

CDHO Code of Ethics

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. To this end, the CDHO had developed and implemented several programs to monitor whether or not its registrants are providing high quality care to the public. The first CDHO Code of Ethics was developed in 1996. As professions evolve so must their guiding principles. The current approach to the *Code of Ethics* is one that encourages problem-solving and critical thinking.

The individual dental hygienist, as a regulated health professional, is accountable to the people. The public has entrusted you with its care. With this trust comes responsibility and accountability. You are obligated to make certain that you attain and maintain competence, and practise following professional traits, morals, values, ethical principles, and laws that safeguard the public health and well-being. You are obligated to provide safe, effective dental hygiene services to every client, every day.

The people have the ultimate authority to govern the professions. However, the people may delegate their authority to the regulatory authorities so long as the regulatory authorities govern the professions in the best interest of the public.

The people believe that the members of the health professions understand their own profession and trust that the regulatory authorities will develop programs to monitor the education, practice standards, continuing competence and level of care their members provide to the people. To ensure that the professions will act in the public's best interest, the government proclaims legal statutes that dictate the parameters of the actions of the health professions' regulatory authorities. For dental hygienists in Ontario, the legal statutes are the *Regulated Health Professions Act, 1991 (RHPA)* and the *Dental Hygiene Act, 1991 (DHA)* proclaimed December 31, 1993.

To help guide you in your practice and meet its obligation under the *RHPA, 1991*, the CDHO has endorsed and adapted the Canadian Dental Hygienists Association's (CDHA) *Code of Ethics* as its model of professional ethics. The principles in the CDHA *Code of Ethics* are based on shared standards of thought and behaviour for the dental hygiene community across Canada.

A *Code of Ethics* is a set of rules or guidelines that address the ethical principles and standards of a profession. The CDHO *Code of Ethics* provides:

- Ethical principles and standards to guide dental hygiene practice
- A resource for education, reflection, self-evaluation, and peer review for the dental hygienist
- A resource to educate the public about dental hygiene standards
- A resource to promote accountability.

Besides having a *Code of Ethics*, the dental hygienist must possess and continue to develop professional traits that are paramount (central) to ethical behaviour, ethical decision-making and the maintenance of ethical standards. Beemsterboer (2001) suggests these attributes to be as follows:

- Honesty and integrity
- Caring and compassion
- Reliability and responsibility
- Maturity and self-analysis
- Loyalty
- Interpersonal communication
- Respect for others
- Respect for self

ETHICAL DILEMMAS

An ethical dilemma occurs when two or more ethical principles are in conflict. An example is when a client's autonomy is in conflict with the dental hygienist's beneficence. The following scenario illustrates this conflict: *A client who requires pre-medication due to a cardiac condition, has not taken the prescribed medication, and insists that the dental hygienist proceed with the dental hygiene care. The client is exercising his/her autonomy by directing his/her own care and the dental hygienist is obliged to do no harm.*

During your practice, you will face many professional and personal problems. Ethical decision-making is a behaviour, and as such can be taught and learned. Besides using ethical principles and professional traits, your behaviours and decisions will be influenced by other sources such as your religious beliefs, your culture, and your environment.

As a health professional, you are expected to put aside all notions of self and focus on the needs of your clients. In a perfect world the needs and desires of your clients would come first. However, in the real world, what is in the client's best interest may depend on whose perspective is being considered; the client's, the client's family's, the practitioner's, or other health professionals. Add limitations to financial resources and access to care into the mix and ethical decision-making becomes very complex. There is no standard answer. Each ethical dilemma must be evaluated on its own merits. Some conflicts are best avoided entirely.

A Code of Ethics does not provide you with the answers. It is only a guide to give you insight into the rationale for ethical behaviour and to help you to decide the correct course of action in a specific circumstance. It is **your responsibility** to read, assimilate and learn to use these principles, so that you may apply the ethical principles and standards to the challenges you will encounter. Discuss these scenarios with your colleagues at work or in your study clubs. Interesting individual differences will occur.

Included are the following:

1. Copy of the CDHO *Code of Ethics*, adapted from the CDHA *Code of Ethics*
2. Pocket reference which includes
 - ethical principles
 - ethical decision-making model
3. Examples of ethical dilemmas for you to use as a learning tool.

Please note that the CDHO cannot provide specific answers to the hypothetical ethical dilemmas presented here as examples.

You may wish to refer to the following documents as you work through the ethical dilemmas:

- CDHO Standards of Practice
- CDHO Records Regulation 2008
- CDHO Professional Misconduct Regulation

College of Dental Hygienists of Ontario Code of Ethics

(Adapted from the Canadian Dental Hygienists Association Code of Ethics, 2001)

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

PRINCIPLE I: BENEFICENCE

- *Involves caring about and promoting the good of another*
Dental hygienists use their knowledge and skills to assist clients to achieve and maintain optimal oral health and to promote fair and reasonable access to quality care.

PRINCIPLE II: AUTONOMY

- *Pertains to the right to make one's own choices*
By communicating relevant information openly and truthfully, dental hygienists assist clients to make informed choices and to participate actively in achieving and maintaining optimal oral health.

