How Familiar Are Dentists with the ADA Code?

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Ethics codes are developed by organizations to serve, at least, these three purposes: (a) inform members of the kinds of behavior expected of members, (b) state reasons members may be dismissed or disciplined by the organization, and (c) communicate a positive image to the public at large. To a lesser extent, codes can serve as the focal point for discussion among the inner circle of organizations regarding the organization's identity.

The first two of these functions depend heavily on the code's being understood by the members of the organization. This report presents some data baring on how familiar dentists are with ADA Code.

Nature of the ADA Code

The official name is the *American Dental Association Principles of Ethics and Code of Professional Conduct*. As stated in the introduction to this document, the term "ADA Code" is used as a shorthand expression for the longer designation. There is no ADA Code of Ethics. Quoting from the introduction, "The ADA Code has three main components: The Principals of Ethics, the Code of Professional Conduct, and the Advisory Opinions.

There are five ethical principles: Patient autonomy, nonmaleficence, beneficence, justice, and veracity. These were introduced in the 1990s and borrowed as a superstructure for the 80-year-old Code of Professional Conduct. The first four of these principles are the common set, referred to as the Georgetown manta, developed in the, then emerging field, of bioethics [Beauchamp T, & Childress JF. (2009). *Principles of biomedical ethics* (6th ed). New York, NY: Oxford University Press]. Robert Veach, of Georgetown, served as a consultant to the group at the ADA that developed this exoskeleton. As a third of the items in the code of conduct, particularly detailed matters pertaining to fees, advertising, names of practices, announcement of specialty care, and so forth, could not easily be classified under the traditional ethical principles, an additional category, veracity, was added. The bioethics principle of autonomy or respect for persons was redefined to exclude dentists, staff, and individuals in need of oral health care who are not patients of record and is now known as "patient autonomy."

The Code of Professional Conduct enumerates 28 "specific types of conduct that are either required or prohibited" for members of the association. Such listings of expected behavior have a long history in the professions, where they were formerly known as "Codes of Professional Etiquette." They have been developed to create a common set of expectations regarding what behavior individuals in a particular profession should expect from each other. For example, the original ADA code of 1867 required that dentists consult with each other to fix prices within communities. When the Principles of Ethics was added to the ADA Code, the Code of Professional Conduct remained essentially as it had been at the time.

The ADA Code also contains 27 Advisory Opinions. These offer guidance as to how the elements in the Code of Professional Conduct might be interpreted in specific situations. For example, the Code of Professional Conduct item on justifiable criticism expresses three obligations: (a) reporting cases of gross or continual faulty treatment to an appropriate authority, (b) informing the patient of his or her present condition, and (c) refraining from making disparaging remarks about prior services. The advisory opinion is a 200-word explanation of the meaning of the term "justifiable," including the

possible action of contacting the prior treating dentist to discover the conditions under which care was provided.

The numbering of elements in the ADA Code makes it easy to follow this three-part structure. Principles are indicated by a single number: 1 for Patient Autonomy, 2 for Nonmaleficence, etc. Items in the Code of Professional Conduct are designated by an upper-case letter following the number. So justifiable criticism is the third item under the principle of justice, or 4.C. Advisory Opinions are indicated with an additional number. Recommending or perfuming unnecessary services being unethical is not part of the Code of Professional Conduct; it is the sixth interpretive guidance under representation of fees under the principle of veracity, or 5.B.6.

The Principles of Ethics are aspirational in the sense that the American Dental Association suggests that these are the ethical standards for the entire profession. The Code of Professional Conduct is enforceable, in distinction to being aspirational. "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 violation may result in disciplinary action." Advisory Opinions are guidance of how the ADA Council on Ethics, Bylaws and Judicial Affairs might interpret the Code of Professional Conduct in a disciplinary proceeding.

Something like this structure is repeated at the state level, although the content, wording, and interpretation may differ. Other organizations in the profession, such as ethnic, specialty, or honorary groups, also tend to have their own aspirational and enforceable ethical guidelines. It is difficult to maintain the ADA's position that the five principles they have chosen to emphasize constitute "the principles of the profession" in distinction to the principles of the American Dental Association. Society in general has many such codes as well, including universities, the government and military services, community organizations, and commercial firms. There is potential for conflict among codes and always a trade-off between specificity of rules and their generalizability. As stated in the American Dental Association Principles of Ethics and Code of Professional Conduct, "principles can overlap each other as well as compete with each other for priority, . . . and the ADA Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations."

