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Code



OF

Ethics



THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRES

Dental hygienists believe

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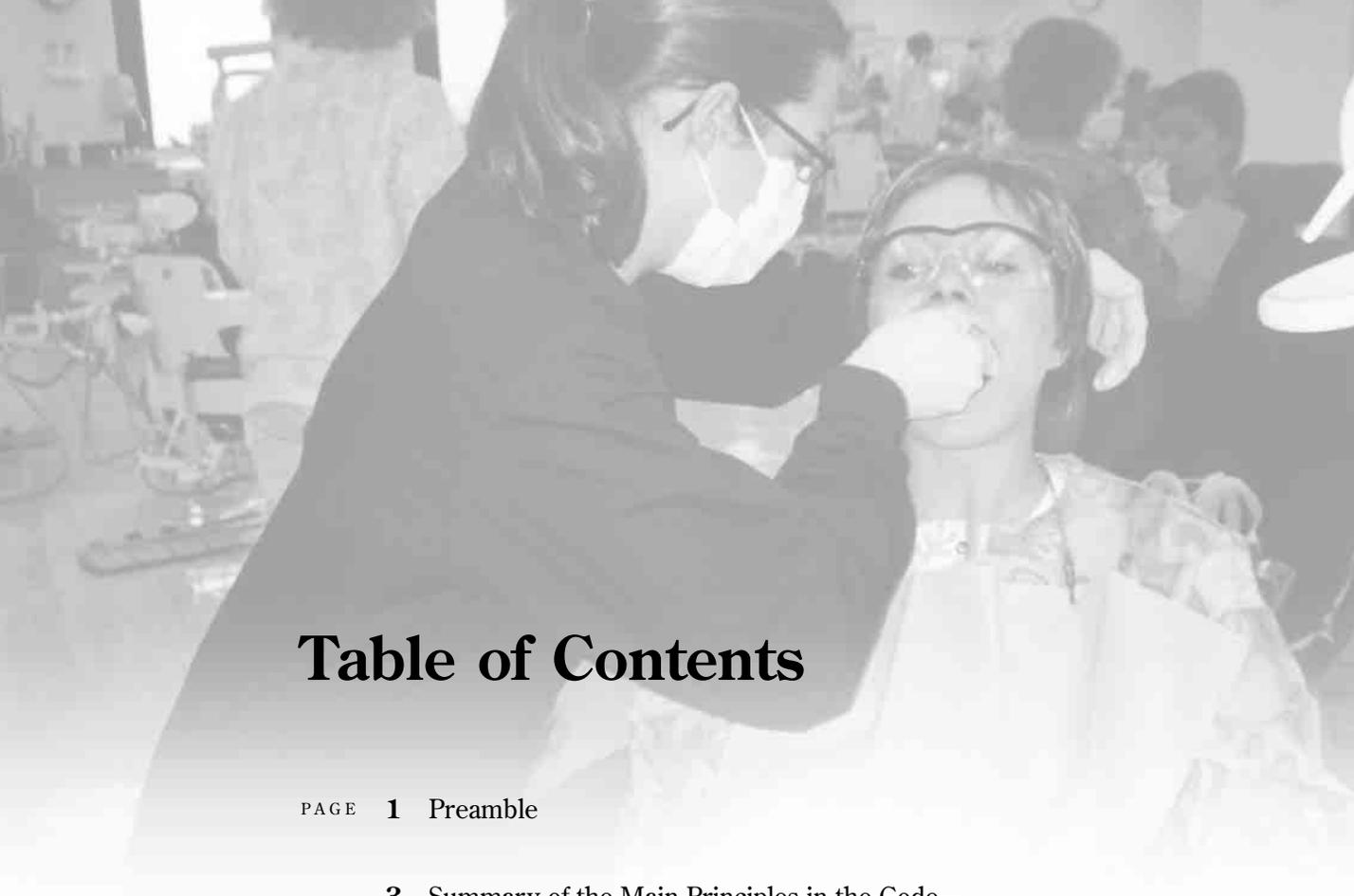


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Preamble

Dental hygienists believe that oral health is an integral part of a person's overall health, well-being, and quality of life. The profession of dental hygiene is devoted to promoting optimal oral health for all. Dental hygiene has an identified body of knowledge and a distinctive expertise which dental hygienists use to serve the needs of their clients and promote the public good.