PRINCIPLE III: PRIVACY AND CONFIDENTIALITY

- *Privacy pertains to a person's right to control the collection, use and disclosure of personal information; the right to access and correct inaccurate information; and the right to expect that the information is kept secure.*
- *Confidentiality is the duty to hold secret any information acquired in the professional relationship.*
Dental hygienists respect the privacy of clients and hold in confidence the information disclosed to them, subject to certain narrowly defined exceptions.

PRINCIPLE IV: ACCOUNTABILITY

- *Pertains to the acceptance of responsibility for one's actions and omissions in light of relevant principles, standards, laws, regulations and the potential to self-evaluate and to be evaluated accordingly.*
Dental hygienists practise competently in conformity with relevant principles, standards, laws, and the regulations under the *RHPA, 1991* and *DHA, 1991* and accept responsibility for their behaviour and decisions in the professional context.

PRINCIPLE V: PROFESSIONALISM

- *Is the commitment to use and advance professional knowledge and skills to serve the client and the public good.*
Dental hygienists express their professional commitment individually in their practice and communally through the CDHO and their participation in the CDHO Quality Assurance Program.

ETHICAL DECISION-MAKING MODEL

Step 1	Identify the problem	Identify, in a preliminary way, the nature of the challenge or problem.
Step 2	Gather information	Become suitably informed and gather relevant information including factual information, sequence of events; applicable policies, laws, and regulations and the views of stakeholders.
Step 3	Clarify the problem	Clarify and elaborate the problem based on the additional information obtained. Identify the ethical principles at stake.
Step 4	Identify options	Identify the various options for action.
Step 5	Assess options	Assess the various options.
Step 6	Choose a course of action	Decide on and justify/defend a course of action.
Step 7	Implement the action	Implement one’s decision as thoughtfully and sensitively as possible.
Step 8	Evaluate outcomes	Assess the consequence of your decision and evaluate the outcomes.

College of Dental Hygienists of Ontario

175 Bloor Street East, North Tower, Suite 601

Toronto, Ontario M4W 3R8

Tel: 416-961-6234 | Fax: 416-961-6028 | Toll free: 1-800-268-2346

www.cdho.org

ETHICAL DILEMMA SCENARIOS

CASE #1

Mrs. White presents to the dental office for her continuing care appointment with the new dental hygienist, Rosemary. Mrs. White has been a client of the practice for 14 years; she pays her bills promptly and believes regular professional care of her teeth is important for her to maintain her oral health. She smokes 20 cigarettes a day, which causes a heavy build up of stain on her teeth.

During the intra-oral assessment, Rosemary notices a 2 x 1 cm, white, hyperkeratinized area on the client's right buccal mucosa. She tells the client. Mrs. White says "Where? I never noticed it! I don't feel anything! Can I see it?" Rosemary tells her she is going to ask Dr. Black to have a look at the area. The dentist leaves his client and briefly examines the lesion. He says it is nothing to be concerned about and he will look at it more closely at her next continuing care appointment in four (4) months when he will have more time.

After Dr. Black leaves the operatory, Mrs. White expresses her worry and concern to Rosemary, feelings she herself shares. Rosemary speaks to Dr. Black again to convey her and Mrs. White's concern. He becomes impatient and says, "It is nothing to worry about. I don't have time now to address it; I will deal with it on her next visit."

What should Rosemary do?

APPLYING THE ETHICAL DILEMMA DECISION-MAKING GUIDE

Note: This case analysis is not exhaustive. It only serves to provide a source of reference for further discussion.

Step 1: Identify, in a preliminary way, the nature of the challenge or problem.

Rosemary is uncomfortable with Dr. Black's decision. She believes the lesion in Mrs. White's mouth needs a definitive diagnosis because the lesion may have the potential to progress into something more serious if it is not attended to quickly and appropriately.

Step 2: Become suitably informed and gather relevant information including factual information; sequence of events; applicable policies, laws, and regulations and views of stakeholders.

- Mrs. White, a long-term client, presents for continuing care appointment.
- Mrs. White is conscientious about her oral health care.
- Mrs. White schedules a continuing care appointment every 4 months.
- Mrs. White is a heavy smoker.
- Rosemary notices a white, keratinized, unilateral lesion on Mrs. White's right buccal mucosa.
- Rosemary checks the client record to see if there is any mention of the lesion at previous visit.
- Documentation is a medical-legal requirement.
- Rosemary brings the presence of the lesion to the attention of the dentist.
- Dr. Black is not concerned about the lesion and says he will examine it again in 4 months.
- Tobacco usage is strongly linked to oral cancer.
- Oral cancer is often diagnosed in the later stages due to lack of intra-oral examinations and as a result is often terminal.
- It is recommended that any lesion be re-assessed in 2 weeks.
- Mrs. White expresses her concern about the lesion.

- Rosemary shares her concern.
- Rosemary speaks to Dr. Black again about her and Mrs. White's concern.
- Dr. Black becomes impatient with Rosemary and tells her not to worry.
- Rosemary consults a pathology textbook to confirm her assessment of the lesion.
- Rosemary consults the regulations governing the practice of dental hygiene. The regulation states that it is professional misconduct to fail to refer a client to a qualified medical or dental practitioner where the dental hygienist recognizes or ought to have recognized a condition which required medical or dental examination.

