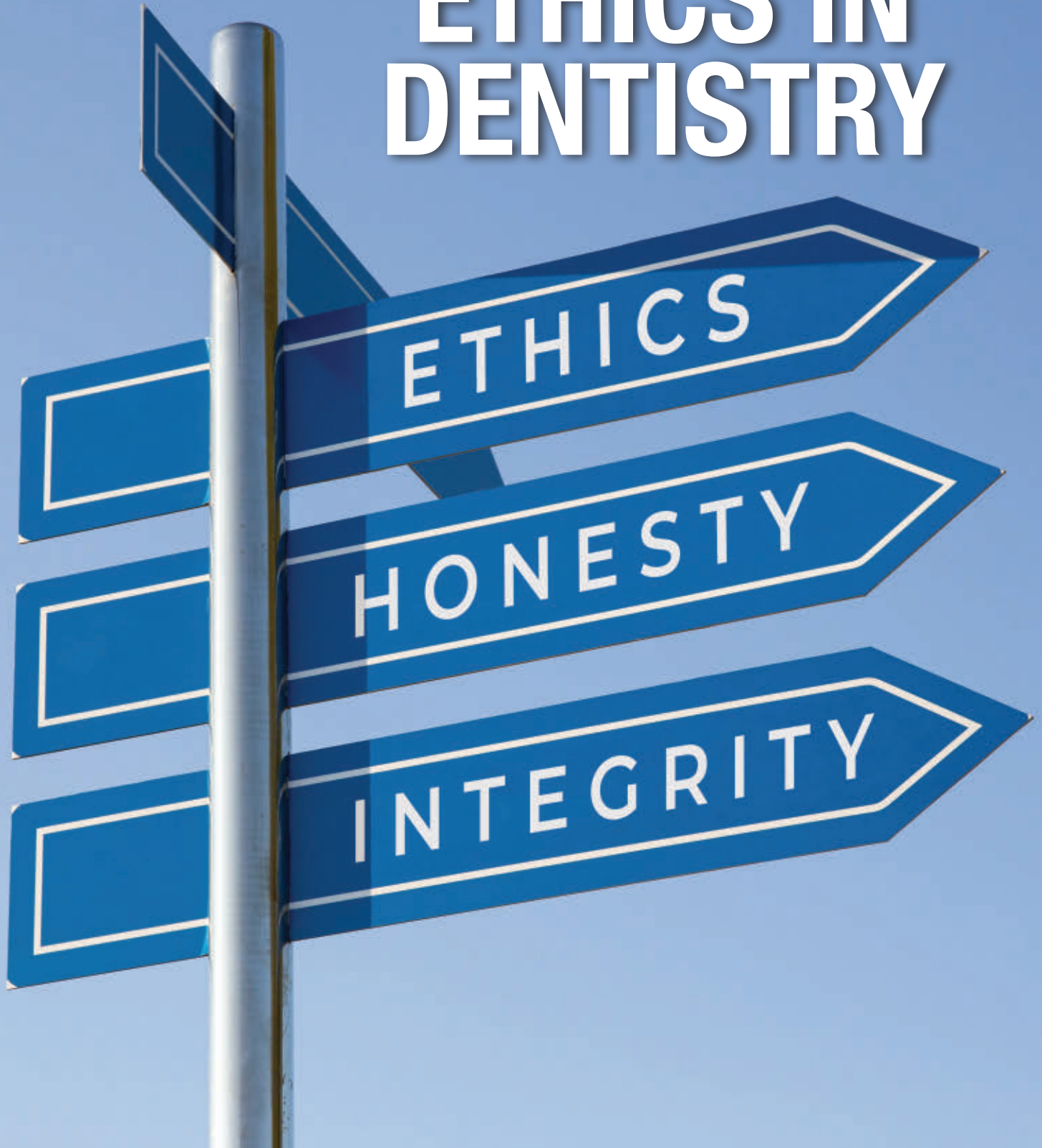


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Joe Consani

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Ethics Is a Language



By Dr. Tom Holt

The following is a guest editorial by ODA member Dr. Tom Holt. Dr. Holt practices in Coos Bay. All members are welcome to submit guest editorials via email to ODA Editor Dr. Alayna Schoblaske (aschoblaske@gmail.com).

ETHICS IS A LANGUAGE. THAT'S THE ANSWER

I give when people ask me what I think ethics is. I get asked that question more than most dentists because I'm also a bioethicist. I have a master's degree in bioethics and a health care ethics consultation certification. I work in my local hospital, performing ethics consultations for health care providers. Dentists tend to ask me why I chose to study ethics, and they ask if studying ethics has changed how I think about dental ethics. I enjoy answering both of these questions. There is no universal agreement on how to define "ethics," and "dental ethics" is no different. There are as many ways for dentists to define dental ethics as there are dentists to ask the question. When I describe ethics as a language, it becomes possible to discuss what ethics can DO, and what dentists can do with ethics.

Of course, ethics can also be defined as a field of study; a branch of philosophy; a theory of moral values; and dentists can point to the ADA Code as a set of rules which guide professional behavior. So when I say that ethics is a language, it's because I want to invite dentists to think about ethics in a new way, to break out of the distant and academic way that we often look at ethics. I want dentists to think of ethics as something that can be learned; something that can be shared; and most importantly, something that can be useful.

Ethics truly becomes USEFUL when it provides a common language and structure to allow people to research and discuss and collaborate about problem-solving together. In healthcare, using the established language and processes of ethics to consider health care situations is called BIOETHICS. What bioethics can do for dentists is provide objective language and processes for finding solutions to those situations where dentists and their patients struggle to move forward because the situation requires problem-solving tools beyond what they possess, and which the current dental ethics model is inadequate to provide.

But how often does that really happen? Doesn't the ADA Code provide dentists with all the tools they need? Well, it didn't for me. I struggled against barriers to providing care for my patients that resulted from practicing in a rural area where the oral disease burden is high, resources are limited, and my sense of professional duty to my patients was often strained by external forces such as managed care contracts, government regulation, and insurance companies limiting care choices and lowering reimbursement. And I never bought into the practice-management solution of simply dismissing patients whose health care needs or financial resources didn't align with my preferences. I was facing varying types of ethical dilemmas, and dental ethics didn't provide enough of a

mechanism for me to process and resolve those dilemmas.

