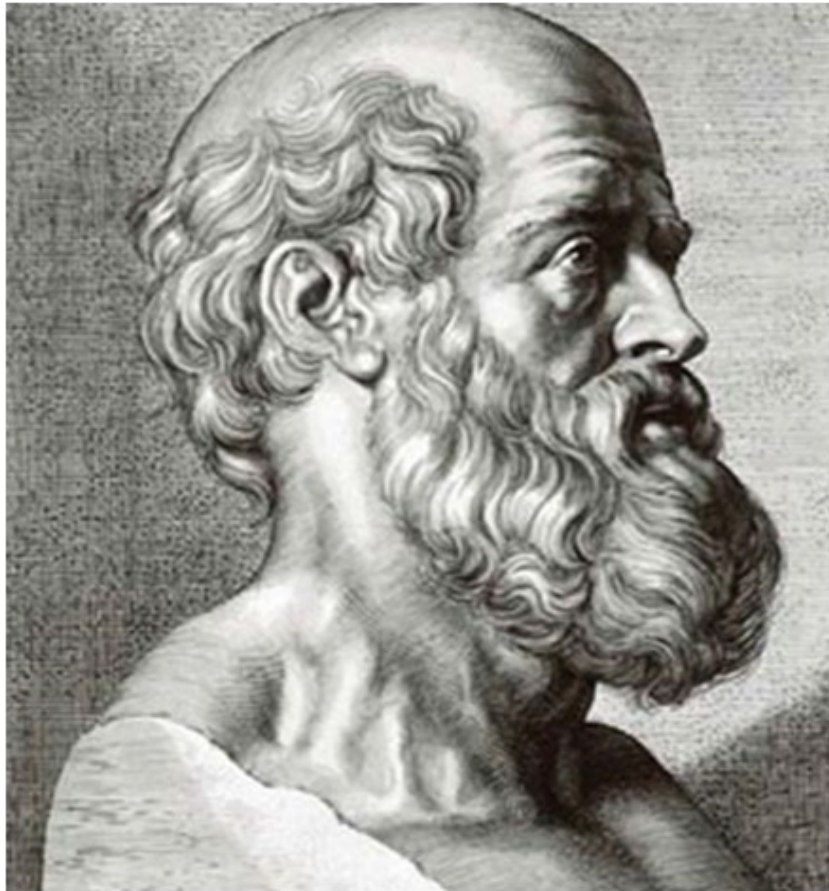


Principles of Ethics and Code of Professional Conduct



*INCLUDING CLASSIC AND MODERN VERSIONS OF OATH
OF HIPPOCRATES*

FORWARD



As you graduate with your first degree in dentistry, you realize that this makes you a fellow professional. With that comes the responsibility of adhering to professional conduct and ethics. On graduation from Bachelor of Dental Surgery one swears by the Hippocratic oath, thus ensuring commitment.

Ethics has been defined as the moral principle governing or influencing conduct, behavior, method, procedure or perspective of deciding how to act and for analyzing problems and issues and finding relevant and acceptable solutions.

The core values of ethics mentioned in this booklet represent a guide for ethical behavior for fellows of the dental profession that you should follow throughout your career.

These values are the foundation from which its principles are derived. As a dentist, like any other profession, without commitments to the core values of ethics and conduct, you will not be considered a professional of respect.

The value of ethics and conduct include honesty, objectivity, integrity, carefulness, avoidance of harm, openness, respect for intellectual property, confidentiality, responsible publication, identifying risks whether potential or real, obtaining informed consent, responsible mentoring, respect for colleagues, non-discrimination, knowing your competence, capability and capacity to carry out treatment and research, adherence to legality, identifying conflict of interest and how to deal with it, autonomy, beneficial use of resources, protection of human subjects, minimize risks and maximize benefits, respect, dignity, privacy and social responsibility.

Accordingly, this book is very essential to all recently graduated dentists as it introduces you to the core values of ethics and conduct, that you should always be obligated to follow during your career.

Finally I wish you all the best as you start out a new phase of your professional life.

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FORWARD

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"On receiving your degree in dentistry, you officially became a participant in a profession. Do not assume that a participant is necessarily a professional. Strive to become a dental professional in the truest sense of the term. What does this really mean? A professional respects patients for their unique needs and values. A professional places patients' interests first and foremost, with only rare, legitimate exceptions. A professional *always* considers patients' values and relevant personal preferences. A professional has integrity. A professional is honest. A professional is competent. A professional strives to improve personally and to effect improvement in the profession. A professional actively supports professional organizations. A professional is concerned about conduct and perceptions of conduct. A professional is *ethical*"

"ETHICS HANDBOOK FOR DENTISTS -An Introduction to Ethics, Professionalism, and Ethical Decision Making" American college of dentistry, 2012 ■

INTRODUCTION

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the *ADA Principles of Ethics and Code of Professional*

Conduct (ADA Code). The *ADA Code* is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society. Members of the ADA voluntarily agree to abide by the *ADA Code* as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The *ADA Code* has three main components: The Principles of Ethics, the Code of Professional Conduct and the Advisory Opinions.

The Principles of Ethics are the aspirational goals of the profession. They provide guidance and offer justification for the *Code of Professional Conduct* and the *Advisory Opinions*.

There are five fundamental principles that form the foundation of the *ADA Code*: patient autonomy, nonmaleficence, beneficence, justice and veracity. Principles can overlap each other as well as compete with each other for priority. More than one principle can justify a given element of the *Code of Professional Conduct*. Principles may at times need to be balanced against each other, but, otherwise, they are the profession's firm guideposts.

The Code of Professional Conduct is an expression of specific types of conduct that are either required or prohibited. The *Code of Professional Conduct* is a product of the ADA's legislative system. All elements of the *Code of Professional Conduct* result from resolutions that are adopted by the ADA's House of Delegates. The *Code of Professional Conduct* is binding on members of the ADA, and violations may result in disciplinary action.

The Advisory Opinions are interpretations that apply the *Code of Professional Conduct* to specific fact situations. They are adopted by the ADA's Council on Ethics, Bylaws and Judicial Affairs to provide guidance to the membership on how the Council might interpret the *Code of Professional Conduct* in a disciplinary proceeding.

The *ADA Code* is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. The *ADA Code* is the result of an ongoing dialogue between the dental profession and society, and as such, is subject to continuous review.

PYRAMIDS AWARD

Although ethics and the law are closely related, they are not the same. Ethical obligations may—and often do—exceed legal duties. In resolving any ethical problem not explicitly covered by the *ADA Code*, dentists should consider the ethical principles, the patient’s needs and interests, and any applicable laws.

PREAMBLE

The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. In recognition of this goal, the education and training of a dentist has resulted in society affording to the profession the privilege and obligation of self-government. To fulfill this privilege, these high ethical standards should be adopted and practiced throughout the dental school educational process and subsequent professional career.

The ADA believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances. The ethical dentist strives to do that which is right and good. The *ADA Code* is an instrument to help the dentist in this quest.

PRINCIPLES, CODE OF PROFESSIONAL CONDUCT AND ADVISORY OPINIONS

See next pages for the details.

INTERPRETATION AND APPLICATION OF PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT.

The foregoing *ADA Principles of Ethics and Code of Professional Conduct* set forth the ethical duties that are binding on members of the American Dental Association. The component and constituent societies may adopt additional requirements or interpretations not in conflict with the *ADA Code*. Anyone who believes that a member-dentist has acted unethically should bring the matter to the attention of the appropriate constituent (state) or component (local) dental society. Whenever possible, problems involving questions of ethics should be resolved at the state or local level. If a satisfactory resolution cannot be reached, the dental society may decide, after proper investigation, that the matter warrants issuing formal charges and conducting a disciplinary hearing pursuant to the procedures set forth in the *ADA Bylaws*,

A member who is found guilty of unethical conduct proscribed by the *ADA Code* or code of ethics of the constituent or component society, may be placed under a sentence of censure or suspension or may be expelled from membership in the Association. A member under a sentence of censure, suspension or expulsion has the right to appeal the decision to his or her constituent society and the ADA Council on Ethics. ■

PRINCIPLES, CODE OF PROFESSIONAL CONDUCT AND ADVISORY OPINIONS

Section 1

PRINCIPLE: PATIENT AUTONOMY

“self-governance”.

The dentist has a duty to respect the patient’s rights to self-determination and confidentiality.

This principle expresses the concept that professionals have a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to protect the patient’s confidentiality. Under this principle, the dentist’s primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient’s needs, desires and abilities, and safeguarding the patient’s privacy. ■

CODE OF PROFESSIONAL CONDUCT

1.A. PATIENT INVOLVEMENT.

The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

1.B. PATIENT RECORDS.

Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

ADVISORY OPINIONS

1.B.1. Furnishing Copies of Records.

A dentist has the ethical obligation on request of either the patient or the patient's new dentist to furnish in accordance with applicable law, either gratuitously or for nominal cost, such dental records or copies or summaries of them, including dental X-rays or copies of them, as will be beneficial for the future treatment of that patient. This obligation exists whether or not the patient's account is paid in full.

1.B.2. Confidentiality of Patient Records.

