JCO ROUNDTABLE

Ethics in Orthodontic Practice, Part 2

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Editor's Note: The participants in this discussion are JCO subscribers who were chosen at random. Other topics will be explored in upcoming issues.

DR. GOTTLIEB *An adult patient presents with a moderate Class II malocclusion, with one labially displaced upper cuspid, a peg-shaped lateral on the same side, an upper midline shift, severely irregular lower anterior teeth, a deep overbite, and a moderate overjet. She also has a marginal periodontal condition.*

You explain that it looks to you as if a full diagnostic workup will confirm your tentative diagnosis that four bicuspids should be extracted, followed by a full two-year orthodontic treatment.

"No, no, I don't want to go through all that," the patient says, pointing to the displaced cuspid. "I just want to straighten this one tooth. It has bothered me all my life. It looks terrible, and I keep biting my lip."

You could extract the peg-shaped lateral and open a little more space to allow you to bring the cuspid into alignment, but the additional space would be gained at the expense of moving the upper incisors slightly forward, albeit the midline would be improved. Is it ethical to satisfy the patient's need to improve the one tooth, even though this is contrary to what you believe her real orthodontic need is?

DR. BIRDWELL I feel it is ethical to offer a limited treatment option as long as it doesn't leave the patient in a more compromised relation, even if the limited approach does not address what the orthodontist perceives as the greatest need; but I also feel it is unethical to do a limited treatment that could have a detrimental effect. In this specific case, I would not offer any treatment until the patient has been evaluated and cleared by a periodontist.


Dr. Birdwell


Dr. Dietzer


Dr. Schudy


Dr. Soltes


Dr. Yurfest

DR. SCHUDY I believe it is ethical, provided you use your complete diagnostic records at a consultation to try to convince the patient otherwise. If this is a young adult, I think it is especially appropriate to try harder to have the patient accept ideal treatment. Also, if there is evidence of wear due to the deep bite, a thorough explanation of the consequences should be given.

DR. YURFEST It is absolutely ethical to provide limited treatment to satisfy the patient's needs. One must explain the entire range of treatment options to the patient and have them acknowledge their choice of a compromise course of treatment.

DR. DIETZER I feel the deep overbite, assuming the lower incisors are impinging on the palatal soft tissue, is the most salient physical health problem present. By removing a small tooth to accommodate a cosmetic improvement rather than apply those funds towards health improvement, perhaps at a later time, would not be ethical, especially if it would compromise later comprehensive treatment.

DR. SOLTES To satisfy a patient's need by improving one tooth would certainly address her chief complaint and would not violate ethics. The question arises whether it is an acceptable standard of care and whether the patient would accept the negative consequences of an untreated functional problem. A detailed consultation and explanation is necessary in this situation.

DR. GOTTLIEB *Would you offer any other treatment alternatives?*

DR. DIETZER If the alternative treatment would not compromise future comprehensive treatment, I would.

DR. SOLTES If the patient was totally unreceptive to full treatment, I would discuss a number of alternatives, along with the level of compromise to be accepted with each. It has been my experience that these patients often change their mind once treatment is initiated.

DR. SCHUDY The patient described probably would have a skeletal discrepancy and could possibly need orthognathic surgery. With all the lower-arch discrepancy, the Class II probably couldn't be corrected by slipping anchorage.

DR. BIRDWELL If the peg lateral is healthy, then air-rotor stripping the bicuspids and canine might allow keeping the lateral in place in case the patient wants further treatment later on.

DR. YURFEST Depending on the position of the maxilla, two maxillary first bicuspids might be extracted.

DR. GOTTLIEB *A patient says he can't afford your fee for a full two-arch treatment. You suggest that an alternative, less expensive treatment could be performed on just the maxillary arch. Is it ethical to perform less-than-comprehensive treatment because the patient cannot afford the full treatment?*

DR. BIRDWELL It is ethical to offer a less-than-ideal treatment because of finances, as long as the limited treatment leaves the patient in better dental health.

