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New Dental Board Guidelines Address Sexual Relationships

Now that the headline for this column has grabbed your attention, let's get serious.

In 2008, the American Association of Dental Examiners released a report entitled: ***Guidelines for State Dental Boards on Unprofessional Conduct Involving Sexual Boundary Violations*****: The Report of the AADE Committee to Develop Guidelines on Sexual Boundaries**. Here is an excerpt of their recommendations:

> "The position of power in the dental care practitioner-patient relationship is inherently unequal. In order to receive dental treatment, the patient surrenders certain personal liberties and authorities to the practitioner. The patient discloses private health information and cooperates with treatment conditions that render the patient physically and mentally vulnerable. The patient lies in a reclined position while receiving treatment that is provided with the practitioner(s) in close physical proximity to the patient. The patient permits touching of the oral cavity and its adjacent structures, succumbs to procedures that may be stressful and painful, and may be given pharmacological agents designed to produce analgesia, sedation and/or anesthesia. These patient concessions position the practitioner as the more powerful party in the dental practitioner-patient relationship. Consequently, it is incumbent upon dental care practitioners to respect sexual boundaries and to ensure that nonprofessional considerations do not intrude into the practitioner-patient relationship.
>
> Dental boards, charged with protecting the public, are responsible for informing their licensees that sexual boundary violation with patients will not be tolerated, and that swift and appropriate action will be taken when unprofessional conduct involving any sexual boundary violation(s) has occurred.
>
> Dental boards are encouraged to provide education and training to their members and staff regarding unprofessional conduct involving violation of sexual boundaries. Boards should also work closely with other entities, including dental education and continuing education programs, to provide practitioners with training regarding boundaries of the practitioner-patient relationship."

The report further goes on to recommend that:

> "A dentist, dental hygienist, or member of the dental health care team may not engage, or attempt to engage in a relationship with a former patient within six months after the practitioner-patient relationship ends. After the six month period of time, a dentist, dental hygienist, or member of the dental health care team may not engage, or attempt to engage in a relationship with a former patient if there is a significant likelihood that the patient* will seek or require additional services from the practitioner."
>
> "*The term "patient" in these definitions . . . **includes the patient's immediate family members or any surrogate person involved with the patient's care.** In group practices these definitions include and apply to all health care professionals in the practice and all patients of the practice."

The full report can be ordered from the AADE at *http://www.aadexam.org/downloads/Sexual%20Boundary%20Order%20Form.pdf.*

What this means is that relationships with members of a patient's family (which is the potential scenario in pediatric dentistry) is not only rarely a good idea but may even lead to sanctions from a state dental board. In a recent *AGD Impact* article by S. Michael Plaut, Ph.D., and Margaret B. Wilson, D.D.S., M.B.A., of the University of Maryland School of Medicine and School of Dentistry[1], they state that:

> "As caring, helping professionals, we sometimes have the tendency to try and 'rescue' the emotionally needy . . . . We may tend to underestimate the vulnerability of our patients and often don't realize the level of power we have over them in the clinical setting, not only during the time of a professional relationship, but even for a time after a professional relationship has ended.
>
> Patients expect health care providers to practice beneficence—that is, to act in their best interest. The patients' needs and welfare must always be placed above those of the provider."

The article also notes that:

> "Dental boards in various parts of the United States and Canada are increasingly taking this issue very seriously. Their decisions to sanction dentists have been consistently upheld in appellate courts, even in instances where the intimate relationship occurred outside of the dental office and was reportedly consensual."

While acknowledging that strict boundaries may be more difficult in smaller communities, they nevertheless recommend the following:

> "It also is acknowledged that firm boundaries are often more difficult to maintain in what some call 'closed systems,' such as small towns or other restricted communities, such as military bases. Some level of 'dual relationship' is almost inevitable in such settings. However, if the expectation at the outset of treatment is that intimate relationships will not begin in the professional setting, professionals can conduct their lives in a way that is more likely to protect the patient's best interest and, ultimately, their own as well."

Further, the ADA *Principles of Ethics and Code of Professional Conduct* under "Principle of Nonmaleficience" ("do no harm") heading 2.G. "Personal Relationships with Patients," states:

> "Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient."

So, the best advice is: don't go there. **PDT**

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 ext. 29 or *slitch@aapd.org*.

Please note that archived copies of previous Litch Law Logs are now available in the practice management section of the AAPD members-only Web site at http://www.aapd.org/members/practice/lawlog.asp.

[1] AGD Impact, *January 2008 , Volume 36 , Issue 1, side bar on "How Intimate Can I Be with My Patients?"*

ADA News

ADA Foundation Requests Early Childhood Caries Research Proposals

The ADA Foundation is pleased to announce its 2009 Request for Proposals in the area of Early Childhood Caries Research. Proposals of up to $125,000 will be considered and applications are due on Feb. 26, 2009. Researchers from non-profit organizations or institutions are encouraged to apply who wish to address the grant objectives of carrying out investigations to enhance the understanding of the etiology and pathophysiology of early childhood caries (ECC) and evaluating new interventions that reduce the incidence and severity of ECC at the individual or population level. Priority consideration will be given to proposals that focus on high-risk populations or medically underserved communities. Please download the grant summary form, directions for application and other important information from the ADA Foundation Web site at *http://www.adafoundation.org*. **PDT**

New ADA Report Yields Interesting Sedation Data

The ADA recently released the 2007 Survey of Dental Implants, Amalgam Restorations, and Sedation. Among the sedation data reported:

- Nearly two in five dentists (38.2 percent) use sedation on their patients, and among those who did not do so, 15.5 percent are interested.
- More dentists younger than 40 (44.5 percent) use sedation compared to dentists 40 or older (37.1 percent).
- More specialists (49.4 percent) than general dentists use sedation.
- Less than one in ten dentists used deep sedation (7.1 percent); three-quarters of these were oral and maxillofacial surgeons.

Copies of this report are available from the ADA survey center at (312) 440-2568. **PDT**