The dominant theme in Code Section I.B is the protection of the confidentiality of a patient's records. The statement in this section that relevant information in the records should be released to another dental practitioner assumes that the dentist requesting the information is the patient's present dentist. There may be circumstances where the former dentist has an ethical obligation to inform the present dentist of certain facts. Code Section 1.B assumes that the dentist releasing relevant information is acting in accordance with applicable law. Dentists should be aware that the laws of the various jurisdictions in the United States are not uniform and some confidentiality laws appear to prohibit the transfer of pertinent information, such as HIV seropositivity. Absent certain knowledge that the laws of the dentist's jurisdiction permit the forwarding of this information, a dentist should obtain the patient's written permission before forwarding health records which contain information of a sensitive nature, such as HIV seropositivity, chemical dependency or sexual preference. If it is necessary for a treating dentist to consult with another dentist or physician with respect to the patient, and the circumstances do not permit the patient to remain anonymous, the treating dentist should seek the permission of the patient prior to the release of data from the patient's records to the consulting practitioner. If the patient refuses, the treating dentist should then contemplate obtaining legal advice regarding the termination of the dentist-patient relationship. ■

Section 2

PRINCIPLE: NONMALEFICENCE

“do no harm”.

The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate. ■

CODE OF PROFESSIONAL CONDUCT

2.A. EDUCATION.

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

2.B. CONSULTATION AND REFERRAL.

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care.
2. The specialists shall be obliged when there is no referring dentist and upon a completion of their treatment to inform patients when there is a need for further dental care.

ADVISORY OPINION

2.B.1. Second Opinions

A dentist who has a patient referred by a third party¹ for a “second opinion” regarding a diagnosis or treatment plan recommended by the patient’s treating dentist should render the requested second opinion in accordance with this Code of

Ethics. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

2.C. USE OF AUXILIARY PERSONNEL.

Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

2.D. PERSONAL IMPAIRMENT.

It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

ADVISORY OPINION

2.D.1. Ability to Practice

A dentist who contracts any disease or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or dental staff. A dentist who has been advised to limit the activities of his or her practice should monitor the aforementioned disease or impairment and make additional limitations to the activities of the dentist's practice, as indicated.

2.E. POSTEXPOSURE, BLOODBORNE PATHOGENS.

All dentists, regardless of their bloodborne pathogen status, have an ethical obligation to immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide postexposure services. The dentist's ethical obligation in the event of an exposure incident extends to providing information concerning the dentist's own bloodborne pathogen status to the evaluating health care practitioner, if the dentist is the source individual, and to submitting to testing that will assist in the evaluation of the patient. If a staff member or other third person is the source individual, the dentist should encourage that person to cooperate as needed for the patient's evaluation.

2.F. PATIENT ABANDONMENT.

Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

2.G. PERSONAL RELATIONSHIPS WITH PATIENTS.

Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient. ■

Section 3

PRINCIPLE: BENEFICENCE

“do good”

The dentist has a duty to promote the patient’s welfare.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient’s welfare first. ■

CODE OF PROFESSIONAL CONDUCT

3.A. COMMUNITY SERVICE.

Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

3.B. GOVERNMENT OF A PROFESSION.

Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

3.C. RESEARCH AND DEVELOPMENT.

Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

3.D. PATENTS AND COPYRIGHTS.

Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

3.E. ABUSE AND NEGLECT.

Dentists shall be obliged 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

3.E.1. Reporting Abuse and Neglect.

The public and the profession are best served by dentists who are familiar with identifying the signs of abuse and neglect and knowledgeable about the appropriate intervention resources for all populations. A dentist's ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with a dentist's legal obligation in the jurisdiction where the dentist practices. Dentists, therefore, are ethically obliged to identify and report suspected cases of abuse and neglect to the same extent as they are legally obliged to do so in the jurisdiction where they practice.

Dentists have a concurrent ethical obligation to respect an adult patient's right to self-determination and confidentiality and to promote the welfare of all patients. Care should be exercised to respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported, where such a report is not mandated by law. With the patient's permission, other possible solutions may be sought.

Dentists should 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. The variances may raise potential legal and other risks that should be considered, while keeping in mind the duty to put the welfare of the patient first. Therefore a dentist's ethical obligation to identify and report suspected cases of abuse and neglect can vary from one jurisdiction to another.

Dentists are ethically obligated to keep current their knowledge of both identifying abuse and neglect and reporting it in the jurisdiction(s) where they practice.

3.F. PROFESSIONAL DEMEANOR IN THE WORKPLACE.

Dentists have the obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care.

ADVISORY OPINION

3.F.1. Disruptive Behavior in the Workplace

Dentists are the leaders of the oral healthcare team. As such, their behavior in the workplace is instrumental in establishing and maintaining a practice environment that supports the mutual respect, good communication, and high levels of collaboration among team members required to optimize the quality of patient care provided. Dentists who engage in disruptive behavior in the workplace risk undermining professional relationships among team members, decreasing the quality of patient care provided, and undermining the public's trust and confidence in the profession. ■

Section 4

PRINCIPLE: JUSTICE

“fairness”

The dentist has a duty to treat people fairly.

This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist’s primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all. ■

CODE OF PROFESSIONAL CONDUCT

4.A. PATIENT SELECTION.

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient’s race, creed, color, sex or national origin.

ADVISORY OPINION

4.A.1. Patients with Blood-borne pathogens

A dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual is infected with Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another blood-borne pathogen, based solely on that fact, is unethical. Decisions with regard to the type of dental treatment provided or referrals made or suggested should be made on the same basis as they are made with other patients. As is the case with all patients the individual dentist should determine if he or she has the need of another’s skills, knowledge, equipment or experience. The dentist should also determine, after consultation with the patient’s physician, if appropriate, if the patient’s health status would be significantly compromised by the provision of dental treatment.

4.B. EMERGENCY SERVICE.

Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients

not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

4.C. JUSTIFIABLE CRITICISM.

Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.

ADVISORY OPINION

4.C.1. Meaning of “Justifiable”

Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This should, if possible, involve consultation with the previous treating dentist (s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment. There will necessarily be cases where it will be difficult to determine whether the comments made are justifiable.

Therefore, this section is phrased to address the discretion of dentists and advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.

4.D. EXPERT TESTIMONY.

Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

ADVISORY OPINION

4.D.1. Contingent Fees

It is unethical for a dentist to agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a dental expert.

4.E. REBATES AND SPLIT FEES.

Dentists shall not accept or tender “rebates” or “split fees.”

ADVISORY OPINION

4.E.1. Split Fees in Advertising and Marketing

The prohibition against a dentist’s accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other den-

PYRAMIDS AWARD

tists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected. Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services. ■

Section 5

PRINCIPLE: VERACITY

“truthfulness”

The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity. ■

CODE OF PROFESSIONAL CONDUCT

5.A. REPRESENTATION OF CARE.

Dentists shall not represent the care being rendered to their patients in a false or misleading manner.

ADVISORY OPINIONS

5.A.1. Dental Amalgam and other Restorative Materials

Based on current scientific data, the ADA has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation of the dentist, is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

5.A.2. Unsubstantiated Representations

A dentist who represents that dental treatment or diagnostic techniques recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically.

5.B. REPRESENTATION OF FEES.

Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

ADVISORY OPINIONS

5.B.1. Waiver of Copayment

A dentist who accepts a third party¹ payment under a copayment plan as payment in full without disclosing to the third party¹ that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party¹ that the charge to the patient for services rendered is higher than it actually is.

5.B.2. Overbilling

It is unethical for a dentist to increase a fee to a patient solely because the patient is covered under a dental benefits plan.

5.B.3. Fee Differential

The fee for a patient without dental benefits shall be considered a dentist's full fee.² This is the fee that should be represented to all benefit carriers regardless of any negotiated fee discount. Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society sponsored access program, or a participating agreement entered into under a program with a third party shall not be considered or construed as evidence of overbilling in determining whether a charge to a patient, or to another third party¹ in behalf of a patient not covered under any of the affiliated programs constitutes overbilling under this section of the Code.

5.B.4. Treatment Dates

A dentist who submits a claim form to a third party¹ reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaged in making an unethical, false or misleading representation to such third party.¹

5.B.5. Dental Procedures

A dentist who incorrectly describes on a third party¹ claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.

1. A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative services.
2. A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment.

5.B.6. Unnecessary Services

A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist's ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which he or she provides patient care.

5.C. DISCLOSURE OF CONFLICT OF INTEREST.

A dentist who presents educational or scientific information in an article, seminar or other program shall disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation. Disclosure shall be made in any promotional material and in the presentation itself.

5.D. DEVICES AND THERAPEUTIC METHODS.

Except for formal investigative studies, dentists shall be obliged to prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall have the further obligation of not holding out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

ADVISORY OPINIONS

5.D.1. Reporting Adverse Reactions

A dentist who suspects the occurrence of an adverse reaction to a drug or dental device has an obligation to communicate that information to the broader medical and dental community, including, in the case of a serious adverse event, the Food and Drug Administration (FDA).

5.D.2. Marketing or Sale of Products or Procedures

Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients must take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists should not induce their patients to purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure. In the case of a health-related product, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist has an independent obligation to inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research. Dentists should disclose to their patients all relevant information the patient needs to make an informed purchase decision, including whether the product is available elsewhere and whether there are any financial incentives for the dentist to recommend the product that would not be evident to the patient.

5.E. PROFESSIONAL ANNOUNCEMENT.

In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.³

5.F. ADVERTISING.

Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.³

ADVISORY OPINIONS

5.F.1. Published Communications

If a dental health article, message or newsletter is published in print or electronic media under a dentist's byline to the public without making truthful disclosure of the source and authorship or is designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dentist, the dentist is engaged in making a false or misleading representation to the public in a material respect.³

5.F.2. Examples of "False or Misleading"

The following examples are set forth to provide insight into the meaning of the term "false or misleading in a material respect."³ These examples are not meant to be all-inclusive. Rather, by restating the concept in alternative language and giving general examples, it is hoped that the membership will gain a better understanding of the term. With this in mind, statements shall be avoided which would:

- a) Contain a material misrepresentation of fact,*
- b) Omit a fact necessary to make the statement considered as a whole not materially misleading,*
- c) Be intended or be likely to create an unjustified expectation about results the dentist can achieve, and*
- d) Contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.*

3. Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any *ADA Principles of Ethics and Code of Professional Conduct* or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the *ADA Principles of Ethics and Code of Professional Conduct*.

*Subjective statements about the quality of dental services can also raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.*³

5.F.3. Unearned, Non-health Degrees.

*A dentist may use the title Doctor or Dentist, D.D.S., D.M.D. or any additional earned, advanced academic degrees in health service areas in an announcement to the public. The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate status. For purposes of this advisory opinion, an unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree. The use of a nonhealth degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner. Some organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry. Generally, unearned or non-health degrees and fellowships that designate association, rather than attainment, should be limited to scientific papers and curriculum vitae. In all instances, state law should be consulted. In any review by the council of the use of designations in advertising to the public, the council will apply the standard of whether the use of such is false or misleading in a material respect.*³

5.F.4. Referral Services

There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expenses of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. Prospective patients calling the service may be referred to a single subscribing dentist in the geographic area and the respective dentist billed for each patient referred. Commercial referral services often advertise to the

public stressing that there is no charge for use of the service and the patient may not be informed of the referral fee paid by the dentist. There is a connotation to such advertisements that the referral that is being made is in the nature of a public service. A dentist is allowed to pay for any advertising permitted by the Code, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services. While the particular facts and circumstances relating to an individual commercial referral service will vary, the council believes that the aspects outlined above for commercial referral services violate the Code in that it constitutes advertising which is false or misleading in a material respect and violates the prohibitions in the Code against fee splitting.³

5.F.5. Infectious Disease Test Results

An advertisement or other communication intended to solicit patients which omits a material fact or facts necessary to put the information conveyed in the advertisement in a proper context can be misleading in a material respect. A dental practice should not seek to attract patients on the basis of partial truths which create a false impression. For example, an advertisement to the public of HIV negative test results, without conveying additional information that will clarify the scientific significance of this fact contains a misleading omission. A dentist could satisfy his or her obligation under this advisory opinion to convey additional information by clearly stating in the advertisement or other communication: "This negative HIV test cannot guarantee that I am currently free of HIV."

5.G. NAME OF PRACTICE.

Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.³

ADVISORY OPINION

5.G.1. Dentist Leaving Practice

Dentists leaving a practice who authorize continued use of their names should receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentist has retired from the practice.

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.

This section and Section 5.I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The dental specialties

recognized by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization should use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced dental specialties, provided at the time of the announcement such dentists have met in each recognized specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association.

Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

GENERAL STANDARDS.

The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

- The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association.
- Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist’s practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
- The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.

STANDARDS FOR MULTIPLE-SPECIALTY ANNOUNCEMENTS.

The educational criterion for announcement of limitation of practice in additional specialty areas is the successful completion of an advanced educational program accredited by the Commission on Dental Accreditation (or its equivalent if completed prior to 1967)⁴ in each area for which the dentist wishes to announce. Dentists who are presently ethically announcing limitation of practice in a specialty area and who wish to announce in an additional specialty area must submit to the appropriate constituent society documentation of successful completion of the requisite education in specialty programs listed by the Council on Dental Education and Licensure or certification as a diplomate in each area for which they wish to announce.

4. Completion of three years of advanced training in oral and maxillofacial surgery or two years of advanced training in one of the other recognized dental specialties prior to 1967.

ADVISORY OPINIONS

5.H.1. Dual Degreed Dentists

Nothing in Section 5.H shall be interpreted to prohibit a dual degreed dentist who practices medicine or osteopathy under a valid state license from announcing to the public as a dental specialist provided the dentist meets the educational, experience and other standards set forth in the Code for specialty announcement and further providing that the announcement is truthful and not materially misleading.

5.H.2. Specialist Announcement of Credentials in Non-Specialty Interest Areas *A dentist who is qualified to announce specialization under this section may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:*

- The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months' duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;*
- The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.*

Nothing in this advisory opinion affects the right of a properly qualified dentist to announce specialization in an ADA-recognized specialty area(s) as provided for under Section 5.H of this Code or the responsibility of such dentist to limit his or her practice exclusively to the special area(s) of dental practice announced. Specialists shall not announce their credentials in a manner that implies specialization in a non-specialty interest area.

5.I. GENERAL PRACTITIONER ANNOUNCEMENT OF SERVICES.

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect.³

ADVISORY OPINIONS

5.I.1. General Practitioner Announcement of Credentials in Interest Areas in General Dentistry

A general dentist may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

- The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-*

time advanced education program (graduate or postgraduate level) of at least 12 months duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;

- *The dentist discloses that he or she is a general dentist;*
- *The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.*

5.1.2. Credentials in General Dentistry

General dentists may announce fellowships or other credentials earned in the area of general dentistry so long as they avoid any communications that express or imply specialization and the announcement includes the disclaimer that the dentist is a general dentist. The use of abbreviations to designate credentials shall be avoided when such use would lead the reasonable person to believe that the designation represents an academic degree, when such is not the case. ■

PROFESSIONAL ETHICS REVIEW*

What is meant by “ethics”?

Ethics are the moral principles or virtues that govern the character and conduct of an individual or a group. Ethics, as a branch of both philosophy and theology, is the systematic study of what is right and good with respect to character and conduct. Ethics seeks to answer two fundamental questions:

1. What should we do?
2. Why should we do it?

The object of ethics is to emphasize spirit (or intent) rather than law. Dental ethics applies moral principles and virtues to the practice of dentistry. The terms ethical and moral have been used synonymously and used to mean only that the issue, question, reflection, or judgment to which they apply concerns what ought or ought not be done, or what is a matter of someone’s obligation.

Why are ethics important?

Ethics affect virtually every decision made in a dental office, encompassing activities of both judging and choosing. Ethics affect relationships with patients, the public, office staff, and other professionals. As a dentist, you have to make numerous decisions. Some decisions are straight forward and easy; others can be very difficult. Ethics are inextricably linked with these decisions and with the day-to-day activities of your office. When ethics are ignored, you risk making unethical or less ethical decisions. Unethical decisions can lead to unethical conduct. At a minimum, unethical conduct seriously compromises your service to patients and undermines your ability to function as a professional.

Ethics are critical to being a professional. An emphasis on ethics and ethical conduct clearly distinguishes your standing as a professional. Without a solid ethical foundation, you simply cannot be a true professional.

What are codes of ethics?

Many dental organizations have published codes of ethical conduct to guide member dentists in their practice. For example, the American Dental Association has had a Code of Ethics since 1866. A code of ethics marks the moral boundaries within which professional services may be ethically provided. Codes of ethics and professional guidelines have quasi-legal force; non-compliance can result in sanctions from censure to loss of professional status.

* Quoted with minor rephrasing from “ETHICS HANDBOOK FOR DENTISTS -An Introduction to Ethics, Professionalism, and Ethical Decision Making, American College of Dentists, Maryland, 2012.

Should I care more about being legal or being ethical?

Most laws and regulations that govern dentistry do not normally prompt ethical conflicts. Many laws, such as those governing discrimination or informed consent, have inherent ethical underpinnings. There is a moral obligation to follow the law and, therefore, ethical analyses need to take into account the relevant statutes and court decisions.

When conflicts do arise, the choice between being legal and being ethical can be difficult. For any legal, legislative, or judicial resolution to a problem, one should ask, “Is the law a good one?” or “Was the court right?” It is often argued by ethicists that ethics, not law, establishes the ultimate standards for evaluating conduct. It is a professional obligation to work with colleagues to overturn unjust laws, i.e., those that are in conflict with the best interests of patients and the public.

It is conceivable that a dentist’s attempt to act ethically could be contrary to law. In such dilemmas, the dentist must weigh all possibilities before taking conscientious action. When ethics and law seem to be in conflict, one should consider seeking counsel from peers who have responsibility in such matters before taking action that violates legal standards. Actions that violate legal standards may prompt serious consequences.

What is a “profession”?

A profession has been defined as an occupation involving relatively long and specialized preparation on the level of higher education and governed by a special code of ethics. The constructive aim of a profession is the public good. Dentistry is recognized as a profession.

Four key features of a profession have been described:

1. A profession must possess an important and exclusive expertise;
2. A profession must possess an internal and external structure, including a community of experts mutually recognizing each other’s expertise and institutionalization of this relationship in a formal organization;
3. A profession’s clients routinely grant its members extensive autonomy in practice of the profession, and dentistry as a profession is also largely self-regulating;
4. Membership in a profession implies the acceptance by the member of a set of norms of professional practice or professional obligations.

Dentists can claim the following characteristics of professions and professionals for themselves:

1. Dentists possess a distinctive expertise that consists of both knowledge and skills for application in practice;
2. Dentists’ expertise is a source of important benefits for those who seek their assistance;

PYRAMIDS AWARD

3. Because of their expertise, dentists are accorded extensive autonomy in matters pertaining to dental practice;
4. Dentists have an additional obligation to the larger community—to do what is necessary so that the profession acts as it ought.

