

The measure of the quality of care provided in a particular setting is called:

- quality assurance
- quality evaluation
- quality assessment
- quality inspection

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- **quality assessment**

Quality assurance is the measurement of the quality of care and the implementation of any necessary changes to either maintain or improve the quality of care rendered.

The **differences** in these definitions are important: **quality assessment** is limited to the appraisal of whether or not standards of quality have been met; whereas, **quality assurance** includes the additional dimension of action to take the necessary corrective steps to improve the situation in the future.

The following concepts relate to quality assurance:

1. **Structure** - refers to the layout and equipment of a facility.
2. **Process** - involves the actual services that the dentist and assistant perform for the patients and how well they perform.
3. **Outcome** - is the change in health status that occurs as a result of the care delivered.

The role of the professional in the practice of dentistry is described in the ADA's Principles of Ethics and Code of Professional Conduct (ADA Code). The ADA Code is, in effect, a written expression of the obligations arising from the implied contract between:

- the dental profession and insurance companies
- the dental profession and public health board of directors
- the dental profession and society
- the dental profession and the local government

PROFESSIONAL ETHICS/PATIENT MANAGEMENT

• the dental profession and society

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). Members of the ADA voluntarily agree to abide by the ADA Code as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The ADA Code has three main components:

- The Principles of Ethics
- The Code of Professional Conduct
- The Advisory Opinions

Five ethical principles in the code:

1. Veracity - truthfulness
2. Justice - fairness
3. Autonomy - self-governance
4. Beneficence - do good
5. Nonmaleficence - do no harm

All of the following are true concerning the Americans with Disabilities Act EXCEPT one. Which one is the EXCEPTION?

- dentists cannot deny anyone care due to a disability
- dental offices must undergo structural changes to allow access for the disabled
- dentists cannot dismiss employees due to a disability
- patients with HIV are not protected under the Americans with Disabilities Act

- **patients with HIV are not protected under the Americans with Disabilities Act**

*** This is **False**; patients with HIV are protected under the Americans with Disabilities Act.

Both state and federal statutes define disability as having the following:

1. A physical or mental impairment that **substantially limits** one or more of the major life activities of such individual.
2. A **record** of such impairment.
3. **Being regarded** as having such impairment.

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When obtaining informed consent, the patient must be informed of all of the following EXCEPT one. Which one is the EXCEPTION?

- a description of the proposed treatment
- the costs involved in the proposed treatment
- the foreseeable risks
- the benefits and prognosis of the proposed treatment
- all reasonable alternatives to the proposed treatment
- the risks, benefits, and prognosis of the alternative treatments

- **the costs involved in the proposed treatment**

*** Financial information **should not** be kept on the treatment record. Always use a separate financial form.

All factors (except financial) must be described to the patient in language the patient understands. Give the patient an opportunity to ask questions, and provide the answers. The patient's consent can be provided either orally or in writing, although from a legal standpoint, a written agreement is preferred.

The written treatment plan should include the following:

- a description of the patient's condition
- the proposed treatment
- the possibilities that the treatment may or may not be successful
- the foreseen outcome of **not treating** the patient's condition
- all of the involved risks
- other possible treatment options for the patient
- cost of treatment
- estimated number and length of appointments
- when payments are expected by the patient
- how long it will take to complete **all** phases of treatment
- signed and dated by the patient or guardian *** **Both parties** (dentist and patient) **get a copy**

The dentist has diagnosed and recommended specific treatment for a patient of record and remains on the premises while the patient is being treated. This type of dental supervision is known as:

- general supervision
- direct supervision
- indirect supervision
- personal supervision

- **direct supervision**

Supervision is the term applied to the legal relationship between the dentist and the dental hygienist in practice.

The various types of dental supervision include:

- **General Supervision** - the dentist has recommended a dental hygiene procedure for a patient of record but **does not** have to be physically present while that procedure is being performed.
- **Direct Supervision** - the dentist has diagnosed a problem and recommended specific treatment by the dental hygienist, **remains** on the premises while the patient is being treated, and **approves** the work performed prior to the dismissal of the patient.
- **Personal Supervision** - the dentist is treating a patient and the hygienist is **concurrently** performing a supportive procedure that has been recommended by the dentist.

Note: Each individual state's dental practice act defines the type of supervision that is required by that specific state and also states the specific dental hygiene procedures that a dental hygienist is legally allowed to perform in that state.