Studying bioethics gave me a broader understanding of health care and allowed me to understand the role of dentistry within the health care landscape. Gaining fluency in the language of bioethics allowed me to communicate better with my colleagues and my patients, as well as the organizations and agencies I interacted with. Learning that providers in hospitals are trained to identify ethical dilemmas, and that they request consultations from bioethicists, allowed me to embrace the vulnerability that comes with realizing that it's OK to ask for help. Becoming a bioethicist myself allowed me to provide that help and support to health care teams and their patients. I believe that dentists, their teams, and their patients can benefit from this type of help and support as well. Navigating ethical dilemmas using the language of bioethics creates space for reflection and collaboration, and promotes resilience for dentists and the dental team, which can be foundational to wellness efforts in our industry. Developing a fluency in the language of bioethics allowed me to fall back in love with the chairside practice of dentistry. Now, I want to help dentists benefit from a bioethics-informed dental ethics so that dentists can keep loving what they do, and this great profession of ours can continue to meet even the most challenging needs of our patients. ●

The opinions expressed in this editorial are solely the author's own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.



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Events & Education Component CE Calendar

CONTINUING
EDUCATION

Calendar provided by Mehdi Salari, DMD

This calendar is current as of April 19, 2024.

Please visit the host dental society website for the most up-to-date information.

Date	Dental Society	Course or Event Title	Speaker	CE	Location	More Information
05/10/24	Lane	LCDS Golf Scramble	-	-	Junction City (Shadow Hills Country Club)	Register: www.bit.ly/LCDSEVENTBRITE
05/15/24	Multnomah	Table Clinics	-	2	Portland (Kennedy School)	Info/Register: www.multnomahdental.org
05/16/24	Central Oregon	TBA	TBA	2	Bend (Riverhouse Convention Center)	More info email: drjessicahenderson@gmail.com
05/16/24	Southern Oregon	Financial	Dr. Tyler Scott	2	Medford (West Orthodontics)	Info/Register: www.sodsonline.org
05/17/24	Clackamas County, Multnomah & Washington	The Business of Dentistry: To Invigorate your Practice & Accelerate Your Success	More information to come	4	OSU Portland Center	Info/Register: www.multnomahdental.org
05/28/24	Clackamas County Dental Society	Annual Meeting, Conservative TMD Treatment	Kim Wright, DMD	2	Oregon City (PW FCC)	RSVP to executivedirector@clackamasdental.com
06/11/24	Lane	Retiree Luncheon	-	-	TBD	Register: www.bit.ly/LCDSEVENTBRITE
06/20/24	Multnomah	Women in Dentistry - Wine/Paint Night	-	-	Bottle and Bottega	Info/Register: www.multnomahdental.org
08/15/24	Southern Oregon	Ergonomics and More	Dr. Jordan Spence (Physical Therapist)	2	Medford (West Orthodontics)	Info/Register: www.sodsonline.org
09/19/24	Central Oregon	TBA	TBA	2	Bend (Riverhouse Convention Center)	More info email: drjessicahenderson@gmail.com
09/19/24	Multi-Component Event	Fall Kick Off / Tailgate Event	-	-	ODA Parking Lot	Info/Register: www.multnomahdental.org
09/26/24	Clackamas County Dental Society	Fall Social / Arcade Game Challenge			Dave & Busters, Clackamas	RSVP to executivedirector@clackamasdental.com
10/16/24	Multnomah	3D Imaging	Dr. Saulo Sousa Melo	2	Portland (OHSU SOD)	Info/Register: www.multnomahdental.org
10/18/24	Lane	Suturing for Success: (Hands-on, Limited to 30 people)	Dr. Nabeel Cajee	2	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
10/23/24	Multnomah	TBA	Saulo Sousa Melo, DDS, MSD, PhD, MS	2	Portland (OHSU SOD)	Info/Register: www.multnomahdental.org
11/07/24	Multnomah	New Dentist Event	-	-	Langers Entertainment Center	Info/Register: www.multnomahdental.org
12/06/24	Lane	Advances in Dental Pharmacotherapy	Karen Baker, RPh, MS	3	Eugene (Lane Community College)	Register: www.bit.ly/LCDSEVENTBRITE
01/17/25	Multnomah	Medical Emergencies	TBA	4	TBD	Info/Register: www.multnomahdental.org
03/19/25	Multnomah	CE Course	TBA	2	TBD	Info/Register: www.multnomahdental.org
05/21/25	Multnomah	Annual Meeting / Table Clinics	TBA	2	TBD	Info/Register: www.multnomahdental.org

Find this calendar online at www.oregondental.org. Click “Meetings & Events” > “Calendar of Events”.

Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit adaceonline.org to catch up on the latest offerings on your own schedule. ●

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What Is the Benefit of a Peer Review Program?

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at the heart of every successful relationship, from friendship and family life to business. Trust is an important part of oral health care too! The foundation of a good dentist-patient relationship, one that encourages and promotes good dental health, is good communication. A sincere effort on the part of the dentist and the patient to discuss the course and cost of treatment and the expectations of the outcome can go a long way toward establishing mutual trust. The unasked question or unexpressed concern can undermine trust. A simple conversation

almost always resolves doubts and answers questions.

In those instances where a problem or misunderstanding cannot be resolved, the peer review process is an available resource. Peer review is a process by which the dental profession reviews and resolves problems or misunderstandings regarding dental treatment. Peer review exists for the benefit of the patient and the dentist, to come to a resolution of a perceived issue.

The peer review committee consists of dentists who volunteer their time and expertise to consider questions about the appropriateness or quality of care. The members of

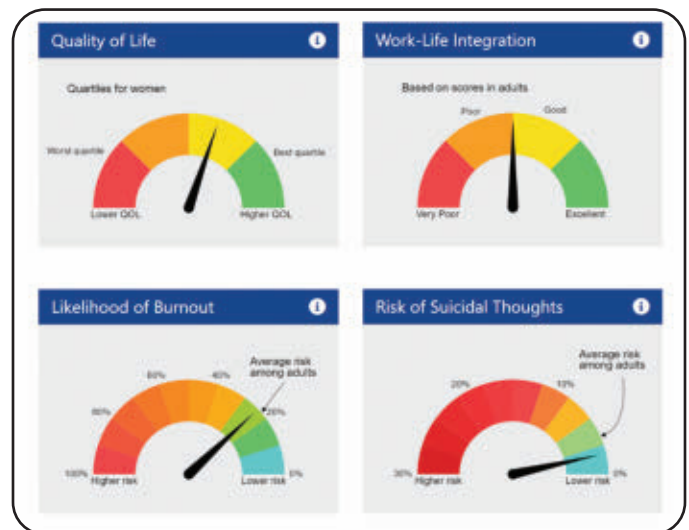
the committee are impartial, and their services are available to those who participate in the process. A dispute may be resolved through mediation alone, or through review of the patient records and clinical examination.