Step 3: Clarify and elaborate the problem based on the additional information. Identify the ethical principles at stake.

- **Beneficence** (caring about and acting to promote the good of another)

Rosemary is ethically obliged to use her skills and knowledge to assist clients achieve optimum oral health and to promote reasonable access to care. It appears that Rosemary needs to take action to ensure Mrs. White has the required information that will help her to achieve optimum oral health.

- **Accountability** (acceptance of one's actions and omissions in light of relevant policies, laws and regulations)

Rosemary must accept responsibility to practise competently and within the regulations that govern her practice. Failing to refer the findings is professional misconduct. Rosemary must also engage her client advocacy role and ensure appropriate protocol/practice standards are followed. Regulated health care practitioners are responsible to the public through their College first, and to their employer second.

- **Professionalism** (a commitment to use and advance the professional knowledge and skills to serve the client and the public good)

Rosemary is obliged to collaborate with other colleagues toward the primary end of providing safe, competent, quality care for the client.

Step 4: Identify the various options for action.

- Do nothing.
- Discuss the issue with Dr. Black again privately.
- Discuss with Mrs. White the oral health risks of smoking.
- Schedule Mrs. White for a follow-up appointment in 2 weeks.
- Call her regulatory authority to report the incident and request guidance.
- Recommend Mrs. White contact another dentist or physician for a second opinion.

Step 5: Assess the various options.

- If Rosemary does nothing, there is potential for great harm to Mrs. White. The findings may be pre-cancerous and may spread to other areas of the body.

- Practice regulations stipulate that Rosemary is legally obliged to refer the condition to a qualified medical or dental practitioner. She has to some degree complied with the regulations by asking Dr. Black to look at the lesion. She could go to him again privately to express her concern about the lesion possibly being pre-cancerous, thus perhaps changing his mind. She could also jeopardize her job if he becomes too annoyed with her.
- By giving Mrs. White tobacco cessation information, Rosemary is using her professional knowledge and skills to provide Mrs. White with more information. This will help Mrs. White to understand better, the consequences of smoking. This may influence Mrs. White to stop smoking. Perhaps Mrs. White will decide, on her own, to seek a second opinion.
- If Mrs. White comes in for another assessment in 2 weeks, Rosemary and Dr. Black will have the opportunity to assess the lesion. This may help to identify a serious pathological condition.
- Rosemary could call the regulatory authority to ask for advice on how to handle the situation. Ultimately, the action she takes is her decision. Her regulatory body is not responsible for disciplining the dentist.
- Recommending Mrs. White seek a second opinion will alleviate Mrs. White's and Rosemary's concern. If it is necessary, Mrs. White will be able to receive treatment immediately. However, Rosemary's employer may be upset that she disregarded his choice of action and referred the client to another dentist or to her physician.

Step 6: Decide on and justify/defend a course of action.

Rosemary must decide on a course of action and be able to justify her decision in accordance with applicable policies, laws and regulations and code of ethics. The client's health and well-being always takes precedence over any concerns that the dental hygienist has for her own situation.

Step 7: Implement one's decision as thoughtfully and sensitively as possible.

Which option would you choose?

Step 8: Assess the consequence of your decision and evaluate the outcome.

Just as in other aspects of dental hygiene practice, Rosemary must evaluate the outcomes of her care. Some of the questions you could ask yourself are:

- What are the outcomes of my decision in terms of client health and well being?
- Would I behave differently or choose another option should the situation arise again?
- Do I have more confidence in my knowledge, skills and abilities?
- Have I gained a better understanding of my responsibilities, my ability to respond in an ethical manner, and my ability to communicate effectively with my clients and colleagues?
- Am I strong enough to stand by my ethical principles regardless of personal cost?

ETHICAL DILEMMA SCENARIOS

CASE #2

Beth has recently been hired two days a week, on a temporary basis, in a busy, urban, general practice. Lynda, another dental hygienist, has worked the other three days of the week for the past five years. Beth and Lynda never work on the same day. Beth has tried to adapt to the operatory and the protocols that are in place for infection control. However, several problems surfaced in the first few weeks:

1. many of the hand scaling instruments only have one end (the other is broken off);
2. many other instruments no longer have their original shape;
3. instruments are chemically disinfected; and
4. if a sharpening stone is requested, the dental assistants say nobody uses it and they don't know where it is.

Many of the clients that Beth is seeing are presenting with progressive, chronic periodontitis. During her assessment, it is not uncommon for Beth to detect gross amounts of subgingival calculus, which makes it impossible for Beth to complete the debridement within the appointment time scheduled. The clients are not accustomed to returning for a second debridement appointment. While they appreciate her thorough care, they are concerned and frequently ask why it takes so much longer for Beth to remove the calculus, than it did with Lynda. Beth is also feeling pressured by the office to work faster and keep pace with the office schedule.

What should Beth do?

APPLYING THE ETHICAL DILEMMA DECISION-MAKING GUIDE

Note: This case analysis is not exhaustive. It only serves to provide a source of reference for further discussion.