The Code of Ethics sets down the ethical principles and ethical practice standards of the dental hygiene profession. The **principles** express the broad ideals to which dental hygienists aspire and which guide them in their practice. The **standards** provide more specific direction for conduct. They are more precise and prescriptive as to what a given principle requires under particular circumstances. Clients, colleagues, and the public in general can reasonably expect dental hygienists to be guided by, and to be accountable under, the principles and standards articulated in this Code.

The purpose of the Code of Ethics is to

- elaborate the ethical principles and standards by which dental hygienists are guided and under which they are accountable;
- serve as a resource for education, reflection, self-evaluation, and peer review;
- educate the public about the ethical principles and standards of the profession; and,
- promote accountability.

The Code of Ethics is a public document that augments and complements the relevant laws and regulations under which dental hygienists practise. By elaborating on the profession's ethical principles and standards, the Code promotes accountability and worthiness of the public's trust.

The Code of Ethics applies to dental hygienists and dental hygiene students in all practice settings including, but not limited to, private practice, institutions, research, education, administration, community health, and industry.

Interpretation and application of the Code in specific circumstances requires individual judgment. Several aids are appended to the Code to assist in this.

Summary of the Main Principles in the Code

■ The fundamental principle underlying this Code is that the dental hygienist's primary responsibility is to the client, whether the client is an individual or a community.

Principle I: Beneficence

Beneficence involves caring about and acting to promote the good of another. Dental hygienists use their knowledge and skills to assist clients to achieve and maintain optimal oral health and to promote fair and reasonable access to quality oral health services.

Principle II: Autonomy

Autonomy pertains to the right to make one's own choices. By communicating relevant information openly and truthfully, dental hygienists assist clients to make informed choices and to participate actively in achieving and maintaining their optimal oral health.

Principle III: Privacy and Confidentiality

Privacy pertains to the individual's right to decide the conditions under which others will be permitted access to his or her personal life or information. Confidentiality is the duty to hold secret any information acquired in the professional relationship. Dental hygienists respect the privacy of clients and hold in confidence information disclosed to them, subject to certain narrowly defined exceptions.

Principle IV: Accountability

Accountability pertains to the acceptance of responsibility for one's actions and omissions in light of relevant principles, standards, laws, and regulations and the potential to self-evaluate and to be evaluated accordingly. Dental hygienists practise competently in conformity with relevant principles, standards, laws and regulations, and accept responsibility for their behaviour and decisions in the professional context.

Principle V: Professionalism

Professionalism is the commitment to use and advance professional knowledge and skills to serve the client and the public good. Dental hygienists express their professional commitment individually in their practice and communally through their professional associations and regulatory bodies.

Principle I: Beneficence

Beneficence involves caring about and acting to promote the good of another. Dental hygienists use their knowledge and skills to assist clients to achieve and maintain optimal oral health and to promote fair and reasonable access to quality oral health services.

Standards for Principle I

Dental hygienists:

- 1a. provide services to their clients in a caring and respectful manner, in recognition of the inherent dignity of human beings;
- 1b. provide services to their clients with respect for their individual needs and values and life circumstances;
- 1c. provide services fairly and without discrimination, in recognition of fundamental human rights;
- 1d. put the needs, values, and interests of their clients first and avoid exploiting their clients for personal gain;
- 1e. seek to improve the quality of care and advance knowledge in the field of oral health through such activities as quality assurance, research, education, and advocacy in the public arena.

Principle II: Autonomy

Autonomy pertains to the right to make one's own choices. By communicating relevant information openly and truthfully, dental hygienists assist clients to make informed choices and to participate actively in achieving and maintaining their optimal oral health.