Peer review provides an impartial, easily accessible and generally expedient means for resolving misunderstandings regarding dental treatment. It exists for the benefit of the patient and the dentist. Peer review is not a court of law. It is a voluntary process that relies on the good faith between a dentist and a patient and the patient and their mutual interest in good dental health.

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Explore **ADA.org/Wellness** for articles, courses, videos and other resources across these health and well-being areas: mental health, physical health, opioid prescribing, and pregnancy.



Well-Being Index (WBI) [ADA.org/Well-BeingIndex](https://ada.org/Well-BeingIndex)

Your health matters. The ADA licensed the Dental Well-Being Index (WBI) — the validated risk assessment tool invented by the Mayo Clinic and used by hundreds of health care organizations — for every Member. Log into your ADA account first. Then, set-up your WBI account. The WBI takes one minute to complete and you will see your own personal dashboard and resources. You can track your well-being over time.



ADA Dentist Well-Being Program Directory *(updated in 2023)* [ADA.org/WellnessDirectory](https://ada.org/WellnessDirectory)

This Well-Being Program Directory provides a list of healthcare professionals in each state who will serve as a point of contact and offer support during a time of need. This is part of the ADA mission to enhance the personal and professional lives of our members for the betterment of the dental team and the patients they serve.



After a Suicide Postvention Toolkit [ADA.org/Postvention](https://ada.org/Postvention)

September is national suicide prevention awareness month. *After a Suicide: A Guide for Dental Workplaces* was developed in 2023 by the American Foundation for Suicide Prevention (AFSP) and the American Dental Association (ADA). This resource reflects learnings in responding to a suicide death for professional dental settings.



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- ADA Dentist Well-Being Program Directory
- 2-part Resilience Webinar courses in ADA CE Online
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ODA, Oregon Board of Dentistry Foster Collaboration, Transparent Communication

By Melody Finnemore

OLESYA SALATHE, DMD, OWNER OF DENTAL PRACTICES in Molalla and West Linn, knows firsthand what it's like to learn of a complaint through the Oregon Board of Dentistry (OBD).

"It was one of the scariest things to go through. It could have been very isolating, and, at times, I really felt that, but organized dentistry helped me build connections," she said. "I felt like I was mentored by membership, and they walked me through it. Thank goodness everything was cleared, and I learned a lot. It pushed us to really assess our systems and processes."

Established by the state Legislature in 1887, the OBD has since regulated the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. With 7.5 full-time staff members, the OBD carries out its mission to promote quality oral health care and protect all communities in the state by equitably and ethically regulating dental professionals.

As of March 1, Oregon had 3,731 dentists, 4,201 dental hygienists, and 19 dental therapists, and OBD issued the first dental therapy license on Nov. 1, 2022. It does



OLESYA SALATHE



“The OBD works collaboratively with the ODA to align communication to ODA members about changing rules, continuing education requirements, and updates that impact the profession such as health emergencies. Those updates also include proposed legislation that could change dental practices and policies and impact ODA members.”

not license the state’s 6,800 dental assistants but certifies them for specific functions, and they work under the supervision of dentists.

Executive Director Stephen Prisby explained that the OBD also investigates consumer complaints and takes the findings to its 10 volunteer board members to decide the outcomes of the cases. The volunteer board is made up of six dentists, two dental hygienists, and two public members.

“We support the profession and want all the professionals to do well, grow their businesses, and treat everyone they can. We regulate the industry, and we do not promote the business of health care,” he said.

The OBD works collaboratively with the ODA to align communication to ODA members about changing rules, continuing education requirements, and updates that impact the profession such as health emergencies. Those updates also include proposed legislation that could change dental practices and policies and impact ODA members.

Prisby noted that the ODA often brings issues of concern to his attention on behalf of its members. “Communication is the key component, whether it’s with dentists and their patients or between the ODA and the OBD,” he said. “As long as they keep those communications

open and transparent, everything is good.”

Dr. Salathe, who serves on the ODA’s Board of Trustees, recently became a volunteer member of the OBD and believes her involvement in both organizations and her personal experience with the complaint process will provide her with some unique perspectives.

She said she was motivated to volunteer for the OBD for several reasons. Among them, she noticed that during the COVID pandemic, more dental professionals began communicating virtually, and she craves the in-person experience of attending meetings and other gatherings with her peers in organized dentistry.

Dr. Olesya Salathe

Olesya Salathe, DMD, serves on the ODA Board of Trustees and recently became a volunteer member of the Oregon Board of Dentistry, an extension of her service within the dental profession and the community that welcomed her when she was an eighth-grade immigrant.

Dr. Salathe was born in Russia and immigrated with her family when she was just eight years old. They left on a quest to Israel for a future that would allow for religious freedom. Her grandfather was imprisoned and held by the KGB for many years for fighting for basic civil rights. Her family is forever indebted to Amnesty International for rescuing them from their refugee status and bringing them to the United States.

They settled in Molalla, where Dr. Salathe worked as a sterilization tech for a local dental office during high school. She graduated from Molalla High School with honors and received multiple scholarships, including the Ford Family Foundation Scholar Award. She

earned a bachelor's degree in biology from George Fox University and worked as a dental assistant before obtaining her doctorate at Oregon Health & Science University School of Dentistry.

During her undergrad years, she developed a deep-seated passion for community service. She earned the prestigious Gerald E. Bruce Award for leadership and service. The award is given to one Ford Family Foundation Alumni annually, and gives the recipient the opportunity to donate the winning grant to any nonprofit organization of their choice.

In addition to serving on the ODA Board of Trustees, Dr. Salathe is a past trustee for the American Dental Association and is on the American Academy of Clear Aligners Board of Directors. A frequent mentor who is committed to educating fellow professionals, Dr. Salathe was nominated by her peers for membership to the American College of Dentists.

Dr. Salathe also served on the Dental Assistant Workforce Shortage Advisory Committee and, as a former dental assistant herself, is interested to see how future legislation impacts scope of work within the profession amid the shortage. "It's been rewarding to sit across the table and hear dental assistants from across the state and leadership from the schools talk about what they are experiencing," she said.

Another personal motivation to join the OBD is that Dr. Salathe and her family received public health care when they immigrated to the U.S. She wants to help ensure that other children and families receive the same high quality of care she and her family experienced.

"My parents wanted to pay when they could, and they showed up to the appointments and were so grateful to have great care," she said, adding she developed a positive relationship with her childhood dentist. "My family couldn't believe there was someone there to care and provide great care."

Todd Beck, DMD, owner of South Waterfront Dental in Portland and also a member of the ODA's Board of Trustees, served on the OBD for eight years and said he believes dentists should be actively engaged in shaping policy that impacts how they and their peers practice.