Step 1: Identify, in a preliminary way, the nature of the challenge or problem.

Beth is uncomfortable with the lack of a universal infection control protocol in the office and the poor condition of the scaling instruments. Beth suspects “supervised” neglect of the periodontal clients. Beth feels Lynda is negligent in her practice.

Step 2: Become suitably informed and gather relevant information including factual information; sequence of events; applicable policies, laws, and regulations and views of stakeholders.

Working environment issues

- This is a busy, urban, general practice.
- One dental hygienist has been working in the office for the past five years.
- A second dental hygienist joins the practice on a temporary basis.
- The two dental hygienists never work together.

Time management issues

- Beth does not have enough time allocated to complete the dental hygiene services required.
- Beth re-appoints many of the clients.
- The clients are asking why they must come back for more appointments when their “cleaning” was always completed in one appointment.
- The dental assistants notice the extra appointments and comment that the other dental hygienist, Lynda, is always “on time”.

Infection control issues

- The scaling instruments are routinely placed in disinfecting solutions for short periods of time.
- There is no office protocol for universal infection control.
- Beth consults her practice standards and finds that failure to implement a scientifically accepted infection control protocol appropriate to the service, program and practice environment is a violation of the CDHO Standards of Practice.

Instrument maintenance and supply issues

- The scaling instruments are in poor condition, some are broken and some no longer have their original shape.
- The only sharpening stone in the office cannot be located.

Client periodontal conditions

- Many clients are presenting for continuing care appointments with increased pocket depths, and chronic periodontal disease.
- At continuing care appointments, clients are presenting with large amounts of subgingival calculus. Beth is obligated to chart her observations.
- Beth strongly suspects that the deposits have not been completely removed during past appointments.
- Beth believes that the clients are not receiving comprehensive dental hygiene services, which is also a violation of the practice standards.
- Beth is obligated to assess the effectiveness of the dental hygiene services/programs being provided.

Step 3: Clarify and elaborate the problem based on the additional information. Identify the ethical principles at stake.

- **Beneficence** (caring about and acting to promote the good of another)

Beth is ethically obligated to use her skills and knowledge to assist clients in achieving optimum oral health and to do no harm in the process of delivering that care. Beth needs to take action to ensure a universal infection control protocol is followed and comprehensive dental hygiene care is offered to protect the clients in this practice.

- **Accountability** (acceptance of one's actions and omissions in light of relevant policies, laws and regulations)

Beth must accept responsibility to practise competently and within the regulations that govern her practice. Failing to maintain a standard of practice of the profession is professional misconduct. Beth is obliged to take appropriate action when she suspects unethical or incompetent care, to ensure maintenance of the client's safety and the quality of care. While also important, the less than optimum dental hygiene care provided to the clients may be dealt with secondarily. The infection control issue is of paramount importance. It must be dealt with immediately. Beth must abide by and take steps to ensure a universal infection control protocol. She needs to investigate why the instruments are being chemically disinfected; who is responsible for the infection control protocol and ask to review the office manual.

- **Professionalism** (a commitment to use and advance the professional knowledge and skills to serve the client and the public good)

Beth is obligated to collaborate with other colleagues toward the primary end of providing safe, competent, quality care for the client.

Step 4: Identify the various options for action.

- Do nothing; this is only a temporary job.
- Talk to the employer about her concerns.
- Beth could work to the best of her ability in this office environment and choose not to act as a client advocate.
- Privately discuss the infection control issue with Lynda to determine who is responsible for the infection control protocol in the office.
- Offer to collaborate with Lynda, the dentist, and the dental assistants to write an office protocol for infection control and implement proper sterilizing techniques for the scaling instruments.
- Submit a request for new instruments to replace the defective ones and offer to teach Lynda how to sharpen instruments correctly.
- Discuss with Lynda and the dentist the possibility of developing and implementing a periodontal screening and maintenance program for the clients.
- Make a report of the issues to her regulatory authority.

Step 5: Assess the various options.

- If Beth does nothing, or works to the best of her ability, there is potential for great harm to all of the clients and the staff in the office.
- Professional behaviour requires Beth to collaborate with other colleagues toward the primary end of providing safe, competent, quality care for the client. Beth may also be able to determine why the current situation exists and what the prevailing attitude toward change is. The other dental hygienist may want to do something about the situation as well, but would feel more comfortable approaching the dentist with an ally.
- Using her knowledge of evidence-based infection control protocols, Beth could offer to collaborate in the development of an office infection control policy and provide information on acceptable sterilization techniques for the equipment. The rest of the office staff may be willing to collaborate and are just looking for someone to assume a leadership role.
- The person responsible for ordering equipment may not know about the situation and would be agreeable to ordering new scalars. Lynda may or may not accept her offer to teach or review proper instrument sharpening techniques.
- A discussion to implement a comprehensive approach to a periodontal screening and maintenance program for the clients might take place after Beth has been able to convince the dentist and staff to implement infection control policy and order new equipment.
- If all the other options fail, especially her efforts to change the infection control protocol, Beth is ethically obligated to bring the situation to the attention of an appropriate authority.

Step 6: Decide on and justify/defend a course of action.