Standards for Principle II

Dental hygienists:

- 2a. actively involve clients in their oral health care and promote informed choice by communicating relevant information openly, truthfully, and sensitively in recognition of the client's needs, values, and capacity to understand;
- 2b. in the case of clients who lack the capacity for informed choice, actively involve and promote informed choice on the part of the client's substitute decision-makers, involving the client to the extent of the client's capacity;
- 2c. honour the client's informed choices, including refusal of treatment, and regard informed choice as a precondition of treatment;
- 2d. do not rely upon coercion or manipulative tactics in assisting the client to make informed choices;
- 2e. recommend or provide only those services they believe are necessary for the client's oral health or as consistent with the client's informed choice.

Note: Critical elements of informed choice include disclosure (i.e., revealing pertinent information, including risks and benefits); willingness (i.e., the choice is not coerced or manipulated); and capacity (i.e., the cognitive capacity to understand and process the relevant information). "Informed choice" encompasses what is sometimes referred to as "informed consent."

Principle III: Privacy and Confidentiality

Privacy pertains to the individual's right to decide the conditions under which others will be permitted access to his or her personal life or information. Confidentiality is the duty to hold secret any information acquired in the professional relationship. Dental hygienists respect the privacy of clients and hold in confidence information disclosed to them, subject to certain narrowly defined exceptions.

Standards for Principle III

Dental hygienists:

- 3a. demonstrate regard for the privacy of their clients;
- 3b. hold confidential any information acquired in the professional relationship and do not use or disclose it to others without the client's express consent, except:
 - 3b.i as required by law
 - 3b.ii as required by the policy of the practice environment (e.g., quality assurance)
 - 3b.iii in an emergency situation
 - 3b.iv in cases where disclosure is necessary to prevent serious harm to others
 - 3b.v to the guardian or substitute decision-maker of a clientin these cases, disclose to others only as much information as is necessary to accomplish the purpose for the disclosure;
- 3c. may infer the client's consent for disclosure to others directly involved in delivering and administering services to the client, provided there is no reason to believe the client would not give express consent if asked;
- 3d. obtain the client's express consent to use or share information about the client for the purpose of teaching or research;

- 3e. inform their clients in advance of treatment about how they will use or share their information, in particular about any uses or sharing that may occur without the client's express consent;
- 3f. promote practices, policies, and information systems that are designed to respect client privacy and confidentiality.

Principle IV: Accountability

Accountability pertains to the acceptance of responsibility for one's actions and omissions in light of relevant principles, standards, laws, and regulations and the potential to self-evaluate and to be evaluated accordingly. Dental hygienists practise competently in conformity with relevant principles, standards, laws and regulations, and accept responsibility for their behaviour and decisions in the professional context.

Standards for Principle IV

Dental hygienists:

- 4a. accept responsibility for knowing and acting consistently with the principles, standards, laws and regulations under which they are accountable;
- 4b. accept responsibility for providing safe, quality, competent care including, but not limited to, addressing issues in the practice environment within their capacity that may hinder or impede the provision of such care;
- 4c. take appropriate action to ensure first and foremost the client's safety and quality of care when they suspect unethical or incompetent care;
- 4d. practise within the bounds of their competence, scope of practice, personal and/or professional limitations, and refer clients requiring care outside these bounds;
- 4e. inform the dental hygiene regulatory body when an injury, dependency, infection, condition, or any other serious incapacity has immediately affected, or may affect over time, their continuing ability to practise safely and competently;
- 4f. promote workplace practices and policies that facilitate professional practice in accordance with the principles, standards, laws and regulations under which they are accountable.

Principle V: Professionalism

Professionalism is the commitment to use and advance professional knowledge and skills to serve the client and the public good. Dental hygienists express their professional commitment individually in their practice and communally through their professional associations and regulatory bodies.