"I also think it's very important that our colleagues be treated justly and fairly when they do have a complaint filed against them, so I felt compelled to do what I could to the best of my ability to serve in that capacity," he said.

Dr. Beck noted that the ADA Principles of Ethics and Code of Conduct should be a guiding principle for anyone practicing, and provided a barometer on how he looked at complaints when they came across his desk. He called the code his "yardstick" in conjunction with the Oregon Dental Practice Act, which specifically dictates professionalism and scope of practice while giving an indication as to the standard of care.

In comparing the OBD's mission with that of the ODA, Dr. Beck

described the OBD as more of a regulatory, disciplinary body while the ODA is an advocacy group for the practice of dentistry. The ODA's goals are more in line with helping dentists in their practice and tracking how the Legislature's actions impact practice at the state level.

"The nice thing is that the OBD and the ODA have historically had a very good working relationship. When I was on the board, the ODA would let us know what was coming down the pike and we always got each other's input," he said, adding the relationship and communication between the two only grew stronger when Prisby became executive director in 2015.

Dr. Beck, also an ODA Wellness Ambassador, pointed out that members who are navigating challenging ethical dilemmas in their practice can call the ambassador program to be connected with professionals and resources that can help. His own advice on running an ethical practice: "Always do the next right thing. Treat every patient as though they were a family member or a loved one." ●

Ethics

ETHICS

By Winthrop B. Carter, DDS

“The Mission of the Oregon Board of Dentistry is to promote high quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.”

THE OREGON BOARD OF DENTISTRY (OBD) derives its authority to operate as an agency for the state of Oregon from the governor (executive branch). The Board of Dentistry completes its mission from regulating all licensees with the Oregon Dental Practice Act (DPA). The DPA is composed of the Oregon Revised Statutes (ORS – laws) created by the Oregon Legislature; and the Oregon Administrative Rules (OAR) created by the Board of Dentistry.

Dental professionals to be regulated within the jurisdiction of the Board of Dentistry are all licensees of the Board – dentists, dental hygienists, and dental therapists. The expectation is to maximize compliance of all licensees with the ORSs and the OARs of the DPA.

The referenced OAR citation in the Oregon Dental Practice Act is:

OAR 818-012-0030 – Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of **ethics** of the licensee’s profession or conduct that endangers the health, safety, or welfare of a patient or the public.

Clinical cases opened by the Board are complainant generated, action

outcomes are required by law to be completed, and the outcomes are either non-disciplinary or disciplinary. Licensees should anticipate 6 months – 1 year from start to close of a case.

Non-disciplinary outcomes from Board action completed are:

1. “No Violation,” which reflects a finding that no violation of statutes or rules in the Dental Practice Act were found in that matter.
2. “No Further Action” reflects a case where the Board did not have jurisdiction of the issue submitted, the complainant withdrew the complaint, the Board was satisfied with the information received during the investigative process, the issue was extremely minor, and/or the licensee is no longer under the Board’s jurisdiction.
3. “Letter of Concern” is issued when the Board determines that the licensee violated some aspect of the Dental Practice Act but the matter warrants a warning rather than formal disciplinary action.

Non-disciplinary outcomes are confidential, and no reporting to any state or national data bank occurs. The assigned investigative case number (not the licensee name or license number) is referenced in the OBD minutes and becomes a part of public records. Letters informing the respondent and complainant are sent after the Board takes final action. All investigative findings are confidential and are not revealed to any member of the public.



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Disciplinary Outcomes

“Discipline” is typically reserved for the most serious matters and for repeated and clear violations of the Dental Practice Act.

Formal disciplinary actions are public records, posted on the OBD website, and provided as requested. The Board provides copies of Notices of Proposed Disciplinary Action and any final orders. Disciplinary actions are reported as required by federal law to both the National Practitioners’ Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

The Board can also impose any other disciplinary action, at its discretion, that it finds proper, including assessment of the costs of disciplinary proceedings as a civil penalty, continuing education, refund, or restitution.

Remember, negligence can occur without a violation of the DPA, and a violation of the DPA can occur without negligence.

Ethics in professional care performed by all licensees of the OBD for their patients is detailed in the Principles of Ethics & Code of Professional Conduct from the American Dental Association, revised March 2023. Conduct means “action”; something is “happening.” A superficial overview of the five principles identified in the Code of Conduct for dental health professionals are:

1. Patient Autonomy (“self-governance”)
2. Nonmaleficence (“do no harm”)
3. Beneficence (“do good”)
4. Justice (“fairness”)
5. Veracity (“truthfulness”)

All readers are strongly encouraged to review the ADA Principles of Ethics & Code of Professional Conduct in depth to periodically familiarize yourself with the code.

Generally, if an ethics consideration arises for a licensee, the consideration has occurred prior with the licensee, interpreting a

possible trend. The inherent basis for an ethics issue is that the licensee has demonstrated unacceptable professional behavior.

The Board strives to regulate dentistry and oral health in Oregon in an ethical way. Board membership includes dentists, dental hygienists and public members who deeply care about the profession and the patients being served in Oregon by all health care practitioners. The Board

wants to ensure that consumers receive treatment that is needed, is understood and is in their best interest. The Board regulates to a minimum standard of competency and care, though in many issues we know that the practitioner can do better. Ethics can sometimes be considered similar to the Golden Rule: **Treat others as you would like to be treated.** ●

Dr. Carter is an OBD staff investigator.



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Ethics in Dentistry

By Bruce Burton, DMD

WHY IS THE PLATINUM RULE BETTER THAN the golden rule?

The golden rule tells us to treat people as we would like to be treated. Those words echo in my mind, hearing my mother reminding me of this whenever she felt I was demonstrating a double standard toward others. The platinum rule says treat people the way they want to be treated. An example of the difference between these two rules: Just because I am comfortable being called by my first name, I would assume according to the golden rule I could call my patient by their first name. However, the platinum rule would tell me to ask the patient how they like to be addressed and then honor that.

The American Dental Association has a way to help dentists stay true to their North Star by having its members voluntarily agree to abide by the ADA Principles of Ethics and Code of Professional Conduct (the

ADA Code). It is important for the dental profession because of its special position of trust within society. It is this social contract that is embodied in the ADA Code. According to the preamble, "The ADA Code is, in effect, a written expression of the obligation arising from the implied contract between the dental profession and society." In fulfilling their role in the contract, the ADA believes that the 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 the 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.



These qualities are the hallmarks of both professionalism and, in acting ethically, dentists will strive to do what is right and good. “The ADA Code is an instrument to help the dentist in this quest.”

