

PROFESSIONAL ETHICAL SITUATIONS BASED ON TRUE CASES

A patient comes into your office with limited funds available for dentistry. He wants to do what is best. Tooth #18 has an old crown with slight marginal caries. Tooth #20 has a small occlusal amalgam with no caries. Tooth #19 is nonrestorable. You recommend the extraction of #19. After talking with the patient, the patient says he can afford some treatment with a payment plan. - Would you restore #18 and #20, and place an implant for #19, which would cost more because his insurance does not cover implant-related services, but would be ideal? - Or would you make a bridge from #18 to #20, for which the insurance company would cover a portion of the payment but would be less than ideal?

ANSWER-

As a healthcare professional, my primary concern is the well-being of the patient. In this case, the patient has limited funds and wants to do what is best. After evaluating the patient's condition, I recommend extracting tooth #19, which is nonrestorable.

Regarding tooth #18, which has an old crown with slight marginal caries, I would recommend restoring it. The marginal caries should be removed, and the crown should be replaced with a new one. This is important to prevent further decay and maintain the structural integrity of the tooth.

Regarding tooth #20, which has a small occlusal amalgam with no caries, I would suggest monitoring it for any signs of decay. If the tooth remains stable, no further treatment is necessary.

Now, regarding the treatment options for tooth #19, the ideal treatment would be to place an implant. However, the patient's insurance does not cover implant-related services, which makes it more expensive. On the other hand, a bridge from #18 to #20 would be less than ideal, but the insurance company would cover a portion of the payment.

Considering the patient's limited funds and his willingness to pursue a payment plan, I would explain both options to the patient and let him make an informed decision based on his financial situation and personal preferences. However, I would advise him that the implant is the most ideal option in terms of long-term outcomes and may be the best investment for his oral health.

A patient comes into your office with a denture that is 5 years old and says, " My insurance will pay for a new denture every 5 years, so I am here for my new denture. "

You have rent and payroll due, and it's been a slow month. You check the fit of the denture and it is satisfactory. The patient acknowledges no problem eating anything and thinks they look great. He only wants new dentures because the insurance will pay for them. He also has an old denture as a spare. The insurance company will pay only for needed treatment. However, the patient feels he is entitled to his new dentures since he pays all his premiums on time.

- What are you going to do?

ANSWER-

As a healthcare professional, my duty is to act in the best interest of my patients, and this includes providing only necessary treatment. While the patient's insurance may cover a new denture every 5 years, it does not mean that it is necessary to replace it if the current denture is still satisfactory and functional.

After checking the fit of the denture and assessing the patient's satisfaction with its performance, I would explain to the patient that it is not necessary to replace the denture at this time. I would also inform the patient that insurance only covers necessary treatment, and if the current denture is still functional, it does not meet the criteria for a new denture.

If the patient insists on a new denture, I would explain to them the reasons why it may not be necessary and the potential risks associated with unnecessary treatment. I would also discuss with them the possibility of

utilizing their spare denture or seeking alternative solutions that may be more cost-effective.

Ultimately, as a healthcare professional, my priority is to provide necessary and appropriate treatment that benefits the patient's health and well-being. It is not ethical to provide unnecessary treatment solely for financial gain.

You have just started a new job as an associate in an established, high quality office.

The employer/owner dentist has diagnosed four quadrants of scaling and root planing for the patient you are seeing. On checking the periodontal condition, you find no pocketing > 4 mm with only slight supragingival calculus on the lingual of teeth #23 to #26.

- What are you going to say to the patient and to your boss, the employer/owner dentist?

ANSWER-

Based on my assessment, there are no signs of significant periodontal disease that would require scaling and root planing.

To the patient, I would explain my findings and reassure them that their periodontal condition is in good health. I would also inform them that I would not recommend scaling and root planing at this time, as it would not be necessary and may cause unnecessary discomfort or potential risks.

To the employer/owner dentist, I would discuss my assessment and findings and present a case for not recommending scaling and root planing at this time. I would provide my reasoning, based on my assessment and professional judgment, and explain that providing unnecessary treatment may not be in the best interest of the patient.

It is important to maintain clear and open communication with the employer/owner dentist and collaborate on the best course of action for the patient's care. It is also crucial to uphold professional ethics and not recommend unnecessary treatment for financial gain.

The very next day you see another patient as the associate dentist. A tooth has been diagnosed by the employer/owner dentist to need a buildup and crown. On examination you find that a two surface amalgam restoration, in your opinion, would function just as well. Your education loan payment is due and you really need this job. You are paid on a weekly production basis.

- What are you going to do?

ANSWER-

While I understand the financial pressures of having an education loan payment due and being paid on a production basis, it is crucial to maintain professional ethics and not recommend unnecessary treatment for financial gain.

