

# Leadership in Ethics: Where is CDA?

Barry Schwartz, DDS, MHSc (Bioethics)

## Contact Author

Dr. Schwartz  
Email: [barry.schwartz@schulich.uwo.ca](mailto:barry.schwartz@schulich.uwo.ca)



For citation purposes, the electronic version is the definitive version of this article: [www.cda-adc.ca/jcda/vol-73/issue-10/925.html](http://www.cda-adc.ca/jcda/vol-73/issue-10/925.html)

The Canadian Dental Association (CDA) has persistently reminded us that it provides Canadian dentists with leadership in all of the essential areas of dentistry. In August 2004, CDA restructured its committees to achieve its stated strategic objectives: to ensure that CDA is recognized as the national leader and advocate in oral health and to encourage an environment in which the profession can achieve viable practice. Maintaining an ethics committee — to guide the profession through ever changing and challenging ethical issues — was not part of that restructuring.

Is this an indication of the lack of importance that ethics has in our profession and the current direction in which CDA is moving? There are now CDA committees to deal with the business of dentistry, dental academia, and clinical and scientific affairs, to name just 3, which all have ethical implications regarding both policy and practice. These diverse committees all make decisions and recommendations based on input from their various members, who most likely have distinctly different perspectives, as well as different levels of training and expertise in ethics. It is the ethical implications of those decisions, which could provide inconsistent direction within the organization and for dentists across the nation, that troubles me.

An ethics committee at CDA would offer consistency and direction regarding dental ethics and could be valuable to other committees in an advisory capacity. Organized dentistry needs committees to tackle complex issues that affect the practice of dentistry, as well as the operational policies of organizations like CDA. If ethics is important to our

profession, CDA still has the opportunity to demonstrate leadership by implementing an organizational ethics committee.

We should be concerned about ethical issues that focus on answers to the question: “What *ought* dentists and our organizations do?” when faced with challenges such as fairness, integrity, conflicts of interest, accountability, mutual trust and respect for cultural diversity, all of which have direct implications for patients, organizations, insurance companies and dentists. Ethical behaviour should be central to how individuals and organizations govern themselves while they pursue success.<sup>1</sup>

Because dentistry is a business as well as a health profession, it should not ignore the business community’s response to ethical challenges. Business has already incorporated ethics committees proactively to advise company policy and avoid scandals that could affect public trust. In terms of dentistry, reports in the media since 1991 have included *Second Opinion on Dental Ethics*<sup>2</sup> (a discussion of the ethics of cosmetic dentistry and access to care), *Dental Boot Kamp*<sup>3</sup> (which suggested that dentists are pushing unnecessary treatment on patients for their own monetary gain) and *Dentists’ Fraud Growing*<sup>4</sup> (exploring the rising number of fraudulent insurance claims). The *National Post* recently carried a story about a Saskatoon dentist who carried out \$16,000 worth of unnecessary procedures.<sup>5</sup> All of these reports have increased patient awareness of ethical issues, with implications for the level of trust that patients place in their dentist. As more patients become aware of innovative marketing strategies that are finding their way

into dental practice, *caveat emptor* (buyer beware) will potentially influence the entire trust-based relationship and erode the position of dentistry as one of the most respected professions. The latest Gallup poll has dentistry already slipping to fifth place on a list of the most respected professions/occupations.<sup>6</sup> Patients are more often openly questioning the honesty and integrity of their dentists.<sup>7</sup> Who shall Canadian dentists turn to for guidance on patient trust issues?

A national ethics committee could also provide guidance on patient and third-party relationships on an ongoing basis. CDA is an advocate of better government services for the working poor, which was recently an election issue in Ontario. However, dentists in large numbers refuse to participate in existing plans because many feel that their financial sacrifice is too great. Quite possibly with leadership from a CDA ethics advisory committee, more dentists might shoulder their social contract responsibilities.

Back in 1991, a CDA ethics committee developed the code of ethics. Over the last 16 years, the code has remained basically unchanged while new conflict-of-interest as well as other challenging ethical issues have confounded dentists. The CDA code currently “serves as a basis for self-evaluation” for dentists,<sup>8</sup> whereas the American Dental Association (ADA) has an active ethics committee (the Council on Ethics, Bylaws and Judicial Affairs), a constantly evolving code of ethics and requires its members to voluntarily agree to abide by the ADA code as a condition of membership in the association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.<sup>9</sup> ADA does not simply put out a code of principles, it offers a code of professional conduct and detailed advisory opinions as well.