Every profession owes society the responsibility to regulate itself—to determine and judge its own members. This regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

What is a “professional”?

A professional is a member of a profession. Four qualities have been attributed to those who practice a profession:

1. A professional has respect for human beings;
2. A professional is competent;
3. A professional has integrity;
4. A professional’s primary concern is service, not prestige or profit.

These qualities are consistently reflected in the decisions and actions of a professional. To act professionally is to act as a true professional—to comply with the duties and obligations expected of a learned professional.

What is “professionalism”?

Professionalism extends ethics to include the conduct, aims, and qualities that characterize a professional or a profession. Professionalism relates to the behavior expected of one in a learned profession. Professionalism embodies positive habits of conduct, judgment, and perception on the part of both individual professionals and professional organizations. Professionals and professional organizations give priority to the well-being and self-determination of the patients they serve.

Professionalism has been viewed as that quality of conduct and character that accompanies the use of superior knowledge, skill, and judgment, to the benefit of another, prior to any consideration of self-interest.

Do we really have obligations to patients?

By agreeing to take part in the dentist-patient relationship, both patients and dentists accept certain obligations or duties. Both accept a responsibility to disclose information pertinent to the relationship. The dentist is obligated to respect patient privacy, maintain patient confidences, keep promises, be truthful, and consider patient values and personal preferences in treatment decisions.

Eight categories of professional obligations have been described:

1. *Chief Client*: the chief client is the person or set of persons whose well-being the profession and its members are chiefly committed to serving.
2. *Ideal Relationship Between Dentist and Patient*: An ideal relationship is based on mutual respect and recognizes that the dentist and patient both bring important values to the professional setting.

DENTAL ETHICS & CODE OF PROFESSIONAL CONDUCT

3. *Central Values*: The focus of each profession's expertise is a certain set of values, and each profession is obligated to work to secure these values for its clients.
4. *Competence*: Every professional is obligated to acquire and maintain the expertise necessary to undertake professional tasks.
5. *Relative Priority of the Patient's Well-being*: While the well-being of the patient is to be given considerable priority, it is not to be given absolute priority.
6. *Ideal Relationships Between Co-professionals*—There does not seem to be any one account of ideal relationships between: Dentists and their co-professionals because so many different categories must be considered, but there are professional obligations to co-professionals.
7. *Relationship Between Dentistry and the Larger Community*: The activities of every profession also involve relationships between the profession as a group or its members and the larger community and nonprofessional groups and others within it.
8. *Integrity and Education*: These are subtle components of conduct by which a person communicates to others what he or she stands for, not only in the acts the person chooses, but also both in how those acts are chosen and in how the person presents to others in carrying them out.

Can dentistry be both a business and a profession?

Every dentist is called upon to participate in service—the chief motive being to benefit mankind, with the dentist's financial rewards secondary. While dentistry is first a profession, the practice of dentistry usually involves financial compensation for professional services. Such compensation necessitates, by its very nature, some form of business structure to accommodate these transactions. Since dentists are in a position to gain financially from their professional recommendations, they are at risk of having a conflict of interest, whether actual or perceived.

The patient is the beneficiary of the dentist's services. If the dentist is being compensated for professional services, then the dentist is also technically a "beneficiary" of his or her recommendations. The issue is not whether there is a conflict of interest. The more appropriate question is, "*How do we prevent this conflict from harming patients?*" Professional decision making may involve many factors. However, the level of financial gain to the dentist must never be a consideration in any of the dentist's professional recommendations. A patient's ability to pay for services may be a consideration in these recommendations. If the patient's relevant interests are always considered, the profession of dentistry can ethically exist within a business structure.

What is meant by the "best interests" of our patients?

The "best interests" of our patients means that professional decisions by the dentist must consider patients' values and personal preferences. This requires that dentists carefully communicate with their patients, and listening is of paramount importance.

Sometimes patient desires conflict with professional recommendations. Patients must be informed of possible complications, alternative treatments, advantages and disadvantages of each, costs of each, and expected outcomes. Together, the risks, benefits, and burdens can be balanced. It is only after such consideration that the “best interests” of patients can be assured.

What is “paternalism?”

Paternalism is literally to act as a father (or parent). In dentistry, it can involve a dentist overriding the autonomous decision of a competent patient for that patient’s own benefit. It is the dentist’s responsibility to determine the decision-making capacity of each patient with the help of appropriate surrogates. The patient’s values may conflict with the dentist’s recommendations, and these conflicts may lead to paternalistic decisions. For example, the dentist may decide to withhold information from a competent patient in order to unduly influence the patient. The dentist must consider the patient’s values and personal preferences, and the dentist must involve the patient in the decision-making process if the patient is considered capable. Sometimes patients do not understand the consequences of their requests or have unrealistic expectations of outcomes. In such instances, additional patient education or explanation to a competent surrogate is needed. For patients with compromised capacity, the dentist has an ethical obligation to inform responsible parties about treatment choices, costs, possible complications, and expected outcomes when determining what is in the patient’s best interests.

Is good risk management good ethics?

Good risk management is not necessarily good ethics. Risk management decision processes often differ from decision processes based on ethical principles. Risk management decisions are typically made from the dentist’s or institution’s perspective—and for their benefit. Decision processes based on ethical principles always consider the patient’s best interests, as well as the patient’s values and preferences. Risk management processes and decisions that do not include the perspective of the patient may be unethical.

What about compromising quality?

There are times when a dentist may face the decision to compromise quality. This may be because of the limited financial resources of the patient, reimbursement restrictions imposed by dental insurance plans, patient values or preferences, or other factors. Compromise must not occur simply because the dentist is willing to “cut corners.” These limitations or restrictions may divert the direction of the overall case from “ideal,” but they should never affect the quality of the separate components comprising the final treatment plan. The goal should be to perform each treatment step to its highest standards. For example, if the final decision, considering all limitations, is to place a less costly type of restoration instead of a more durable or esthetic (but more expensive) restoration, then the dentist is obligated to place the less costly restoration competently. The dentist is also obligated to collaborate with the patient during the decision-making process. It is unethical to knowingly provide substandard care. ■

ETHICAL ISSUES

Abuse of prescriptions by patients

The dentist must be aware of patients' legitimate needs for prescription drugs. The dentist should be suspicious when patients' desires for prescription drugs conflict with professional recommendations. The dentist should confront patients when non-confrontation would imply tacit approval of drug abuse. In a case of suspected drug abuse, the dentist has a responsibility to refer the patient for evaluation. There may be instances where the dentist must cooperate with appropriate governmental and law enforcement agencies to curb such abuse. Close communication may also be necessary with pharmacies and other practitioners to curb abuse. The dentist has an ethical obligation to avoid becoming an enabler.

Access to dental care

Dentistry, because it is a profession, has special ethical interests in promoting access to care. Care should be available, within reason, to all seeking treatment. Once an individual is seen, the dentist can determine if he or she is capable of competently treating the individual. A dentist should normally be available to address potentially health-threatening dental conditions and to ease pain and suffering. A dentist must not unlawfully restrict access to professional services. Barriers that restrict the access of physically impaired individuals should be eliminated to the extent that this can be reasonably accomplished. Dentists must be aware of laws and regulations that govern discrimination and access to care.

Advertising

While the practice of advertising is considered acceptable by most professional organizations, advertising, if used, must never be false or misleading. When properly done, advertising may help people better understand the dental care available to them and how to obtain that care. Advertising by a dentist must not:

1. Misrepresent fact.
2. Mislead or deceive by partial disclosure of relative facts.
3. Create false or unjustified expectations of favorable results.
4. Imply unusual circumstances.
5. Misrepresent fees.
6. Imply or guarantee atypical results.
7. Represent or imply a unique or general superiority over other practitioners regarding the quality of dental services when the public does not have the ability to reasonably verify such claims.

Dentists should seek guidance on advertising from their professional organizations. The best advertising is always word of- mouth recommendations by satisfied patients.

Child abuse

Dentists are positioned to detect certain acts of child abuse, particularly to the perioral area. Cases of child abuse must be reported to the appropriate authorities. Suspicious incidents require documentation and careful investigation. A dentist may need to compromise patient confidentiality by conferring with authorities or medical personnel as a part of an investigation. The dentist must be cautious when drawing conclusions or making accusations, as an error in judgment may cause irreparable harm to the reputation and quality of life of those involved.

