

The Ethics of Temporary Charitable Events

White Paper by the Council on Ethics, Bylaws and Judicial Affairs

Authors*

Thomas E. Raimann, D.D.S.

Elizabeth Reynolds, D.D.S.

Emily Ishkanian, D.M.D.

Puneet Kochhar, D.M.D.

J. David Moss, D.M.D.

A. Roddy Scarbrough, D.M.D.

Robert A. Shekitka, D.M.D.

Background

The Council on Ethics, Bylaws and Judicial Affairs (CEBJA) is the ADA agency dedicated to enhancing the ethical conscience of dentists by promoting the highest moral, ethical and professional standards in the provision of dental care to the public. In keeping with this mission, CEBJA has authored a white paper addressing and providing guidance on ethical issues that may arise during temporary charitable events such as Missions of Mercy (MOMs), Give Kids a Smile® (GKAS) and Give Veterans a Smile™ (GVAS).

The white paper is intended to illuminate potential ethical challenges that may be presented by short-term charitable events so that they can be addressed and/or avoided. The paper concludes with questions to be considered by both providers and patients in order to minimize the potential ethical risks of such events while maximizing their benefits. The concluding checklists are intended to be a starting point that can be tailored to issues arising at individual events as determined by the hosting organization(s).

Introduction

Temporary charitable events raise a number of ethical questions. The temporary nature of these events precludes development of an ongoing relationship with patients and does not afford the opportunity to collect as detailed a history as one might obtain in a more permanent setting. Additionally, many of the patients seeking care at these events have urgent dental needs and no access to necessary and routine dental services or care.

While these events serve a tremendous need, consideration of the ethical implications is an important part of these projects and essential to the ability to provide care. This paper attempts to assist project coordinators in identifying the ethical issues that must be addressed and offers suggestions for addressing them. The paper is organized by the subsections of the American Dental Association *Principles of Ethics and Code of Professional Conduct* (the *Code*).

Autonomy

Under the Principle of Patient Autonomy (“self-governance”), “the dentist’s primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient’s needs, desires and abilities ...” More specifically, patients should be informed about their dental condition, proposed treatment and any reasonable alternatives and then be actively involved in the

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treatment decision process. Discussion of risks, benefits and alternatives are the elements that are essential to Informed Consent. Patients need to have an understanding of all of the treatment options available to them in the given setting and make treatment choices accordingly. Patients also need to have information that the treatment available in the current setting may differ from that which can be provided in a more permanent dental home.

Treatment Planning

Many factors play into treatment choices, but the provider must take responsibility to ensure that the patient understands the risks, benefits, and alternative treatment options. For example, a patient may opt to have root canal treatment to save an abscessed tooth but not realize that this treatment option also requires a restoration to provide additional protection to the tooth. If the patient cannot afford to complete the treatment the tooth could break later, resulting in an emergency surgical extraction. In this example, the patient perhaps should have opted for an extraction. Conversely, a patient may opt to have restorable teeth extracted without considering or understanding the long term consequences, both social and medical, of edentulism.

Access to and Maintenance of Patient Records

Access to and maintenance of patient records are other issues that need to be considered. Patient records are usually kept by the sponsors of the events rather than the treating dentist. This could present a problem for follow-up if a problem with the treatment provided arises after the event. Patients should be clearly informed about how to obtain the record of the treatment provided to them at the event and about how to schedule any necessary follow-up care. This can be easily done by ensuring that the patients have the phone numbers of the organization or person in charge of the records and of the emergency contact responsible for post-operative care.

Confidentiality of Patient Records

“Dentists are obligated to safeguard the confidentiality of patient records.”¹

At temporary charitable events, it can be a challenge to adhere to this requirement of the Code. Typically many of the volunteers are local and may be friends or neighbors of those being treated. Records, both treatment and health, change hands many times as the patient works their way through the system and that may compromise patient confidentiality. One way to lessen the chance of a breach is to put the patient in charge of their chart or record. Having the patient hold the chart while moving from area to area thereby only allowing those involved in treatment access to it is one way to protect the privacy of the patient. It is especially important that the volunteers who enter the information at the end of treatment be informed of the importance of patient privacy and confidentiality of the patient record.

Nonmaleficence

Nonmaleficence is the ADA ethical principle that states a dentist has an ethical duty to refrain from harming a patient. Nonmaleficence is comprised of several key components. The first is the dentist's professional obligation to keep their clinical skills and knowledge current,¹ which means practicing dentists must recognize their clinical limitations and abilities. Dentists should not be performing services for which they are inadequately trained. At these temporary charitable events student volunteers or allied

¹ American Dental Association. *American Dental Association Principles of Ethics and Code of Professional Conduct*, with Advisory Opinions, revised to October 2024. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/about/ada_code_of_ethics.pdf?rev=ba22edfdf1a646be9249fe2d870d7d31&hash=CCD76FCDC56D6F2CCB C46F1751F51B96. Accessed April 2025.

dental personnel may be performing dental procedures or educating patients about specific dental topics such as home care or nutrition.