Ethics committees are currently being struck in both large corporations and smaller businesses, which are now also hiring ethics managers to deal with ethical issues more proactively. This has become a business necessity as ethical issues that arise in the workplace may result in lawsuits that can drain operating budgets or incur government penalties. In terms of public relations, it is also good for businesses to show that they are taking steps to raise their level of transparency and accountability to a savvy public who demands solutions to the ethical quagmires of the past.

Medicine has long seen the value of ethics committees; consequently, those committees play an integral role in policy recommendations and guidelines, education and case review at the treatment and organizational levels. CDA, on the other hand, disbanded its ethics committee years ago. The reasons given by CDA revolve around the fact that regulations, as well as their enforcement, are provincially controlled. CDA has, therefore, deferred guidance on ethics to provincial colleges and as-

sociations. Thus, in Canada, levels of guidance on dental ethics are inconsistent from province to province because enforcement of regulations has been integrated with the provincial codes of ethics.

Consider the following: there is no guidance on a national ethics educational curriculum, standardization of codes of ethics or ongoing leadership for CDA's own committees on ethical issues. There is no formal interactive mechanism in place to deal with day-to-day issues that have both ethical and professional implications. The present system *does* allow for ad hoc committees to be formed whenever pressing issues need to be discussed. This results in committees that are hastily formed and comprise people who have no experience working with one another, which compromises their effectiveness. Ad hoc committees only continue the reactive damage control approach that has proven to be ineffective in maintaining public trust. An ethics committee could be proactive in advising members on breaking issues that affect the profession.

In my estimation, our leaders should be taking a more proactive position on issues that the public, CDA and individual dentists continually confront. An ethics committee that meets regularly can develop policies and educational strategies to prevent foreseeable problems. A national ethics committee could offer recommendations to dental schools regarding establishing an effective ethics curriculum.

It is incumbent on dental organizations to build enabling environments that will ensure that consistent ethical principles and values are part of the underpinnings of the guidelines and bylaws of the organization. Guidance can be given to members on what is acceptable conduct in a manner that is adaptable to changing moral values and legislation. For our national leaders to defer those ethical challenges to their provincial counterparts and the licensing bodies is not the exemplar function that I envision for CDA. If CDA's mandate is to provide leadership to our profession based on the advice of its standing committees, a committee providing guidance on dental ethics issues that impact on the organizational structure and the policies of that organization must be a part of the process.

CDA is currently undergoing another governance review, which will likely entail re-examining its committee structures. If you, as readers of *JCDA*, share my opinion, I encourage you to write to the president and directors of CDA to voice your disapproval of the status quo. Possibly, in that way, we can get the leadership on ethics that we deserve. Furthermore, I would like to propose terms of reference for an organizational ethics committee that could serve as a guiding framework for the creation of such a committee. The terms of reference are described in

## Appendix 1



## THE AUTHOR

*Dr. Schwartz is an assistant professor in practice administration at the Schulich School of Medicine and Dentistry, University of Western Ontario, London, Ontario.*

**Correspondence to:** Dr. Barry Schwartz, 14 Ravencliffe Rd., Thornhill, ON L3T 5N8

*The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.*

## References

1. Dempsey A. Building an ethical organizational culture. *Chumir Ethics Forum* 2004; 4(3):7.
2. Second Opinion, program 894320 with Dr. Jos Welie, ethicist from Creighton University, James Highland and Donald Mulcahey. Toronto: TV Ontario; March 10, 2004.
3. Walsh P. Dental boot kamp. CBC Disclosure, Feb. 18, 2003.
4. Blackwell T. Dentists' fraud growing. *National Post* 2002, Sept.27. Canada Section A4.
5. Dentist must cough up for unnecessary procedures. *National Post* 2007, Oct. 2. News Section A2.
6. Saad L. Nurses top list of most honest and ethical professions. Gallup News Service; Dec. 14, 2006. Available: [www.calnurse.org/media-center/in-the-news/2006/december/page.jsp?itemID=29117737&print=t](http://www.calnurse.org/media-center/in-the-news/2006/december/page.jsp?itemID=29117737&print=t) (accessed 2007 Oct. 28).
7. Schwartz B. Dental ethics: our future lies in education and ethics committees. *J Can Dent Assoc* 2004; 70(2):85–6.
8. Code of ethics. Ottawa: Canadian Dental Association; Aug 1991. Available: [www.cda-adc.ca/en/cda/about\\_cda/code\\_of\\_ethics/index.asp](http://www.cda-adc.ca/en/cda/about_cda/code_of_ethics/index.asp) (accessed 2007 Oct. 28).
9. ADA principles of ethics and code of professional conduct. Introduction. Chicago: American Dental Association; 2005. Available: [www.ada.org/prof/prac/law/code/index.asp](http://www.ada.org/prof/prac/law/code/index.asp) (accessed 2007 Oct. 28).