How Well Is the Code Understood?

The very existence of a code is of value to an organization. Being able to say to those the organization serves that there is a code guiding behavior of members has public relations value. This is especially true for enforceable codes, as this signals a willingness to self-police. There is also a sense of pride members feel in belonging to a group that publicly announces its commitment to ethical principles. The logic runs something like this: Group X stands for ethics; I am a member of X; therefore, I am ethical. Undoubtedly, this is true in fact in many cases, but it is awful logic. The better argument would be: My behavior is consistent with the ethical standards of Group X; X is seeking members who exemplify their standards; therefore, I should be invited to membership in Group X. Some organizations, such as the American College of Dentists, follow this logic.

A full understanding of how ethical codes in organizations affect the behavior of members in those organization is still years away. One element in this understanding is almost certainly the extent to which members know the codes. The straightforward argument is that members learn codes and that knowledge affects their behavior. This is certainly a simplified view, and there are numerous contextual factors that mediate between what we know and how we behavior. However, if it can be shown that

members have a poor understanding of the codes, the argument that codes influence behavior is undermined.

The research reported here is intended to provide a first glimpse into how well dentists understand the ADA Code.

A 16-question test on the ADA Code was developed and pilot tested on faculty and residents in a dental school. The test and the passages supporting the keyed answers in the ADA Code are displayed in Table 1. The test was administered three times. Fifty-four students at the Oregon Health Science University took to test as part of their course on ethics, but prior to coverage of this topic. One hundred thirty-nine fellows and candidates for fellowship in the American College of Dentists completed the test as part of a workshop presentation on ethics. Twenty-three dentists of various backgrounds competed the test in a continuing education program sponsored by the University of the Pacific. An additional 16 individuals who were either Canadian dentists or American dental hygienists completed the test. All four groups were scored as part of one set and separately.

Questions were scored right or wrong based on the key described in Table 1. Unanswered questions were handled two ways. Where an item was left blank between previously answered items and following questions that were attempted, the item was marked wrong. Where a succession of questions at the end of the exam was left unanswered, it was assumed that the respondent ran out of time. The unanswered items were not scored and the respondent was given a score proportioned only to those items attempted to that point.

The Cronbach alpha, which reflects internal consistency of the test, was 0.582. This is satisfactory for such a short test. The overall score for 232 respondents was 46.5%. This is less than half of the questions answered correctly. As there were one correct response and three distractors for each question, the purely random score would have been 25%. A one-way ANOVA test across the four types of respondents was significant at $F = 15.100$, $p < .001$. The highest scoring group was the dental students.

In Their Own Words

Multiple-choice tests with low scores are easy to criticize. By comparing the keyed responses with the exactly language in the ADA Code in Table 1, it should be possible to gauge whether there were trick questions. An alternative explanation is that the test did not "ask the right questions." An open-ended evaluation would have inquired about what respondents did in fact know about the ADA Code.

In order to test this possibility, one of the sessions, the one at the American College of Dentists convocation, included an open-ended question. The following instruction was given in writing: "List one element in the ADA Code of Professional Conduct that really stand out to you." Respondents were given about five minutes to complete this exercise. Table 2 displays the responses.

About half of the volunteered standout points in the ADA Code of Professional Conduct were not actually element in the Code of Professional Conduct. Perhaps of greater concern is the fact that three-quarters of those given an opportunity to mention anything that mattered to them in the code offered nothing. To protect against the possibility that respondents may have come late of otherwise not have been in a position to respond to this item, only those forms were considered where respondents had answered the questions previous to and the questions following this item. This very large nonresponse

to an open ended question about the Code is consistent with a low or nearly random response on the multiple-choice questions.

Discussion

It is essential to recognize that this research does not support any conclusions about whether the respondents or dentists in general behave ethically. If anything, there is a bias that this sample is skewed toward the high end of ethical practitioners, as shady actors tend to avoid gatherings where ethics is likely to be a topic of conversation. What the data do challenge is the relationship between knowledge of a certain set of rules and one's reputation for professionalism. Because the American College of Dentists requires membership in the ADA, the majority of the respondents in this research were certainly bound by the ADA Code.