Competence and judgment

As dentistry continues to advance, it is imperative that dentists continue to develop their knowledge and skills. Dentists should participate in continuing education activities that provide information, strengthen clinical competencies, and enhance professional judgment. While it is not possible for any dentist to be abreast of all advancements, dentists should make every effort to at least be familiar with clinical developments that may potentially affect their practices, including the general scientific basis of such developments and related issues and problems. As **G.V. Black** said, *“Every professional person has no right to be other than a continuous student.”*

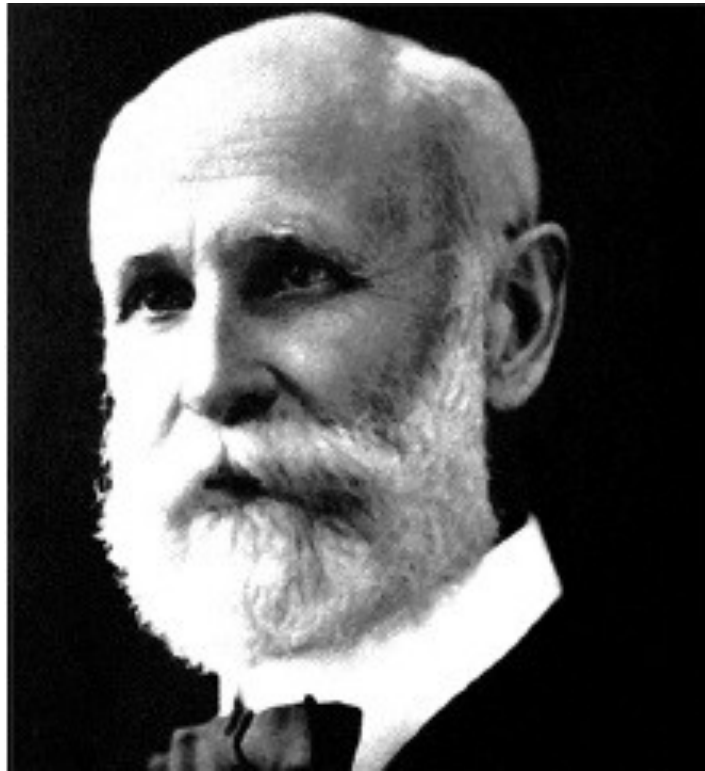
Dentists should maintain basic levels of competency and restrict patient care to areas in which they are competent. Dentists, therefore, must know the boundaries of their competence, including their abilities and limitations. Maintaining competence requires a commitment to lifelong learning. Competence requires both an acceptable standard of care and appropriateness of that care. Competence also requires continual self-assessment about outcomes of patient care.

Judgment is always involved when we apply our knowledge, skills, and experience to treatment. Even the best clinical abilities are misused if employed with unsound judgment. Sound judgment is critical to the provision of quality oral health care.

The profession or society may mandate that dentists participate in specific educational activities and make licensure contingent on their successful completion. Dentists must continue to evaluate the relevance of these courses and work to assure their adequacy.

Confidentiality

The accepted standard is that every fact revealed to the dentist by a patient is, in principle, subject to the requirement of confidentiality, so that nothing may be revealed to anyone else without the patient’s permission. This standard has several accepted exceptions. It is assumed that other health professionals may be told the facts they need to know about a patient to provide effective care. It is also assumed that relevant an-



Born in Winchester, Illinois on August 3, 1836, died 1915

cillary personnel, such as record keepers, will need to know some of the facts revealed to them by the dentist to perform their job. Further, relevant facts may be communicated to students and other appropriate health care professionals for educational purposes. If maintaining confidentiality places others at risk, then the obligation to breach confidentiality increases according to the severity of the risk and the probability of its occurrence.

For some infectious diseases there may be no community standard regarding the dentist's obligation to protect patient confidentiality when third parties are at risk of infection. The burden of proof normally lies with anyone who claims that the value of a dentist preserving a patient's confidentiality is outweighed by the reduction of risk of infection for parties viewed as capable of adequately protecting themselves by conscientiously applying readily available information. The dentist must be aware of laws and regulations that govern confidentiality issues.

Dating patients

Dentists should not use their position of influence to solicit or develop romantic relationships with patients. Romantic interests with current patients may exploit patients' vulnerability and detrimentally affect the objective judgment of the clinician. In such a case, the dentist should consider terminating the dentist patient relationship in an arrangement mutually agreeable to the patient. Dentists should avoid creating perceptions of inappropriate behavior.

Delegation of duties

In the course of patient care, duties are often appropriately delegated to auxiliaries. Pressures to increase practice efficiency, however, can potentially affect a dentist's decisions regarding the use of auxiliaries. Two important questions should be asked:

- Does the use of the auxiliary for the delegated task comply with prevailing laws and regulations?
- Is the quality of care to patients maintained when duties are delegated to auxiliaries?

If the answers to both questions are “yes,” then the delegation of duties may be considered. Duties should not be delegated at the expense of quality. The dentist must be aware of laws and regulations that govern delegation of duties.

Disclosure and misrepresentation

Dentists should accurately represent themselves to the public and their peers. The dentist has an obligation to represent professional qualifications accurately without overstatement of fact or implying credentials that do not exist. A dentist has an obligation to avoid shaping the conclusions or perceptions of patients or other professionals by withholding or altering information that is needed for accurate assessment. The dentist has an obligation to disclose commercial relationships with companies when recommending products of those companies. The dentist has an obligation to disclose commercial relationships in professional presentations or publications where the dentist promotes or features products of those companies. The dentist may ethically have ties to commercial entities, but the dentist should fully disclose such relationships to patients and professional colleagues when nondisclosure would lead to differing conclusions, perceptions, or misrepresentation.

Incomplete disclosure and misrepresentation may also adversely affect dental research and journalism. In the course of evaluating research and dental literature, dentists are cautioned that such problems may exist and can lead to incorrect assumptions and conclusions. If such incorrect assumptions and conclusions are adopted, less than proper care may result. It is important that dentists critically evaluate dental research, literature, and advertising claims.

Emergency care

A dentist should be available, within reason, to address acute dental conditions. A person with an emergent dental condition should be examined and either treated or referred for treatment. In such situations, the patient's health and comfort must be the dentist's primary concern, not compensation or convenience. If a dentist cannot accommodate the patient's emergent needs, a reasonable effort should be made to have the patient seen in a timely manner by someone capable of treating the condition.

Financial arrangements

The issue of financial arrangements includes the subject of fees and communication of payment options. Fees should be consistent and fair to all parties. Many dentists provide pro bono care for patients with extenuating circumstances, including financial hardship. Dentists should not vary fees based solely on the patient's financial resources, including insurance plans. In non-emergency situations fees and payment options should be disclosed to patients and agreed upon prior to any services being performed. Financial arrangements for treatment are part of informed consent/refusal discussions.

Harassment

The dentist must avoid conditions or actions that promote harassment or abuse of staff, patients, or other related parties. Sexual harassment may be the most familiar form, but harassment may also be physical, verbal, or psychological in nature. Sexual advances, sexually explicit or offensive language, sexually offensive materials, inappropriate physical contact, and actions of a related nature are indefensible and must be avoided. The dentist must be aware of signs of harassment and must strive to eliminate it from the workplace. A superior-subordinate relationship is often associated with cases of harassment.

Dentists must be careful not to misuse their inherent positional power. Harassment may also exist between parties not involving the dentist. The dentist must take appropriate corrective action when conditions favoring harassment exist or when harassment is recognized. Patients and staff are to be treated with respect. The dentist must avoid creating a hostile work environment by giving tacit approval to conditions or actions that may be interpreted as offensive or abusive. The dentist must be aware of laws and regulations that govern harassment.

Informed consent and refusal

Ethical concerns regarding the process of informed consent and refusal extend beyond the level required for compliance with the law. The ethical consideration imposes:

1. Comprehensive knowledge on the part of the practitioner.
2. Uncompromising veracity.
3. Unbiased presentation of all reasonable alternatives and consequences, including costs and the probability of outcomes.
4. The ability of the practitioner to communicate clearly on a level assuring comprehension by the patient or appropriate authority.
5. Reasonable assurance by the dentist that the patient is competent and has sufficient understanding to render a decision.

Both the severity of a harmful result and the likelihood of its occurrence should be considered when deciding which information to include in informed consent discussions. The dentist must be aware of applicable laws, regulations, and standards regarding the nature, scope, and depth of informed consent and refusal discussions.

Managed care

Managed care is a market mechanism for distributing oral health resources; participation in managed care is usually for economic advantage to the involved parties. Inherently, managed care is neither good nor bad. However, there are several principles that protect against ethical risk:

1. Ethical and professional aspects of dentistry always take precedence over economic ones.
2. The dentist must not unduly influence patients or limit the information necessary for patients to make informed decisions.
3. The standard of care should be the same for all patients regardless of the means of reimbursement.
4. The dentist should not utilize the services of under-qualified individuals in order to profit from a lower standard of care.
5. Instances of gross or continual faulty treatment by other dentists should be reported to appropriate reviewing agencies.
6. The dentist should fully explore and understand all terms and implications of contractual arrangements before committing to them.

These principles also apply to professional services provided outside a managed care setting.

It is important for the dentist to accurately report procedures and transactions. For example, a reimbursable procedure should not be reported when, in fact, a non-reimbursable service was provided. The dentist should avoid setting unprofitable fees for one patient with the intent of passing the costs to other patients. The dentist must not justify or withhold treatment solely on the basis of insurance coverage. Managed care may help control costs, but coverage may limit the types and scope of treatment reimbursed. The needs and interests of the patient supersede any business relationship or reimbursement process. Dentists have an ethical duty to consider the patient's relevant needs and interests and to evaluate each managed care organization accordingly.

Obligation to treat patients

The dentist is not obligated to diagnose or treat everyone. However, the dentist must avoid actions that could be interpreted as discriminatory; the dentist must be aware of laws and regulations that govern discrimination. A patient in pain or at health risk from an acute dental condition should be accepted for discussion of the condition, examined if indicated, then either treated or appropriately referred.