Standards for Principle V

Dental hygienists:

- 5a. uphold the principles and standards of the profession before clients, colleagues, and others;
- 5b. maintain and advance their knowledge and skills in dental hygiene through continuing education and the quality of the care they provide through ongoing self-evaluation and quality assurance;
- 5c. advance general knowledge and skills in the field of oral health by supporting, participating in, or conducting ethically approved research;
- 5d. participate in professional activities such as meetings, committee work, peer review, and participation in public forums to promote oral health;
- 5e. participate in mentoring, education, and dissemination of knowledge and skills in oral health care;
- 5f. support the work of their professional associations and regulatory bodies to promote oral health and professional practice;
- 5g. inform potential employers about the principles, standards, laws and regulations to which they are accountable and determine whether employment conditions facilitate professional practice accordingly;
- 5h. collaborate with colleagues in a cooperative, constructive, and respectful manner toward the primary end of providing safe, competent, fair, quality care to clients;
- 5i. communicate the nature and costs of professional services fairly and accurately.

Appendix A: Ethical Challenges/Problems

No code of ethics can be expected to resolve definitively all ethical challenges or problems that may arise in practice. The analysis below is intended to help dental hygienists understand the nature of ethical challenges or problems and thereby better resolve them.

Ethical challenges or problems faced by practising dental hygienists tend to fall into the categories of ethical violations, ethical dilemmas, and ethical distress.

Ethical violations: when dental hygienists fail to meet or neglect their specific ethical responsibilities as expressed in the Code's standards. An example would be a dental hygienist who recommends unnecessary treatment in order to achieve personal gain at the expense of the client.

Ethical dilemmas: when one or more ethical principles conflict either with other ethical principle(s) or with self-interest(s) and no apparent course of action will satisfy both sides of the dilemma. An example would be a client with a hip prosthesis who may refuse to be pre-medicated prior to receiving invasive dental treatment. In this case, the principle of autonomy conflicts with the principle of beneficence.

Ethical distress: when dental hygienists experience constraints or limitations in relation to which they are or feel powerless and which compromise their ability to practise in full accordance with their professional principles or standards. An example would be a dental hygienist who is expected by the employer to complete dental hygiene treatment in a length of time insufficient to render quality care or to provide an acceptable level of infection control.

This Code is a useful guide in helping dental hygienists to identify, work through, and put into words ethical issues in light of their responsibilities as articulated in the Code's principles and standards, and to decide on an ethically responsible course of action. It is important to realize that some challenges or problems are perceived to be primarily ethical in nature when, in fact, they arise less from conflicting principles than from poor communication or lack of information. Reflecting on a perceived challenge or problem in light of the Code can help determine to what extent the problem or challenge is truly rooted in conflicting ethical principles, and to what extent it can be resolved by improved communication or by new information.

The Code provides clear direction for avoiding ethical violations. When a course of action is mandated by a standard in the Code or by a principle where there exists no opposing principle, ethical conduct requires that course of action.

In the case of ethical dilemmas and ethical distress, the Code cannot always provide a clear direction. The resolution of dilemmas often depends on the specific circumstances of the case in question. Total satisfaction by all parties involved may not be achieved. Resolution may also depend on which opposing ethical principle is considered to be more important, a matter on which reasonable people may disagree. Ethical distress often arises in situations where the dental hygienist is significantly limited by factors beyond his or her immediate control that may not be resolvable in the specific context.

In all cases, dental hygienists are accountable for how they conduct themselves in professional practice. Even in situations of ethical dilemma or distress where the Code does not prescribe a specific course of action, the hygienist can be expected to give account of his or her chosen action in light of the principles and standards expressed in the Code. Ultimately, dental hygienists must reconcile their actions with their consciences in caring for clients.

Appendix B: Reporting Suspected Incompetence or Unethical Conduct

The first consideration of the dental hygienist who suspects incompetence or unethical conduct in colleagues or associates is the welfare of present clients and/or potential harm to future clients. Adherence to the following guidelines could be helpful:

1. First, confirm the facts of the situation.
2. Ensure you are familiar with existing protocols in the practice setting for reporting incidents, incompetence, or unethical care and follow those protocols.
3. Document and report issues that cannot be resolved within the practice setting and report to the appropriate authority or regulatory body.

The dental hygienist who attempts to protect clients threatened by incompetent or unethical conduct should not be placed in jeopardy (e.g., loss of employment). Colleagues and professional organizations are morally obligated to support dental hygienists who fulfil their ethical obligations under the Code.