Beth must decide on a course of action and be able to justify her decision in accordance with applicable policies, laws and regulations and code of ethics. The clients' health and well being always takes precedence over any concerns that the dental hygienist has for her own situation.

Step 7: Implement one's decision as thoughtfully and sensitively as possible.

Which option would you choose? Since there are so many issues at stake, Beth may wish to prioritize the issues for discussion and action. This would allow for better communication with the office staff and enhance her ability to establish protocols for an acceptable standard of care.

Step 8: Assess the consequence of your decision and evaluate the outcome.

As in other aspects of dental hygiene practice, Beth must evaluate the outcomes of her care. Some of the questions you might ask yourself are:

- What are the outcomes of my decision in terms of client health and well being?
- Would I behave differently or choose another option should the situation arise again?
- Do I have more confidence in my knowledge, skills and abilities?
- Have I gained a better understanding of my responsibilities, my ability to respond in an ethical manner, and my ability to communicate effectively with my clients and colleagues?
- Am I strong enough to stand by my ethical principles regardless of personal cost?

ETHICAL DILEMMA SCENARIOS

CASE #3

Doris presents to your office for her continuing oral health care appointment. She has been a client of the practice for 5 years. Upon reviewing and updating the medical history, Doris volunteers that she has just recently learned she tested positive for the human immunodeficiency virus (HIV). She is direct about it and not concerned. You note the change on the medical history form along with the current medications she is taking. The appointment proceeds normally with you discussing the oral manifestations of HIV. You provide oral hygiene instructions and advice for caring for her mouth.

Three months later, while attending a family social function, you walk your son and your client, Doris. Your son introduces her as his new girlfriend. When Doris is introduced to you, she acknowledges that you are her dental hygienist, and she does not appear concerned that you are aware of her HIV status. As the social event goes on, you become increasingly uncomfortable with her intimacy with your son.

What should you do?

APPLYING THE ETHICAL DILEMMA DECISION-MAKING GUIDE

Note: This case analysis is not exhaustive. It only serves to provide a source of reference for further discussion.

Step 1: Identify, in a preliminary way, the nature of the challenge or problem.

The dental hygienist is uncomfortable with the apparent intimacy between her son and a client who is HIV positive and wonders if her son is aware of his new girlfriend's medical status.

Step 2: Become suitably informed and gather relevant information including factual information; sequence of events; applicable policies, laws, and regulations and views of stakeholders.

- Doris is a client of your practice.
- Doris revealed to you, during a professional encounter, that she is HIV positive.
- Doris accompanies your son to a family gathering.
- Your son introduces Doris as his new girlfriend and appears very fond of her.
- Doris does not appear concerned that you are aware of her medical status.
- You don't know whether or not your son is aware of Doris' medical status.
- HIV is an infectious disease that is sexually transmitted.
- HIV has serious health consequences and may lead to a terminal illness.
- You are obliged to maintain confidentiality of clients' personal medical histories.
- Some of the additional facts are difficult to obtain (e.g., inquiring about your son's sexual involvement or intended involvement with Doris) or may involve the disclosure of confidential information when obtaining them (e.g., whether your son is aware of Doris' HIV status).

Step 3: Clarify and elaborate the problem based on the additional information. Identify the ethical principles at stake.

- **Privacy and Confidentiality** (privacy pertains to the individual's right to decide the conditions under which others will be permitted access to his or her personal life and confidentiality is the duty to hold secret any information acquired in the professional relationship).

Doris has decided to tell the dental hygienist about her medical condition. The dental hygienist must respect Doris' privacy and hold in confidence the medical information disclosed to her. Is this situation an exception?

- **Accountability** (acceptance of one's actions and omissions in light of relevant policies, laws and regulations).

The dental hygienist must accept responsibility to practise competently and within the regulations that regulate her practice. What are the legal ramifications if the dental hygienist discloses confidential information to her son?

- **Conflict of Interest** (not letting personal interests interfere with one's professional judgment).

As a general rule, a dental hygienist should not let her personal relationship affect her professional conduct. Does that principle apply here? She should ask herself whether she would act differently if Doris behaved this way with a stranger.

Step 4: Identify the various options for action.

- Respect the client's right to privacy and don't say anything to your son.
- Discuss your concerns with Doris and tell her you will speak to your son if she doesn't.
- Talk to your son about the risks associated with HIV.
- Tell your son about Doris' medical condition.
- Discuss the issues with your employer (only if the employer also has legitimate access to the clients' files).
- Seek an opinion from legal counsel on your possible actions.

Step 5: Assess the various options.

- If the dental hygienist does nothing, she has respected client confidentiality but there is the potential for her son to be at risk to contract HIV.
- If she discusses the situation with Doris, she may discover that Doris has already told her son about being HIV positive and her son is okay with that. Or if Doris has not already done so, the dental hygienist may convince Doris that she should tell her son about her HIV status.
- If the dental hygienist talks to her son, she may be able to determine his awareness and knowledge of the risks of contracting HIV. He may disclose that he knows about Doris' HIV status.
- If the dental hygienist tells her son, she has violated client confidentiality.
- Discussing the situation with her employer may bring up some alternative options. Perhaps the dentist could speak to Doris and ask her if she has or plans to reveal her status to the people she dates. Perhaps the dentist has already reported the matter to the Medical Officer of Health under the *Health Protection and Promotion Act*.
- Considering whether some disclosure is required or authorized by the duty to warn others of a significant risk of serious physical harm under case law or under ss. 40(1) of the *Personal Health Information Protection Act, 2004*. If disclosure is permitted, who should make it (the dentist custodian?) and to whom should the disclosure be made (e.g., her son, the Medical Officer of Health, the police)?
- Without mentioning names, the dental hygienist could tell a lawyer about the situation and ask for his advice on how she should proceed.