Refraining from treatment

There are several valid reasons for a dentist to refrain from providing treatment:

- The dentist does not have the expertise or capability to provide competent treatment or to meet patient expectations. In such cases, the dentist has a responsibility to refer patients to suitable caregivers who can provide treatment appropriate to the circumstances;
- The dentist's professional ability is impaired from injury, illness, disability, medication, or addiction;
- The patient requests treatment that is clearly contrary to the patient's best interests. ■

ETHICAL DECISION MAKING

The process of ethical decision making by dentists may be simple or quite complex, ranging from “The Golden Rule” to decisions that contemplate the ethical principles or considerations at stake. Ethical decision making involves both judging and choosing. Emotional state, incompetence, physical and mental disorders, and other conditions may adversely affect a dentist’s decision making capacity. Decision principles, elements, and models are summarized to broaden the dentist’s understanding of the processes involved and to accommodate individual needs or preferences.

Decision Principles

Autonomy, nonmaleficence, beneficence, and justice are four generally accepted ethical principles. These principles require that all actions, including decisions by dentists, demonstrate:

- Regard for self-determination (respect for autonomy);
- The avoidance of doing harm (nonmaleficence);
- The promotion of well-being (beneficence);
- Fairness in the distribution of goods and the reduction and avoidance of harms (justice).

Decision Elements

Assessing the Medical and Social Context: good ethics begin with good facts.

Clarifying the Ethical Problem: What type of conflict is present—moral weakness, moral uncertainty, or moral dilemma? What moral principles are imbedded in the conflict? What is the nature of the choices involved? Who will make the decision?

Determining the Stakeholders: Who is involved in the ethical concern? Decisions often involve many parties.

Identifying Options and Alternatives: Some moral choices inevitably involve compromise of some moral principle; others may not. Ethical decision making requires imagination and creativity to discern options not envisioned when a conflict presents itself.

Examining the Process of Decision Making: Decision processes involve collaboration, partnership, or interaction with the patient as opposed to a paternalistic model where the dentist unilaterally makes the decisions.

Balancing Conflicting Principles and Obligations: Thoughtful scrutiny helps dentists, patients, and others balance their responsibilities in the face of conflicting principles and obligations.. ■

DENTIST OBLIGATIONS*

OBLIGATIONS TOWARD PATIENTS

1. The primary responsibility of dentists is the health, welfare and safety of their patients.
2. Except in emergencies, or where they would be failing in their duties on humanitarian grounds, dentists have a right to decline to treat a patient provided that the reason for refusal does not contravene any legislation or principle of law.
3. Dentists should perform treatment only within areas of their competence.
4. If appropriate, referral for advice and/or treatment to other professional colleagues should be arranged.
5. Dentists must accept responsibility for all treatment undertaken by themselves and as permitted by law, by allied dental personnel acting under their supervision.
6. No service or treatment shall be delegated to a person who is not qualified or is not permitted by the Laws of the Commonwealth, State or Territory to undertake that service or treatment.
7. Records that are comprehensive, accurate and respectful must be created and safeguarded for all patients.
8. Confidentiality and privacy with respect to both clinical and non-clinical information must be maintained except where the Laws of the Commonwealth, State or Territory dictate otherwise. It should be recognised that patients have the right to access their personal records and/or receive copies of them. Care should also be exercised to make certain that the issuing or transferring of personal records can only occur with the proper authority of the patient concerned and that the process of the transfer is undertaken securely and without disclosure of the content of the personal records. It is the obligation of dentists to ensure that allied dental personnel under their supervision observe that same confidentiality.
9. Dentists should ensure that they provide patients with clear information about their dental condition and proposed treatment options so that patients are then able to make decisions that lead to informed consent for a particular option, without which it should not proceed.

OBLIGATION TOWARD EMPLOYEES

Owners of dental practices must not aid, abet, counsel or induce an employee dentist or other health care worker to:

- Provide treatment that might be knowingly or likely to be deleterious to a patient.
- Provide treatment that does not meet reasonable standards of professional competence or best practice as may prevail from time to time.

* Australian Dental Association INC.. By-Law II, Code of Ethics for Dentists, Appendix to Policy Statement 6.5.1., August 2012, www.ada.org.au

OBLIGATIONS TOWARDS COLLEAGUES

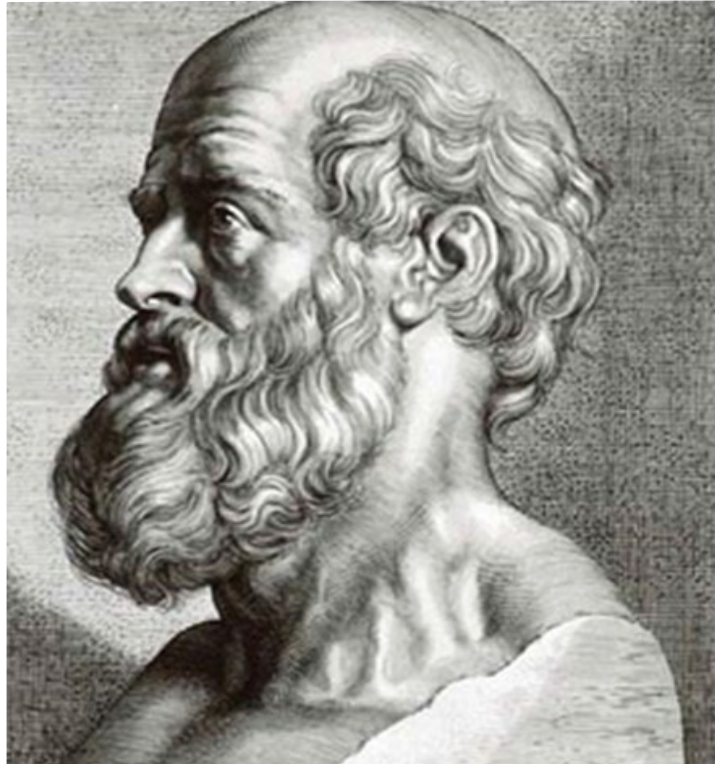
1. Dentists should build their professional reputation on merit.
2. Dentists should be reasonably willing to assist their colleagues, including allied dental personnel, by the provision of professional services and in the furtherance of the principles set out in this Code of Ethics.
3. When a patient seeks advice from dentists other than their usual dentist:
 - If the dentist is consulted in an emergency by the patient of another dentist, the consulted dentist should relieve any immediate problem and notify the patient's usual dentist of that treatment;
 - If the patient is seeking an opinion about their oral condition, the dentist should endeavour not to say anything which calls into question the integrity of their usual dentist;
 - If the patient is consulting a specialist dentist, the specialist should inform the usual dentist of the results of such consultation, including any diagnoses made, treatments, investigations or referrals recommended and of any treatments completed.
4. Dentists should make the results of personal research freely available and should be prepared to share any scientific, clinical or technical knowledge whilst being able to preserve whatever proprietary rights they hold in the personal research as Intellectual Property or otherwise.
5. Dentists should only delegate tasks to allied dental personnel who are legally authorized, formally educated, trained and competent to complete the task delegated

OBLIGATION TOWARDS THE PROFESSION

1. Dentists should act at all times in a manner that will uphold and enhance the integrity, dignity and reputation of the profession.
2. Dentists should express opinions, make statements or give evidence in an objective and truthful manner.
3. Dentists should maintain professional competence throughout their careers by active and continual advancement of their knowledge of scientific, clinical and technical developments.
4. Dentists shall not advertise in a manner which is false or misleading, is harmful to the reputation of the profession, is inconsistent with reasonable standards of advertising of goods or services ordinarily undertaken by the profession as a whole or is in poor taste.
5. Dentists must be familiar with and comply without exception with all relevant legislation, regulations, codes and guidelines governing dentistry including but not limited to the Dental Code of Conduct for Health Practitioners published by the Dental Board of Australia as may be varied from time to time.■

OATH OF HIPPOCRATES

The **Hippocratic Oath** is an oath historically taken by doctors swearing to practice medicine ethically. It is widely believed to have been written by Hippocrates, often regarded as the father of western medicine, in Ionic Greek (late 5th century BC), or by one of his students, and is usually included in the Hippocratic Corpus. Classical scholar Ludwig Edelstein proposed that the oath was written by Pythagoreans, a theory that has been questioned due to the lack of evidence for a school of Pythagorean medicine. Although mostly of historic and traditional value, the oath is considered a rite of passage for practitioners of medicine in some countries, although nowadays the modernized version of the text varies among the countries.



While Hippocrates, the so-called father of medicine, lived in the early 5th century B.C., the famous oath that bears his name emerged a century later. No one knows who first penned it.

The Hippocratic Oath (*orkos*) is one of the most widely known of Greek medical texts. It requires a new physician to swear upon a number of healing gods that he will uphold a number of professional ethical standards.

Little is known about who wrote it or first used it, but it appears to be more strongly influenced by followers of Pythagoras than Hippocrates and is often estimated to have been written in the 4th century B.C. Over the centuries, it has been rewritten often in order to suit the values of different cultures influenced by Greek medicine. Contrary to popular belief, the Hippocratic Oath is not required by most modern medical schools.

CLASSIC VERSION

From HIPPOCRATIC WRITINGS, translated by J. Chadwick and W. N. Mann, Penguin Books, 1950.

I swear by Apollo the healer, by Aesculapius, by Hygeia (health) and all the powers of healing, and call to witness all the gods and goddesses that I may keep this Oath, and promise to the best of my ability and judgment:

I will pay the same respect to my master in the science (arts) as I do to my parents, and share my life with him and pay all my debts to him. I will regard his sons as my brothers and teach them the science, if they desire to learn it, without fee or contract.

