

JCO ROUNDTABLE

Ethics in Orthodontic Practice, Part 5

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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 *A patient has been seen by a young orthodontist in your community, a recent graduate, who has recommended an orthognathic surgery procedure. The patient comes to you with all the records for a second opinion. You are in 100% agreement with your young colleague, but the patient is impressed by your reputation and decides she would rather have you treat her case. What do you do?*

DR. COLE The decision about where treatment is rendered is completely up to the patient. It is noteworthy that the case involves orthognathic surgery. Putting myself in the patient's shoes, I would surely seek out the most experienced and reputable practitioner.

DR. HICKS I would attempt to reinforce the first opinion, but if the patient feels strongly

about having treatment done in my office, I would accept her as a patient, and call to tell the young orthodontist what happened.

DR. BUMGARNER When a patient comes to my office for a second opinion and I concur with the diagnosis and proposed treatment plan, I reinforce those findings to the patient and compliment the other orthodontist. However, the comfort level of the patient with the orthodontist and team that will be providing her care is the critical issue. I would accept the patient into my practice and make every effort to build a long-term relationship based on the level of confidence and trust that she has placed in our office.

DR. MOWBRAY I would explain to the patient that although I would be happy to treat her case, it would be only proper for her to return to the



Dr. Bumgarner



Dr. Cole



Dr. Hairfield



Dr. Hicks



Dr. Mowbray

original orthodontist. I would explain that our fees are likely to be the same, that our backgrounds and training are similar, that we would likely be working with the same oral surgeon, and that I have been impressed with his or her ability. There is probably not much more I could do or say. It is then up to the patient.

DR. HAIRFIELD Tell the patient nothing but the truth. The patient should leave your office knowing your diagnosis, your treatment recommendations, and your costs for treatment. If you wish to make an addendum along the lines of, "Dr. Young is a relatively new doctor in the area, but I don't see any reason why he would have any difficulties treating your condition" (and certainly don't say this unless you believe it to be absolutely true), then kudos to you for promoting fairness and good will within our profession.

DR. GOTTLIEB *Suppose you do not agree with the need for the orthognathic surgery and believe the case can be treated orthodontically. Do you tell this to the patient?*

DR. HICKS Yes, of course. You have to be honest.

DR. HAIRFIELD Again, the patient deserves your honest assessment and a brief summation of your clinical experiences treating similar conditions, regardless of any discomfort on your part from knowing that your recommendations may cause a defensive response from the young doctor. If there is a hostile response in spite of your using good judgment and fair and appropriate language, then the young doctor has a personal problem and would benefit from some thorough reflection and soul-searching.

DR. COLE I'm not going to lie and tell her I agree with the orthognathic surgery when I don't.

DR. MOWBRAY I would say, "There may be a chance we can do this without surgery. If you don't mind, I would like to talk with Dr. Young and see what our consensus opinion might be." I personally like advice and help from orthodontic colleagues, and so do my neighboring col-

leagues. If this is done diplomatically, the patient can still be referred back to the original orthodontist.

DR. BUMGARNER The integrity of any practice must be based on an honest opinion related to practice experience in similar clinical situations. If I detect any reservation on the part of the patient as I explain my findings, I don't hesitate to recommend that they seek yet another opinion, since they now have two significantly different approaches to consider.

DR. GOTTLIEB *If the patient then wants you to treat the case as you suggest, do you agree to accept the case?*

DR. COLE Yes.

DR. HICKS Yes.

DR. BUMGARNER I would accept the patient into my practice.

DR. HAIRFIELD From my perspective, I never "accept a case"; the *patient* accepts my diagnosis and my treatment recommendations, or one of my alternatives, or they choose another doctor with my most sincere good wishes.

DR. GOTTLIEB *Do you communicate with the young orthodontist and explain why you think the surgery is not necessary?*

DR. HICKS I would.

DR. COLE Assuming we have an honest disagreement about how to treat the case, I do not believe it would be necessary to contact my colleague and defend my treatment plan.

DR. BUMGARNER I would not make an attempt to contact the young orthodontist. If he wants to know why I recommended against surgery, I would be more than willing to discuss my findings based on my clinical experience.

DR. HAIRFIELD I would meet with the young orthodontist as a learning experience for both of us. I would go over both the areas of agreement and disagreement concerning his assessment and

treatment recommendations and share my clinical perspectives and experiences regarding similar conditions.

