

American Dental Association

PRINCIPLES OF

# Ethics

---

AND

CODE OF

# Professional Conduct

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*With official advisory opinions revised to September 2014.*

## An Oregon View of the 150th Anniversary of the ADA Code of Ethics

*page 12* | *Nine Practitioners' Perspectives on Ethics & Professionalism*

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## Membership Matters

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*Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.*



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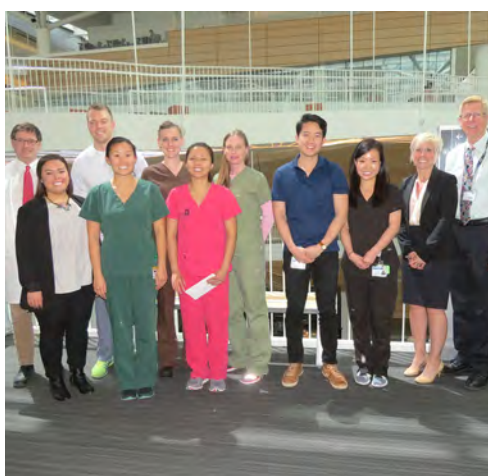
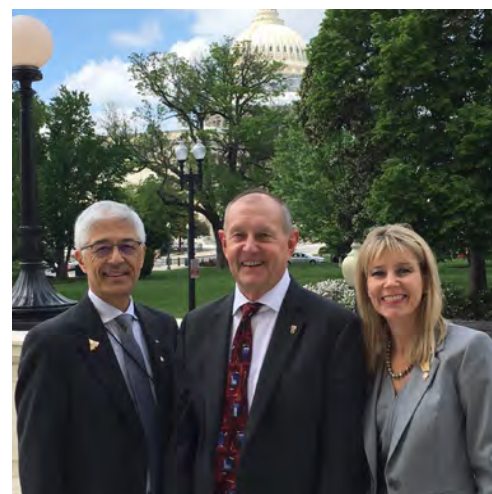
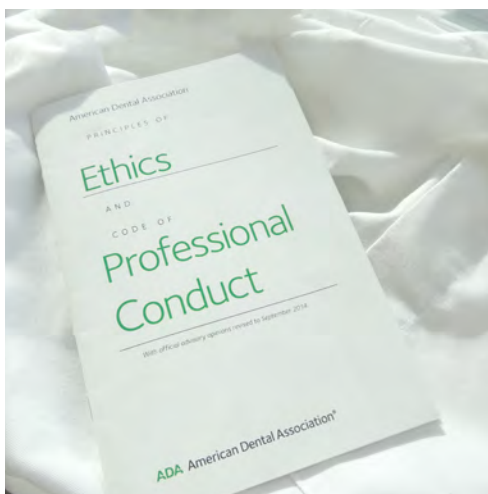
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*Member Matters* accepts original submissions for publication from member dentists. For viewpoint articles, please limit to 800 words. For clinical articles, please limit to 1,600 words. *Membership Matters* is not a peer review publication. Publication of any article is at the discretion of the Editor. Please disclose any financial interests you may have in products or services mentioned in your article. Email editor, Barry Taylor at barrytaylor1016@gmail.com with any articles or questions.

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# An Introduction to a Discussion of Ethics and Professionalism



By Barry J. Taylor,  
DMD, FAGD,  
FACD, CDE

Editor,  
*Membership Matters*

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**THE GERMINATION FOR THIS IDEA OF HAVING AN ISSUE OF MEMBERSHIP MATTERS DEVOTED TO ETHICS AND PROFESSIONALISM** originated in a School of Dentistry classroom several years ago. My colleague and friend **Dr. Steven Gold** was meeting with a dozen graduating dental students and he shared an essay with them from a book he owned. I asked Dr. Gold why he had selected the particular essay and he commented, “I felt the essay by Dr. Sorrels was particularly poignant and important for a young dentist or student to hear. His message was that dentistry is a respected profession today because of the tireless efforts of the generations of dentists who came before us. Furthermore, he cautions that the future status of the profession lies in the hands of the next generation of dentists, and in particular, on their adherence to our Code of Ethics and Professional Conduct. I wanted the students to see past dental school and realize they have an important role in the future of the profession.”

The book, which was published in 1990, was called “Legacy, The Dental Profession”. In the book were over 80 short essays about professionalism and ethics in the dental profession. The Editor of the book, Dr. Clifford F. Loader, wrote in his preface, “It has been said that every professional man has an obligation to contribute to the advancement of his profession because of the heritage he has received from those who have gone before.” As Drs. Phyllis Beemsterboer and **Jeffery Stewart** mention in their essay, the idea of a code of ethics in dentistry was first stated in 1866 in the words, “The dentist should be ever ready to respond to the wants of his patients and should fully recognize the obligations involved in the discharge of his duties toward them.” In some manner those simple words still resonate today. As **Dr. David Dowsett** remarks in this issue we all think that we ‘know it when we see it’ when it comes to ethics but the reality is more complicated than that.

While enjoying pints of hop flavored beverages, Steve and I had the idea that maybe it was time

to assemble new essays for a second edition of the book. Although many of the original essays were timeless there have been changes in our profession that aren’t reflected in those original essays such as the corporate dental practice model that **Dr. Nicole Kemena** discusses. The contributors in that 1990 book also reflected the professions as it was in 1990. Out of 80 authors there are only two women contributors; one is a doctor from Finland and the other a hygienist. **Dr. Magda D’Angelis-Morris** She writes about how we now have a more diverse profession. That second edition of the book may still someday materialize, but I thought a start would be asking some dentists here in Oregon what their thoughts about ethics and professionalism were. The 150th anniversary of the ADA’s Principles of Ethics and Code of Professional Conduct seemed like the perfect opportunity to do so. Over the years, **Dr. Bruce Burton** had contributed many great essays under the guise of the “Coach’s Corner,” but what if we were to have a full issue of such thoughtful essays? Just as when I have asked for a contribution from **Dr. Rick Asai** in the past, the instructions to the contributors were simple, “Could you please share your thoughts on ethics and professionalism in our profession?”

After reading the contributed essays several times, it honestly (or should that be ethically?) would be difficult for me to write an essay about the subject without paraphrasing what the contributors have written. **Dr. Mehdi Salari** in his essay about the role of mentors mentions that it has been over 20 years since he has read the ADA’s Code of Ethics and Professionalism. My guess is that most of us have not read it since we left dental school. I admit that I had to ask a colleague for a copy of the booklet with the principles and code. Maybe reading personal reflections from someone we know may make a lasting impression on us and our own thoughts about how we conduct ourselves professionally. 🎯

*The opinions expressed in this editorial are solely the author’s own, and do not reflect the views of the Oregon Dental Association or its affiliated organizations.*



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To add your component's continuing education event, please email [bendsalari@gmail.com](mailto:bendsalari@gmail.com).  
Please send all other events to Cassie, [cleone@oregondental.org](mailto:cleone@oregondental.org).

