

Hold your tongue

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Your practice has earned the reputation for successful management of adult orthodontic patients. Your last patient of the day, Gail, is scheduled for an initial examination seeking “an improved smile.” She is an anxious 55-year-old attorney who was referred by her brother, a superb restorative dentist who practices about an hour away. Despite that distance, Gail’s brother is one of your top referrers. Perhaps the travel time between Gail’s home and her brother’s practice is the reason Gail prefers to be treated by her local dentist instead of her brother—or perhaps she has an undisclosed agenda. Unfortunately, your previous experience with that local dentist has revealed that he has not been highly attentive to detail.

Gail’s initial motivation for seeing you is to address her mildly crowded mandibular incisors, but the irregularity of her maxillary gingival margin height is far more conspicuous as she smiles to greet you. There are 2 aged veneers on the maxillary central incisors that no longer match the adjacent teeth. Also noted is significant attrition of the lateral incisors, which has contributed to their supraeruption.

You provide Gail with a thorough explanation of these findings and emphasize that optimal esthetics can be achieved only via a collaborative approach to her treatment. However, despite your repeated explanation in lay terms, she doesn’t seem to grasp the concept that pre-prosthetic orthodontic therapy will optimize gingival harmony and dental proportions. As the visit concludes, you ask her permission to call her brother so you can explain your recommendations. Gail declines. “He doesn’t treat me,” she says. “I’d prefer that you communicate your suggestions to Dr. Ross, my local dentist.”

A few days later, you see Gail’s brother at a continuing education course and thank him for his referral. He asks you for your treatment recommendations, but you are reluctant to say much more than the fact that you had a delightful interaction with Gail. You know that Gail’s brother and her treating dentist are miles apart, both literally and with regard to the quality of care. However, you are unsure if you should inform him that collaboration

with a more conscientious restorative dentist might significantly enhance Gail’s final result.

Confidentiality in health care is an essential component of establishing trust. Trust between friends often takes decades to establish, but the trust between a health care provider and the patient often requires momentary decisions. Patients need to trust that the doctor will maintain their needs above those of the doctor, and the doctor must believe that patients are forthright in every way. Confidentiality is 1 component of the establishment of such 2-way trust. A breach of confidentiality is unwarranted unless the inclusion or exclusion of specific information will place others at risk. One such example is a dentist’s recognition of human papillomavirus in a sexually active person who declines to inform his partners or denies that information upon the dentist’s inquiry. Instances of physical abuse of children or elders must be reported irrespective of confidentiality. The practitioner’s knowledge of certain diseases such as active tuberculosis as revealed on a medical history questionnaire needs to be explored and addressed for the protection of others.¹

State and local laws vary with regard to the possibility of informing parents of minors about health conditions because certain conditions can be treated without parental permission. Examples include treatment of substance abuse, sexually transmitted diseases, certain mental health conditions, and pregnancy.¹

Now back to your dilemma. You know that Gail needs to resolve her chief complaint, yet you are also sure that her present dentist cannot provide the level of care that she needs. Furthermore, she has prohibited you from discussing this with her brother. Despite your orthodontic skills, you realize that the final result will only be as good as the restorative dentistry that follows your treatment.

Maybe it’s time for another chat with Gail—and to document it thoroughly—to encourage her to discuss the case with her brother. As they say, “An ounce of prevention is worth a pound of cure.”

REFERENCE

1. De Bord J, Burke W, Dudzinski DM. Confidentiality: Available at: <https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/detail/58>. Accessed July 16, 2019.