The ADA cannot be criticized for paying insufficient attention to getting out the word about the Code. Since 2004, the association has published a feature in JADA called the "Ethical Moment." This usually appears ten times per year and is usually a two-page discussion of a practice dilemma. The incidents appear to be selected because they are related to the ADA Code; or at least it is a common format for the articles to step through most or all of the sections of the Code, noting the relevance of each to the case.

A long-serving member of a state dental board explained that exposure to information alone is insufficient; we learn and retain information only when there is a need to know. He said that the kind of individual who knew every detail of the state dental practice act was the one who was defending against an action against his or her license. Dentists who are ethical or who believe they are, have little incentive to memorize the details of a code, especially one filled with so many terms such as "obligation" or "duty."

Although we are not able to use the data from this study to make a strong case for knowledge of the ADA Code being linked with ethical performance, it may still be the case that the Code of Professional Conduct part of this document functions as a foundation for the association's enforcing positive ethical standards, at least among the two-thirds of dentists who belong to the ADA.

In the spring 2018 issue of this journal [Chambers, D. W. (2018). Disciplined dental licenses: An empirical study. *Journal of the American College of Dentists*, *85,* (2), 30-39] it is reported that the rate of disciplined licenses among non-members of the ADA is about the same as that for members and that there are virtually no complaints against dentists filed by their peers. This would be unusual in light of 4.C in the ADA Code of Professional Conduct that obligates dentists to do so.

As stated in the Code, Advisory Opinions are provided as interpretations of how the Council on Ethics, Bylaws and Judicial Affairs might interpret the Code of Professional Conduct when disciplinary actions are taken. It has not been reported that any ADA member has been disciplined for failing to report incidents of gross or continual faulty treatment by a colleague. Although national and state judicial councils have the responsibility to propose, interpret, publicize, and apply sanctions on members who violate the codes, such sanctions are limited to privileges within the organization and do not extend to the ability to practice dentistry. Typically, judicial bodies in organized dentistry apply codes after a matter has been handled by the state. Often dentists who have been sanctioned by the state withdraw of their own volition from organized dentistry. Occasionally, they will bring legal action seeking relief

from the characterization of their practices as "unethical" by a group that lacks status to set standards for non-members.

The evidence is mixed on whether organizations generally that have codes of ethics are less likely to have legal actions brought against them for violating social conventions. [Bried AP, Dukerich JM, Brown PR, Brett JF. What's wrong with the Treadway Commission Report? Experimental analysis of the effects of personal values and codes of conduct on fraudulent financial reporting. *Journal of Business Ethics*, 1996, 15, 183-198; Kaptein M, Schwartz MS. The effectiveness of business codes: A critical examination of existing studies and the development of an integrated research model. *Journal of Business Ethics*, 2008, 77, 111-127]. It certainly did not help in the case of Enron, which had a very strong code that can be seen online at http://mishkenot.org.il/Hebrew/docs/ethics/%D7%A7%D7%95%D7%93%D7%99%D7%9D%20%D7%90%D7%AA%D7%99%D7%99%D7%9D%20%D7%A9%D7%9C%20%D7%90%D7%A8%D7%92%D7%95%D7%A0%D7%99%D7%9D%20%D7%A2%D7%A1%D7%A7%D7%99%D7%99%D7%9D/Enron%20Code%20Of%20Ethics.pdf

Table 1. Test on the ADA Code: items, response, and documentation of the keyed response. Keyed response in italics.

ADA Principles of Ethics and Code of Professional Conduct

1. The ADA Code is a written expression of
1% a. The aspirations of select members of the profession.
68 b. *The obligations arising from an implied contract between the dental profession and society.*
21 c. The standards required for membership in the American Dental Association.
5 d. The aspirational values of the American public for oral health.
6 [Blank]

"The ADA Code is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society." [Introduction]

2. Because the ADA Code represents "the profession's firm guideposts," its principles are
27% a. A comprehensive and consistent listing of the conduct of ethical dentists.
59 b. A consistent, but not entirely comprehensive listing of the conduct of ethical dentists.
6 c. *Incomplete and sometimes conflicting suggestions for ethical conduct.*
15 d. The same as the principles in medicine, nursing, dental hygiene, and other health fields.
3 [Blank]

"By its very nature [it] cannot be complete." "Principles can overlap each other as well as compete with each other." [Introduction]