If I believe that a two-surface amalgam restoration would function just as well, I would discuss my findings and professional opinion with the employer/owner dentist. I would provide my reasoning and suggest the alternative treatment option that may be more appropriate for the patient's needs.

It is important to maintain open communication and collaborate on the best course of action for the patient's care. If the employer/owner dentist disagrees with my recommendation, I would express my concerns and prioritize the patient's well-being. If necessary, I would seek guidance from professional organizations or regulatory bodies to ensure that I am adhering to professional standards and ethics.

While financial considerations are important, the well-being of the patient should always be the top priority in healthcare.

A patient had a crown placed on #14. Two years later she came in for a maintenance visit. The periodontal condition is within normal limits except between #14 and #15, where there is a 5 mm pocket and the tissue bleeds easily on probing. The patient states that she always gets food trapped between the two teeth ever since the crown was placed. Tooth #15 only needs an occlusal restoration. On examination, the contact between #14 and #15 is not ideal. In fact, it is open.

- What are you going to do? Extend the restoration on #15 to the mesial to tighten the contact even though there is no decay, or remake the crown on #14 (if so, at no charge or for some sort of fee)?

ANSWER-

The presence of a 5 mm pocket and bleeding upon probing between #14 and #15 suggests a possible issue with the fit or occlusion of the crown on #14. It is important to investigate and address this issue to prevent further periodontal damage and potential future complications.

In this situation, I would recommend remaking the crown on #14 to ensure an ideal fit and contact with #15. I would explain to the patient that the current crown may be contributing to the pocket and bleeding, and that remaking the crown is necessary to maintain the health of the surrounding teeth and gums.

If the patient expresses concerns about cost, I would discuss possible options with the employer/owner dentist, such as offering a reduced fee or payment plan to help make the treatment more affordable. It is important to prioritize the patient's well-being and provide necessary treatment, while also being sensitive to their financial concerns.

In addition to remaking the crown on #14, I would also extend the restoration on #15 to the mesial to tighten the contact and prevent food trapping if required. This will help to maintain proper occlusion and prevent future issues with the surrounding teeth.

Overall, it is important to address any issues with dental restorations to prevent potential complications and maintain the long-term health of the patient's teeth and gums.

Dr. Brand New went for an interview with Dr. Mega Practice, who employs several associates. During the interview, Dr. Practice explains to Dr. New that she will be paid a low base salary, and then on the production she does per month once she surpasses a certain goal. She is also informed that if a certain level of production, that which would cover her low base salary, is not made 3 months in a row, due to time constraints and the economics of the practice, she would be let go. Dr. Mega is a really nice person with a good reputation, and Dr. New has heard a lot of positive feedback from previous and current associates that if she works hard she could earn a sizable income. Dr. New takes the job but is always running late with patients due to her effort to maintain quality in her work and proper care for the patients. Dr. New has lots of education loans and a car loan, and rent is due on her new apartment. The other associates tell her to just get it done as fast as possible because no one checks and that is how you make the money.

What should Dr. New do?

ANSWER-

Dr. New should prioritize patient care and quality work, rather than sacrificing it for the sake of meeting production goals. Patient care and quality work are essential components of a successful dental practice and are necessary for building a good reputation in the community. By prioritizing these aspects, Dr. New can earn a good reputation, which can lead to a steady stream of patients and referrals, ultimately resulting in increased production and income.

If Dr. New is consistently running behind schedule, she can evaluate her workflow and time management skills to optimize her schedule and reduce delays. It is important for her to communicate with patients, explaining the need for additional time to provide quality care and ensure their satisfaction.

Regarding the pressure from other associates to prioritize speed over quality, Dr. New should stay true to her values and maintain ethical and professional standards. Ultimately, providing quality patient care should be the primary goal of any dental practice. If Dr. New feels that the practice is not aligned with her values and priorities, she may need to consider finding a new job that better aligns with her goals and principles.

Your patient is becoming increasingly unhappy with the denture, she has paid a 50% deposit and doesn't want to pay the rest until she is happy with the denture. How do you handle the situation?

1. Refer to a colleague who has a good reputation in making dentures
2. Refer to prosthodontist
3. Reline her denture free of charge
4. Rebase her denture free of charge
5. Make her new denture free of charge

ANSWER-

Firstly, it is important to listen to the patient's concerns and evaluate the denture to identify the cause of her dissatisfaction. Once the problem has been identified, options can be presented to the patient.

Referring the patient to a colleague with a good reputation in making dentures or a prosthodontist may be a viable option if the issue is complex and requires specialized expertise or if the denture is made to the required standard but the patient is still not happy. In certain cases, due to financial circumstances of the patient, referring to a colleague may be more desirable since the specialist usually charges more.