# Appendix 1

## Terms of reference for an organizational ethics committee

---

By Barry Schwartz, DDS, MHSc (Bioethics)

### Goals of an Ethics Committee

Before any committee can function, it has to have clearly defined goals, as well as a clear relation to other elements of the organization and profession. If it does not have credibility with other parts of the organization and its various constituencies, a hostile or doubtful environment would impede its effectiveness. An ethics committee would need little or no formal decision-making authority; instead it would act as an advisory board which could serve as a forum for discussion of important ethical issues.<sup>1</sup> Various other committees within the organization would have access to opinions on ethical issues, which would have implications on both organizational ethics as well as patient care ethics.

The profession of dentistry is an independent healing art, but involves business principles that must be managed successfully. Some dental clinicians see the foregoing of ethical principles in response to financial pressures as a necessary part of this business.<sup>2</sup> As well, dentists have a stronger desire for their organizations to show leadership in promoting higher dental use among patients and showing them how to increase revenues than in promoting policies on ethical practice. Some dentists believe that ethics committees would somehow be a threat to practitioners, by telling them what to do and how to do it. Rather than leaving dentists to learn from their own mistakes, ethics committees could work with dentists to educate them and others.<sup>3</sup>

Once established, an organizational dental ethics committee should have 3 main functions: education, policy recommendations and guidelines and case review.

#### *Education*

Education in dental ethics involves the development of tools for teaching ethical values and the dissemination of example cases for discussion. In this way, practitioners will learn decision-making skills to apply when faced with similar situations and it will strengthen consistency of professional values. There is no clear consensus on what constitutes an appropriate ethics curriculum in dental schools across Canada. A national committee affiliated with the Canadian Dental Association could make recommendations on a basic curriculum outline. The net result would be more consistent levels of dental ethics education across the nation.

Education goes beyond the sharing of information with clinicians and students. The issue of evaluating the effectiveness of the work of the committee is also an integral part of this component.

### *Policy Recommendations and Guidelines*

Guidance from an ethics committee and recommendations on relevant policies could be very helpful. Related to this role could be providing input into the development of government policy and legislation in keeping with professional ethics. Decisions that educational institutions face regarding patients' rights and ethical protection deserve the same degree of organizational support as infection control, where committees have been routinely established to deal with patient and operator safety. In infection control, guidelines developed in a committee setting are passed on to various departments for implementation. Testing and feedback from staff, patients and students ensure both compliance and effectiveness of the regimen. A dental ethics committee could adopt a similar process and achieve a similar measure of influence in the institution. Input could be sought on important issues, such as resource allocation and staffing for the committee's own organization, as well as the process for arriving at such decisions. Ethics committees that oversee research ethics and integrity of reporting research have already proved to be effective and important.

Recommendations from a dental ethics committee could develop into formal guidelines that would raise the ethical standards of practice throughout specific institutions and the profession. Human resource issues require policies that involve many ethical concerns. In organizations, policy decisions are generally ongoing and are based on affirming the values of the organization on clear issues where professional consensus has already been reached. An ethics committee would have a more proactive role. It should be able to discuss new issues that are currently unclear and provide guidance toward achieving consensus.<sup>1</sup>

### *Case Review*

Ethics committees could also provide retrospective case review. Reviewing recent cases would enable organizations and institutions to address changing structures more effectively and avoid the negative consequences of poor practice. The ethics committee could also seek feedback from patients, especially when their level of satisfaction is quite different from the level of success determined by clinicians. For example, a case that might be biologically sound could be esthetically compromised or may leave the patient with uncomfortable sensitivity that brings into question the value of performing the procedure in the first place. An example of such a case would be a gingivectomy that has significantly reduced

periodontal pockets, but has left the patient unwilling to smile or breathe in cold air, because roots are exposed.

Offering consultations on current cases is a more onerous function, as it creates numerous complications for committee members as different professional and personal values come to bear. However, when there is an opportunity to discuss these differences openly, with the patient's best interests as the common bond, clearer direction can often be achieved.<sup>1</sup> However, the ethics committee should not become a quasidisciplinary body, as this would go against its aims and goals.

Currently dentists may call the Royal College of Dentists of Canada or their provincial association for advice and receive a legal opinion based on current regulations; however, this may differ from an ethical opinion. For example, the college may caution a dentist against apologizing for a dental error because doing so could negate his or her malpractice coverage.<sup>4</sup> Issues where law and ethics diverge are important for an organizational ethics committee to discuss and make recommendations on. In such cases, CDA could work with regulatory bodies to modify their risk management positions and possibly revisit legal contracts with malpractice insurers.