## July 2016

**New Dentist Council Symposium**  
**Continuing Ed, 4.5 Hr: Sat, July 9,**  
Oregon Dental Association

**DFO Committee Meetings: Fri, July 15,**  
Wilsonville, Oregon

**ODA Board of Trustees Meeting: Fri, July 22,**  
ODA Office, Wilsonville. Info: 503-218-2010

## August 2016

**DFO Board Meeting: Fri, Aug 12,** Wilsonville,  
Oregon

**Oregon Board of Dentistry –**  
**Board Meeting: Fri, Aug 19,** 1500 SW 1st  
Ave, 7th Floor Conference Room, Portland,  
Oregon. Info: [www.oregon.gov/dentistry/  
Pages/brd\\_agendas.aspx](http://www.oregon.gov/dentistry/Pages/brd_agendas.aspx)

## September 2016

**Continuing Ed., 6 Hr: “Clinical**  
**Challenges for Esthetic Adhesive**  
**Dentistry,”** Presented by *Sillas Duarte*  
*Jr, DDS, MS, PhD.* **Fri, Sept 16,** Lane  
County Community College, Eugene.  
Info: [www.lanedentalsociety.org](http://www.lanedentalsociety.org) or  
[office@lanedentalsociety.org](mailto:office@lanedentalsociety.org)

**Continuing Ed., 2 Hr: “Oregon Board**  
**of Dentistry: All You Need to Know,”**  
Presented by *Stephen Prisby, Exec. Dir.*  
**Wed, Sept 21,** Moda Plaza, Milwaukie.  
Info: [www.multnomahdental.org](http://www.multnomahdental.org) or  
[lora@multnomahdental.org](mailto:lora@multnomahdental.org)

**Continuing Ed., 2 Hr: “New Dentist**  
**Symposium,”** Presented by  
*Dr. John Rosenthal, Chris Verbiest, and*  
*Jess Bogumil, CPA.* **Wed, Sept 28,**  
Moda Plaza, Milwaukie.  
Info: [www.multnomahdental.org](http://www.multnomahdental.org) or  
[lora@multnomahdental.org](mailto:lora@multnomahdental.org)

**ODA Board of Trustees Meeting:**  
**Fri, Sept 30,** ODA Office, Wilsonville.  
Info: 503-218-2010

## October 2016

**ODA House of Delegates: Oct 7–8,**  
DoubleTree By Hilton Hotel, Portland.  
Info: 503-218-2010

**DFO Committee Meetings: Fri, Oct 14,**  
Wilsonville, Oregon

**Continuing Ed., 2 Hr: “TMD From a**  
**Physical Therapist’s POV,”** Presented  
by *Sarah Stuhr, RPT.* **Wed, Oct 19,** TBD.  
Info: [www.multnomahdental.org](http://www.multnomahdental.org) or  
[lora@multnomahdental.org](mailto:lora@multnomahdental.org)

**Oregon Board of Dentistry –**  
**Board Meeting: Fri, Oct 21,** 1500 SW 1st  
Ave, 7th Floor Conference Room, Portland,  
Oregon. Info: [www.oregon.gov/dentistry/  
Pages/brd\\_agendas.aspx](http://www.oregon.gov/dentistry/Pages/brd_agendas.aspx)

## November 2016

**Continuing Ed., 1.5 Hr: “Accurate**  
**Recordkeeping for the Dental Office,”**  
Presented by *Stephen J Persichetti*  
*DDS, MBA.* **Thurs, Nov 3,** Lane County  
Community College, Eugene. Info:  
[www.lanedentalsociety.org](http://www.lanedentalsociety.org) [office@lanedentalsociety.org](mailto:office@lanedentalsociety.org)

**ODA Board of Trustees Meeting: Fri, Nov 4,**  
ODA Office, Wilsonville. Info: 503-218-2010



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*Our services are available to all Oregon dentists and OHSU dental students in need of help, regardless of their affiliation with the ODA.*

# New Dentist Council Symposium

The ODA New Dentist Council proudly presents its first CE program specifically designed for new dentists and students.

**Date** Saturday, July 9

**Location** Oregon Dental Association  
8699 SW Sun Place, Wilsonville, OR 97070

## SCHEDULE

8:30 AM **Registration & Networking**

9:00 AM **BLUEPRINTS for Success** — 1.5 CE Hours  
*Presented by Bank of America Practice Solutions*

10:45 AM **How to Avoid Getting Bit! And Other Tips and Tricks from a Pediatric Dentist** — 1.5 CE Hours  
*Presented by Michelle Stafford, DDS*

12:15 PM **Lunch**

1:00 PM **Green Dentistry: THC and Teeth?** — 1.5 CE Hours  
*Presented by Barry Taylor, DMD and Caroline DeVincenzi, DMD*

### Registration Information\*\*

This CE program is complimentary to ODA Members.  
*Program and lunch sponsored by the ODA New Dentist Council.*

**Register Online by Friday, July 1.**

\*\* Registration will be first come, first served and subject to maximum registration limits.

#### QUESTIONS?

Contact Kristen M. Andrews, ODA Membership Manager, 503-218-2010.



## ODA Board of Trustees Nominations

*Nominations are now open for the following offices, to be elected by the ODA House of Delegates, Oct. 7.*

- **LDC**  
(three positions, 3-year term)
- **BOT At-Large Member**  
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(3-year term)  
DECLARED CANDIDATE: Jeff Stewart, DDS, MS
- **Editor** (3-year term)  
DECLARED CANDIDATE: Barry Taylor, DMD, CDE

All ODA members are encouraged to participate in the leadership of this organization. For more information about any of these positions, call 503-218-2010 or email cleone@oregondental.org.

*Interested applicants should submit a letter of interest and a one-page resume.*

*Email your materials to **leadership@oregondental.org**, or mail to:*

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# Welcome New ODA Members!

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# The ODA House of Delegates is moving!

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# ODA Peer Review *An ADA Best Practice*

## How does peer review benefit you and your patients?

Peer review is a process by which the dental profession reviews and resolves problems or misunderstandings regarding dental treatment that a patient and a dentist have not been able to resolve themselves. The kinds of disputes that may be resolved through peer review are complaints regarding quality of care and appropriateness of care. Complaints that are strictly fee related will be referred back to the provider to handle in house. A dispute may be resolved through mediation alone, or through review of patient records and clinical examination. The committee will make recommendations in hope that it will provide a reasonable and mutually agreeable solution for all parties involved.