If the issue is related to fit or comfort, offering to reline or rebase the denture free of charge may be a suitable solution. This demonstrates to the patient that their satisfaction is a priority and helps to build trust and loyalty.

However, if the denture is fundamentally flawed and cannot be remedied by a reline or rebase, making a new denture free of charge may be the best option. It is important to communicate the reasons for the need for a new denture to the patient and ensure that they are satisfied with the end result.

Ultimately, the appropriate solution will depend on the specific situation and the patient's individual needs and preferences.

Your colleague has provided a quote to the patient for a root canal treatment plus crown. The patient agreed to the quote. After finishing the root canal treatment, you realized the colleague provided a wrong quote and didn't include the charges of the crown in the initial quote. The patient thought the quote was for both root canal treatment and the crown that is why she agreed to the treatment. What should you do? Provide crown for free? Charge the patient?

ANSWER-

In this situation, it is important to be transparent and honest with the patient. Explain to the patient that there was a mistake in the initial quote, and that the cost of the crown was not included. Apologize for the inconvenience and offer to provide the patient with options for paying for the crown. It may be appropriate to offer the patient a discounted rate for the crown or make the crown free of charge, but it is ultimately up to the dentist and the patient to come to a mutually agreeable solution. It is important to prioritize the patient's trust and satisfaction, while also ensuring the financial viability of the practice.

You completed a root canal treatment for a patient. The tooth needs a crown but you did not inform the patient. The patient comes after 6 months with a tooth fracture and you tell the patient the tooth needs crown. The patient gets angry saying she was not informed about the crown before and she cannot pay for the crown. What should you do? offer the crown free of charge? charge the patient for the crown?

ANSWER-

As a dental professional, it is important to provide informed consent to the patient and inform them of any necessary treatments and associated costs before proceeding with any procedure. In this scenario, it seems that the patient was not informed about the need for a crown after the root canal treatment. It would be appropriate to apologize to the patient for the miscommunication and offer to work out a payment plan or offer a discounted rate for the crown or provide crown free of charge. Ultimately, it is up to the dentist and the patient to come to an agreement on how to proceed with the treatment and associated costs.

You are working in a dental clinic.

Your next patient is very aggressive/rude towards your receptionist.
What should you do? refuse the treatment? talk to the patient in a separate room?

ANSWER-

In this situation, it is important to prioritize the safety and well-being of your staff and other patients. It is not acceptable for a patient to be aggressive or abusive towards your receptionist, and it is important to take appropriate steps to address the situation.

Here are some steps you can take:

First and foremost, ensure the safety of your staff and other patients. If the patient's behavior is putting others at risk, you may need to call security or the police.

Talk to the patient in a calm and professional manner. Explain that their behavior is not acceptable and that it is important to treat everyone with respect and courtesy.

If the patient continues to be aggressive or uncooperative, you may need to refuse treatment. Explain that you are unable to treat them if they are not willing to cooperate and treat your staff with respect.

If you feel that the patient may be willing to listen to reason, you may want to speak to them in a separate room. This can help to diffuse the situation and allow you to have a more productive conversation.

Ultimately, your priority is to ensure the safety and well-being of your staff and other patients. If you feel that it is not safe to treat the patient, you may need to refuse treatment or ask them to leave the premises. Remember to remain calm, professional, and respectful throughout the interaction.

Patient had a fall resulting in an injury.

Even though most of his dental condition is not a result of injury, another dentist is willing to cover it all under his work compensation cover so that the company can pay and the patient can get a larger compensation for his dental treatment. He shows you a slip in which this is written.

How do you handle that claim for the insurance in the situation?

- A) Do the same what the other dentist did to avoid reputation damage
- B) Report the dentist to ADA
- C) Contact the other dentist and inquire about the whole thing
- D) Report to work cover Australia
- E) Refuse to cover the work in insurance bill which was not due to the fall

ANSWER-

Option C seems like the best course of action in this situation. Contacting the other dentist and inquiring about the situation can help you better understand the context and motivation behind their decision. It can also give you an opportunity to explain your ethical and legal obligations as a dentist and how you plan to handle the situation.

It is important to remember that insurance fraud is illegal and can have serious consequences. If you suspect any fraudulent activity, you may want to report it to the appropriate authorities, such as Work Cover Australia. Refusing to cover the work in the insurance bill which was not due to the fall may also be an appropriate option, depending on the specific circumstances. Ultimately, it is important to prioritize ethical behavior and uphold professional standards.

Patient is still having pain 3 days after completing Root Canal Treatment.