There are five ethical principles of the code, excerpted from the *American Dental Association Principles of Ethics & Code of Professional Conduct*, which can be accessed at <https://www.ada.org/about/principles/code-of-ethics>:

First is the principle of patient autonomy (“self-governance”). The dentist has “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.”

Second is the principle of nonmaleficence (“do no harm”). “This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligation includes 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.”

Third is the principle of beneficence (“do good”). “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 public at large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of the 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 patients’ welfare first.”

Fourth is the principle of justice (“fairness”). “This principle expresses the concept that professionals have a duty to be fair in their dealing 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.”

Fifth is the principle of veracity (“truthfulness”). “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.”

As you face the many challenges of providing healthcare to your patients, using the Principles of Ethics and Code of Professional Conduct of the ADA will help you apply the platinum rule. The ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) has, over the last 20 years, published articles in *The Journal of the American Dental Association* entitled Ethical Moments. Ethical Moments articles take ethical dilemmas that dentists face and apply the code to offer suggestions of ideas on how to approach such dilemmas. Also, CEBJA just launched a podcast named “Tooth Be Told” that will tackle ethical dilemmas in an audio format. So, keep your eye out for it, or I should say your ears. There are a lot of gray areas in ethics, and it is healthy to see how others have approached what you are trying to do your best with. Keep finding joy in what you do to improve the lives of others. ●



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ADA CEBJA and SPEA

2024 Dental Student Ethics Video Contest

Dental Ethics: Who? What? Why?

CONTEST BEGINS March 15, 2024 **SUBMISSION DEADLINE IS** September 6, 2024

ADA Student and ASDA Members — Find your ADA *Principles of Ethics and Code of Professional Conduct* and create video enactments of situations demonstrating the ADA Code's Principle(s), Code(s) or Advisory Opinion(s).

GRAND PRIZE WINNER:
receives **\$2,500**

HONORABLE MENTION:
receives **\$1,500**

Winning and Honorable Mention videos will be uploaded to the ADA's Channel on YouTube.

Submission deadline:
September 6, 2024

Prescreening deadline:
July 12, 2024*

**As a service to entrants, the Sponsor offers a prescreening of videos upon request to assist entrants with complying with the official rules if the videos are received by the prescreening deadline.*

- Participation is limited to current ADA student and ASDA members.
- The ADA *Code* can be found at [ADA.org/ethicsconduct](https://ada.org/ethicsconduct).
- Videos may be in the form of an **original** drama, comedy, documentary, interview(s), public service announcement, music video or any combination.
- Videos should not be more than 4 and a half minutes in length.
- Applicants must include two copies of the video. Each copy must be on a flash drive and be formatted as a 1280x720 .mov or mp4 file.*

Videos are subject to disqualification if they contain:

- Copyrighted or trademarked material including material taken from TV, movies, DVDs, the internet, books, manuscripts, recordings, pictures or soundtracks UNLESS appropriate documentation granting permission to use such material is included with the entry. See www.copyright.gov for U.S. copyright regulations.
- Unlicensed software.
- Material or language that would be deemed inappropriate content for the general viewing public.

FOR ENTRY FORM AND COMPLETE CONTEST RULES CONTACT: Mr. Daniel Franklin at franklind@ada.org

The ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) and the Student Professionalism & Ethics Association in Dentistry (SPEA) (collectively, the Sponsor) reserve the right to choose or not choose winners depending on the quality of the submissions received; the decision of the Sponsor is final. Previous winning videos may be viewed the ADA's Channel on YouTube.

Hidden Dangers: Ethical and Legal Risks of Audio and Video Recording in the Dental Office

HIPAA

By TDIC, The Dentists Insurance Company

THE RECORDING OF CONVERSATIONS BETWEEN DENTISTS AND PATIENTS can pose significant risks to dental professionals, including potential HIPAA violations, loss of control over the use of the recording and legal issues related to consent. Dentists should take steps to protect patient privacy, including verbiage prohibiting recording in the office and educating staff members on the potential risks associated with recording conversations.

TDIC's Risk Management Advice Line (<https://www.tdicinsurance.com/Manage-Risks/Advice-Line>) analysts have answered recent calls regarding patients who want to record their treatment or conversations with the dental team using the audio/visual capabilities of their smartphones. Often, patients mistakenly believe their HIPAA protected right to access records includes the right to record conversations with their health care providers. While this action may seem innocent or even beneficial at first, the risks to dentists are many, including potential HIPAA violations, loss of control over the use of the recording and legal issues related to consent.

Privacy Concerns

The potential violation of HIPAA privacy laws is one of the most significant risks associated with patients recording their conversations with health care providers. While most dentists and practice staff are aware of the significant limitations HIPAA places on their activities, it is less clear how to react when it's a patient who wants

to record the dentist – or themselves – potentially exposing protected health information of other patients.

The recording of peripheral conversations in the dental office, such as those between staff members, can be a violation of HIPAA privacy law. These conversations may inadvertently contain sensitive patient information, and their recording could result in a breach of patient confidentiality. Practices should always be aware that recordings may take place without their knowledge, so proper HIPAA precautions and patient interactions should be the norm through training and preparation.

Under HIPAA, patients have the right to access their medical records, but they do not have the right to record their conversations with their dentist without explicit consent.

Usage and Consent Concerns

The loss of control over the recording's use is another risk associated with patients recording conversations with dentists.

Patients may edit or tamper with the recording, or it may be used by third parties, such as social media or news outlets, without the dentist's consent. In some cases, artificial intelligence may be used to analyze the recording, potentially revealing sensitive patient information. It could also be a means of intimidation or coercion. Dentists must be aware that once a recording is made, they have little control over its use or dissemination.

In addition to federal privacy laws, individual states may have their



own laws regarding the recording of conversations. Some states, like California and Washington, require two-party consent, meaning that to be legal, all parties must consent to the recording of a conversation, including dentists, staff and patients. Failure to obtain consent can result in legal repercussions.

All dentists, regardless of location, should take care to ensure that any recordings made in their office are done with the explicit consent of all parties.

Actions that Reduce Risk

With incidents of patients recording in health care settings rising, TDIC analysts recommended that dentists provide patients with a written copy of their privacy policy, which outlines their rights and how their information will be protected.

If you do not already have verbiage specific to audio or video recording, revise your policy to include it. Your policy might read:

Due to potential acquisition of other patients' protected health information (PHI), recording any part of or your visit to our office is strictly prohibited.

