As the director of a postgraduate periodontics program, one of my responsibilities is to screen patients for treatment by our residents. To be accepted as a patient, the person must have therapeutic needs that will be challenging to the resident (for example, advanced periodontal disease, complex implant cases and esthetic surgical needs). Recently, I have seen several patients from one periodontal practice who have been told that they have generalized advanced periodontitis and require full-mouth periodontal surgery. The patients say that the periodontist told them that without surgical treatment, they likely would develop coronary artery disease in the future. These patients were scheduled for full-mouth surgery without having undergone any phase one therapy (root planing), but came to the dental school because of the cost at the private practice. My examination found that these patients had minimal pocket depth and could be treated successfully with conservative therapy consisting of plaque control and quadrant root planing, and their cases were not suitable for assignment to a periodontal resident. This is a real dilemma for me. We are in need of as many opportunities as possible for our residents, but I don’t feel comfortable assigning these patients to them for plaque control and root planing only, nor do I wish to follow the periodontist’s treatment plan and subject the patients to what I believe to be unnecessary surgery.

In deciding how to approach this ethical challenge, you will want to take into account the rights and responsibilities of all parties involved: the patients, the periodontist, the residents and you, the program director. Section 3 of the American Dental Association Principles of Ethics and Code of Professional Conduct (ADA Code), Beneficence (“do good”), reminds us that our “primary obligation” is to the patient and that we act for his or her benefit. Considering the patients first, you should determine whether the therapy planned by the periodontist is appropriate for their current conditions or whether the periodontist has overstated the need for and reasoning behind more aggressive treatment.

Although research supports various approaches to treating chronic periodontitis, there is general agreement in the literature indicating that conservative treatment can be successful for the type of early periodontitis you describe. Even if 4-millimeter pockets remain, the clinician can maintain the pocket depth successfully across time, while leaving open the option of more aggressive therapy if areas appear to progress. Performing surgery as the initial treatment when it is not indicated would be a violation of the ADA Code, Advisory Opinion 5.B.6, Unnecessary Services.

Another violation of the ADA Code has occurred if the patients have recounted accurately the periodontist’s assertion that without surgery, they would be predisposed to developing coronary artery disease. Advisory Opinion 5.A.2, Unsubstantiated Representations, states that a dentist acts unethically if he or she represents that a particular dental treatment “has the capacity to ... alleviate diseases ... when such representations are not based upon accepted scientific knowledge or research.” To date, researchers have not proven scientifically that periodontitis causes coronary artery disease.

In accordance with Section 1, Principle of Patient Autonomy (“self-governance”), and Section 1.A, Patient Involvement, you should involve these patients, and indeed all of your patients, by discussing the examination findings and proposed treatment so that they can make informed treatment decisions. If the patients ask about the different treatment plan offered by the periodontist, explain truthfully that you have not found scientific research to substantiate the need for an aggressive approach to treat early-stage periodontitis or to prevent further periodontal problems.
If the patient presses you for further explanation, be sure that you know everything about this patient’s situation and what the periodontist actually discussed with him or her. In this way, you will not breach your ethical obligation under ADA Code 4.C, Justifiable Criticism, and Advisory Opinion 4.C.1, Meaning of “Justifiable,” by making “unjustifiable disparaging statements against another dentist.” You can make sure your comments are “truthful, informed and justifiable” by consulting with the periodontist. In doing so, you may gain insight into his or her treatment philosophy and obtain information about what was discussed with the patient. You could relate your examination and research findings and perhaps the two of you can reach a consensus regarding the best possible approach to treatment. If you feel the need to do so, you can take this opportunity to explain how the periodontist’s approach with these patients has placed you in a dilemma with regard to their treatment at the dental school.

You may be surprised to find that sometimes you can change other practitioners’ practice habits for the better. A calm discussion of your examination findings in patients he or she has seen can educate even the most erudite specialist, as well as the less knowledgeable general practitioner or student.

However, if the periodontist refuses to talk with you about these cases or rejects any of your suggestions regarding the best course of therapy, you must discuss your findings and recommendations with patients in a straightforward manner, without undue criticism of the periodontist. The patient then must make the final decision regarding whether he or she wishes to be treated in the dental school or elsewhere in private practice.

If the patient accepts your recommended treatment, you may wish to assign the patient’s case to a dental student rather than to a resident. Treating this patient would not serve the resident’s educational objective of learning to manage challenging cases. Assigning the patient to a dental student, under the guidance of periodontal faculty members, could be beneficial for both the patient and the student.

Resolving your dilemma in this way will allow the patient to make an informed decision with regard to his or her needs, desires and abilities while benefiting your school by advancing the experience and skill of dental students and reserving the more complicated cases for residents. By contacting the periodontist, you also will have made an attempt to understand his or her interaction with the patient, as well as his or her philosophy of treatment.

As members of one of the most well-respected professions, we must base our treatment decisions, first and foremost, on the needs of the patient.

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Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs (CEBJA), in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness of the ADA Principles of Ethics and Code of Professional Conduct. Readers are invited to submit questions to CEBJA at 211 E. Chicago Ave., Chicago, Ill. 60611, e-mail “ethics@ada.org”.

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