

The ethics of referral

Liviu and **Gabriela Steier** explore the ethical implications and responsibilities of the referring dentist and the specialist using a theoretical scenario to illustrate



Dr A, a general dentist, has a long doctor-patient relationship with Miss C, who now needs an elaborate endodontic treatment of her maxillary first molar. While Dr A does not want to lose her as his patient, his expertise is not sufficient to treat this case. He could certainly try and see what happens, but he adheres to the ADA (American Dental Association) Code's principles of nonmaleficence and beneficence (section 3) and refers Miss C to Dr B, an endodontist in the neighbourhood whose expertise and professionalism he trusts.

At this point, issues of trust and monetary gain come in to play. What if Miss C will be so happy with Dr B's service that she will not return to Dr A? What if Dr B will provide further treatment that interferes with Dr A's treatment planning and would cause him a financial loss? What if Dr B says something that might cause Miss C to change dentists? There are many 'what

ifs' and concerns that many dentists have already encountered. Therefore, it is important to address the ethical concerns of each possible outcome of this scenario and the ADA Code may be of great assistance here.

What is the ADA Code of Ethics?

Every so often, each one of us wishes there was a set of rules, the 'dental commandments' if you will, that could help and guide us through everyday practice. In fact, dentists all over the world share responsibilities and common interests that create a bond among all dental professionals. According to the ADA, the dental profession has 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). Dentists live for and by these

ethical principles, they are protected and punished according to these standards and it builds the foundation of their professional autonomy. Patient autonomy, nonmaleficence, beneficence, justice and veracity are the underlying virtues of all aspects of the ADA Code. We should not only be aware of such a major commitment that the dentists in the US adhere to, but we should take the principles to heart and expand our own horizons to become more ethical, professional and fair in our practice of dentistry for the best interest of our international patients.

Why adhere to the Code?

Of course an ethical set of rules appears to limit the dentist's autonomy further, but this is not the case. Instead it protects our rights and great respect for our profession. Recognition for the ADA Code, of the

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education and training of a dentist, had resulted in society affording to the profession the privilege and obligation of self-government (ADA Code). Ethical principles and the law guarantee professional autonomy that is beneficial for both dentists and patients. If the state and lay people, politicians and administrators took those rights away from the dentist as a whole, little of the professional conduct and liberties would survive. Not only patients in the USA but all over the world look up to their dentists and ask for help and professional advice. Competence is not only service offered by dentists, but patients require those traits of character that foster adherence to ethical principles (adapted from ADA Code).

Ethical importance and advantages

Dr A's primary concern should be his patient's interest (*Section 3, Principle of Beneficence*). In the example of Miss C, deciding against carrying out the treatment himself is the correct decision. Nonmaleficence is another principle (ADA Code) and in referring Miss C to Dr B, the endodontist, he has made a good decision because he might not be qualified to treat the root canal himself. Treating for the sake of it is unethical and irresponsible; it may cause the patient harm. The ADA Code defines beneficence as follows:

'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.'

However, this principle is to be taken with a pinch of salt in most European countries. Only a few dentists are brave enough to refer a case to a specialist. Understandably, they are afraid to lose the patient to a more skilled dentist, who may shake his head when he sees a failed root canal and make comments to the patient that should really be made to a fellow colleague only. Unfortunately, these dentists are not required to adhere to the ADA Code and careless remarks may trigger a chain reaction of complications; the original dentist might even face a lawsuit. Since most dentists know the fear of such outcomes too well, they may lay hand on a case that should be left to a specialist. Here, the need for a code of ethical and professional conduct is clear.

In the case of Miss C, who ideally has a good relationship with her dentist, the patient is referred for the endodontic treatment of that maxillary first molar only. It is Dr A's responsibility to explain the need for the endodontic therapy to his patient and to check that she understands the need thereof. She should have

the chance to ask questions and be informed of all alternative treatments according to the standard of care. Before Dr A can refer her to Dr B, he has to explain to her why he cannot provide the treatment personally. At this point he has to be especially careful; he is not demonstrating his own fallibility but promoting the specialist's expertise in the patient's best interest. Many dentists would misunderstand this situation and, to play devil's advocate, say, 'I would never tell my patient that I can't perform the treatment. I would be admitting incompetence!' This is the wrong attitude. It is unethical and irresponsible, although understandable.

Once Miss C agrees to make an appointment with Dr B and understands the treatment plan, the picture shifts. Dr A puts his faith in Dr B's professionalism and entrusts him with a patient. What are the specialist's responsibilities and which ethical principles should he adhere to?