I will hand on precepts, lectures, and all other learning to my sons, to those of my master, and to those pupils duly apprenticed and sworn, and to none other.

I will use my power to help the sick to the best of my ability and judgment; I will abstain from harming or wrongdoing any man by it.

I will not give a fatal draught (drugs) to anyone if I am asked, nor will I suggest any such thing. Neither will I give a woman means to procure an abortion.

I will be chaste and religious in my life and in my practice.

I will not cut, even for the stone, but I will leave such procedures to the practitioners of that craft.

Whenever I go into a house, I will go to help the sick, and never with the intention of doing harm or injury. I will not abuse my position to indulge in sexual contacts with the bodies of women or of men, whether they be freemen or slaves.

Whatever I see or hear, professionally or privately, which ought not to be divulged, I will keep secret and tell no one.

If, therefore, I observe this Oath and do not violate it, may I prosper both in my life and in my profession, earning good repute among all men for all time. If I transgress and forswear this Oath, may my lot be otherwise.

MODERN VERSION

A widely used modern version of the traditional oath was penned in 1964 by Dr. Louis Lasagna, former Principal of the Sackler School of Graduate Biomedical Sciences and Academic Dean of the School of Medicine at Tufts University:[8]

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

CHALLENGED PORTIONS

1. *To teach medicine to the sons of my teacher.* In the past, medical schools gave preferential consideration to the children of physicians.
2. *To practice and prescribe to the best of my ability for the good of my patients, and to try to avoid harming them.* This beneficial intention is the purpose of the physician. However, this item is still invoked in the modern discussions of euthanasia and controversial medical treatments such as aversion therapy and lobotomy.
3. *I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan.* Physician organizations in most countries have strongly denounced physician participation in legal executions. However, in a small number of cases, most notably the U.S. states of Oregon, Washington, Montana, and in the Kingdom of the Netherlands,[14] a doctor can prescribe euthanasia with the patient's consent.
4. *Similarly, I will not give a woman a pessary to cause an abortion.* Since the legalization of abortion in many countries, the inclusion of the anti-abortion sentence of the Hippocratic oath has been a source of contention.
5. *To avoid violating the morals of my community.* Many licensing agencies will revoke a physician's license for offending the morals of the community ("moral turpitude").
6. *I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.* The "stones" referred to are kidney stones or bladder stones, removal of which was judged too menial for physicians, and therefore was left for barbers (the forerunners of modern surgeons). Surgery was not recognized as a specialty at that time. This sentence is now interpreted as acknowledging that it is impossible for any single physician to maintain expertise in all areas. It also highlights the different historical origins of the surgeon and the physician.
7. *To keep the good of the patient as the highest priority.* There may be other conflicting 'good purposes,' such as community welfare, conserving economic resources, supporting the criminal justice system, or simply making money for the physician or his employer that provide recurring challenges to physicians. ■

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ETHICS RESOURCES

The American College of Dentists developed and manages Courses Online Dental Ethics (CODE), a series of free (no registration fees) online courses in dental ethics and related resources at: www.dentaethics.org

Also see the *Issues in Dental Ethics* section of **the *Journal of the American College of Dentists***, published quarterly by the American College of Dentists, Gaithersburg, Maryland

Links

DENTAL SOCIETIES & ASSOCIATIONS AND OTHER PROFESSIONAL BODIES

A professional association (also called a professional body, professional organization, or professional society) is usually a nonprofit organization seeking to further interest of a particular profession, the interests of individuals engaged in that profession and the public interest.

The roles of these professional associations have been variously defined: "A group of people in a learned occupation who are entrusted with maintaining control or oversight of the legitimate practice of the occupation;" also a body acting "to safeguard the public interest". Organizations which "represent the interest of the professional practitioners," and so "act to maintain their own privileged and powerful position as a controlling body."

Many professional bodies are involved in the development and monitoring of professional educational programs, and the updating of skills, and thus perform professional certification to indicate that a person possesses qualifications in the subject area.

Sometimes membership of a professional body is synonymous with certification, though not always. Membership of a professional body, as a legal requirement, can in some professions form the primary formal basis for gaining entry to and setting up practice within the profession. Many professional bodies also act as learned societies for the academic disciplines underlying their professions.

As a practical matter, most professional organizations of global scope (see List of professional organizations) are located in the United States. The U.S. has often led the transformation of various occupations into professions, a process described in the academic literature as professionalization.■



The American Dental Education Association (ADEA) is The Voice of Dental Education. The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

ADEA's activities encompass a wide range of research, advocacy, faculty development, meetings and communications, including the esteemed Journal of Dental Education.

The *Journal of Dental Education (JDE)* is a peer-reviewed monthly journal that publishes a wide variety of educational and scientific research in dental, allied dental and advanced dental education. Published continuously by the American Dental Education Association since 1936 and internationally recognized as the premier journal for academic dentistry, the *JDE* publishes articles on such topics as curriculum reform, education research methods, innovative educational and assessment methodologies, faculty development, community-based dental education, student recruitment and admissions, professional and educational ethics, dental education around the world and systematic reviews of educational interest. The *JDE* is one of the top scholarly journals publishing the most important work in oral health education today; it celebrates its 80th anniversary in 2015.



www.adea.orgwww.jsentaled.org

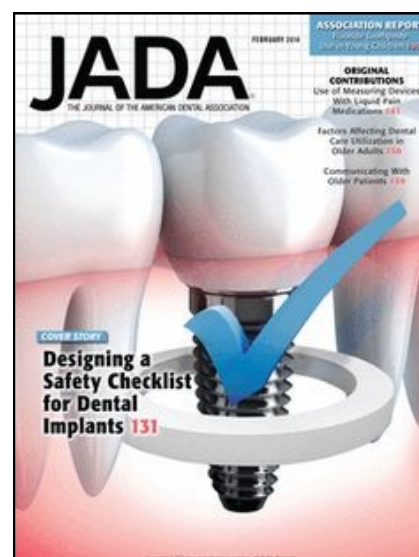


American dental association, representing more than 157,000 dentist members. Since then, the ADA has grown to become the leading source of oral health related information for dentists and their patients. The ADA is committed to its members and to the improvement of oral health for the public. The ADA's vision is to be the recognized leader on oral health with its mission to help all members succeed.

The ADA formally recognizes 9 specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, and oral and maxillofacial radiology.

The ADA library has an extensive collection of dental literature with approximately 33,000 books and 17,500 bound journal volumes. The ADA library also subscribes to more than 600 journal titles.

The ADA Foundation is the charitable arm of the Association. The Foundation provides grants for dental research, education, scholarships, access to care and charitable assistance programs such as relief grants to dentists and their dependents who are unable to support themselves due to injury, a medical condition or advanced age; and grants to those who are victims of disasters. ■



The ADA publishes a monthly journal of dental related articles named the [*Journal of the American Dental Association*](#)



Kenya Dental Association was founded in 1977 with the objective of promoting the advancement of dental practice in Kenya. The Association has also acted as a welfare organ for Dental Practitioners as well as one of the key promoters of Oral health awareness in the country.

VISION: To be the leading organization in the development of the oral healthcare profession in Kenya

Mission: To promote the interest of oral healthcare professionals and the public in oral health matters and to set high standards of service delivery

Refer to Kenya Dental Association Principles of Ethics and Code of Professional Conduct.

www.kda.or.ke/



Tanzania Dental Association in acronym TDA, is a professional Association of Oral Health personnel in Tanzania. It was registered in Tanzania on the 2nd of April 1980 and its registration number is SO. 6167. TDA is affiliated to the Commonwealth Dental Association (CDA) and the World Dental Federation (FDI).

TDA has its headquarters based in Dar es Salaam currently located on the first floor of the School of Dentistry building, Muhimbili University of Health and Allied Sciences

www.tdadent.or.tz/

PYRAMIDS AWARD



American Association of Oral and Maxillofacial Surgeons (AAOMS) is the non-profit professional association serving the specialty of oral and maxillofacial surgery, the surgical arm of dentistry. Its headquarters are in Rosemont, Illinois.

Founded in 1918, AAOMS currently has an affiliation base of more than 9,000 fellows, members and residents in the United States, as well as 250 affiliate members from nations around the world. More than 90 percent of oral and maxillofacial surgeons in the United States belong to AAOMS. In addition to its membership, AAOMS has state component societies in each of the 50 states, the District of Columbia and the Commonwealth of Puerto Rico, and eight regional component societies.

AAOMS publishes the *Journal of Oral and Maxillofacial Surgery* and conducts the Daniel M. Laskin Award for an Outstanding Predoctoral Educator.



The **American Student Dental Association (ASDA)** is a national student-run organization that protects and advances the rights, interests, and welfare of students pursuing careers in dentistry. It introduces students to lifelong involvement in organized dentistry and provides services, information, education, representation and advocacy.

ASDA was established in 1971 to connect, support and advance the needs of dental students. ASDA represents 90 percent of all students from 65 U.S. dental schools. Since 2011, dental student membership has averaged more than 19,000. ASDA also welcomes hundreds of predental students each year.



EGYPTIAN DENTAL ASSOCIATION

The Egyptian Dental Association is a free association of dentists dedicated to the advancement and betterment of scientific and social standards of dentists.

The scientific and cultural aspects are realized through holding scientific meetings at frequent intervals both in the EDA main office and in different branches of the Egyptian Dental Syndicate in various Provinces; by holding a biannual International Dental Congress in November of odd years, and by publishing a scientific journal, the Egyptian Dental Journal (EDJ) at quarterly intervals to publish scientific and clinical papers by dental researchers in Egypt and in different parts of the Arab world and the Middle East. The social aspect is realized by conducting gatherings of dentists and their families and trips and outings to various parts of the country.