### **An Effective Model for an Organizational Ethics Committee**

All organizations face ongoing issues that have ethics components. An effective method must be established for informing members of the organization of new policies and how they will be implemented. Determining the most effective ways to deal with ethical issues is also an important consideration. Using ethics policies as alternatives to an ethics program would raise questions about their effectiveness.

Before an organizational ethics committee can be formed, a steering committee should be struck to choose its members — people who understand the politics of the organization and possess a solid conceptual basis in bioethics. Sufficient time (1 or 2 years) must be allowed to ensure the best selection and proper education of members and to develop a suitable group framework and review process. It is important to determine to whom the ethics committee will report and to describe achievable goals. A committee of 10–12 people is a manageable size and will likely ensure a quorum at regular meetings.

Having dedicated, knowledgeable and respectful people on any committee is important. Unfortunately, the perfect candidate for an ethics committee would have the credentials to be the perfect member of any committee and may already be overextended. To ensure that the organizational ethics committee is inclusive, its members should include people with a background in ethics, an understanding of health law and familiarity with the administration of the organization; a practising dentist, who is familiar with everyday practice issues;

a community member who would represent patients' perspectives; and a member who is capable of integrating theories with those of other dental organizations, the colleges and governments. As well, there should be gender and geographic balance. To maintain continuity and consistency, members should sit on the committee for at least 2 years, and not every position should come up for renewal at the same time. In this way, adequate time will be available to train new committee members as well as to develop a review process. There should also be a set term for membership, as recruitment is difficult when people do not know the limits of their potential commitment.

The chair of the committee would need to have in-depth organizational knowledge, conflict resolution skills and excellent communication skills. A bioethicist may not be the best person to chair the meetings, which often tend to be very process oriented, as he or she may be too friendly and agreeable to cut people off and ensure that meetings stay on track. Being tied up in process discussions and completing evaluations may not be the best use of a bioethicist's time. Also, the possibility of making enemies as chair is not a good situation for the person who is to shoulder the ethical position on issues.

Budgetary needs are another important issue. Even if most of the committee members are salaried to the organization, there is a financial impact on the work that they would normally do. The ethics committee would need a budget for journals, books, speakers, food at meetings, conferences and continuing education. Dentists who serve on such a committee must forego billable hours, which is a deterrent for membership, especially in the long term. Other budgetary needs include educational and training materials, mileage for people who travel to meetings from a distance, parking, long-distance telephone calls, fax, meeting minutes and conference calls. The cost of retreats for re-evaluating policies and redefining terms of reference or for evaluating the effectiveness of the committee all need to be factored into the initial budget. A suitable meeting room and secretarial staff would also be required. A distinct challenge for a national committee would be a sufficient budget for enough face-to-face meetings to allow the group to function effectively.

Another important first step is to identify the core values of the organization and to examine whether those values are reflected in the mission statement and current policies. Core values can also serve as a benchmark for accountability to the public, if other related dental ethics issues were to surface in the media.<sup>5</sup> Ensuring that the core values are consistently reflected in the organizational policies and practices is an ideal method of maintaining transparency and ensuring continued patient trust. The board and ethics committee could, and should, work together on this.

## Conclusion

Organizational ethics committees can be created following the approach described above and may ultimately develop into an integral part of the organization's structure. Most organizations have the internal expertise to develop such committees; however, for those that do not, consultants are available to coordinate the process. The biggest barrier for any new committee is funding, which is borne by the organization and, ultimately, its member dentists, through increased membership dues or licensing fees. Greater member education regarding the importance of tackling professional and organizational issues that have many ethics-related undertones will make finding the necessary funds less difficult.

Integrating ethics into the organizational structure via a full-time ethics committee can be a mechanism for delivering on the mission statement of CDA, as it communicates professional values to its members in an integrated and proactive way. Providing leadership in dental ethics by establishing such a committee can only enhance the stature of CDA and the profession as a whole. ♦

## References

1. Jiwani B. An introduction to health ethics committees. Edmonton (AB): Provincial Health Ethics Network; 2001.
2. Trofimuk J. Are courses in ethics worth the expense? *J Can Dent Assoc* 2004; 70(3):154-5.
3. Schwartz B. Response to Dr. James Trofimuk's article. *J Can Dent Assoc* 2004; 70(3):155.
4. Schwartz B. The need for apology in dentistry. *J Can Dent Assoc* 2004; 70(7):448-9.
5. Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthc Manage Forum* 2002; 15(3):32-8.