Navigating ethical dilemmas as a new dentist

It is ethical to date a patient? What are the ethical implications of using social coupons to expand my patient base? What should I do when I suspect a patient may be abusing prescription drugs? Are you caught between a rock and a hard place?

There are always things that come up that make us do a gut check,” said Dr. Lindsay M. Compton, member of the ADA New Dentist Committee and its new dentist member to the Council on Ethics, Bylaws and Judicial Affairs, or CEBJA. “Especially as new dentists, we’re still trying to figure things out.”

In the early years after dental school, Dr. Compton said she shadowed in several offices that she respected and admired. “However, I could tell that employment wasn’t always based on skill and marketing tactics were more prioritized than patient care,” she said. Although ADA resources are not replacements for legal resources and legal advice, they offer member dentists, especially new dentists, a service to help navigate and resolve ethical dilemmas.

These services include the ADA Ethics Hotline (1-800-621-8099), which is designed to assist dentists in managing ethical challenges that may arise in day-to-day practice. A joint venture with the New Dentist Committee and CEBJA, the hotline launched in February 2013 and is available to member dentists. Members with ethics related questions are matched with a CEBJA member who will provide consultation regarding the ethical issue being raised, while using the ADA Principles of Ethics and Code of Professional Conduct as a guide.

“I will say that the number one reason to use the hotline is that it’s anonymous,” Dr. Compton said. “As new dentists, we think that if we ask a question out loud, will we sound stupid? We feel everyone knows the answer but us. But sometimes, we just need to talk to somebody about it. That’s what makes the hotline a great resource.”

In 2017, a hotline caller raised an issue with Section 4.A. of the code of ethics, stating that it didn’t seem broad enough to cover a patient’s gender identity and sexual orientation.

Previously, Section 4.A. of the code, which deals with patient selection, provided guidance to dentists to “not refuse to accept patients into their practice or deny dental service to patients because of the patient’s race, creed, color, sex or national origin.”

Because of this caller, along with additional research and analysis, CEBJA proposed a resolution to the ADA House of Delegates to replace “sex” with “gender, sexual orientation and gender identity.” The ADA Board of Trustees voted unanimously to approve Resolution 6. It later passed in the ADA House of Delegates meeting in Atlanta.

In addition to the hotline, CEBJA contributes a series of articles discussing ethical dilemmas confronted in the practice of dentistry to the Journal of the American Dental Association. The articles are vignettes on ethics-based situation and the appropriate manner to resolve them using the code of ethics.

Ethical dilemmas covered this year include: How to ethically handle a patient who insists on making treatment decisions based on incomplete, inaccurate or wrong information, should I be calling in sick?; and the ethics of using live patients for licensing board examinations.

“Many of these scenarios are very topical for new dentists,” Dr. Compton said. “We encounter ethical dilemmas every single day.

“We’re always giving patients options, weighing risks and rewards and ensuring we’re doing no harm. It never hurts to ask. Having health conversations about ethics and ethical dilemmas are always better than making assumptions.”

To read JADA ethical moment articles, visit ADA.org and search “JADA Ethical Moments.”

To contact the ADA Ethics Hotline, call 1-800-621-8099. In addition, the ADA Success program offers a module on Leadership and Ethics in Dentistry, which is available for free to dental schools and residencies, as well as other venues if it is of interest. Sign up at ADA.org/successprograms.
Top five dental benefit concerns of new dentists

New dentists may have many concerns when it comes to their patients’ dental plans, benefits and third-party payers, often because little of their dental school education relates to learning how to navigate these issues.

Among the concerns are pre-authorization requirements, delays in processing claims, claim denials, refund requests and the lack of assignment of benefits to nonparticipating dentists.

Staf of the Center for Dental Benefits, Coding and Quality within the ADA Practice Institute continually receive and address a variety of dental claim submission and adjudication questions from member dentists and practice staf. While many times there are unique concerns, there are often similar questions — which the staf is happy to answer.

The staff has come up with a list of the top five concerns of dentists when it comes to dental benefits, based on calls received from dental ofces.

What follows is a brief description of the top five concerns, followed by a resource that member dentists can turn to for further help in those areas. Many more resources are located at ADA.org/dentalbenefits, part of the ADA Center for Professional Success.