Responsibilities for the specialist

Dr A would not refer his patient to Dr B if he did not know for certain that Miss C would return to him for care. Although the financial benefit should never be weighted against the patient's best oral care, we do not live in a perfect world and many decisions are shaped by finance. Losing a patient would result in a financial loss and, for the unethical dentist, sacrificing one tooth and choosing not to tell the patient of the risks involved is tempting. However, this interferes with professional conduct, the standard of care, patient autonomy and the principle of nonmaleficence,

among others. If Dr A entrusts Dr B with his patient, can he rely on his colleague's integrity?

Once again we find the answer in the ADA Code. *Section 5H – Announcement of specialisation and limitation of practice*, defines the limitations of the specialist as follows:

'Dentists who choose to announce specialisation should use 'specialist in' or 'practice limited to' and shall limit their practice exclusively to the announced specialist area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved 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 (ADA Code).

'According to the General Standard 3, the practice conducted by dentists who are registered as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist. Not interfering with the general practitioner means that the specialist will return the patient after the planned procedure is completed.'

Dr B, the specialist in the fictional case of Miss C's endodontic treatment may discover other root canals that need treatment upon evaluation of an X-ray. He is obliged to inform the patient, since veracity and honesty as well as disclosure of any diagnosis to the patient are principles of the ADA Code. But what if the general practitioner, Dr A, wishes to perform these procedures? What if he overlooked them and only Dr B knows the best treatment for Miss C? How should he proceed with the case in a professional and ethical manner?

Honesty is key. Dr B should work with Dr A to provide the best care for Miss C. He might therefore call

or meet with Dr A and discuss his findings, in addition to further treatment requirements. Of course Miss C must be informed of all findings and all treatment options. It would be unethical to say, 'Miss C, I have found two other teeth that require root canal treatment. Dr A should have told you about this but I suppose he chose not to because he didn't want to lose your business.' Such a situation could lead to a case of malpractice for Dr A; he may even be reported to the board, even though he acted with the best of intentions. The same information could be communicated to the patient differently: 'Miss C, after further examination of your radiographs, I found a few teeth that may need further treatment. If you permit the disclosure of my findings to Dr A, I would like to call him to discuss what the best future treatment options would be for you.' The patient relies on the specialist's expertise. This second statement is ethical, careful and professional, but also puts the patient first. It paves the way for a co-operative future relationship between general practitioner and specialist, while preserving the patient's oral health and trust.


Patient versus professional autonomy

As mentioned previously, Miss C has had a long dentist-patient relationship with Dr A and trusts his expertise. What if she understands the need for treatment but refuses to go to a specialist? Haven't we all had a patient with dentist phobia who nervously clutches the chair and breaks into a sweat when we take out the explorer? In this case, it is Dr A's duty to explain the need for the specialist's involvement again, to explain all treatment options (such as extraction if the tooth remains untreated), and to obtain the patient's informed consent to proceed with the treatment. While Dr A has to respect patient autonomy and cannot force Miss C into accepting the proposed treatment plan, his professional autonomy and expertise prohibit the patient consenting to any substandard care.

Conclusion

For Dr A, referring a difficult case meant that his patient, whose best interest is his primary goal, would be in good hands. Whether another general dentist would have performed the same treatment himself is irrelevant. There is no steadfast rule of how big the problem should be before referring the case to a specialist. The underlying notion is to have enough faith in one's own professionalism and the ethical conduct of one's colleagues, to entrust a case to a specialist and know that one's patient will return. Such mutual honesty among professionals can be learned and we should all strive to work with each other for our patients, and not against each other for profit. The fictional case of Miss C and her treating dentists Dr A and Dr B can be applied to any specialty and situation. It is not meant to provide a uniform solution to every possible problem, but to inspire a more ethical and professional approach to a situation. A deeper understanding of the implications of any referral ultimately leads to a more professional approach and better co-operation with one's colleagues for less fear of one another and better patient care.

Sources

ADA Code of Ethics and Professional Conduct, 2007. Retrieved online from: http://www.ada.org/prof/prac/law/code/ada_code.pdf 

[Comments to pd@fmc.co.uk](mailto:pd@fmc.co.uk)

Dr Liviu Steier FICOI FIAG FRSM FADFE has been in private practice since 1985, and he has been working in Wimpole Street since 2006. He lectures worldwide on endodontics, aesthetic and restorative dentistry and has written numerous articles in international dental journals.