Peer Review provides an impartial, easily accessible and generally expedient means for resolving these disputes that would not constitute a legal case, or a case that would not violate the code of ethics according to the Dental Practice Act. It could also avoid the high cost of litigation for both the dentist and patient.

## What might initiate peer review?

Communication issues in general seem to prompt calls from patients with disputes. Whether the communication failure stems from the provider or one of their staff members, the consequence is all the same—communication breakdowns cause the patient to lose trust. Effective communication is the corner stone of a dental practice; it's how you promote confidence with patients and among your staff. Patients don't know enough about dentistry to use clinical criteria as a basis for evaluating your recommended dental treatment, instead they use the effectiveness of your office's communication as their primary criteria in influencing their own level of satisfaction.

Peer review is a very credible system in that the parties in the dispute have an opportunity to speak for themselves knowing their account has been accurately presented. By using the peer review system, the dentist may also preserve his or her good reputation and integrity in the community.

In addition to its practical value, peer review is another means by which the dental profession demonstrates accountability to the public and fulfills its responsibility, as a profession, to regulate itself. Through peer review the profession demonstrates that it gives its valuable time, free of charge, to resolve complaints about oral health care. 🗣️



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# The Oregon Prescription Drug Monitoring Program (PDMP)

**Q** What should I know about prescription drug abuse and “appointment hopping” in our area in order to protect my patients and my practice?

**A** With significant increase and reports from around the state, patient/s appointment hopping in order to procure prescription drugs from local dentists is a concern for every practice. Dental offices have access to the Oregon Prescription Drug Monitoring Program (PDMP) online tool, which permits prescribers to review controlled substance prescriptions that have been dispensed in the Class II-IV category.

Providers have 24-hour access, seven-days-a-week. Similarly, medical and dental providers in neighboring states (WA, ID, CA) who treat Oregonians may also use the PDMP system.

Providers may authorize staff members acting as their delegate to use the online tool, and a portion of dentists’ licensing fees already go towards funding the PDMP. Using the patient’s name, the system will default information to one (1) year, a total of three (3) years may be accessed. Currently PDMP does not have the capability to flag patients. Each provider will need to be diligent before deciding to write a new prescription. 🗨

## For more information

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**By Lori Lambright**

ODA Member  
Compliance Coordinator

503-218-2010, x104  
[llambright@oregondental.org](mailto:llambright@oregondental.org)

This column is intended to help you to be better informed of the **rules** and **regulations** that are required of running a dental practice in Oregon.

## Thinking about a move?

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- Space Available
- Practices for Sale
- Equipment for Sale



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# *Ethics & Professionalism*

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**Ethics**

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**Professional  
Conduct**

With official advisory opinions revised to September 2014.

Nine Practitioners' Perspectives on Ethics & Professionalism

**ADA** American Dental Association®

## Codes of Ethics in our Professional Heritage



Phyllis L. Beemsterboer, MS, EdD, FACD is a professor at the OHSU School of Dentistry. Dr. Beemsterboer's research interest is in bioethics education and she was recently awarded the OHSU 2016 Faculty Senate Award for Leadership.

**Phyllis L. Beemsterboer**  
MS, EdD, FACD



Jeffery C.B. Stewart, DMD, MS is an Associate Professor in the Department of Pathology & Radiology at the OHSU School of Dentistry. Dr. Stewart is also the Speaker of the House for the Oregon Dental Association.

**Jeffery C.B. Stewart**  
DDS, MS, FACD

**A CODE OF ETHICS IN DENTISTRY** has been a part of our professional heritage since 1866 when the first code was simply stated in the words, "The dentist should be ever ready to respond to the wants of his patients and should fully recognize the obligations involved in the discharge of his duties toward them." The dental code followed medicine's lead in laying out the primacy of the patient as the fundamental premise. These early codes were rooted in the philosophy and the etiquette of gentlemen, the landed gentry who were the educated populace of the time. As the centuries evolved, influence from such philosophers as Bentham propagated that each person must act to maximize the greater good. This set the basis of respect for individual liberty and liberal political philosophy which we see in the health care codes of today.

What does the code do for the dental profession? First of all, it expresses the goals and aspirations of the profession and defines the expected standards of behavior among its members, binding the group together under this common understanding. As a tool, it provides a basis for the function of self-regulation, a precept of a true profession.

The introduction to the code begins with the statement that trust is special and critical to the position that dentistry holds within society. It mentions that the profession is granted privileges and that in return the profession will adhere to "high ethical standards of conduct." The preamble again calls upon dentists to keep patients as their primary goal—highlighting that knowledge, skills, competence, and traits of character define the professional person.

The current *Principles of Ethics and Code of Professional Ethics* is operationalized and

monitored by the ADA Council on ethics, bylaws, and judicial affairs. There are three main components listed under each of the five principles of ethics which are autonomy, nonmaleficence, beneficence, justice, and veracity. The principle is briefly described and the dentist's primary obligation is stated. Following the principle is the code of professional conduct that lays out the issues that fall under the purview of the principle. Supporting these sections are advisory opinions that interpret or further explain the situations that may occur. For example under autonomy, which is about respecting the rights of patients, is information about patient records and confidentiality.

The dental code has evolved over the years and responded as necessary to the problems and dilemmas of the time. A simple caution such as "dentists shall not accept or tender rebates or split fees" (Section 4 Justice) had to be expanded in 2014 in an advisory opinion when marketing became more commonplace and various social coupons became popular. In this advisory opinion, it was clarified that fee splitting is prohibited among dentists or any vendor to pay for advertising.

It is possible that the code of ethics in the future may be expanded to include a representative of the dental patient in the review and revision process. This would reflect the current trend of patients being included in this process as is occurring in medicine.

The dental student learns about the ethical and professional responsibilities of a dentist in numerous formal and informal ways. Ethics and professionalism content is required by the

*"Where there is not community—trust, respect, and ethical behavior are difficult for the young to learn and for the old to maintain."*

Robert K. Greenleaf,  
1904–1990

*continues*

*Codes of Ethics in our Professional Heritage, cont.*

Commission on Dental Accreditation in the predoctoral dental educational curriculum.

Currently the CODA (Standard 2-20) related to ethics states that “graduates must be competent in the application of the principles of ethical decision making and professional responsibility.” Part of that education process is learning and applying the code of ethics. The two main goals of dental education programs in regards to ethics are that students gain the awareness to discern ethical issues and the commitment to act on a decision when necessary.

