What's a Dentist to Do? Values, Part Four*

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First of all, I apologize for spending so much time on the six central values of the practice of dentistry. They are:

1. The patient's life and general health
2. The patient's oral health
3. The patient's autonomy
4. The dentist's preferred patterns of practice
5. Esthetic values
6. Efficiency in the use of resources

I intended to end our discussion of these with our last column, but a case came to my attention that I just could not resist including. It is a classic example of the conflict of these values.

Secondly, I have a request to all you readers. Please submit to us any cases which have an ethical flavor and would be of interest to our membership. It is a great way to "sound off" and at the same time get valuable feedback from our collective membership.

Several of the six values are involved here.

Our Example

After having her lower first molar extracted at the oral surgeon's office, Mrs. Doe had her first evaluation with Dr. D. They completed a comprehensive evaluation including panorex, full-mouth series, diagnostic mounted models, and jaw tracings of mandibular movements. A formal diagnosis and multi-disciplinary treatment plan were presented to the patient verbally and in writing, using X-rays, teaching aids, and her models. The patient agreed to follow Dr. D's recommendations.

An occlusal splint was fabricated and monitored for four months. Endodontic therapy was completed on tooth #14 (in which a pin-retained restoration had been placed a couple of years earlier, and the pin had been placed in the pulp). Periodontal therapy was performed, an implant was placed in site #19, and the appropriate integration time was adhered to prior to beginning the full-mouth reconstruction. The full-mouth reconstruction was begun, and custom provisional restorations were placed and evaluated for two months. For the first time in years, the patient reported that she was pain-free from a tooth standpoint and muscle standpoint.

On the day the patient was to return to have the maxillary crowns permanently cemented, the provisional crowns were removed. The permanent crowns (Procera anterior, conventional PFM posterior) were placed using Fuji Try-in paste. The patient evaluated the shade in the operatory. She was also offered the opportunity to view them in other locations (outdoors, restroom etc.). She declined this offer and approved the final cementation. Two weeks later she returned to have the mandibular crowns permanently cemented. The same procedure was followed, as with the maxillary crowns. Again she approved to proceed with final cementation. In fact, she was so happy that day with the work we had done that she brought expensive gifts for the doctor and a staff member.

Please e-mail us at kdegrote@mndental.org or fax us at (651) 646-8246. We look forward to hearing from you not only regarding this article, but also if you have any ethical dilemmas you would like to present to the membership. Perhaps we can help you decide what to do.

Another week or so had passed when the patient called the office from her summer home to say that she kept looking at the crowns, thought they were not the shade she had chosen, and asked Dr. D to look into it. As it turned out, the crowns were NOT the shade she had requested. After several days of communication with the laboratory, the lab admitted that there had been an error made when entering the requested shade of porcelain into the computer.

When the patient returned from her vacation, she met with Dr. D to discuss what had happened.

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**Some ideas and material quoted in this article are from Dental Ethics at Chairside: Professional Principles and Practical Applications by David T. Ozar, Ph.D. and David J. Sokol, D.D.S., J.D., F.A.G.D., Georgetown University Press, Washington, D.C.*

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Ethics Committee

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Understandably, she was upset, and she cried. They had a preliminary discussion about what the options were. She was adamant from the start that she wanted all of the crowns re-made. Dr. D asked her what had made her question the shade in the first place. She replied that she and her husband had attended several social outings while on vacation, and none of their friends had complimented her teeth.

Fortunately, the Does were traveling quite a bit that summer, and asked to postpone any work until the fall. In the interim, Dr. D made calls to several colleagues in various areas of expertise, including legal issues, ethical issues, porcelain technology, implant failures, and so on trying to get at what would be best for this patient. Dr. D "just could not get my brain around having to remove all of the crowns and risking the periodontal stability, TM joint stability, and occlusal stability that we had obtained — all for the sake of a shade."

Ultimately Dr. D made the decision to not perform the retreatment. The patient and her husband have contacted Dr. D's malpractice insurance carrier, but no formal complaints have been made at this time.

Discussion

In the November-Decemer 2004 issue, we introduced the six central values of dental practice. In the next two issues we discussed the conflict of these values. This example is further illustration of such a conflict. Several of the six values are involved here.

1. The patient's oral health. By removing all of those crowns and replacing them to lighten them one shade, is the doctor putting the patient's oral health at risk?
2. The patient's autonomy. If it was up to the patient, of course, she would have all the crowns removed, but are there other values here that take precedence?
3. Dr. D's preferred pattern of practice. Dr. D. feels he performed ideal dentistry for Mrs. Doe. He did everything "by the book" and was elated by the results. Mrs. Doe is pain-free, the margins are immaculate, the occlusion is stable, but the shade is A1 and she wanted it lighter. Dr. D's pattern of practice tells him not to unwrap the case for fear of undoing what was done, which is pain-free, stable, beautifully marginated, and totally esthetic.
4. Esthetic values. Remember, though the patient's judgment of what is esthetic is important, the dentist's judgment through years of training and experience is often more objective and true.

What should Dr. D do? Should he redo the case or not? With whom should he consult? What values take precedence? Isn't this fun?

MINNESOTA DENTAL ASSOCIATION

Nominees for MDA Offices Announced

The Minnesota Dental Association Board of Trustees, at its meeting on Saturday, April 30, 2005, selected the following individuals to be presented for election by the 2005 House of Delegates:

Elective Office Nominee

President-Elect

Richard A. Wiberg,
Saint Paul

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Maple Grove

Second Vice-President

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