DR. DIETZER If a patient can't afford a fee for a two-arch treatment and there is no health compromise with one arch only, I feel treatment in the maxillary or mandibular arch only is justified.

DR. YURFEST A patient who wants less treatment for a smaller fee is entitled to the care as long as they are told all the facts.

DR. SCHUDY I agree, it is ethical to perform compromise treatment when the patient can't afford comprehensive treatment, if the patient will be no worse off functionally. However, the patient must be made aware of the need for permanent retention.

DR. SOLTES If a patient says he can't afford my fee for a full two-arch treatment and I suggest an alternative fee, I will usually treat the patient with two-arch treatment at the accepted lower fee. I qualify the patient's level of need, intentions, and desire to have complete treatment. I feel that it would not be ethical to deny comprehensive treatment because of true financial need.

DR. GOTTLIEB *Is it ethical to charge different fees for the same service, in a practice that may include both managed-care patients at a reduced fee and full-fee patients?*

DR. DIETZER I do not feel it is ethical to charge a reduced fee for a managed-care patient, any more than I would charge a greater fee for the same service knowing that a particular family could afford it.

DR. BIRDWELL I agree. If the same work, materials, time, and quality of care are to be offered, it would be taking advantage of the full-fee patient to reduce one's fee for the managed-care patient.

DR. SOLTES It is probably ethical to charge different fees for the same service, but it is unquestionably bad business and bad marketing.

DR. YURFEST This is a problem that hospitals and physicians have dealt with for decades. Insurance contracts, Medicaid, and indigent patients have all demanded and gotten special fees. Are physicians and hospitals guilty of unethical practice?

DR. SCHUDY I believe it is ethical. The orthodontist didn't create the system. He is just trying to survive in it.

DR. GOTTLIEB *If you estimated that treatment would take two years and the case is completed in 15 months, should you reduce your fee?*

DR. YURFEST A two-year case finished sooner would result in no reduction from me. The treatment fee is for the correction, not for the particulars of the technique. Why be penalized for doing a better job?

DR. DIETZER In my office, if a patient provides better-than-average cooperation and as a result completes treatment early, we adjust the fee gladly. This type of patient is the type we wish to build our practice on. Great public relations!

DR. SCHUDY I don't believe the fee should be reduced for an early finish, if you also treat many patients too long and don't charge them extra.

DR. BIRDWELL In our practice we have 12-, 18-, 24-, and 30-month treatment fees. If we significantly overestimate and finish within the earlier treatment fee length, the fee is reduced to that level.

DR. SOLTES I always reduce my fee if treatment is finished early.

DR. GOTTLIEB *If you agreed to a fixed fee, but the case dragged on well past the estimated treatment time due to poor patient cooperation, do you feel entitled to restore monthly payments?*

DR. YURFEST A case that runs into extended treatment should be charged additional monthly fees. In my practice, the patient is warned well in advance and allowed to have the braces removed before complete correction if they wish.

DR. DIETZER At every appointment we evaluate patient cooperation regarding brushing, headgear wear, elastic wear, broken or distorted appliances, and promptness and regularity in keeping appointments. Every six months (and more frequently if needed), we send a letter home keeping parents abreast of the situation. Six months prior to our completion target date, if we are obviously well behind, we will mention additional fees and the basis for them. When additional fees are then levied, they are anticipated.

DR. SCHUDY Under those circumstances, I agree, but only with good communication about it before and during treatment.

DR. BIRDWELL If the case drags on due to lack of patient cooperation, then I feel it is very appropriate to resume monthly charges. However, if the case goes longer due to poor diagnosis, poor choice of mechanics, or just plain difficulty, then I believe it is the orthodontist's responsibility to complete the case at no additional cost.

DR. SOLTES I usually give patients that are poor cooperators a six-month cushion before I charge an additional fee. When I do charge an additional fee, it is always a fixed amount for a fixed period of time.