Even more importantly for the developing dental students are the informal ways that they observe faculty members in the clinical setting—modeling the behavior of experienced clinicians. Role modeling is powerful and speaks volumes to those who are gaining an understanding of the

rights and responsibilities of being a professional person. The white coat ceremony, held each year as second year students begin to treat patients, celebrates this important transition and focuses on the ethical responsibilities of the clinician. Even the preamble of the Code refers to the importance of adopting and practicing high ethical standards throughout the dental school education process—something that faculty members take very seriously. Often this is challenging in a learning setting where the novice dentist is faced with gaining complex knowledge and demanding technical skills in a real patient environment. The guidance that faculty members provide in the clinical setting establishes the underpinning that becomes the foundation for the ethical dentist that they must become. ●



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## Huddle On Leadership with Coach Burton

### WHEN OUR OUTSTANDING EDITOR DR. BARRY TAYLOR ASKED IF I WOULD WRITE A COLUMN ON ETHICS,

I pondered what a coach could share. I have always looked at one's character and their ethics as being hard to separate. My definition of ethics is doing the right thing when you think no one is watching.

I thought I would share some thoughts on this subject from a keynote speaker I heard at the American Football scholarship dinner for the Oregon chapter this last February. The speaker was Eric Boles who played football at Central Washington University and three years in the NFL with the NY Jets and Green Bay Packers. He stated less than half of one percent of college football players make it to NFL, not a lot different than the odds of going on from college and getting a dental degree. He went on to share that 80 percent of these elite athletes have one, or a combination of three things happen to them: 1) go through a divorce 2) have a problem with alcohol or drugs 3) go through bankruptcy. How could this be? His thoughts were that they didn't develop their character (personal ethics) enough to support making good decisions. Their coaches had worried more about wins on Fridays or Saturdays than they had about teaching their student athletes to be accountable for their actions. So a lot of gifted people get passes when what they need is someone to make them responsible for their good or bad choices.

He used a story of his time in Green Bay to drive home his message of personal accountability. Eric was on special teams for the Packers and he was assigned the responsibility to be what they call a "wedge buster." The job of wedge buster is to run down field to cover the kicked ball by going through some huge guys with no necks that are holding hands with the intent to run over you. (Pretty scary.) Being a smart guy, he thought the idea of getting killed by going through them was not so great and maybe because he was fast, he thought he could go around them and tackle the ball carrier. No one would know because he would still make the tackle. So he ran around them and made the tackle, but 20 yards farther down the field. The opponent ended up with great field position and kicked a field goal to win the game. The problem with Eric's plan was



**Bruce Burton, DMD**

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in the NFL there are at the least eight cameras catching every single thing that goes on. The next day, his position coach called him in and told him he cost 54 other players the game by not doing his assignment. His personal decision of thinking he could get away with something cost his team and what they were all working for. His message: Always make your choices as if everyone that matters is watching you.

I believe if we gave a test on "what is the right thing to do," most everyone would ace it. If you asked Eric what his job was on the kick-off team, he would have said exactly what the right thing to do was. The challenge for all of us is to make sure we continue to work on our character to help us make the right ethical calls daily when it comes to the care we provide our patients. Does the crown fit good enough to get by, but not what you would want in your own mouth? Are we doing what is in the patient's best interest or do we allow production goals to cloud our judgment? Did I make sure I did a cancer screen on all my patients? The list is a mile long when it comes to things in our practices we are trusted to make ethical calls on for our patient and dental team.

Coaches have to always remember to model the ethics of doing the right thing at all times because the student athletes are watching and learning from what we demonstrate. It is no different for us as dentists and leaders of our team. We have been blessed to get to the elite level and earn the title of doctor, just like gift athletes that make it to a professional level. Let's all continue to work to be our best selves with ethics that reflect the highest standards for our patients and colleagues. ●

*"It is an honor to be your teammate in this great profession."*

—Coach Burton

## Principals and Ethics in Dentistry Today

**THE TOPIC OF ETHICS HAS BEEN DEFINED, DISCUSSED, DEBATED, FOUGHT OVER, CRIED OVER, AND CELEBRATED** in countless ways and from countless points of view. I have a great love of the philosophical and theoretical debate and as those who know me understand how much I relish thinking in the ‘grey zone’ between black and white. At this crossroads of the dental profession, however, such conversations, while important, are perhaps becoming an exercise in wasted energy. We all ‘know it when we see it’—both good and poor. I would propose that we all are ethical or have admirable ethics. We all begin wanting to do the right thing. It is only the rare exception that one does not have that ingrained moral and ethical compass. I would argue that it is through a series of small incremental and compounding events that our thinking shifts, we stop listening to the voice that guides our actions and ultimately lose our way.

I have often heard that one’s ethics are measured by one’s actions when no one else is looking. In times of stress, desperation, fear, and shame, we take one small action that we know is wrong and it goes unnoticed—and no consequences result. We are rewarded with short term stress relief and learn to quiet the remonstrating voice with a simple justification—‘just this once.’ The next time, it comes a little easier, but still we hear the voice. Pretty soon, we become deaf to the noise and the guiding compass becomes misaligned. Given the appropriate circumstances, I would argue that all but the truly exceptional would fall prey to ethics erosion.

My hope for the continued success of dentistry would be to figure out a way to ensure our colleagues cannot fail. It is often said that within an organization or company, culture is key. Without it, everything else you are trying to do becomes irrelevant or unattainable. As a profession, we need to create a culture of not intolerance and shame for unethical behavior, but rather a culture of ethics celebration and a way to ensure the temptations are minimized. I believe we all as practitioners need to model the behavior we want to see within our profession and our world. We learn from and emulate the actions of those around us almost as though there is a ‘moral/ethical collective’ which can act similarly



David J. Dowsett, DMD

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to vaccination giving herd immunity. What if we had a discussion, either one-on-one or in a group, about those times we have failed, those moments we would do differently upon reflection, what was going through our minds and how we dealt with it. Being humble can be very powerful. What an open vulnerable, real conversation we could have with those who are embarking on a career that is designed to push you to the limit.

Let’s face it—the majority of ethical lapses big and small center on two things: money (either lack of or the drive for more) or fear and shame (typically centered on poor outcomes). Have we set unrealistic expectations for our new practitioners (and even for ourselves)? Times have changed dramatically over the past 20 years and pressures are coming in different ways. What happens when they get in over their head? What happens when well established doctors feel the need to keep up with the top equipment or have beautiful offices or see their patients of 20 years switch to a group health plan that now reimburses at 60 percent UCR? Have we modeled the proper behavior and ethics for them? Have we given them the support, encouragement and constructive feedback before those little events happen? It is difficult to write about ethics and not sound preachy—I certainly have sinned and upon reflection at the end of my career will wish I had made a few decisions differently. My point is to try very hard not to let that voice go silent—one we all have. We can only be successful collectively, honestly, and compassionately.