If you have questions about compliance with HIPAA privacy laws, navigating patient communication issues or other challenges, TDIC's Advice Line analysts offer knowledgeable and dentistry-centered guidance. ●

2024 Legislative Session Sees Broad, Bipartisan Investments in Drug Recriminalization, Affordable Housing

In a crowded legislative session, the ODA remained focused on a handful of key bills impacting Oregon dentists

THE 2024 LEGISLATIVE SESSION WAS ARGUABLY ONE of the most bipartisan and congenial sessions in recent memory. The short, five-week session saw Republicans and Democrats come together to tackle remarkably complex issues, including affordable housing, homelessness, campaign finance, and addressing Oregon's drug crisis.

One of the top priorities of legislative leadership was to find a "fix" to Measure 110, which decriminalized possession of small quantities of drugs. After months of negotiations, legislators and stakeholders reached consensus on HB 4002, marking the end of Oregon's experiment with drug decriminalization. A companion bill invests \$211.16M into residential treatment, community corrections and public defense, among others,

and provides individuals with a choice between facing charges or opting for treatment when found in possession of drugs such as fentanyl and methamphetamine.

Governor Tina Kotek's priority for the session was to increase investments in housing and homelessness. The Legislature agreed and passed a robust housing package investing \$376 million to enhance affordable housing construction, support counties in acquiring land for development, and expand emergency shelters for the homeless.

No session adjourns without at least one surprise at the end, and this was no different. In the final two weeks, legislative leaders, business and industry, unions, and good governance groups reached a historic compromise on campaign finance,

making Oregon no longer one of five states without any limitations on campaign contributions, effective in 2027.

While much of the funding available to the Legislature went to housing and other bipartisan priority legislation, the ODA, with other stakeholders, sought to prioritize funding for the Oregon Wellness Program and \$14M to backfill dental rate cuts for the Oregon Health Plan. While neither of these bills made it through the legislative process, we anticipate both funding requests will reemerge in 2025. We were pleased to see the passage of ODA member Rep. Cyrus Javadi's bill allowing providers to access information about patients who have experienced an overdose. The ODA team also remained focused on tax and employment bills that had the potential to impact dental practices, such as a bill aligning the federal Family and Medical Leave Act with the Oregon Family Leave Act, and another that would have allowed the use of hiring bonuses without violating Oregon's equal pay law.

"On the heels of one of the ODA's most successful legislative sessions in decades, where we helped to pass first-in-the-nation insurance transparency in 2023, our advocacy team remained focused on much-needed funding requests during the 2024 session," said Oregon Dental Association President Mark Mutschler, DDS, MS. "With much of the focus in the Legislature directed toward the Measure 110 fix and



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affordable housing, ODA ensured that legislators were educated on the needs of Oregon’s dentists and the patients we serve.”

During every legislative session, the Oregon Dental Association tracks hundreds of bills on behalf of our members, weighing in on dozens of issues that impact dentistry in Oregon. Below, you will find a summary of key legislation the ODA tracked for Oregon dentists in 2024.

Dental Rates Funding Request

The Oregon Health Authority recently announced cuts to dental rates between 3-6% for the Oregon Health Plan population. To offset the rate cuts, a coalition of DCOs and the Oregon Dental Association asked legislators to provide a backfill of \$14M. The coalition also requested a budget note directing the agency to convene a workgroup tasked with examining the rate-setting method. With much of the short session focused on the priority legislation on housing and drug recriminalization, the legislature did not address the rate cut through a budget note as the coalition had requested and failed to fund the \$14M. The ODA anticipates that this will remain a priority issue during the 2025 legislative session.

The \$14M funding request was not granted.

Oregon Wellness Program Funding Request

A coalition of medical associations, led by the Oregon Medical Association, advocated for legislators to fund the Oregon Wellness Program, which provides confidential counseling for health care providers, with a \$500K investment. The program is partially funded by license fees and has recently expanded eligibility to larger classes of licenses, including nurses. While the request

for general fund dollars to support the program was not granted in the 2024 session, the ODA expects that funding for the Oregon Wellness Program will remain a key issue for health care providers in 2025.

The \$500K funding request was not granted.

House Bill 4071 – Licensing Board Requirements

House Bill 4071, which would have required health licensing boards to issue a temporary authorization to certain health care providers within 10 days of application, drew significant comments from health licensing boards, including the Oregon Board of Dentistry. Many licensing boards expressed concern that they would have no disciplinary authority over temporary licensees. After multiple re-writes of the bill, an amendment replaced the base bill with a task force comprised of licensing boards. The bill was supported by Willamette Dental and ZoomCare. During the last week of session, advocates attempted to revive an amendment that would have added licensing compact language for mental health licensees. Those amendments, along with the bill, failed to advance out of committee.

The bill failed to move out of committee.

Dental Lab Registrations

House Bill 4011, the omnibus health policy package, initially included language that would have required the registration of dental labs. The bill did not pass, and the dental lab registration requirement was not included in any other piece of legislation. However, the ODA anticipates that this will remain a priority for the association in future legislative sessions.

The dental lab registration requirement did not pass.

House Bill 4150 – Overdose Reporting

Sponsored by ODA member Rep. Cyrus Javadi, this bill sought to allow providers to access information about patients who have experienced an overdose, leveraging the Prescription Drug Monitoring Program. Rep. Javadi and the Oregon Medical Association (OMA) both testified on the bill and spoke to the shift in opioid misuse from being largely prescription-based to shifting toward illicit drug use. The OMA characterized the bill as an important tool and noted that they will continue to work on the reporting mechanism and language to ensure that it is trauma informed. The bill includes language stating that the information cannot be provided to licensing or regulatory boards for disciplinary action.

HB 4150 passed and will go into effect on June 6, 2024.

House Bill 1578 – Health Care Interpreters

This bill directs the Oregon Health Authority to establish and maintain a health care interpreter management system to allow online scheduling of health care interpreters for health care providers and coordinated care organizations, and to process billing and payments for services rendered. The bill also directs the OHA to contract with a nonprofit entity to develop and administer a health care interpreter recruitment and retention program. The bill was amended prior to passage to narrow the purpose of the interpreter management system to services or Oregon Health Plan members. The ODA expects continued discussions and will monitor it during 2025 Legislative Session.

HB 1578 passed and will go into effect on June 6, 2024.

Interested in Learning More About Other Dental Bills, Health Care Legislation and Business-Related Bills?



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IN 2024, ODA TRACKED AND ADVOCATED for hundreds of bills, from funding for dental rate cuts and dental lab registration requirements, to a bill that would have limited private equity ownership in health care organizations and a modification to the Oregon Family Leave Act, and much more.

ODA members can access a detailed report that includes these additional bills online, at <https://www.oregondental.org/government-affairs/advocacy/2025-legislative-session>.