Abuse of a child can mean:

- physical abuse
- sexual abuse
- physical neglect
- emotional abuse
- all of the above

- all of the above

General signs of child abuse:

- Very fearful and cry excessively or show no fear at all, unhappy and withdrawn
- Behavior may be different when parent is present
- Developmental delays in language or motor skills
- Malnutrition, untidy appearance
- Long-sleeved shirts and long pants in warm weather to possibly cover bruises or finger marks on arm, legs, or neck
- Wounds at different stages of healing inconsistent with parent's explanation (e.g., burns, bite marks, and trauma to neck, eyes, and ears)

Oral signs of child abuse:

- Lips may be swollen or bruised, scars may indicate past history of trauma
- Marks around corners of mouth, possibly due to child being gagged
- Injury to the teeth - fractured, premature loss, darkened appearance
- Fractured jaw
- Injuries to the tongue
- Evidence of ignoring child's dental needs
- Torn or lacerated oral frenums

Note: Dental personnel should also be aware of possible signs of spousal and elder abuse (unusual behavior or physical signs).

In the code (Principles of Ethics and Code of Professional Conduct), under the definition of beneficence ("do good"), the dentist is obliged to:

- give the highest quality of service of which he or she is capable
- preserve a healthy dentition unless it compromises the well-being of other teeth
- participate in legal and public health-related matters
- all of the above

- all of the above

Principle: Beneficence - “do good.” The dentist has a duty to promote the patient’s welfare.

This principal expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s **primary obligation** is service to the patient and the public. The **most important aspect** of this obligation is the competent and timely delivery of dental care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care, or some other practice arrangement. Dentists may choose to enter contracts governing the provision of care to a group of patients; however, contract obligations **do not excuse** dentists from their ethical duty to put the patient’s welfare first.

Important: The patient is expected to be responsible for his or her own preventive practices. The dentist is responsible for providing information and supportive care, but the patient has the ultimate responsibility to maintain his/her oral health.

Which principle in the code refers to “self-governance?”

- veracity
- justice
- autonomy
- beneficence
- nonmaleficence

- **autonomy**

Principle: Patient autonomy - “self-governance.” The dentist has a duty to respect the patient’s rights to self-determination and confidentiality.

This principle expresses the concept that professionals have a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to **protect the patient’s confidentiality**. Under this principle, the dentist’s **primary obligations** include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient’s needs, desires, and abilities, and safeguarding the patient’s privacy.

Important: A dentist has an **ethical obligation** on request of either the patient or the patient’s new dentist to furnish in accordance with applicable law, either gratuitously or for nominal cost, such dental records or copies or summaries of them, including dental X-rays or copies of them, as will be beneficial for the future treatment of that patient. This **obligation exists** whether or not the patient’s account is paid in full.

Note: According to the code, if a patient refuses to let you take X-rays of his/her teeth, the dentist’s only recourse is to use informed consent about the risks and benefits of an incomplete exam and the possible consequences of such a decision. The respect of the patient’s right to choose (autonomy) prevails.

In the code (Principles of Ethics and Code of Professional Conduct), under the definition of justice ("fairness"), dentists:

- shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex, or national origin
- Have the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual is infected with Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus, or another blood-borne pathogen, based solely on that fact, is unethical.
- shall be obligated to make reasonable arrangements for the emergency care of their patients of record.
- all of the above

- all of the above

Principle: Justice - “fairness.” The dentist has a duty to treat people fairly.

This principle expresses the concept that professionals have a **duty to be fair** in their dealings with patients, colleagues, and society. Under this principle, the dentist’s primary **obligations** include dealing with people justly and delivering dental care **without** prejudice. In its **broadest sense**, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

Important: Dentists shall be obligated when consulted in an emergency by patients **not of** record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is **obliged** to return the patient to his or her regular dentist **unless the patient** expressly reveals a different preference.

Note: Dentists shall be **obligated to report** to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status **without disparaging comment** about prior services.

Which principle in the code expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people?