I think that a collaborative world and profession works much better to achieving our ideals rather than a combative one. Speak up, show the way and lead. ●

*“We are rewarded with short term stress relief and learn to quiet the remonstrating voice with a simple justification — ‘just this once.’”*  
—Dr. Dowsett



## Ethics and Professionalism A Recipe for Living the Code

**PERHAPS THERE IS NO HIGHER CALLING TO A MEMBER OF A LEARNED HEALTH PROFESSION** than to abide by principles of ethics and a code of professional conduct. Furthermore, the degree to which all members of our profession adhere to such a code and principles will determine whether or not dentistry survives as a profession or regresses in the eyes of the public back to a mere trade. Because of the gravity of our collective actions, and on a more celebratory note, to mark the 150th anniversary of the dental profession's "Principles of Ethics and Code of Professional Conduct," perhaps there is no higher *honor* than to be asked to contribute one's personal thoughts on ethics and professionalism. I thank the editor for this unique opportunity as well as for his own contributions to elevating ethics and professionalism in dentistry.

I must admit when I look at the ADA "Principles of Ethics and Code of Professional Conduct," I am intimidated. There are components that sound so important: preambles, multiple sections and sub-sections, and advisory opinions. There are ethical principles outlined such as autonomy, non-maleficence, beneficence, justice, and veracity. While I can recall learning these in my dental school ethics class, and can probably provide a rudimentary definition of each, I'm a dentist, not an ethicist. I don't think of these words every day. What I am interested in is how I can apply the spirit of the principles of ethics and professionalism to decisions on a daily basis. How can I ensure that I am providing dental care to my patients within the guidelines of ethical and professional standards? Lastly, how can I best represent myself and the profession of dentistry to my patients, colleagues, students, and society as a whole?

Our code states that "qualities of honesty, compassion, kindness, integrity, fairness, and charity are part of the ethical education of a dentist and practice of dentistry." We all see these traits through the lens of our experiences. My own lens was shaped by the last 23 years as a dentist providing direct care to patients and the last six years teaching dental students in doing the same. As I reflect on these experiences, there are three principles which I have found best guide me to adhere to the high standards of ethics and professionalism dentistry demands of us—principles passed along and learned not only from dentists I respect, but from individuals



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of all walks of life. Unlike the more academic and less accessible ethical principles learned in dental school which often conflict with each other, these three simple tenets never conflict and are in no way mutually exclusive. These guidelines I give without reservation to students, new dentists, and seasoned practitioners alike.

The first is to place the best interest of the patient above all else, always. When we do this, we can never be wrong. In fact, in recognizing the importance of this basic concept, the ADA's *Principles of Ethics and Code of Professional Conduct* states, "The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal." Sometimes this is easier said than done. As individuals, we have needs and wants just like everyone else and it is fair to say that in order to best care for others, we cannot neglect ourselves. This is glaringly exemplified in young dentists of today, who face unprecedented levels of educational debt which, in turn, places unprecedented financial pressure on them from their first days of practice. Our profession must recognize this and support them in their efforts to put the patient's needs first, in spite of this. At the same time, our young colleagues must hold firm to the principle of patients first and make the right decisions even when it may not be in the best interest of their financial bottom line. We must collectively realize that when members of our profession violate this basic tenet by putting personal financial wants and needs above the needs of the patient, they put the entire profession at risk of losing its respect and very status as a profession.

*continues*

*Ethics and Professionalism, cont.*

The second guideline for those aspiring to the highest level of professionalism is to give of oneself. To honor a profession that gives so much to us as dentists, giving of oneself seems both natural and logical. Giving to others almost always has a favorable return on investment. When we give genuinely to others without expecting tangible remuneration, we almost always get back much more than we give. One need look no further than the stories of the countless members of our profession who provide dental care to those less fortunate, and what they have received back in return. Early 20th century businessman Arthur F. Sheldon perhaps captured this sentiment most profoundly with the following words, which became the motto for Rotary International: "He profits most who serves best."


Finally, there is something to be said for having a positive outlook on dentistry and life in general. I have found that the best way to emote such positivity is to live in gratitude. Simply by virtue of being dentists, we have a lot to be grateful for. When we outwardly show that gratitude, those

who interact with us will inevitably be enriched by our positivity rather than the negativity present in so many facets of life. This not only reflects well on us but on our profession as well. For example, when we thank our patients for the privilege of caring for them, we are sending them the strong message that we are there for them, not the other way around. Being grateful is a choice. We may choose to live in gratitude or we may choose to live in fear and despair. Given the immeasurable positive impact on our profession and on our own happiness, why would we not choose gratitude?


With the 150th anniversary of the "Principles of Ethics and Code of Professional Conduct," we are in actuality celebrating the 150th anniversary of dentistry as a true profession. Such is the power of putting a code of conduct into writing. That I am now part of this profession with a 150 year tradition of the highest ethical and professional standards is both humbling and challenging. The challenge is how can I... how can we keep that tradition going? I humbly offer that it is as simple as putting patients first, giving to others, and living in gratitude. I am of the firm opinion that the reputation of our profession and the respect and privileges granted to it by the public are not earned by the actions of our leaders, but rather by the actions of each individual member. The "Principles of Ethics and Code of Professional Conduct" gives us the framework for how to do this. It is now up to each of us to make it happen. 🍎

*"He profits most who serves best."*

—Arthur F. Sheldon



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## Ethics and Corporate Dentistry

**BATMAN HAS “GOTHAM NEEDS YOU.”** Eleanor Roosevelt has “You must do the thing you think you cannot do.” Jesus has “Love your neighbor as yourself.” As dentists we, too, live by a code. If you have not read the “Principles of Ethics and Code of Professional Conduct” lately, I suggest you take a few minutes to review. You will find that there are five pillars that make up the pantheon that is the creed we function by. The remainder of this essay will address the unique situations faced by dentists in corporate dentistry, and how to maintain integrity, even while faced with challenges.

I have had the pressure/pleasure of working for corporate dentistry for several years, a truly mixed bag experience.