Patient wants to complain about the previous dentist. What to do-

- A- Advise the patient to complain to AHPRA
- B- Advise patient to complain to ADA
- C- Offer to review the records from the previous dentist after the patient consents
- D- Call the previous dentist and discuss with him

ANSWER-

If a patient wants to complain about their previous dentist, it is important to handle the situation ethically and professionally.

Option C - Offering to review the records from the previous dentist after the patient consents can be a good first step. This can help you understand the patient's concerns and assess any potential issues with the previous treatment.

However, it is also important to inform the patient of their options for making a complaint. Option A - advising the patient to complain to AHPRA (Australian Health Practitioner Regulation Agency) is a regulatory body that oversees the registration and accreditation of health practitioners in Australia, including dentists. A complaint to AHPRA can trigger an investigation into the previous dentist's conduct and may result in disciplinary action.

Option B - advising the patient to complain to ADA (Australian Dental Association) is also an option. ADA is a professional body that represents dentists in Australia and provides guidance and support to patients. A complaint to ADA can trigger a review of the previous dentist's conduct and may result in educational or disciplinary action.

Option D - calling the previous dentist and discussing with them further is not a recommended course of action as it can compromise patient confidentiality and may not be appropriate depending on the nature of the complaint.

Ultimately, the priority should be to provide the patient with support and guidance and help them navigate the complaints process as needed.

A 40 years old male presented to your practice complaining of numbness and severe pain following RCT conducted one week ago by another dentist. The patient was very annoyed with the previous dentist and he said that he decided to change the dentist because he was not comfortable with the previous dentist treatment.

As THE PATIENT IS VERY ANNOYED FROM THE PREVIOUS DENTIST and wants to complain against him, what would you tell the patient?

- A. Collect the records from the previous dentist with the patient's consent and review the history and procedures
- B. Let the patient go back to his dentist and ask for an explanation
- C. Raise a concern to ADA
- D. Raise a complaint to AHPRA
- E. Tell the patient you do not have enough information about his condition and you are not comfortable speaking against your colleague and your priority now is speedy refer to the specialist

ANSWER-

Option A - collecting the records from the previous dentist with the patient's consent and reviewing the history and procedures is a good first step. This can help you understand the patient's concerns and assess any potential issues with the previous treatment.

Option B - letting the patient go back to his dentist and ask for an explanation may not be a helpful option if the patient has already expressed discomfort and lack of trust in the previous dentist.

Option C - raising a concern to ADA (Australian Dental Association) is an option if there are potential issues with the previous dentist's conduct or treatment. ADA is a professional body that represents dentists in Australia and provides guidance and support to patients. Raising a concern to ADA can trigger a review of the previous dentist's conduct and may result in educational or disciplinary action.

Option D - raising a complaint to AHPRA (Australian Health Practitioner Regulation Agency) is also an option if there are concerns about the previous dentist's conduct or treatment. A complaint to AHPRA can trigger an

investigation into the previous dentist's conduct and may result in disciplinary action.

Option E - telling the patient that you do not have enough information about their condition and that you are not comfortable speaking against your colleague may not address the patient's concerns and could come across as dismissive.

You decide to start root canal treatment of 16 and inform patient for X-ray. Patient is not willing to take an x-ray due to radiation exposure. How will you manage the situation?

- A- Advice patient it's impossible to treat tooth without radiograph
- B- Advise patient for extraction
- C- Start treatment without radiograph using apex locator
- D- Don't treat the patient and refer to another dentist

ANSWER-

It is important to balance the patient's concerns and preferences with the need for appropriate diagnostic and treatment measures. In this situation, it may be helpful to have a conversation with the patient and try to understand their concerns and any previous experiences with dental X-rays.

Option A - advising the patient that it is impossible to treat the tooth without a radiograph is accurate, but it may not address the patient's underlying concerns and could come across as dismissive but amongst the options seems to be more appropriate.

Option B - advising the patient for extraction may be a viable treatment option depending on the specific circumstances, but it should not be the first recommendation without exploring other alternatives.

Option C - starting treatment without a radiograph using an apex locator is not recommended. An apex locator is a useful tool to aid in root canal treatment, but it should not replace diagnostic imaging, which is necessary to evaluate the root anatomy and assess the extent of the problem.

Option D - refusing to treat the patient and referring them to another dentist may be an option if the patient is not willing to undergo diagnostic imaging, but it is not ideal as it can compromise patient care continuity and may not address the underlying issue.

A better option would be to explain to the patient the benefits of taking an X-ray and how it is a necessary part of proper diagnosis and treatment planning. It may be helpful to discuss the specific type of X-ray and the amount of radiation exposure involved, as well as the steps taken to minimize the risk of exposure. If the patient is still not willing to undergo the X-ray, it may be necessary to re-evaluate the treatment plan and consider alternative options or refer the patient to a specialist who can further address the patient's concerns.