The Egyptian Dental Association was established in 1937 when a group of dentists and dental educators got together and decided to establish a society for the advancement and spreading of updated scientific knowledge and practices among the growing body of Egyptian dental practitioners before higher education was made available in Egyptian Dental Schools.

The group soon founded the “Association” as a subdivision of the Egyptian Royal Medical Association, and elected Professor Amin Maher as its first president, and established its headquarters at “Daar El-Hekma” on “Kasr El-Eini” Street, the main building where the Egyptian Medical Syndicate, the Egyptian Dental Syndicate, and the Egyptian Pharmaceutical Syndicate have their headquarters.

The group soon started to hold scientific meetings and seminars to extend their knowledge and practical experience to the growing community of Egyptian General Dental Practitioners at the time.

In 1955, with the growth in Egyptian Dental Schools and their expanding staff members who started to conduct research work in their Universities, the EDA decided to establish a journal to publish the researches from the Egyptian Universities and other healthcare institutes, the first issue was published in April 1955. Then the EDA started including researches worldwide to be published.

The Egyptian Dental Association separated from the Egyptian Medical Association and became an independent entity in 1960.

In the 1970's, the EDA, in collaboration with the Federation of Arab Dentists, held their regional Congresses in Cairo in 1973 and 1975. These were then held in various other Arab Capitals, and in 1981 the EDA held their first “International Dental Congress” at the Hilton Hotel in Cairo.

The series of “International Dental Congresses” has continued to be held biannually in

PYRAMIDS AWARD

The series of “International Dental Congresses” has continued to be held biannually in November of odd years at different venues. Starting from 1993 till 2007, the venue of the Congress was held at “Marriott Hotel” in Cairo, then in 2009, the venue was moved to the Intercontinental Hotel City Stars Cairo till now.

The EDA continues to hold lectures and seminars directed to the dental practitioners and oral & maxillofacial surgeons at regular intervals at their premises in Mat’haf El-Manial St., as well as in various provinces all over the country.

The EDA also organizes treatment caravans and social meetings and trips to various attractive as well as remote parts of the country, and has organized “Omra” trips in Ramadan from 1421H (2000 A.D.) until last year 1435H (2014 A.D.) as well as omra trip in April 2015.

www.eda-egypt.org



The
**EGYPTIAN
ASSOCIATION OF
ORAL &
MAXILLOFACIAL
SURGEONS**

The “Egyptian Association of Oral and Maxillofacial Surgeons” (EAOMS) was established in 2000 and was accepted as a member of the International Association of Oral and Maxillofacial Surgeons in 2001. During the 3rd International Conference of EAOMS held in Cairo in 2004 the African Regional Association was established. The goal of EAOMS is to improve quality and safety of healthcare through the advancement of patient care, education and research in Oral and Maxillofacial Surgery. Toward this aim EAOMS organizes a biannual International Conference in which eminent international speakers participate. These Conferences include training courses in recent advances in technologies in the field of Oral and Maxillofacial Surgery, as well as a large commercial exhibit. EAOMS also organizes seminars in different cities in Egypt..

The mission of the Egyptian Association of Oral and Maxillofacial Surgeons is to promote, protect and advance oral and maxillofacial surgery to assure excellence for surgeons and their patients.

Major Activities

- Biannual international conference.
- Quarter annual publication of the Egyptian Journal of Oral and Maxillofacial Surgery
- Hands-on skills courses in different aspects of oral and maxillofacial surgery organized in different cities in Egypt
- Continuous professional educational programs

www.eaomsc.eg.net



PYRAMIDS AWARD ORG

BEST PERFORMANCE STUDENTS

The **PYRAMIDS AWARD** for best performing students was established as part of the continuous cooperation between MOI Universities and Egyptian Universities. Memorandum of understanding between MOI University and number of Egyptian Universities was established at 2008. These include collaboration in areas of staff and students training and exchange as well as joined research projects. Cooperation with nongovernmental organization was started in 2012. Egyptian Association of Oral and Maxillofacial Surgeons (EAMOS), Faraha Integrated Dental Clinics (FIDC) and Prof. M. Lotfy sponsor **PYRAMIDS AWARD** for best performing students since 2012

PYRAMIDS AWARD will be given to students of school of Dentistry, School of Medicine, School of Public Health and School of Nursing. The award consist of a certificate and a cash prize. A trip to Egypt to visit some universities, for two students, is planed to take place in the future.

The vision of Pyramids Award is to encourage students to improve their performance both academically, socially and ethically, as well as, strengthen the Egyptian-Kenyan relationship

Pyramids Award aim to increase the inter-relationship activities between the people of our two countries, Egypt and Kenya. This is achieved by strengthen the bond between the students in the two countries.

Terms and Conditions

Best Performance Student” for each academic year: The student should:

- Not have any ethical or otherwise similar problems through the period of his study.
- Have the highest Weighted Total Marks* (WTMs) for this year. (IRD courses not included)

“Best of the Best performance in OMS” (Dental School): The student should:

- Not have any ethical or otherwise similar problems through the period of his study.
- Have the highest WTMs in Oral Pathology (BDS III), Oral Radiology (BDS IV), Oral Surgery and Local Anaesthesia (BDS IV) and Oral and Maxillofacial Surgery (BDS V).

“Best of The Best Student” students legible for this award should:

- Not failed any course through the period of his study in the Dental/Medical school (IRD courses not included)
- Not have any ethical or otherwise similar problems through the period of his study.
- Have the highest sum of Weighted Total Marks (WTMs) in all academic years. (IRD courses not included)
- If one or more student have equal WTMs the award is given to the student how have the higher WTMs in the final year.

PYRAMIDS AWARD

Notices:

N.B.1: The weighted total marks (WTMs) are the sum of the marks in each course multiplied by the number of units allocated to this course.

N.B.2: Students who won more than one award will be given only the cash prize of the highest award and certificate for the rest of the awards. The student next in ranking will be eligible for the cash award and a certificate.

N.B.3: All the winners should not have any ethical or otherwise similar problems throughout the period of his study.

List of Awards

School of Dentistry:

- Best Performing Student, BDS I-IV (3000 Ksh)
- Best Performing Student, BDS V (4000 Ksh)
- Best performing students OMS (4000 Ksh)
- Best of the Best Performing Student (First 10000 Ksh, Second 5000 Ksh)

Total amount of cash prizes for dental students is 37000 Ksh.

School of Medicine:

- Best Performing Student, MED I-V (3000 Ksh)
- Best performing students MED VI (4000 Ksh)
- Best of the Best Performing Student (First 10000 Ksh, Second 5000 Ksh)

Total amount of cash prizes for dental students is 37000 Ksh.

School of Public Health:

- Best Performing Student, SPH I-IV (3000 Ksh)
- Best of the Best Performing Student (First 10000 Ksh, Second 5000 Ksh)

Total amount of cash prizes for dental students is 27000 Ksh.

School of Nursing:

- Best Performing Student, NUR I-IV (3000 Ksh)
- Best of the Best Performing Student (First 10000 Ksh, Second 5000 Ksh)

Total amount of cash prizes for dental students is 27000 Ksh.

TOTAL AMOUNT OF CASH PRIZES IS 125000 Ksh

All students will award a certificate

For further information refer to

www.pyramids-award-mu.com

COLLABORATION BETWEEN MOI UNIVERSITY AND EGYPTIAN UNIVERSITIES

The collaboration was established on 2007 by a visit to the Egyptian Embassy in Nairobi. The visit was done through an invitation from the Ambassador to Prof. Richard Mebiy the VC, DVC and other members including Prof. Elbadawi as coordinator. A protocol of cooperation was signed by both sides announcing the start of a long standing and wide collaboration with number of Egyptian Universities to date.

The first MOU was signed in Eldoret with Suez Canal University on 2008 followed by a visit of a team from MOI leaded by the VC to Egypt where numbers of agreements were signed. This was followed by signing MOU with Portsaid, Alexandria and Suez Universities.

On 2010 and due to the fast growing collaboration with Alexandria University, HE the Vis President of the Republic of Kenya visited the University with a team from MOI University lead by the VC which gave a strong support to the collaboration process. On 2013, HE the Minister of Higher Education of Kenya accompanied with a team from many Kenyan Universities and MPs made another visit to Egypt and Alexandria University through the collaboration program.

Number of activities and projects took place since the beginning of the program in 2008 and here some examples:

- The Egyptian Embassy shared in the compensations with MOI University during the post elective indecencies in 2008 through the program.
- Training of number of doctors and nurses in the areas of Anesthesia and cardiac surgery.
- Numbers of Scholarships were offered by SCU and Alexandria University for Master and PhD degrees in different specialties, some of the students completed their degrees and are back to MOI University.
- Appointment of number of staff members at the Dental School through the program.
- The student exchange program is working very effectively for the last five years where students of final year from the Schools of Medicine, Dentistry and nursing spend around eight weeks of electives at Alexandria University. This year the number was around 35 students. A group od students of final year of Faculty of Medicine from Alexandria did their electives at MOI in the beginning of this year.
- Shared research projects were done between School of Medicine of both sides, some have been completed and others are being processed.
- Number of other projects is under discussion and study between both sides covering many areas of interest. ■