A SPECIAL THANK YOU GOES OUT TO the Oregon Dental Association's 2024 Legislative Task Force and Regulatory Affairs Council members, volunteers whose input helps to guide our professional staff and shape ODA's advocacy efforts.

Legislative Task Force

- Dr. Michael Plunkett, Chair
- Dr. Rick Asai
- Dr. Allen Cheng
- Dr. Andrea Laidlaw
- Dr. Noel Larsen
- Dr. Rachel Meek
- Dr. Alanson Randol
- Dr. Ron Sakaguchi

Regulatory Affairs Council

- Dr. Stacy Geisler, Chair
- Dr. Phil Marucha
- Dr. Elizabeth Tomczyk
- Dr. Rachel Meek

Ex-Officio Member

- Dr. Mark Mutschler

ODA values our members' diverse voices! If you would like to join other dentists making a difference through legislative advocacy and regulatory affairs, please contact info@oregondental.org.

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ODA Members Discuss Rewards, Challenges of Different Practice Modalities

IN THE APRIL ISSUE OF *MEMBERSHIP MATTERS*, the Career Paths article, “ODA Members Discuss Rewards, Challenges of Different Practice Modalities” by Melody Finne more, final edits to a portion of the article were not incorporated. We would like to apologize for the oversight and take this opportunity to feature the corrected version of Dr. Chaudhry’s & Dr. Tasooji’s sections. ●

Samyia Chaudhry, DMD, Assistant Professor at OHSU School of Dentistry

Dr. Samyia, who graduated from OHSU in 2017, initially got interested in dentistry after her volunteer work at the dental school. She was recruited directly into a faculty position when she graduated. “I always had a very high regard for the teaching profession. When the opportunity came, I took a leap of faith and joined the academic world,” she said. “Sometimes when you are destined to achieve something in life, there is a path that is paved for you.”

Though time management is sometimes difficult, Dr. Samyia appreciates the variation in her daily

work routine. She teaches pre-clinical and clinical students, directs patient care, conducts research, stays connected to the latest dental advances and achievements by attending national conferences, and has opportunities to network at various events.

She also is rewarded with the satisfaction of watching dental students grow from their first year through graduation, and said it gives her purpose knowing that she is contributing to future generations of practitioners.

“For me personally, it’s the growth we see in our students and the appreciation we receive when students are able to overcome their challenges with our help,” Dr. Samyia said.



SAMYIA CHAUDHRY

Her long-term goal is to continue her career in academics and ultimately be promoted into administrative roles.

Nicole Tasooji, DDS, Associate with Bend Family Dentistry

Before joining Bend Family Dentistry as an associate, Dr. Tasooji earned her degree at the Arizona School of Dentistry and Oral Health and continued her education at the University of Utah hospital in Salt Lake City. She and her husband then moved to Los Angeles for his residency at UCLA.

Dr. Tasooji considers herself blessed to have worked in unique places such as the rural hills of Mexico, the jungles of Jamaica and the eastern shore of Maryland before moving to Bend, where she and her husband work in different group practices.

She said she appreciates working in a practice with one owner and multiple associates at different locations. “It’s nice to be able to talk with other providers and not be the only doctor in the office. It’s also nice to be able to collaborate and run ideas by other people. It makes the day go by faster,” she said.

Dr. Tasooji pointed out that when a practice has multiple offices and staffs, it is essential that the coordination is well organized.

“Sometimes it’s hard to get all of the systems and protocols that you want to implement and get everyone to focus on doing it that way. When

you have three practices, you want everything to be not necessarily individualized but more whole, and that is difficult if you don’t have the right systems in place,” she said.

When asked where she sees herself in five years, Dr. Tasooji said, “As now I’m further in my career I would like to get more niched into the procedures I like in dentistry—surgery, implants and cosmetics. I feel like dental school gave me a foundation, my residency made me confident in treatment and diagnosis and now, with continuing education, I would like to get proficient and efficient in the aspects of dentistry I love.” ●

ODA New Dentist Council Blazer Event

IT WAS AN INTIMATE GROUP of 15 new dentists who gathered at Dr. Jack's at the Rose Quarter Commons to celebrate National Dentist Day on Wednesday, March 6. The group enjoyed catching up with friends and meeting new colleagues while enjoying beverages and food. After the pre-game social, the dentists moved over to the Moda Center, where they watched the Portland Trail Blazers take on the Oklahoma City Thunder from their Rip City Row seats. The ODA received recognition on the scoreboard, and all dentists in attendance received Rip City rally towels.

"We were excited when the Trail Blazers organization contacted us for assistance in advertising their first-ever Dentist Day event," said Melissa Juenger, ODA director of communications and membership. "We always look for opportunities to partner with local community organizations to benefit our members and promote oral healthcare in Oregon."

The ODA staff enjoyed visiting with the dentists in attendance, and it served as a "mini focus group" for the staff to understand how we can better improve offerings for new dentists 0-10 years out of dental school. "There continues to be a strong need for newly

graduated dentists to understand what exactly organized dentistry does within the state as well as nationally," stated Dr. Barry Taylor, ODA executive director. "By continuing to hold smaller community events, we open up discussion and hear what is important to continue to evolve the association."

The ODA looks forward to once again partnering with the Trail Blazers for next year's National Dentist Day event.

This event was made possible through a generous Acquisition, Recruitment, and Conversion grant from the American Dental Association. ●



ODA STAFF

OHSU National Signing Day 2024

ON MARCH 14, OHSU NATIONAL SIGNING DAY was held at the OHSU School of Dentistry in the ODA Lecture Hall. It was great to connect with the students and feel the energy in the room. The ODA is always excited to host events on campus and support the students and soon to be new dentists.

The program included a recorded congratulations video to the class of 2024 from ODA members. ODA Executive Director Barry Taylor's

welcome included a presentation on organized dentistry, the value of membership, and how students could Level Up their complimentary memberships from student to member. The students enjoyed a Chick-fil-A lunch sponsored by the ODA while listening to the personal journeys after graduation of a new dentist panel consisting of ODA members: Dr. Alyse D'Ambrosia, Dr. Mikhail Bondarew, Dr. Noelle Klemann, and Dr. Cameron Schwab.

There was great interaction between the panel and the students as panelists answered student questions related to job search, contracts, interviews, and much more. The program concluded with ODA President Mark Mutschler speaking to the importance of community and advocacy for the profession.

The ODA would like to congratulate the 2024 graduates on their significant accomplishment!