The top five concerns, in no particular order, are:

- Provider contract issues.
- Claim rejection. “I know that many dental ofces do not take the time to appeal denied claims, and that’s unfortunate,” said Dr. Steve Snyder, chair of the Council on Dental Benefit Programs. “My recommendation is that if you have a claim that you think should be paid, take the time to teach your staff on how to file a proper appeal.”
- The related trio of bundling, downcoding and the least expensive alternative treatment clause.
- Coordination of benefits. “Increasingly, the ADA receives calls from dentists who want to know which plan is primary and want to know why the secondary carrier refused to pay or paid very little,” said Dr. Snyder. “Calls on coordination of benefits are some of the most frequent calls staf at the ADA receive on dental benefits issues.”
- Electronic fund transfers. The switch to electronic reimbursement by some third-party payers has prompted the ADA Practice Institute to study how dentists could make the change in their ofces. “The ADA recognizes that electronic funds is on the road to becoming the preferred payment method of the future,” said Dr. Mark Mihalo, chair of the council’s Coding and Transactions Subcommittee.

Staff from the Center for Dental Benefits, Coding and Quality can help new as well as more experienced dentists with their dental benefit-related problems, questions and concerns. The ADA Third-Party Payer Concierge, a service of the center, can be reached at 1-800-621-8099 or at dentalbenefits@ada.org.

Get involved with ADA dental standards development

New dentists who may not have a lot of time but are interested in getting more involved with the ADA may want to consider joining a dental standards working group.

The American National Standards Institute, or ANSI, accredits the ADA to develop dental standards and technical reports for products and information technology used by the dental profession and consumers. The bottom line: these standards and reports help ensure safety and quality for providers and for patients.

Dr. Brittany Kurzweg, a 2011 University of Florida College of Dentistry graduate, joined a standards working group last year after her research was recognized with the 2017 Robert H. Ahlstrom New Investigator Award for Dental Informatics. This annual award from the ADA is designed to encourage dentists and dental students to conduct standards-based research and participate in standards development.

Dr. Kurzweg, a Lieutenant Commander in the Navy Dental Corps who graduated last year with a master’s degree in oral and maxillofacial radiology from The University of North Carolina at Chapel Hill School of Dentistry, said any dentist has the expertise to be valuable participant in standards development.

“Working groups need all levels of experience to develop standards and technical reports that will have maximum impact across the dental community and, especially in the case of technical reports, are written in a way in which new dentists can appreciate,” she said.

Topics of standards and technical reports vary widely and include subjects like secure electronic communication of health information, oral rinses and pit and fissure sealants. Participants choose the topic areas that are of interest to them.

Volunteering can be rewarding, she said. “You will develop skills as a leader, provide valuable input on what clinicians need for the products in their dental ofces and collaborate with technical experts,” Dr. Kurzweg said. “Participation will also allow dentists to develop as professionals beyond dental school and residency training.”

For more information on participating in ADA standards committee working groups, visit ADA.org/dentalstandards.
Military provides pathway to dentistry

Dr. Rob Peterson bore witness to a twist and wonder during his career in the Navy but when the time came for him to re-enlist, the veteran nuclear operator opted for dental school instead.

“I told my counselor my plan was to return to college to ultimately earn a D.D.S. degree,” recalled Dr. Peterson, who served six years of active duty and spent time in Desert Storm. “He told me, ‘You will be 40 years old before you get done with school!’ I told him, ‘I’m going to be 40 anyway.’”

So began his journey back to school. After receiving an honorable discharge in March 1995, Dr. Peterson began taking classes part-time as he juggled family and school and paying the bills. For 13 years, he balanced the three until graduating in 2008 — two weeks before his 41st birthday.

The Navy turned out to be an ideal training ground for dentistry, said Dr. Peterson, now a general dentist in Corning, Iowa. He described nuke school — as it’s called — as being the equivalent of 35 semester hours in what was considered grade level physics, materials and reactor theory classes.

“The Navy has a distinct advantage over college in that they can essentially force you to learn,” he said. “This is done by placing you in an environment where you only have access to course material and by the way it is presented, you cannot take it from the room. This situation was what made me believe I could complete the schooling necessary to become a dentist.”

His experience in working with teams also factored in.

“The thing most stressed to us in the nuke program was integrity,” said Dr. Peterson, who married his high school sweetheart, Lea Anne, and has two children. “The idea of doing the correct action in absence of any witness. This could not relate better to dentistry. Of course the rigors of military training all come with recognition of structure within a system and the need to develop courtesy in dealing with others. The bond I made with my shipmates is not unlike the bond I have with some of my dental school classmates.”

Army veteran Dr. Jason McDaniel can relate.

Prior to undergrad, he spent three years as an infantryman with the 101st Airborne Division Pathfinders on a team that helped scout places for helicopters to land. In 2000 he received a scholarship to become an officer. While completing his undergraduate degree at Grand Canyon University, he discovered dentistry and went on to graduate from the University of the Pacific, Arthur A. Dugoni School of Dentistry. He has been serving as a dental corps officer since 2010 and couldn’t imagine not being in the armed forces.