One scenario I ran into time and again: a patient walks in for a new patient exam. They go through what I like to call the new patient dance—from the front desk, to the assistant, to the doctor, to the office manager or “care coordinator.” For our part, we enter the room, greet the patient, spend time developing a treatment plan, and addressing their needs, then hustle off to the next treatment room. Many times, I have found that the office manager at this point, will add some services on to the patient’s treatment plan—a toothbrush, or some antibiotics underneath the gums. How should we deal with this? The first thing to realize is that these “additions” to your plan are illegal. This falls under the Oregon Board of Dentistry, code 679.020 Practice of dentistry or operating dental office without license prohibited; a code found in various forms across the country. The first solution to this problem is to inform your office manager and company, preferably in verified writing, that by adding to your treatment plan, they are violating this regulation, and that they must desist. The second solution, if you believe these services are needed and will benefit your patient, then write them in the plan yourself, but go through your full PARQ with your patient so that you can be sure they understand what is in their plan, and why you think they will benefit from it.

The second scenario I will address, deals with the treatment of doctors or staff in the work place, and how to maintain your own level of respect for the patient, even in the face of less than



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respectful behavior. I had an emergency patient come in, an elderly woman, upset about multiple things (waiting even though she was a walk-in, x-rays, etc). I am completing a denture step on a patient in chair two, when I hear her swearing very inappropriately at my staff as they perform needed x-rays and documentation in chair one. I excused myself for a minute to address the patient next door. How would you deal with this situation? My advice for doctors: deal with this in two ways. First, acknowledge the patient’s situation: “Mrs. Doe, I apologize for the wait, and I understand that you are having pain today...” Second, be firm in your solution, “but, I cannot have you speak to my staff this way.” Mrs. Doe calmed down, and when I returned to the second chair, my denture patient (overhearing my exchange) complimented me on the way I handled myself. Always remember that you are in control of your office, and that the way you act and respond will dictate how everyone around you acts and responds.

Corporate dentistry—whether you are for it, against it, involved, or uninvolved—is now a reality of our profession. Personally, one of the most important things I have ever learned about dentistry, I learned from a corporate practice; I take this advice with me to this day: Treat every patient like they were your mother, your father, your sister, brother, grandparent, or child. Treat everyone with the same respect you would your own family, and at the end of the day, no matter what situations have occurred, you will be secure in knowing that you have lived up to the expectations of your peers, your society, and yourself. ●

## Legacy, Equity, and Inclusion

**DO YOU BELIEVE IN LEGACY?** What does it mean to you? The thesaurus definition is “Something that is or may be inherited.”

In sports and in a way, in dentistry, it may mean that if one’s father or mother goes to a particular school, then the child might go to the same school as well. His/her parent has created a legacy by going to that school.

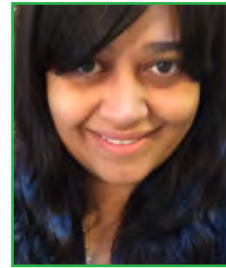
Now, do you believe in legacy? What does it mean to you?

A few years ago, I thought that this was an unfair way to get into a school. My opinion was based on the fact that I was the first in my family to graduate from college and to be accepted in a professional school without anyone’s help. I put the hours in and made sacrifices to be in dental school. I was an underrepresented minority (URM) culturally and based on gender. A double-whammy!

Some may say that being an URM was the reason I got into dental school in the first place. A classmate and I actually argued about this very topic. But you know what? I had the grades and the life experiences so I never believed that! I have always believed that I was good enough and educating myself was the way to go. This was instilled in me by my Brazilian/Italian father who had to quit school to sell oranges on the street to help raise a family of eight. He had a 4th grade education, was successful in his trade career, and did very well for himself. His only regret? He never had the opportunity to get an education. He was one of the smartest men I know and he always said: “No one can take your education away from you!”

In school, I remember sitting in a lab freshman year after hours, listening to a parent who had gone to the same school, give pointers to his son. Pointers ranging from how to get good grades by discussing what the professors were like; whom to go to for easier grading; what to do in certain situations and other helpful topics and hints. I listened. Inside I was boiling over. How could this be? This was disgusting!

Almost 21 years later and I look at the other side. I went to that school. Volunteered numerous hours for that school, worked at that school. Do I have a legacy? I would hope so, but I know nothing is guaranteed. Who knows, maybe my son will be going to dental school as well. If he went to the same school, would I be like the parent who gave out helpful hints? *You bet!* I would want



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my son to succeed. My dad would have done the same. The only difference is that because he did not have a formal education, he was unable to give me specifics like that father did and like I would share with my son.

Is that fair? Is it ethical? This is an ethical dilemma for me. On one hand, I work with URMs and volunteer for different organizations promoting diversity and inclusion; that is the professional side. I am in the profession. And at the same time, I am in a profession that does not have many like me. I am fortunate and grateful, but want many more like me to join our profession. Our future depends on it. On the personal side, I would want my son to be one of the ones chosen, should he decide to follow my footsteps. I guess the beauty of it now is that he is a minority of sorts as well.

On a professional level, how do we promote diversity and inclusion? We think outside the box. Remember that URM includes a lot of people. Mentor someone that is not like you. Open their eyes, and others’ eyes to the possibility of what could be. Start early and educate their parents. You don’t have to be an URM to help make a difference.

We know we need more providers to cover future population demands and the number of dentists retiring. We know we need to catch up by producing more URM providers. The population demands that and like it or not, the demographics of our country is changing. We need to change with it.

I know I will continue to push forward towards more diversity and at the same time, I still want legacy. How can we be balanced and still remain fair and equitable? Any ideas? ●

*“The thesaurus definition of legacy is ‘Something that is or may be inherited.’”*

*—Dr. D’Angelis-Morris*

## My Mentors

### I REMEMBER 'DO NO HARM' OFF THE TOP

**OF MY HEAD**, but what were the other ADA Principles of Ethics & Code of Professional Conduct? It had been at least 20 years since I looked at them, so a quick review was in order. There's only five principles and as I looked through them, I was somehow reminded of the three guys in my career that personified those principles and helped shape my career and the person that I have become.

First, there was my childhood dentist. He was kind enough to let me job shadow over his shoulder on at least 30 different occasions. I remember he would talk to me and the patient throughout the appointments and explain what he was doing. He gave the patient options, let them choose the treatment that suited them and did his best for his patients. He was fair, kind hearted, and honest, and he was that way with every single patient, every time I got to watch him for a few hours after school.

His patients and staff loved him. I could see it in their eyes. They trusted and appreciated him. The love was mutual and he loved his patients and staff with equal admiration and affection. He was happy in his office and loved his profession. His exuberance and joy rubbed off on me and reaffirmed my decision to apply to dental school.