- autonomy
- justice
- beneficence
- veracity
- nonmaleficence

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- **veracity**

Principle: Veracity - “truthfulness.” The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a **duty to be honest and trustworthy** in their dealings with people. Under this principle, the dentist’s **primary obligations** include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

Important: Based on current scientific data, the **ADA has determined** that the removal of amalgam restorations from the **non-allergic patient** for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist, is **improper and unethical**. The same principle of veracity applies to the dentist’s recommendation concerning the removal of any dental restorative material. However, it is **not unethical** to replace amalgams if a patient requests this treatment.

Note: A dentist who **represents** that dental treatment or diagnostic techniques recommended or performed by the dentist have the capacity to diagnose, cure or alleviate diseases, infections, or other conditions, when such representations are not based upon accepted scientific knowledge or research, is **acting unethically**.

Which principle in the code expresses the concept that professionals have a duty to protect the patient from harm?

- beneficence
- autonomy
- veracity
- nonmaleficence
- justice

- **nonmaleficence**

Principle: Nonmaleficence - “do no harm.” The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty **to protect the patient from harm**. Under this principle, the dentist’s **primary obligations** include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

Important: Dentists shall be obligated to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. **When patients visit or are referred to specialists or consulting dentists for consultation:**

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentists or if none, to the dentist of record for future care.
2. The specialists shall be obliged when there is no referring dentist and upon the completion of their treatment to inform patients when there is a need for further dental care.

A disciplinary penalty that may be imposed on a dentist found guilty of unethical conduct that consists of a disciplinary sentence written to express severe criticism or disapproval for a particular type of conduct or act is considered a:

- suspension
- probation
- censure
- revocation of license

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- **censure**

Types of disciplinary penalties that may be imposed on a dentist found guilty of unethical conduct:

- **Censure:** a disciplinary sentence written to express severe criticism or disapproval for a particular type of conduct or act
- **Suspension:** a loss of membership privileges for a certain period with automatic reinstatement
- **Probation:** a specified period without the loss of rights in lieu of a suspended disciplinary penalty. A dentist on probation may be required to practice under the supervision of a dentist or other individual approved by the dental board
- **Revocation of license:** absolute severance from the profession
- **Acts that would result in** a dentist being charged with unethical conduct:
 - A guilty verdict for criminal felony
 - A guilty verdict for violating the bylaws or principles of the Code of Ethics

Which of the following statements are true?

- a dentist who accepts a third party payment under a co-payment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling
- it is unethical for a dentist to increase a fee to a patient solely because the patient is covered under a dental benefits plan
- a dentist who submits a claim form to a third party reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which would otherwise be disallowed, is engaged in making an unethical, false, or misleading representation to such a third party
- all of the above statements are true

- **all of the above statements are true**

All of the statements (issues) on the front of the card are considered in the code under the principle of **veracity** ("truthfulness"). The dentist has a duty to communicate truthfully.

Overbilling is the misrepresentation of a fee as higher than it is.

A dentist **cannot** accept a co-payment from a dental insurance company as payment in full for services and not request the patient's portion. This is considered overbilling and unethical **without full disclosure** to the insurance company.

A dentist **cannot** charge different fees to different patients for the same services.

A dentist who recommends and performs **unnecessary** dental services or procedures is engaged in unethical conduct.

A dentist is allowed to advertise unearned degrees as titles to enhance prestige.

A dentist may use the title Doctor or Dentist, DDS, DMD, or any additionally earned, advanced academic degree in health service areas in an announcement to the public.

- both statements are true
- both statements are false
- the first statement is true, the second is false
- the first statement is false, the second is true

- the first statement is false, the second is true

Infringements of the standards involve statements that include:

- Inferences of a specialty by a general dentist
- Use of unearned degrees as titles to enhance prestige
 - *** A dentist may use the title Doctor or Dentist, DDS, DMD, or any additionally earned, advanced academic degree in health service areas in an announcement to the public.
- An advertisement to the public of HIV negative test results, without conveying additional information that will clarify the scientific significance of this fact
 - *** A dentist could satisfy his or her obligation to convey additional information by clearly stating in the advertisement or other communication. "This negative HIV test cannot guarantee that I am currently free of HIV."

Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed:

- 1 year
- 2 years
- 3 years
- 4 years

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- **1 year**

With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationary and business cards that the departing dentist has retired from the practice.

Dentists who choose to **announce specialization** should use “specialists in” or “practice limited to” and shall **limit their practice exclusively** to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce, the existing educational requirements and standards set forth by the American Dental Association.

Note: Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in **unethical conduct**.