Step 6: Decide on and justify/defend a course of action.

The dental hygienist must decide on a course of action and be able to justify her decision in accordance with applicable policies, laws, regulations and code of ethics. Does the client's right to privacy take precedence over any concerns for her son's potential health risk?

Step 7: Implement one's decision as thoughtfully and sensitively as possible.

Which option would you choose?

Step 8: Assess the consequence of your decision and evaluate the outcome.

Just as in other aspects of dental hygiene practice, the dental hygienist must evaluate the outcomes of her care. Some of the questions you could ask yourself are:

- What are the outcomes of my decision in terms of client health and well being?
- Would I behave differently or choose another option should the situation arise again?
- Do I have more confidence in my knowledge, skills and abilities?
- Have I gained a better understanding of my responsibilities, my ability to respond in an ethical manner, and my ability to communicate effectively with my clients and colleagues?
- Am I strong enough to stand by my ethical principles regardless of personal cost?

Resources:

World Health Organization www.who.int

Canadian HIV/AIDS Legal Network www.aidslaw.ca

Centres for Disease Control www.cdc.gov

Ontario Government www.gov.on.ca

ETHICAL DILEMMA SCENARIOS

CASE #4

Patrick offers his dental hygiene services to the residents of several long-term care (LTC) facilities. Upon family request, he visits Mrs. MacKenzie, a resident at Rosewood House. The findings of his assessment support an existing periodontal infection and caries activity. There is an accumulation of heavy plaque and calculus. Mrs. MacKenzie is unable to provide self-care and has been diagnosed with moderate dementia by the attending physician. Patrick provides the results of the assessment to Mrs. MacKenzie's family and recommends that they participate in a plan of daily brushing with an antimicrobial rinse to restore tissue integrity. However, the family is more concerned with the obvious caries than with the periodontal infection. Patrick refers Mrs. MacKenzie to a local dentist. In discussion with the dentist, Patrick understands that the teeth will be restored under general anesthetic but that nothing has been planned to alleviate the periodontal infection. The dentist is not supportive of Patrick's desire to provide periodontal therapy for Mrs. MacKenzie.

What should Patrick do?

APPLYING THE ETHICAL DILEMMA DECISION-MAKING GUIDE

Note: This case analysis is not exhaustive. It only serves to provide a source of reference for further discussion.

Step1: Identify, in a preliminary way, the nature of the challenge or problem.

Patrick is concerned that the dentist does not appear to be worried about treating Mrs. MacKenzie's caries under a general anaesthetic, but he does appear to be unwilling to treat the periodontal condition. Patrick is concerned that without first removing all of the hard and soft deposits, Mrs. MacKenzie's general and oral health will be compromised. He trusts that the dentist has conferred with the attending physician.

Step 2: Become suitably informed and gather relevant information including factual information; sequence of events; applicable policies, laws, and regulations and views of stakeholders.

- There may be issues concerning the working environment – the staff may have little training in oral care and very limited time to provide oral care to the residents.
- **Time management issues**
The dental hygienist is only available for limited times.
- **Legal issues**
The dental hygienist currently requires an ‘order’ from a dentist to provide periodontal debridement (scaling and root planing).
- **Informed consent issues**
The options of care including side effects and consequences i.e., whether the resident would survive a general anaesthetic, must be presented to the family.
- **Legislative issues**
The current ‘order’ requirement in the dental hygiene legislation hampers the dental hygienist’s ability to provide care directly to the client.
- **Knowledge/awareness**
many families are not interested or do not understand the need for continuing oral health care for individuals who are unable to take care of themselves.

Step 3: Clarify and elaborate the problem based on the additional information. Identify the ethical principles at stake.

- **Beneficence** (caring about and acting to promote the good of another)
Patrick is ethically obliged to use his skills and knowledge to assist clients in achieving optimum oral health and to do no harm in the process of delivering that care. Patrick needs to take action to ensure comprehensive dental hygiene care to protect the clients in this setting.
- **Accountability** (acceptance of one’s actions and omissions in light of relevant policies, laws and regulations)
Patrick is legally bound to give the clients’ caregivers all the options available to treat their oral health problems. Patrick is cognizant of what needs to be done. However, the current legislation which requires that he has an ‘order’ from a dentist limits the preventive care that can be offered, even if the facility was willing to pay the dental hygienists for the service.
- **Professionalism** (a commitment to use and advance the professional knowledge and skills to serve the client and the public good)
Patrick is obligated to collaborate with other colleagues toward the primary end of providing safe, competent, quality care for each client. However, there is a lack of understanding of the role of the dental hygienist by the medical community. Also, there may be legislative or financial barriers that influence the hiring of dental hygienists by long-term care facilities.