3. The ADA Code of Professional Conduct is
26% a. The same as (alternative name for) the Principles of Ethics.
35 b. Developed and subject to modification by the Council on Ethics Bylaws and Judicial Affairs.
14 c. *Managed by the ADA House of Delegates and binding on all ADA members.*

17 d. The part of the ADA Code that is suggestive and open to the professional conscience of practitioners.
9 [Blank]

"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." [Introduction]

4. The principle of autonomy (self-governance) applies to
35% a. Dentists, both in their relationship to the public and to their peers.
4 b. *Patients only.*
7 c. All individuals in need of oral health care.
51 d. Everyone.
6 [Blank]

"The dentist has a duty to respect the patient's right to self-determination." [Principle 1: Patient Autonomy]

5. Under the ADA Code (advisory opinion), it is **NOT** ethical to
2% a. Charge patients for copies of their records.
0 b. Release records to patients (they can only be released to licensed dentists).
16 c. Release records to others dentists directly (they must be requested in writing by patients).
75 d. *Withhold records of patients with significant past due balances (bad debt).*
6 [Blank]

"A dentist has the ethical obligation on request of either the patient or the patient's new dentist [to furnish copies of records]. This obligation exists whether or not the patient's account is paid in full." [Advisory Opinion 1.8.1]

6. Nonmaleficence is
39% a. A technical term for a reference to the Hippocratic Oath, specifically calling out not practicing below the standard of care.
1 b. A flower with large red and orange blossoms native to Central America.
0 c. A skin condition.
56 d. *Expressed as conduct that avoids inadequate training and failure to refer when appropriate, proper delegation of auxiliary personnel, not practicing while impaired, patient abandonment, and interpersonal relationships with patients that may impair judgment.*
4 [Blank]

Nonmaleficence code items: education, consultation, referral, use of auxiliaries, impaired practice, personal relations with patients, patient abandonment. [Principle 2: Nonmaleficence]

7. The principle of beneficence specifically FORBIDS
6% a. Entering into contractual relationships for providing care under capitated and some other contractual relationships.
72 b. *Adjusting the level of care to patients' ability to pay or mechanism of payment.*
2 c. Serving as an expert witness, if that involves testifying against a colleague.

4 d. Being compensated for endorsing products or procedures.
7 [Blank]

"the same ethical considerations apply whether the dentist engages in fee-for-service, managed care, or some other practice arrangement." [Principle 3: Beneficence]

8. Under beneficence, the ADA Code specifically expects dentists to perform all of these duties **EXCEPT**

8% a. Make the results of their research and practice experience available to all members of the profession.
19 b. Participate in organized dentistry.
61 c. *Avoid seeking public office because of inherent conflicts with the perception of esteem for the profession.*
4 d. Learn about and report suspected cases of patient abuse and neglect.
8 [Blank]

"Dentists have an obligation to use their skills and experience for the improvement of the dental health of the public and are encouraged to be leaders in their communities." [3.A]

9. Under the principle of justice, the ADA Code admonishes practitioners to

17% a. *Actively promote access to care*.
20 b. Enter into arrangements to share revenues with others to the extent that this promotes more patient care.
45 c. Accept all potential patients, regardless of race, sex, national origin, or nature of oral condition.
14 d. Make provisions for emergency care only for patients of record.
4 [Blank]

"Actively seek allies throughout society on specific activities that help improve access to care for all. (Dentists may not, should not, accept all patients regardless of their oral condition.) [Principle 4: Justice]

10. When dentists become aware of instances of gross or continual faulty treatment by other dentists, they are obliged to

61% a. *Inform the patient of their condition and notify the appropriate local component or constituent society.*
25 b. Refrain from commenting disparagingly to anyone because the conditions of treatment may not be known.
5 c. Avoid contacting the previous dentist because of potential legal complications.
4 d. Offer to "make it right" for the patient, without questioning the previous dentists' intentions or skill, so the patient will have a good dentist.
4 [Blank]

"Dentists shall be obliged to report to the appropriate reviewing agency . . . 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" [4.C]

11. The ADA Code advisory opinion on amalgams states that it is unethical to remove intact amalgam restorations from patients

34% a. *When the procedure is recommended solely by the dentist who will perform the work.*
7 b. When the procedure is requested by the patient and agreed as indicated by the dentist.
6 c. Only when it can be established that the patient is allergic to amalgam.
46 d. There is not mention of this specific matter in the ADA Code.
7 [Blank]

