

How do I ethically continue to see patients during the COVID-19 pandemic?

While there are many steps to follow in order to be able to ethically continue to see patients during the Covid-19 pandemic, these principles of autonomy, nonmaleficence, beneficence, justice and veracity are necessary always. Currently, they may require different steps than you are used to taking, however, the underlying premises are the same.

Following the ADA *Principles of Ethics & Code of Professional Conduct* (the *Code of Ethics*) will guide you in how to assist patients during the Covid-19 pandemic. While there are many things to consider in ethically continuing to see and treat patients during the Covid-19 pandemic, the ethical principles of autonomy, nonmaleficence, beneficence, justice and veracity should always be consulted. As a result of the pandemic, ethical principles may require different steps than dentists are used to taking and applying the ethical principles may result in different outcomes than dentists are used to experiencing. However, the overarching premises of the *Code of Ethics* – to “do no harm” and “put the welfare of the patient first” remain exactly the same.

To assist dentists in considering the ethical principles of autonomy, nonmaleficence, beneficence, justice and veracity within the unprecedented context of the Covid-19 pandemic, some discussion of each of the principles applied to the present circumstances are provided;

Code of Ethics Section 1 - Autonomy

- Under Section 1 (patient autonomy), there exists a “duty to respect the patient’s rights to self-determination and confidentiality.” This ethical duty may be particularly challenging with the current pandemic, as you will need “act within the bounds of acceptable treatment.” In the present pandemic setting, public health circumstances may mean that you need to deny certain treatments (especially elective treatments) until the current circumstances improve.
- Under Section 1B of the *Code of Ethics*, dentists are “obliged to safeguard the confidentiality of patient records.” You may not be able to meet this obligation if contact tracing and/or reporting becomes necessary to reduce the spread of COVID-19. Patients and staff should be informed of the potential need to share identifiable information under the Public Health Exception to HIPAA or in compliance with any other local, state or federal mandates. Except for these mandates and the public health necessity to share identifiable information with the proper authorities, you and your staff should continue to be maintain and respect patients’ privacy and confidentiality.
 - Under Section 1.B.1 you are obligated to furnish patient records to the patient or a new dentist at no cost or at nominal cost to the patient. Given that in some communities, care may be limited to just a few providers, please be ready, willing and able to share records if necessary to treat any and all patients who may have a need for emergency services with a provider other than you.

Code of Ethics Section 2 - Nonmaleficence

- Under Section 2 (nonmaleficence) dentists have a “duty to refrain from harming the patient.” This section means not just a patient undergoing treatment, but all of your patients considering that

patients may come in contact with one another in the waiting room and the operatory. Given this potential risk, you should consider:

- Prior screening of patients by inquiring regarding symptoms, travel, exposure, fever, etc. (as per ADA and CDC guidelines) for all patients who will be in the office;
- To comply with social distancing requests, scheduling staggered appointments so that you limit the number of people in the office at any given time as directed by current local, state, and federal guidance;
- Ensuring that you and staff adhere to Universal Precautions at all times (and any additional health and safety requirements that might be recommended specific to COVID_19;
- Adhere to all sanitation and sterilization requirements as per local, state and federal guidance.
- Remember, if you are uncertain about what to do or feel unqualified to do what is necessary, you are ethically obligated to “seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills knowledge or expertise.” (*Code of Ethics* Section 2.B.)
- Per the *Code of Ethics* Advisory Opinion 2.D.1., if a dentist is ill or thinks that exposure to the coronavirus is possible, the dentist has an ethical obligation to “limit the activities of practice to those that do not endanger patients or dental staff.”
- Pursuant to *Code of Ethics* Section 2.F., if you will need to close your practice due to COVID-19 please be sure to provide patients with “adequate notice.” If possible, please allow patients the “opportunity to obtain services of another dentist.” This may be challenging at this time, but trying to work with other dentists in the community to develop a strategy for ensuring that patients with emergency dental needs are cared for is critical.

***Code of Ethics* Section 3 - Beneficence**

- Under *Code of Ethics* Section 3 (beneficence) dentists have “a duty to promote the patient’s welfare.”
 - This duty obligates dentists to use their “skills, knowledge and experience for the improvement of the dental health of the public . . .” (see *Code of Ethics* Section 3.A).
 - Dentists should also set examples for staff by maintaining a professional demeanor in the workplace. You have an “obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care.” (*Code of Ethics* Section 3.F.) This means if a practice’s employees have their own or familial health concerns or in an at risk group, they should not feel unduly pressured or judged if they feel unable to perform their duties.

***Code of Ethics* Section 4 - Justice**

- Under Section 4 of the *Code of Ethics* (Justice) dentists have a “duty to treat people fairly.” While you do have discretion in selecting patients, you cannot refuse to accept a patient or deny a patients service “because of the patient’s race, creed . . . national origin.” (*Code of Ethics* Section

4.A.). Covid-19 is not unique to any one race, creed or nationality and it is, as always, ethically inappropriate to base care decisions on any of those factors.

- If, when treating a patient with a bloodborne pathogen (or other infection) or who is medically compromised, you should determine if you have the “need of another’s skills knowledge, equipment or expertise” (*Code of Ethics* Advisory Opinion 4.A.1.). If that is the case, under the guidance of Section 2.B. of the *Code of Ethics*, you should seek a referral.
- Section 4.B. of the *Code of Ethics* obligates dentists to make arrangements for emergency care for their patients. As you or your staff may become ill or may need to self-quarantine, you will need to have a plan in place to address patient emergencies that may arise during that time, recognizing that emergency departments in local hospitals will not be appropriate sites. (Please see Section 2.F.)

***Code of Ethics* Section 5 - Veracity**

- Under *Code of Ethics* Section 5 (veracity) you have a “duty to communicate truthfully.” This is very important given the uncertainty surrounding Covid-19. Being truthful may mean telling patients you just may not have an answer and explaining why. Trust, especially in the time of a pandemic, cannot and should not be compromised.
 - This is also not a time to be looking for ways to expand business. It is never, and especially now, ethical to:
 - Waive copayments
 - Overbill
 - Provide unnecessary services