Use of Allied Dental Personnel

The Code specifically states that “Dentists shall be obliged to protect the health of their patients by only assigning to qualified allied dental personnel those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all allied dental personnel working under their direction.”¹ If volunteers at these outreach events are properly trained, credentialed, and supervised, as well as legally authorized to perform the duties then the subsequent treatment and advice is appropriate. When dental students or allied dental personnel students participate in providing direct care, it is particularly important that they be versed in the ethics related to the treatment they provide and that their treatment is closely monitored and supervised. The event coordinator must continually monitor the event to ensure that this principle is being upheld and be aware of any specific requirements imposed by the locality in which the event is being held.

Consultation/Referral

A second component of nonmaleficence requires a dentist to know when to seek consultation for advanced treatment or referral to a specialist for services the patient may need. Many of the charitable events have specialists who provide needed care within their realm of expertise. The treating provider must recognize when referral is appropriate and utilize these volunteers.

Patient Abandonment

Nonmaleficence also speaks to patient abandonment. As addressed earlier, this is a primary concern at temporary outreach events. It is imperative that the patients be provided with the contact information of the person providing follow-up care. If a patient has a temporary restoration placed at the event or even has a root canal completed but is not afforded the chance to have the final restoration placed, the patient has, by the definition of the Code, essentially been abandoned. If the patient is given the opportunity at a later date to have the work completed, the providers have ensured that the patient has been well treated and have eliminated the potential for abandonment.

Infection Control

Lastly, these charitable mission sites should be subject to all the regulations required of a conventional dental practice, meaning they should comply with infection control, OSHA, HIPAA and Blood Borne Pathogen regulations and standards, as well as any other state and local laws and regulations. Barrier techniques should be utilized to minimize disease transmission and cross contamination in order to protect patients, staff, and providers.

Beneficence

Section 3 of the *Code* addresses the principle of beneficence.

“This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and the public-at-large.”¹

One way to meet the requirement of “doing good” is through community service, which is specifically addressed in the *Code* in Section 3.A. Community Service which states:

“Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.”¹

Community service is the purpose of temporary charitable events and one of the motivations for dentists to participate in them. These outreach projects allow local providers to show how proud they are to be a part of the community that they serve by serving those in need at no cost.

Temporary charitable events are an opportunity to not only increase access to care for those who are underserved but are also an opportunity to provide meaningful oral health education which is a primary component in the prevention of dental disease.

These events also provide an opportunity to stress the importance of having a dental home and maintaining one’s dental health on a regular basis.

Justice

The principle of justice implies that the provider has a duty to treat each patient fairly. In the charitable arena, as in private practice, it is imperative that the dentist continues to maintain the concept of “delivering dental care without prejudice.”¹ Justice is applicable from many perspectives. First, the dentist needs to be comfortable with the care that they are providing, be it a difficult extraction on a healthy patient or a simple procedure on a patient who is medically compromised and may require follow-up care that is not available in the charitable event environment. If the provider feels that they cannot in good conscience treat the patient or if the student assigned to the case feels that they cannot treat the patient based on their training and the scope of work that they are able to perform, the dentist is responsible for finding appropriate specialty care, ideally within the realm of the charitable event. The patient must be made aware of any limits in the scope of care the dental team feels they are able to provide.

Secondly, the care provided at these projects is often emergency care or palliative care. Temporary charitable events are not intended to provide comprehensive care but rather to provide limited preventive and restorative care; they are not intended to usurp the need for a dental home. The organizers have the obligation to be absolutely vigilant in educating the patients on the necessity of a dental home and to be certain the patients understand the different nature of the care provided at events such as these. Also, as discussed earlier, the project managers are obligated to make the treatment records easily accessible for the patients as well as for the patients’ dentists of record or any dentist who may be following up.

Veracity

Honesty and trustworthiness, the values defined by the principle veracity, are paramount in the context of temporary charity events.

“Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.”¹

Primarily, this principle reminds us to honestly educate our patients about their treatment options and the unique characteristics and limitations of a temporary charitable event. With veracity in mind, patients need to know they can trust the information and treatment being provided and respect the motivation for providing the charitable care. Veracity can be applied to the provision of charity care in a number of ways.