Second, there was an instructor in dental school. He was part-time faculty and part-time in his own practice. He put the *fun* in dentistry for me. He personified fairness, doing your best, truthfulness, and doing no harm. He went out of his way and worked so hard to help each and every one of us do our best for our patients. He taught me that even though dentistry is an art and a science, that it takes dedication, integrity, and commitment to put a quality restoration in a patient's mouth.

As students, we all loved him. I could see it in my classmates' eyes and hear it in their words. We trusted and appreciated him and wanted to be like him. The love was of course mutual and he cared and took care of us with equal admiration and affection. He was happy in the school and in his practice and loved his profession. His excitement and passion rubbed off on me and lit a fire in me as I left dental school.

Third, was the dentist who hired me to be his associate and eventually sold me his practice. I ended up working side by side with him for



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Mehdi Salari, DMD is a 1993 graduate of the OHSU School of Dentistry and a General Dentist in Bend, Oregon.

19 years. I worked as his associate for seven years and he then worked for me for 12. That arrangement worked and paid off great for both of us. His style of practice was so similar to the first dentist that I job shadowed. He always gave the patients multiple treatment options and was happy to provide whichever option best suited that particular patient. He cared so deeply for the patients, the community, his staff, his family, and friends. He was fair and honest with everybody and didn't take a nickel that he hadn't earned—in fact, he gave away so much of his time, money and energy to those in need and the community.

I care deeply about and love my mentor. I can feel it in my heart and hear it from the staff that's been with us for so many of those years. I trust and appreciate him and look up to him like a father. He, of course, has treated me like a son as well and I can feel that. He has been happy in his life, career, community, and family and has been the living example and role model that I needed as I entered dentistry and began my career and life in this community.

As I think about the ADA's Code of Ethics, I think about those three guys and the impact that each of them have had on me both professionally and personally. I don't think any of those three guys set out to be a role model to anybody—that's just how they were with everybody that they came in contact with—and there's no doubt in my mind that each one of those guys is a role model to a bunch of other guys.

I've come in contact with thousands of dentists and professionals—why do those three guys stick out in my head before the others? They practiced honestly, did their best, didn't cheat anybody, didn't hurt anybody, were fair and truthful, and

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*My Mentors, cont.*

accommodated their treatment to what was best for the patient and not their personal production goals—all core principles of life and the ADA Code of Ethics and Professional Conduct. They all were highly successful and had more money than they could ever spend in their lives and they were universally loved by their patients, students, staff, family, and community. More importantly than all that—they are all extremely happy individuals. The only thing I ever hear them whine about is politics and that's just because they care about the nation and the world and want things to get better, but they couldn't be any happier inside.

Their success in practice, life, and finances in my opinion was a direct reflection of the personal choices that they made and the principles by which they have lived by. When you're happy in life and successful for all the right reasons, you become a role model to others. Those Code of Ethics and Principles of Conduct matter and should be celebrated, because they're the cornerstone of a successful, happy, and fulfilled life. What's even more important than success and happiness is the respect and love of your patients, colleagues, friends, neighbors, community, and family. You cannot put a price on that respect and admiration! ●

## Ethics in Dentistry

### THE TOPIC OF ETHICS ARISES FREQUENTLY

in circles of dentists and dental leaders alike. Some would describe ethics as behavior and others would not. I feel that ethics is more the basis of belief or attitude that leads to behavior. In other words, I feel that ethics is a concept whose true meaning is not easily defined. Ethics has some legal qualities and even some moral qualities to its meaning. In the business world there is legal and there is ethical, and legal is more often the lower standard to which all business is ultimately held accountable. As health care professionals we are held to the higher standard. Ethical behavior is held in higher esteem and is respected by all. It is an honor to treat our fellow human beings, perhaps there is no higher calling. And in return, we as health care providers are expected to educate, inform, and care for those who cross our office threshold, while adhering to the highest ethical standards.

Ethics is about doing the right thing for the right reasons, but it is difficult to describe in a short paragraph or two. I think this is because dental ethics is situationally based. Ethics embodies societal values and to some degree the moral virtues of right and wrong. A layman's definition of ethics might include the concept of proper behavior or appropriateness of an action taken. It is probably easier to define what is not ethical than to describe what is ethical.

We are fortunate to live in a time when a tooth that has a vertical root fracture that must be extracted can now be replaced in most cases by a dental implant supported crown. Implant supported crowns have become a very predictable and in most cases the preferred choice in replacing a single tooth versus say, a three unit bridge. A question of bioethics arises when we are faced with the decision of treating an infected tooth with a root canal, post/core and crown versus an extraction and implant supported crown. Is it always better to retain the natural tooth or always better to place an implant? I think that most of us would say that it depends on the situation. How do we define success of an endodontic



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treatment versus an implant? One may be considered successful only if "perfect" (endo) and the other maybe considered successful if it "survives" (implant). This dichotomy of the definition of success probably began when single tooth implants were first being placed and evaluated. Implant thread exposure while not leading to mobility or failure in the sense of loss of function may not be considered success if it is in the esthetic zone. A large portion of dental

*continues*

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Ethics in Dentistry, cont.

*“Nothing in the world—indeed nothing even beyond the world—can possibly be conceived which could be called good without qualification except a good will.”*

—Immanuel Kant

bioethics is dependent on the treatment options, values of the patient and dental provider and good communication between the two. The ultimate decision is a shared one between the dental provider and the patient. Circumstances related to the patient and limitations in the skills and scope of the dentist also come into play. As dental treatment becomes more complex, explanation and communication around those options also become more complex. Effective communication takes time and effort, and probably is where most errors in judgement occur in the dental setting, not the treatment provided or outcome of that care. I know at times I catch myself ready to start treatment because the best option is so obvious to me, and I have neglected to adequately explain the diagnosis, options and recommended treatment to the patients’ understanding. My oversight does not really surface until much later, beyond where the decision or commitment to one option has been made. Years of experience does teach us some very brutal lessons, and this can be referred to as another form of continuing education.

We are living in a time of exploding information on treatment options, in technological advances and a desire for an increased quality of life. Modern dentistry can provide improved esthetics, function and quality of life. It is a wonderful feeling to be able to relieve pain and suffering, restore function and enhance self esteem through the training and knowledge that we have gained as dentists. And as we are seeing more evidence of the health connections between oral health and systemic health, our standing in the medical community continues to grow. I hope that we as a profession will continue to build on this multifaceted partnership to the betterment of our patients and our profession. We do this best when we offer care that is timely, respectful and informed.

As the Deontological ethicist Immanuel Kant said: “Nothing in the world—indeed nothing even beyond the world—can possibly be conceived which could be called good without qualification except a good will.”

Let us proceed to practice with the intention of ‘good will’. We owe it to our patients and to our profession. ●

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For more information, visit [www.SmileOnOregon.org](http://www.SmileOnOregon.org).