"When [removal of amalgam from non-allergic patients] is performed solely at the recommendation or suggestion of the dentist, [it] is improper and unethical." [5.A.1]

12. Waiving copayment (accepting a reduced fee as payment in full for an insured procedure)
48% a. Is unethical under all circumstances.
7 b. Is appropriate at the discretion of the practitioner.
1 c. May be appropriate if it promotes patients seeking better care and dentists providing more services.
43 d. *May be appropriate on an individual basis, provided that the insurance carrier is notified in advance and authorizes the specific case.*
1 [Blank]

"A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling." [5.B.1]

13. A dentist who *recommends* unnecessary services is unethical
92% a. *PERIOD*
0 b. If the patient waives informed consent.
1 c. If fees exceed usual, customary, and reasonable.
4 d. Only if the services are actually performed.
0 [Blank]

"A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct." [5.B.6]

14. Dentists are obliged by the ADA Code to report serious adverse patient reactions to drugs or devices to the Food and Drug Administration if
9% a. The drug or device is investigatory or experimental.
5 b. If the drug or device is used "off label" – for purposes other than approved by the FDA.
54 c. *In all cases.*
29 d. In no cases, there is no mention of this issue in the ADA Code.
3 [Blank]

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 . . . the food and Drug Administration." [5.D.1]

15. The title "doctor" or the initials "DDS" or "DMD" are appropriate in communications with patients, but it is discouraged as misleading to the public to include any of the following **EXCEPT**
14% a. Honorary distinctions by abbreviation such as FACD or MAGD (for Fellow of the American College of Dentists or Master, Academy of General Dentistry).

36 b. *Earned advanced degrees from accredited institutions, such as masters or PhD in a health field.*
7 c. Membership in professional organizations, such as "Member of the ADA."
38 d. Recognitions from institutes, academies, or continuing education programs that are not accredited by a body recognized by the US Department of Education.
5 [Blank]

"A dentist may use the title Doctor or Dentist, DDS, DMD, or any additional earned, advanced academic degrees in health service areas in an announcement to the public." [5.F.3]

16. For a dentist to ethically announce to the public credentials in a discipline not recognized as a specialty by the ADA, a general dentist must satisfy three of the following requirements. Which one is **NOT** required?

20% a. Completion of a formal, full-time program of at least 12 month's duration, plus testing.
52 b. *Fees charged for involved services do not generally exceed those charged by general dentists in the area.*
10 c. It is disclosed that the dentist is a "general dentist."
15 d. It is disclosed that the ADA does not recognize this discipline as a specialty.
3 [Blank]

Specialist announcement of credentials in non-specialty interest areas required "completion of formal, full-time advanced educational program, (graduate or postgraduate level) of at least 12 months' duration . . . and testing; announcement [that practice] is not recognized as a specialty area by the American Dental Association [5.H.2]; and General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services . . . [and] state that the services are being provided by a general dentist." [5.I]

Table 2. Elements in the ADA Code of Professional Conduct that stood out most to dentists.

Number	Item
	<u>Elements in the Code of Professional Conduct</u>
5	Inform patients or procedures and reasonable alternatives [1.A]
4	Keep knowledge and skills current [2.A]
3`	Justifiable criticism [4.C] (plus an additional comment "Do not pass judgment")
2	Unnecessary treatment [5.B.6]
2	Charts and records [?]
1	Obliged to treat everyone
1	Announcement of services [?]
1	Provide emergency services [4.B]
1	Must refer if possible [?]
1	Announcements should bring esteem to profession [3.A]
	<u>Other parts of the ADA Code</u>
3	Put the patient's interest first
2	Honesty, veracity, fidelity

2 Beneficence
1 Autonomy
1 First do no harm
1 Contract between the profession and the public

The first and last items above are in the preamble of the Code. The others are principles. Respondents were instructed in writing: “Remember, patient autonomy, nonmaleficence, beneficence, justice, and veracity are principles. Do not list any of these. Only list items in the Code of Professional conduct.”

Other comments

2 Dentists are encouraged to be ethical
1 Professionalism
1 Ethics and law are different
1 Evidence-based dentistry
1 Judgment
1 Communication
1 ”I have never read it”
1 ”I depend on my conscience”