A young mother arrives at my office with her 8-year-old daughter who has carious lesions in both of her permanent mandibular first molars. The patient has only received episodic dental treatment but is cooperative, and the teeth are restored. However, the daughter also has 2 permanent maxillary molars with occlusal stains that are indicated for dental sealants. I recommend semiannual application of fluoride varnish due to her high risk of developing caries and fluoride deficiency in her drinking water. The mother believes that the use of fluoride supplements is both unnecessary and a health risk for her daughter. She is also opposed to the use of dental sealants because of fears that they may fail and result in extensive decay in the tooth. After a discussion, the mother remains fixed in her opinion that her daughter’s oral health can be maintained without the use of fluoride supplements or dental sealants. Due to the family’s limited income, I offered to provide this service at no charge; however, the mother remains opposed. Is it ethical to provide fluoride varnish and the dental sealants for the daughter’s permanent molars even though the mother is opposed to this treatment?

A child patient who has a high risk of developing caries and a history of episodic dental treatment can certainly be assumed to be in danger of developing a future cavity that could result in carious pulp exposure, requiring endodontic therapy or possibly even extraction. With this family’s limited income, if confronted with the cost of endodontic therapy and restoration, economic constraints could drive the decision to elect to have the permanent tooth extracted rather than paying for endodontic therapy. This loss would certainly not be in the best interest of the daughter. Properly placed and monitored, dental sealants are recognized to be an effective preventive treatment modality. In addition, periodic application of fluoride varnish has been shown to reduce the incidence of dental caries in children at increased risk of developing carious lesions. The inability to provide any of these preventive measures for this young patient in a community without a fluoridated water source would cause any dental provider to have great concern for the patient.

The American Dental Association Principles of Ethics and Code of Professional Conduct (ADA Code) provides a useful framework for considering the possible options for treating this patient. The preamble of the ADA Code lists character traits that are foundational in promotion of basic ethics. These include compassion, kindness, and charity as well as honesty and integrity. Although providing treatment to a minor without the knowledge and consent of a parent or guardian may initially provide the appearance of charity, it is at odds with a fundamental societal expectation of honest transactions between dental health care professionals and their patients. Unless the minor has an emergent, potentially life-threatening health issue, a dentist is not able ethically, or legally, to proceed with dental treatment without informed consent or over the objections of the guardian. Section 1, Patient Autonomy (“self-governance”), emphasizes the duty of dentists to respect the right of adult patients, as well as the parent or guardian of minors, to self-determination. This includes the obligation to inform the parent or guardian of proposed treatment and reasonable treatment alternatives “in a manner that allows the patient to become involved in treatment decisions.” Within the bounds of accepted treatment, dental health care professionals have an obligation to treat patients according to the patient’s desires. Engaging the mother in further dialogue regarding the safety and efficacy of fluoride supplements and sealants would be appropriate. This would demonstrate an understanding of and respect for her concerns and could provide an opportunity to discuss adjunctive therapies that are nonfluoride based. Although not a guarantee that the parent will adhere to the recommended treatment, it could assist in increasing trust in the provider, resulting in increased likelihood of adhering to proposed treatment.

Dental health care professionals also have a duty to adhere to Section 2 of the ADA Code, Nonmaleficence (“do no harm”). Although application of a dental sealant is within the scope of acceptable dental practice, its application without the knowledge of the mother could be interpreted by the parent as a harm to her daughter. Discovery of an unauthorized application of the sealant would erode the parent’s confidence in the basic honesty and truthfulness of the dentist. This could also result
in disciplinary action by the state board of dentistry or even litigation.

Section 3 of the ADA Code is Beneficence (“do good”). Specifically, Section 3.E. obligates dentists “… to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.” Advisory Opinion Section 3.E.1. requires reporting of abuse and neglect. Local jurisdictions vary in their definition and reporting requirements of dental neglect. Because the patient is a minor, dentists are ethically obliged and may be legally required to report suspected dental neglect. In these circumstances, it is important that dentists “… be aware that jurisdictional laws vary in their definitions of abuse and neglect, in their reporting requirements and the extent to which immunity is granted to good faith reporters.”

As dental health care professionals, we have an obligation to be knowledgeable of the requirements for recognizing and reporting dental abuse and neglect in the jurisdictions in which we practice. This may require consulting with legal counsel to ensure all risks are considered.

As a concluding point, the dentist has an obligation to adhere to Section 5 of the ADA Code, Veracity (“truthfulness”). This principle pertains to “… the concept that professionals have the duty to be honest and trustworthy in their dealings with people.” This includes avoiding deception. Placement of a dental sealant or application of a fluoride supplement without the knowledge of the patient’s mother would be a direct violation of this ethical principle. Although the mother may not ever become aware of the treatment, it would fundamentally violate the trust assigned by this parent and violate core ethical principles. As the preamble to ADA Code states, “… continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.”

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