Step 4: Identify the various options for action.

- Patrick can continue to work to standard in this environment to the best of his ability and choose not to act as a client advocate.
- Discuss the full range of options necessary to treat the client's periodontal infection and dental caries with the client's family. Encourage them to request a "scaling" for their mother.
- Enlist the help of the Director of the LTC facility, the attending physician, nurse practitioner and local dentists to institute oral health care plans for the residents.
- Discuss with the Director of the LTC facility the possibility of requesting that a dentist provide a standing 'order' for a dental hygienist to provide periodontal care for the residents.

Step 5: Assess the various options.

- If Patrick does nothing there is potential for continued harm to the residents.
- Professional behaviour requires Patrick to collaborate with other colleagues toward the primary end of providing safe, competent, quality care for the client. Patrick may also be able to determine why the current situation exists and what the prevailing attitude towards change is.
- Using his knowledge of evidenced-based periodontal disease therapy protocols, Patrick could offer to collaborate in the development of oral health care plans for the residents. The caregivers may be willing to collaborate and are just looking for someone to assume a leadership role.

Step 6: Decide on and justify/defend a course of action.

Patrick must decide on a course of action and be able to justify his decision in accordance with applicable policies, laws and regulations and code of ethics. His clients' health and well-being take precedence over any concerns for his own personal situation.

Step 7: Implement one's decision as thoughtfully and sensitively as possible.

Which option would you choose? Since there are so many issues at stake, Patrick may wish to enlist the assistance of the Director of the long-term care facility to enhance his ability to establish protocols for an acceptable standard of care.

Step 8: Assess the consequence of your decision and evaluate the outcome.

Just as in other aspects of dental hygiene practice, Patrick must evaluate the outcomes of his care. Some of the questions you could ask yourself are:

- What are the outcomes of my decision in terms of client health and well-being?
- Would I behave differently or choose another option should the situation arise again?
- Do I have more confidence in my knowledge, skills and abilities?
- Have I gained a better understanding of my responsibilities, my ability to respond in an ethical manner, and my ability to communicate effectively with my clients and colleagues?
- Am I strong enough to stand by my ethical principles regardless of personal cost?

TEACHING ETHICS IN THE DENTAL HYGIENE CURRICULUM

There appears to be general agreement that the following abilities are integral aspects of contemporary post-secondary education: communication, interpersonal abilities, critical thinking, and problem solving, managing self (ethical approach) and an ability to learn independently.¹

In 2009, CDHO introduced *Standards of Practice for Educators*. These Standards are expected of all Dental Hygiene Educators. Please refer to the *Standards of Practice for Educators* on the CDHO website www.cdho.org.

Accreditation requirements for Canadian dental hygiene programs state:

- “Graduating students must have the ability to make decisions regarding dental hygiene services that reflect critical thinking and problem solving”; and
- “Graduating students must be able to take responsibility for decisions and actions pertaining to dental hygiene services”.²

To fulfill an ethical, professional, and autonomous practice, dental hygiene graduates must be able to integrate professional traits, morals, values, fundamental ethical principles and laws as defined in the CDHO *Code of Ethics*, national and provincial practice standards and the provincial regulations.

Therefore, there is an obligation on the part of the dental hygiene programs to include student preparation in ethical reasoning, critical thinking, and decision-making in regards to comprehensive client care. “Competency stems not only from accumulated knowledge and experience, but also from reflection, intellectual maturity, self confidence, self-sustaining professional values and a repertoire of procedures that will serve the needs and achieve the goals of the client.”³

Educators will agree that an ethics course will not guarantee an ethical graduate, but it can provide the foundation for understanding ethical dilemmas and applying an ethical decision-making model. Students need to be taught how to put moral values ahead of personal interests.

Other strategies that may help to promote ethical thinking and behaviour in students are:

1. Ensure there is a structure for the prevention of academic dishonesty. Clear policy guidelines that state the rules and consequences for cheating must be implemented. Ensure follow up and documented action when rules or regulations are violated.
2. Establish clear expectations for professionalism by providing information about the rights and responsibilities of being a professional. Acceptance of a commitment to the values of the profession should be stated and reinforced throughout the curriculum.
3. Provide role models via the “tell, show and do” approach.
4. Include content that relates to ethical reasoning in other dental hygiene courses.