DR. MOWBRAY Let me say that I remember what it was like to start out, and I had some help and advice from a few colleagues. It made me feel good to have their respect. In turn, it is very important to respect the young orthodontist and encourage communication and sharing of ideas in both clinical and management areas. There is a tremendous opportunity for professional and personal growth in these situations if handled properly. I would hope that the young orthodontist would think I am trying to help, rather than to be hurtful or a know-it-all.

DR. GOTTLIEB *Suppose you do not agree with the need for orthognathic surgery, but the patient decides to return to the young orthodontist and follow his advice. Do you make any further effort to convince the young orthodontist of the reasons for your decision?*

DR. HICKS No.

DR. COLE No.

DR. HAIRFIELD Absolutely! I would also like to know if there is something I am missing concerning this patient and to further understand the young doctor's reasoning. There is always the potential for me to learn more by considering another school of thought.

DR. BUMGARNER The ultimate decision regarding treatment is between the patient and the orthodontist. I would make no effort to change the young orthodontist's recommendations or undermine the patient's confidence in their decision to accept his treatment plan.

DR. MOWBRAY Just because I do not agree with the need for orthognathic surgery does not mean I am 100% right. I have a lot of confidence in our profession and the good training that young orthodontists are receiving. At this point, it is really not any of my business, other than curiosity, as to how the case turns out, and I

would not pursue trying to find out, as this would appear to be meddling.

DR. GOTTLIEB *Do you recommend that the patient seek a third opinion?*

DR. HICKS If there is a big difference between the first two opinions, I would.

DR. MOWBRAY I have no problem asking a patient to seek further opinions, even if my opinion is the first one.

DR. COLE It depends on the response of the patient, having been presented with dramatically different treatment plans. If the patient expresses confidence in either one, there would be no need for further opinions. If the patient is hesitant or confused, then a third opinion may be in order.

DR. BUMGARNER If the patient is really torn between two significantly differing opinions, then I think it is appropriate for them to seek another opinion, and I offer to provide names of orthodontists I know will provide optimal care for them.

DR. HAIRFIELD Personally, I promote a lot of second and third opinions. They can make the issues more confusing for the patients and their families, and make the final decisions more difficult; but I don't have any problems with that, because "difficult and confusing" is the nature of our profession and a consequence of thoroughly considering all factors. Second and third opinions, from the perspective of the patients and their families, tend to reinforce some points and weaken others—exactly as they should.

DR. GOTTLIEB *Is it ethical for orthodontists to offer advice or treatment in areas that may be only indirectly related to orthodontic treatment, such as sleep apnea, diet and nutrition, smoking, and speech therapy?*

DR. HICKS Yes, it is ethical to give such advice.

DR. HAIRFIELD I have a particular interest in the upper airway and have additional research,

training, and clinical experience in this area. I don't hesitate to offer advice or to make treatment recommendations when a patient presents with signs or symptoms that I have experience with *and* it is something that may prevent me from successfully completing my primary responsibility as an orthodontist. If the patient's condition is outside the realm of my experience, then I refer the patient to the appropriate specialist in the community.

DR. MOWBRAY I think orthodontists may offer limited advice in areas indirectly related to orthodontics, consistent with their training and experience. I prefer to refer such things to a sleep clinic, physician, or speech therapist and then see if they have a task for me such as an appliance or orthodontic therapy in conjunction with their program.

DR. BUMGARNER In keeping with a philosophy of total patient care, I think orthodontists and other health-care professionals should help direct their patients or give support to their patients through discussion of specific health issues. I also believe that caution must be exercised by orthodontists in making definitive recommenda-

tions outside their area of expertise. Referrals can be made if the patient has an interest in pursuing treatment for these problems. The orthodontist should discuss differing philosophies, benefits, and limitations and any potential risks along with any referrals he or she chooses to make.

DR. COLE There are two different questions here: advice or treatment. Clearly, I could ethically offer advice such as, "I advise you to seek care by a trained physician regarding your sleep apnea", or, "A licensed speech therapist should surely assist you in treating your child's speech problems", or, "I see in your medical history that you smoke. Have you considered seeking professional counseling in smoking cessation?" So advice in such matters would primarily consist of referrals to trained or licensed professionals.

Turning to treatment, there are very clear legal guidelines in place for what constitutes the practice of dentistry. In my state, and I suspect in all states, there is a statute that defines the practice of dentistry. It is, therefore, not only unethical but may be illegal to offer treatment in areas that are not directly related to orthodontic treatment.