## LAST YEAR I RECEIVED A PHONE CALL FROM DRIFTWOOD ELEMENTARY IN PORT ORFORD.

They were seeing children who had been identified as having dental needs during school screenings and a year later when they screened the students again they still had not been seen for treatment. However, due to the small size of this school they had concerns about getting a large number of families to participate. This small coastal town, which sits 270 miles south of Portland and has a population of 1,200, does not have a dentist. This was one of the factors contributing to difficulties in accessing care. Transportation and having the ability to take time off of work is also especially difficult for many of the low income and single parent families in the area. After discussing their situation it was easily determined that this community was exactly where the Tooth Tax should be and a visit was scheduled.



*The team quickly went to work prioritizing the students by need and nine-year-old Nash was on the top of our list. He was genuinely excited when we brought him out for treatment. Nash was also very forthcoming about a tooth that had been giving him pain.*





Upon arrival we began screening children and the need here was confirmed. Many complained of having a toothache and 87 percent of those who signed up for services needed treatment. This was up 45 percent from our last visit in 2010. Several had active infections and teeth with large cavities that were certainly capable of causing discomfort.

The team quickly went to work prioritizing the students by need and nine year-old Nash was on the top of our list. He was genuinely excited when we brought him out for treatment. Nash was also very forthcoming about a tooth that had been giving him pain. He proceeded to tell us that one of his favorite things to get with his lunch at school was salad, but his mouth had been hurting so much that he couldn't eat salad anymore. Dr. Karli Herzog and her assistant Rebecca Jordan went to work, extracting the abscessed tooth that had been hurting him, along with completing three fillings. The next day when I saw Nash in the hall he was all smiles and came right up to me to share how much better he was feeling already. Two days after his appointment, we brought Nash back out to the Tooth Taxi for some additional fillings and I'm happy to report that he was planning on having salad with his lunch that day!

To be able to get that kind of feedback directly from children lets us know we are making an impact not only on their oral health but their everyday life. While taking children back to class, I also had the opportunity to speak with some of the teachers. Several thanked us for helping their students who had been complaining to them about tooth pain during class. This was directly affecting their ability to concentrate and learn. Teachers were appreciative for a solution and looked forward to having their student's full attention during class.

We were very fortunate here to have the help of Ginger Pearson with Coast Community Health Center. She helped us to identify additional families that were having difficulty accessing services and had an existing relationship with

many of the parents. This allowed her to reach out to them and get permission to help with transporting students that otherwise may not have been able to come for after school appointments. Her connection to the community was so important to us and key to the success of our visit. During our three days of treatment at Driftwood Elementary we were able to provide a total of \$17,373 in dental care that included 16 cleanings, 40 fillings, and 8 extractions at no charge to families. We are looking forward to the 2016/2017 school year and continuing our mission to improve the oral health of children in towns big and small all over Oregon. 🌟



# ADA's Washington Leadership Conference 2016

**EVERY SPRING HUNDREDS OF DENTISTS GATHER** together in the nation's capital to advocate for their patients, profession and their practice at the ADA's Washington Leadership Conference (WLC). This year, Oregon's delegation included: ODA President **Joni Young, DMD**; ODA President-Elect **Gregg Jones, DMD**; ADA Grassroots Action Team Leaders, **Daniel Saucy, DMD**; **Rickland Asai, DMD**; **Jill Price, DMD**; **Patrick Hagerty, DMD**; and ODA staff **Conor McNulty, CAE**, Executive Director and **Christina Bodamer** Managing Director, Government Affairs and Communications.

Special guest speakers this year included:

- **Tucker Carlson**, Co-host of FOX and Friends Weekend and Editor-in-Chief at The Daily Caller
- **Bill McInturff**, Partner and Co-Founder of Public Opinion Strategies
- **Fred Costello, DDS**, Candidate in FL-06
- **Drew Ferguson, DMD**, Candidate in GA-03

The Oregon Delegation was able to meet with staffers in 6 of the 7 Oregon Congressional Delegation. Attendees headed to Capitol Hill armed with talking points on the following pieces of legislation:

- **HR 3323 Dental and Optometric Care Access Act of 2015 'DOC Access Act.'** This legislation would prohibit "non-covered services" provisions in dental and vision plans and coverage.
- **HR 4062 Access Protecting Seniors Access to Proper Care Act of 2015.** This legislation would remove the mandate for dentists to enroll in or opt out of Medicare in order for their patients' prescriptions to continue to be covered by Medicare Part D Plans.
- **STUDENT DEBT – HR 649 Student Loan Refinancing Act & HR 4223 Post Grad Act.** This bill would allow individuals to refinance their federal student loans more than once.

Due to the efforts at WLC, and of our Grassroots Advocates nationwide, HR 4062 has had ten additional co-sponsors



support the bill. ADA has also learned that the lead sponsors have received over 50 requests from other Members of Congress for more information on this bill, which could lead to movement on the legislation.

Momentum is also building for HR 3323, The DOC Access Act. This non-covered services legislation has nine additional co-sponsors as well as interest from Senators about introducing a Senate companion bill.

The two student debt bills also gained support in the lower chamber with four new members signing on as co-sponsors for HR 642, The Student Loan Refinancing Act, and two members joining the fight for HR4223 the Post Grad Act. 🇺🇸





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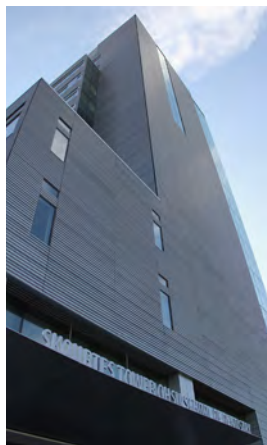
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# New Dentist Council's

# Mentor Dinner



**ON THURSDAY, MAY 12, THE OREGON DENTAL ASSOCIATION'S NEW DENTIST COUNCIL SPONSORED A MENTOR DINNER AT OHSU FOR ALL DENTAL STUDENTS.** The mentor dinner is designed for ODA members to share their advice and experience with OHSU students. Over 60 mentors and students attended the event filled with networking bingo, prizes and tours of the building for the mentors. With support from the OHSU ASDA chapter and the School of Dentistry's Student Affairs office, the event was a great success! 🎉



The OHSU School of Dentistry can be found online at [www.ohsu.edu/sod](http://www.ohsu.edu/sod).

OHSU ASDA is on Facebook: [www.facebook.com/ohsuasda](http://www.facebook.com/ohsuasda)



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*continues on page 34*

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continued from page 32

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