¹ Learning Outcomes of Canadian Dental Hygiene Education, DHEC Draft Report, June 2003

² Accreditation requirements for Dental Hygiene Programs, the Commission on Dental Accreditation of Canada, Nov 30, 2008

³ Curriculum Evaluation of Ethical reasoning and Professional responsibility, Christie R., Bowen D., Paaraman S., J Dent Educ 2003, 67(1): 55

SUGGESTED OUTCOMES FOR AN ETHICS COURSE

The following are suggestions for topics to include in an ethics course within the dental hygiene curriculum. The list is not exhaustive, and the topics may be offered in any order the instructor wishes. However, upon conclusion the student should be able to:

1. Formulate and initiate strategies to resolve issues related to truth telling in health care for adults and minors.
2. Collect, use, and disseminate information such that privacy and confidentiality of the client, physician, and provider of information are maintained according to law.
3. Provide a safe practice environment for the clients and the dental hygienist.
4. Communicate effectively with clients, co-workers, and other health professionals.
5. Incorporate the concept of “scope of practice” as stated in the *DHA, 1997* within the published CDHO practice standards.
6. Participate as a responsible member of the health care community.
7. Describe and give examples of what constitutes professional misconduct.
8. Demonstrate the relationship of self-regulation and regulatory compliance (students could begin to set up professional portfolios).
9. Incorporate the concept of “informed consent” within dental hygiene practice taking into account how decisions should be made ethically for those who have never been competent but have families or surrogates, who have no families or surrogates.
10. Practise dental hygiene with a client-centred care approach as opposed to a practitioner-directed approach.
11. Integrate ethical decision-making modalities into all areas of dental hygiene practice.
12. Demonstrate an understanding of ethics as it relates to both personal and professional practice by providing examples of ethical violations, ethical conflicts, and ethical dilemmas.
13. Provide examples that demonstrate the difference between law and ethics.
14. Provide examples of the key values, principles, and differences between the following ethical theories, e.g., utilitarianism, deontology, ethics of care, virtue ethics, and feminist ethics.
15. Solve ethical dilemmas by using the decision-making model outlined in the CDHO *Code of Ethics*.

BIBLIOGRAPHY

- Bebeau MJ.** Does this integrated law and ethics curriculum promote ethical thinking? *J Am Coll Dent* 2001; 68:2:27-30.
- Beemsterboer PL.** Academic Integrity: What kind of students are we getting, and how do we handle them once we get them? *J Dent. Educ* 1997; 61:8:686-8.
- Beemsterboer PL, Odom JG, Pate TD, Haden NK.** Issues of academic integrity in U.S. dental schools. *J Dent Educ* 2000; 64:11: 833-7.
- Beemsterboer PL.** Ethics and law in dental hygiene. Philadelphia: W. B. Saunders, 2001.
- Behar-Horenstein LS, Dolan TA, Courts FJ, Mitchell GS.** Cultivating critical thinking in the clinical learning environment. *J Dent Educ* 2000; 64:8:610-15.
- Botto RW, Nihill P, Otsuka AS.** Academic integrity: do honor codes make a difference? *J Dent Educ* 1999; 63:1: 38.
- Canadian Dental Hygiene Association.** Code of Ethics, 2002.
- Canadian Dental Hygiene Association.** Dental Hygiene: Definition, Scope and Practice Standards, 2002.
- Chaiken M, Porter RD, Critella Shick I.** Core competencies in ethics. *J Health Admin Edu* 2001; Spec No: 149-57.
- Christie CR, Bowen DM, Paaraman CS.** Curriculum evaluation of ethical reasoning and professional responsibility. *J Dent Educ* 2003; 67:1: 55.
- College of Dental Hygienists of Ontario.** Practice Standards.
- College of Dental Hygienists of Ontario.** Standards of Practice for Educators.
- College of Dental Hygienists of Ontario.** Regulations Part V Professional Misconduct.
- Commission on Dental Accreditation of Canada.** Accreditation Requirements for Dental Hygiene Programs. July 2001.
- Dental Hygiene Educators Canada.** Draft Report: Learning Outcomes of Canadian Dental Hygiene Education. June 2003.
- McDonald KS, Wood GS.** Surveying adult education practitioners about ethical issues. *Ad Educ Quarterly* 1993; 43:4:243-57
- Neish N, MacDonald LM.** CDHA Code of Ethics Workshop. *Probe* 2003; 37:1:27-33.
- Odom JG.** Academic and clinical manifestations of integrity and cheating. *J Dent Educ* 1997; 61:8: 681-5.

Odom J G, Beemsterboer P L, Pate T D, Haden N K. Revising the status of dental ethics instruction. *J Dent Educ* 2000; 64:11: 772-4.

Ozar D, Sokol D. *Dental ethics at the chairside: professional principles and practical applications.* St Louis: Mosby 1994.

Tankersley K C. Academic integrity from a student's perspective. *J Dent Educ*, 1997;61:8:692-3.

Turner SP, Beemsterboer PL. Enhancing Academic Integrity: formulating an effective honor code. *J. Dent Educ* 2003;67:10:1122-29.

Weinstein B. *Dental Ethics.* Philadelphia: Lea & Febiger 1993.

Whitehead AW, Novak KF. A Model for assessing the ethical environment in academic dentistry. *J Dent Educ* 2003; 67:10:1113-21.

The Law Society of Upper Canada. Rules of Professional Conduct, November 2000.

Other resource materials include:

- American Dental Hygienists Association *Code of Ethics*
- College of Dental Hygienists of British Columbia *Code of Ethics*
- College of Dental Hygienists of Ontario *September 2001 Draft Code of Ethics*
- College of Occupational Therapists of Ontario *The responsibilities of a Regulated Health Profession*
- International Federation of Dental Hygienists *Code of Ethics and Human Rights Statement*
- Royal College of Dental Surgeons of Ontario *Code of Ethics*