First, the dentist must accurately represent the purpose and cost of the proposed treatment and the qualifications of the provider. This means explaining the limitations of emergency care and the fact that dental disease cannot be cured or prevented at a single outreach event. The care that is provided will frequently be free, but the fees associated with potential follow-up care must be represented accurately. In the case of endodontic treatment, for example, a canal may be debrided and medicated during an outreach event, but the cost of the obturation and definitive restoration that follows must also be communicated to the patient in a way that the patient understands the possible risks involved in not following up on the care. The patient must also understand who is providing care — a student, specialist, general dentist, or other provider. For example, students should inform the patient of their year/qualifications and that their work will be overseen by a supervising dentist. Even in emergency situations at charity events, specialists must be careful to declare the limitations of their practice.

Charity organizers should be careful not to provide care that is unnecessary even though the treatment may be free. It may be tempting to find a problem to treat at outreach and charity events — the providers are eager and available, and the patients may have traveled a long distance for this infrequent access to care. However, the principle of veracity also expects truth in diagnosis — the patient expects that the proposed treatment is appropriate for the diagnosis. A patient may be present, expecting care, and have providers available, but without a diagnosed problem, providing unnecessary care would be dishonest and unethical.

Another element of veracity is the requirement of the health care provider to provide all relevant information for the patient to make an informed decision about the alternatives to the proposed treatment. The patient may not understand options for receiving care elsewhere if treatment is available closer to home or in the context of comprehensive care. For event organizers, it may be tempting to attract as many people as possible to an event to have the greatest impact, but patients should still be informed of other options and how to establish a dental home if that information exists.

Conclusion

In conclusion, the charitable events which dentists so selflessly provide offer a parameter of care to patients who may not have access to that care elsewhere. It is imperative, however, that the providers ensure that the care being provided is of a standard that will stand up to the ADA Code. As with any work of this nature, dentists have to be aware of unintended consequences.

- If these events are too successful, is it possible that patients will utilize temporary charitable events as dental homes?
- Is the success of temporary charitable events reported in an appropriate manner?
- Are dollars and cents the best way to define the success of the projects?
- How about definitions of success through amount of comprehensive care?
- Is one necessarily indicative of the other?
- What about care within an appropriate purview?
- Is someone watching to be sure that these projects do not become a platform for heroics by providers who may not be proficient in a specific area of expertise?
- These charitable events are one answer to access to care and they work well; are they the only answer, however?

- Are there other options which might work better?
- Perhaps permanent clinics staffed by volunteer and student doctors?
- DLN (Dental Lifeline Network) programs which offer the benefit to the provider of being able to work in their environment? Is some care better than no care?

These are the very questions that make temporary charitable events ripe for ethics discourse and potential ethics breaches.

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PATIENT CHECKLIST

- Does the patient understand that the treatment being rendered is in a less than ideal environment?
- Does the patient understand that they are receiving limited care?
- Does the patient understand that the treatment received is not comprehensive, cannot address all problems, and may not prevent more care from being needed?
- Does the patient understand the risks, benefits and alternatives of both treatment and non-treatment?
- Is the patient involved in their treatment decisions? Does the patient understand the need for treatment?
- Does the patient understand and respect that this is the equivalent of emergency care and that they need to find and establish a dental home?
- Is the patient aware of possible alternative sites for care, i.e. local clinics or providers?
- Does the patient know who is providing their care, including name, status (e.g. student vs. dentist, active practice, etc.), and specialty?
- Has the patient been forthcoming about all medical conditions?
- Does the patient understand the potential cost of needed follow-up treatment, even though the treatment provided at the event is at no cost?
- Does the patient have follow-up information?
- Whom should they call?
- Will there be a charge?
- Does the dentist responsible for the follow-up care have access to the record of treatment provided?
- Does the patient know how to get their records?
- Does the patient feel comfortable that their records will be kept confidential?

DENTIST/PROVIDER CHECKLIST

- Is the treatment I am providing necessary and appropriate?
- Is the treatment I am providing within my scope?
- What are my supervisory responsibilities if I am delegating care?
- Am I comfortable providing treatment in this less than ideal environment?
- Is my patient fully informed?
- Does the patient understand that this is not comprehensive dental care and that establishing a dental home is paramount?
- Does the patient understand the risks, benefits and alternatives of both treatment and non-treatment?
- Does the patient understand how to get their treatment records?
- Does the patient understand how and when to seek follow-up care?
- Is my patient medically compromised? Am I comfortable with the existing medical conditions, and treating the patient without the ability to follow-up?
- Is the confidentiality of patient records respected?
- Are only those involved in diagnosis and treatment reviewing the records?
- Is the treatment necessary or is it being done to give the provider more experience?
- Does the provider's specialty preclude them from performing this procedure (e.g. oral surgeon doing endo)?