ODA STAFF

Dean Ronald Sakaguchi, Oregon Health and Science University, Has Been Elected Supreme Chapter Vice President of Omicron Kappa Upsilon, National Honor Dental Society

DEAN RONALD SAKAGUCHI WAS ELECTED AS VICE PRESIDENT

at the Omicron Kappa Upsilon (OKU) General Business Meeting. He will serve a one-year-term as vice president, then ascend the officer ladder to become president-elect.

OKU is a prestigious honor dental society in which only the top 12% of the dental school graduating class is selected for membership. Achieving a national officer position in the organization requires service and dedication to the profession and society. OKU was founded in 1914 at Northwestern University, Chicago, by Professor G.V. Black and has maintained a leadership role in academics and the profession. 🌐

If you wish further information, please visit www.okusupreme.org, or contact Executive Director Brian Suzuki at executivedirector@okusupreme.org or 734-335-2844.



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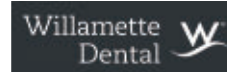
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Are Dentists Losing Their Status as ‘Professionals’?

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Q. AS A NEW DENTIST, I AM

becoming increasingly concerned that what it means to be a dental professional is being lost in the eyes of the public and our vendors and consultants. I recently asked one of my patients whether he felt there was a significant difference between a dentist and a tradesperson, such as the professional carpet cleaners whose commercial was playing on the office radio. He responded, “I suppose you go to school longer and are higher on the professional scale, but don’t tell that to the carpet cleaner.” In addition,

I receive a barrage of materials about how to run a business to make more money and how to perform more procedures that result in greater profits, but nothing about how to help me better meet my patients’ needs. Are we being viewed as glorified tradespeople, financially oriented and expensively trained? If so, what can we do to change this perception?

A. You just framed what could be one of dentistry’s biggest challenges today. As the cogs of our consumer-oriented culture grind

through the global economy, the practice of dentistry cannot avoid being affected in the process. An indication of this is seen in the results of a 2009 Gallup poll in which respondents were asked to rate the honesty and ethical standards of people in various fields. Dentists received only a 57 percent rating of “very high or high,” down from a rating of 62 percent in 2006.¹ To a public that thinks of itself increasingly as “consumers” rather than, in the case of dentistry, “patients,” the pressure is placed on us to think



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of ourselves as simply providers of goods and services to be consumed rather than as health care professionals who are attempting to build long-term, caring relationships with our patients.

In this consumer-driven environment, we often face conflicting pressures regarding how to run our practices. There are the management consultants who emphasize business models designed to maximize profits, legislators who look to us to provide those services without concern for our solvency or moral values and principles, insurance companies that discourage or exclude certain treatments on the premise that we are overselling our services, and certain state dental boards that want to control the scope of our services on the grounds that they are protecting the public.

Although these differing pressures are not inherently bad, in combination they could force us to approach the practice of dentistry by using a commercial service-delivery model. Consequently, the distinction between what makes dentistry different from the trades or another service-delivery model is being lost. So how can dental professionals continue to render heartfelt care in an increasingly commercial world? And how do we sustain the core values that are the foundation of our profession?

We are members of a select group of professions that require an accumulation of a large body of knowledge, extensive institutional and clinical training, and testing of competency and skills. Certain trades may require the same. However, what separates us from members of a trade is our privilege and obligation of self-governance, together with our commitment to high ethical standards of conduct. These rules and standards are delineated in the American Dental Association Principles of Ethics and Code of Professional Conduct² (ADA Code).

Ethical Aspects of Dental Practice Arrangements

Statement of the ADA Council on Ethics, Bylaws, and Judicial Affairs

The dental profession is continually challenged today to maintain its high ethical standards in the face of changes in the dental marketplace. The ethical statements subscribed to by the profession place the patient's welfare above any other consideration. Although the method of health care delivery may change, the overriding duty of the dentist will always be to provide quality care in a competent and timely manner.

Dentists who enter into practice arrangements with third parties may be called upon to reconcile the business demands of these arrangements with the needs of their patients. Dentists must not allow these demands to interfere with the patient's right to select a treatment option based on informed consent. Nor should dentists allow such demands to interfere with the free exercise of their professional judgment or their duty to make appropriate referrals if indicated. Dentists are reminded that business obligations do not excuse them from their professional duty to put the patient's welfare first.

Adopted 1/95; revised 6/97; revised 12/99

As ADA member-dentists, we profess to conduct ourselves with a profound sense of justice (Section 4, Justice ["fairness"]) and veracity (Section 5, Veracity ["truthfulness"]),² which, combined with our knowledge and skills, make us more than mere providers of services. Certainly, that ethos elevates us to a professional level above that of a trade. In Section 2, Nonmaleficence ("do no harm"), we accept the duty to "refrain from harming" our patients.² In so doing, we accept the obligation to keep our "knowledge and skill current" (Section 2.A, Education), to seek consultation "whenever the welfare of patients will be safeguarded or advanced" (Section 2.B, Consultation and Referral) and to avoid discontinuing treatment in such a way that would jeopardize patients' oral health (Section 2.F, Patient Abandonment).² In acknowledging the "special position of trust" that society grants our profession, the ADA Code increases our ethical obligations, in some cases above applicable laws (Introduction).

Just as our country has a constitution, state laws and regulations to delineate and regulate our behavior as citizens, ADA member-dentists

have a constitution, bylaws, and the ADA Code that provide clear directives regarding behavior considered to be ethical, correct, or right. Just as the Preamble to the U.S. Constitution provides the framework for our government, so does the Preamble to the ADA Code. Posting the Preamble in our offices could serve to inform our patients – and remind our vendors and consultants – that our primary focus is the welfare of our patients. It reads in full:

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 Association 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.²

Nowhere in the Preamble is “profit” mentioned. To be sure, in whatever setting we care for our patients, our business must be healthy. However, we must be vigilant about maintaining a proper balance between providing ethical treatment and selling our services.

My answer to you, then, and my challenge to all dentists is to keep in mind constantly, and in our

conversations with colleagues, that which sets us apart – the ADA Code – and work hard to maintain a balance between potential financial rewards and professional and ethical patient care. The best interests of our patients are our primary goal and calling. The size of our hearts defines our success much more than does the size of our practices, homes or bank accounts. That is what sets us apart from the trades. Go ahead and tell anyone you wish. ●

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Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs (CEBJA), in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness

of the American Dental Association Principles of Ethics and Code of Professional Conduct. Readers are invited to submit questions to CEBJA at 211 E. Chicago Ave., Chicago, Ill. 60611, e-mail “ethics@ada.org”.

The views expressed are those of the author and do not necessarily reflect the opinions of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs or official policy of the ADA.

Address reprint requests to the American Dental Association Council on Ethics, Bylaws and Judicial Affairs, 211 E. Chicago Ave., Chicago, Ill. 60611.

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