienist to make comprehensive notes to ensure that the assistant is apprehended appropriately. It would also be within the hygienist's best interest to have the friend write a report of what happened, sign and date it. A post operative x-ray would also be helpful for record management, and would hold the assistant and hygienist accountable for their interventions, and give their reports merit.

From the patient's perspective, option 1 would also be the best option regarding safety. With the consideration of friendship and finances, option 1 may have the most negative effects, therefore based on the patient's values, they may have varying opinions or reactions should the hygienist choose option 1.

Option 1 is most justified because the dental hygienist adheres to all of the said principles above which would be otherwise violated or not applicable. As supported by the health professions act³, it is within the hygienist scope of practice to place temporary fillings, take x-rays and perform their intraoral duties without the supervision of a dentist. Working within the dental hygienist's scope of practice serves the patient the greatest in terms of the accountability to the patient.¹ In comparison, it is not within the dental assistant's scope of practice to perform their duties without the supervision of a dentist in the office as stated by the Dental Assistants Regulation of the HPA.⁴ By upholding the hygienist's responsibility for accountability, the sub-principle of beneficence to ensure the needs and safety of the patient is respected in the presence of unethical care will also be subsequently upheld. The patient will also be protected by the

hygienist's responsibility for autonomy when the hygienist informs the patient of their risk for injury, their options regarding licenced and affordable dental treatment, and outlining the details of treatment that will be delivered during that time. The sub-principles of integrity will also be upheld when the hygienist chooses to intervene in a calm professional manner. This also allows for the facilitation of safe and competent care provided to the patient, therefor promoting professionalism as a dental hygienist who is adhering to the standards set by their regulatory organizations and government law.¹

In a calm manner, I would ask the assistant if I could pull her away for a minute, not negotiating with convenience. This will allow me to avoid creating panic from her friend, since I do not know how informed the friend is in regards to the Katrina's scope of practice and would also allow Katrina to give me a complete explanation. Regardless of perspective, Katrina is working beyond her scope of practice, therefore I would explain to Katrina:

“I can not let you proceed due to regulations and the ethical circumstance this event puts me in. I understand that your friend is short on finances, but this can be a very dangerous solution, not only physically, but legally as well. I would hate to see a friendship end due to any legal consequences that could happen from physical damage. As you know, sometimes teeth develop problems without explanation, and if something were to happen to this tooth, whether it was your fault or not, you would not be protected by the associations or dentist's malpractice insurance since you were working outside of your scope of practice. Given what I now know, we are going to go explain this to your friend. I will place a temporary filling, take an x-ray and then write a complete set of notes, which your friend, yourself, and I will all sign. By being this

thorough and you being compliant with my plan, you will not look as negligible to the associations in comparison if you were to resist my plan for action.”

Given that Katrina does not resist, and once the friend is dismissed, it would be in the Katrina’s best interest to write a letter to her employer and to the association to outline the course of events and the ethical violation she was involved in and how this was an ethical distress for myself. Having Katrina write a letter, self-reporting her misconduct would not be something I would force upon Katrina to do, but it would allow her to remain dignified and take responsibility for her behaviour. This will also give her the opportunity to explain her perspective and the possibility of being in an ethical dilemma¹ herself. Regardless of what Katrina chooses to do after the friend is dismissed, I would contact the dentist outlining the events and solutions. If Katrina chooses to not contact her association, ethically and morally, I would contact her association because I would feel responsible to ensure that her college reprimands her accordingly for the safety of future patients under her care. Although a difficult decision, the long-term effects would be most minimal with choosing option 1. If option 3 was chosen, there would always be the hanging possibility of confrontation weighing on my conscious. Option 2 would hold less weight on my conscious, but if I felt confident enough to address the problem both clinically and professionally, there would not be much room for hesitation to intervene.

Given the events of the scenario, one could conclude that outcomes could vary greatly given the unpredictability of the persons involved. This variability could easily change the ethical violation into distress, which involves impactful and lasting consequences for the hygienist. Awareness of everyone’s scope of practice in a dental office is crucial to uphold

accountability between professions. This accountability between dental professionals could outline the framework in which each dental profession becomes confident in their own skills, upholds a standard of care and sets respectable professional boundaries between co-workers. Thus, un-motivating professionals to work outside of their scope of practice by causing co-workers to respect the integrity of working within one's scope of practice. I propose that the dentist, dental hygienist and dental assistants work intra-professionally to motivate each other in the professional development of their scope of practices. Ultimately, this collaboration will define their roles as a health care providers, build respectable boundaries and uphold their responsibility to the public. I believe that this approach of collaboration would ideally result in less incidences of ethical problems, and if not, this approached would minimally instil the confidence in the hygienist to choose option 1 every time.

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