Appendix C: Decision-procedure

Guidance Regarding the Process for Resolving Ethical Challenges

Ethical problems or challenges arise in a variety of contexts and require thoughtful analysis and careful judgment. The following guide may be useful to assist dental hygienists faced with an ethical challenge, recognizing that other stakeholders may need to be involved in resolving the matter. Talking with or getting advice from others at any step on the way to a decision can be very helpful.

1. Identify in a preliminary way the nature of the challenge or problem. What is the issue? What kind of issue is it? What ethical principles are at stake?
2. Become suitably informed and gather information (e.g., talk to others to find out the facts; research relevant policy statements) relevant to the challenge or problem, including:
 - a. Factual information about the situation. What has happened? What is the sequence of events?
 - b. Applicable policies, laws or regulations. Does a workplace policy address the issue? What does the Code say? What does law or regulation say?
 - c. Who are the relevant stakeholders? How do they view the situation?
3. Clarify and elaborate the challenge or problem after getting this information. Now that you are better informed, What is the issue? What ethical principles are at stake? What stakeholders need to be consulted or involved in resolving the challenge or problem?
4. Identify various options for actions, recognizing that the best option may not be obvious at first and realizing it may require creativity or imagination.
5. Assess the various options in light of applicable policy, law or regulation, being as clear as possible in your mind of the pluses and minuses of each option as assessed in this light.

6. Decide on a course of action, mindful of how you would justify or defend your decision in light of the applicable policy, law or regulation, if you are called to account.
7. Implement your decision as thoughtfully and sensitively as possible, communicating a willingness to explain or justify the reasons for taking it.
8. Assess the consequences of your decision. Evaluate the process you used to arrive at the decision and the decision itself in light of those consequences. Did things turn out as you thought they would? Would you do the same thing again? What went wrong? Or, what went right?

In all of this, bear in mind that reasonable people can disagree about what is the right thing to do when faced with an ethical challenge or problem. If you cannot be certain whether you have made the right decision, you can at least have some assurance that you came to your decision in a responsible way. The test for this is whether you are able to defend your decision in light of relevant laws, principles, and regulations, and to defend the process by which you came to your decision. Reference to the above guidelines will help in this.

In addition, there is a very rich literature on ethics that can be very helpful for thinking through ethical challenges and problems in dental hygiene or for ongoing professional education and development.

Dental hygienists may also find it useful to familiarize themselves with various ethical theories, which tend to guide or orient ethical thinking along different lines. The main ethical theories current today are briefly described below:

- DEONTOLOGY guides ethical thinking in terms of duties and rights, which the philosopher Immanuel Kant grounds in the fundamental imperative to act in relation to others according to principles that apply universally to all people, and that one would also wish for others to apply in their actions in relation to oneself.
- UTILITARIANISM guides ethical thinking in terms of harms and benefits, which the philosopher J.S. Mill grounds in the fundamental imperative to promote the greatest good for the greatest number.
- The ETHIC OF CARE guides ethical thinking in terms of preserving and enhancing relationships and service to others. This theory derives from the work of Carol Gilligan, who found in her research that this style of ethical thinking tends to be more associated with females than with males.

- VIRTUE ETHICS guides ethical thinking in terms of habits of acting and assesses actions in terms of virtues and vices of character. This theory derives from the work of the philosopher Aristotle, who emphasized that ethics cannot be reduced to rules or formulas and held that the person of good character (the “good man”) is the ultimate standard of right and wrong and should be emulated by others as a role model.
- FEMINIST ETHICS guides ethical thinking in terms of sensitivity to the power or political dimension of human interaction. The philosopher Susan Sherwin grounds feminist ethics in the allegiance to those who are oppressed, vulnerable, or disadvantaged and the imperative to improve their situation.

This is by no means a complete listing of ethical theories, nor is the richness of these theories captured in the condensed descriptions given. Moreover, considerable controversy exists not only among these theories but also among adherents of each theory.

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