“It was a privilege to serve with a bunch of dedicated and amazing soldiers, some of whom paid the ultimate sacrifice in the wars in Afghanistan and Iraq. It truly was a formative period of my life that I look on with pride,” said Dr. McDaniel, now an endodontist mentor in Fort Bragg, North Carolina.

Both Drs. Jeff Marrs and Michael Browning attended the U.S. Military Academy at West Point and were commissioned as infantry officers before deciding to become Army dentists.

“My desire to become a dentist stems from my deployment experiences to Iraq and Afghanistan, and specifically, from the basic need for dental care by the men and women with whom I served,” said Dr. Marrs, who graduated from UT Health San Antonio School of Dentistry in 2017 with distinction and recently completed an Advanced Education in General Dentistry residency program. “I am now a generalist stationed at Joint Base Lewis-McChord in Washington, along with his wife, Esmeralda, an Army Medical Corps officer, until I discovered I could continue my military service as a dentist,” said Dr. Browning, who also spent two years in an Army Advanced Education in General Dentistry Residency. He is currently the chief dental officer of the 257th Dental Company at Fort Bragg, North Carolina.

Dr. Paul Gilroy enlisted in the Army directly after high school. During this time he deployed twice to Iraq — once in 2005 and again in 2007. He also went to Airborne School, Air Assault School and received sniper training.

“My decision to leave the Army was based purely on the fact that I was so young and had the GI Bill to use for education. I never considered dentistry as a career. I had actually thought I might go into medicine like my brother,” said Dr. Gilroy, now stationed at Fort Sam Houston in San Antonio. He also has additional duties working for the Dental Corps Chief’s Office as the executive fellow.

During a shadowing experience at the Syracuse, New York, VA Hospital, he came across an oral surgeon in the operating room, which led to him shadowing general practice dentists. In 2013, he started dental school at the University at Buffalo School of Dental Medicine and was accepted into the Army’s Health Profession Scholarship Program.

“My four years of dental school were filled with ups and downs but every step of the way I was happy with the career choice I had made,” said Dr. Gilroy, who became a father in dental school when he and his wife had two children.

After 20 years as an aviator in the Navy and Naval Reserves, Dr. Gail Tischke switched her career focus to dentistry when she enrolled at the University of Illinois Chicago School of Dentistry at the age of 43.

Her military service began with Aviation Officer Candidate School. From there she completed flight school, earned her Naval Aviator “Wings” and became a carrier pilot. She did two six-month deployments on the USS John F. Kennedy and USS George Washington before working as a station pilot in Key West, Florida, and becoming an instructor pilot. While at UIC, she transferred her commission to the National Guard and spent three years as a student recruiter. She remained in the National Guard Reserves before retiring in December 2012 with 24 years of total military service. She is currently an endodontics resident at UIC.

“It’s always a challenge changing careers, but I had the full backing and support of my husband and all four kids,” said Dr. Tischke, whose husband is also a retired naval aviator. “The hardest part was getting through the first semester because we went through three nannies. During that first winter break we found the best nanny ever and he became family. He’s still family to us today.”

Like Dr. Peterson, she credits her military background with influencing everything she does in life, including dentistry.

“The part that applies the most to dentistry is being organized and planning ahead to make sure everything is in place. If you need to get done in the manner that they need to get done — I use checklists. Those skills were essential in getting through dental school with four kids at home and an airline pilot husband and they apply again as an endo resident.”

ADA New Dentist News

2017–2018 ADA New Dentist Committee

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ADA American Dental Association®
Alabama dentist details challenges of motherhood, solo practice

Dr. Britany Matin's maternity leave was a little unorthodox. While most new moms take at least six weeks off after having a baby, Dr. Matin was back to work two weeks after giving birth. It was admittedly quick, but the 32-year-old periodontist didn't feel she had a choice.

Dr. Matin opened her Auburn practice from scratch in 2015 and with few periodontists in her area, let alone the state of Alabama, there wasn't anybody to cover her patients for an extended period of time. She didn't want to leave her patients in the lurch, so she came back to work earlier than the average working mom might.

Dr. Matin is among many dentist moms — and working mothers in general — who struggle with balancing their family and professional lives. And the balancing act started when she was pregnant.

"Early on with your first child, you don't know what to expect," Dr. Matin said. "There are so many changes with your body." She was lucky not to have any complications that forced her to stop working, but it was something always on her mind.

"One of the hardest things is figuring out what to do if something were to happen during the pregnancy that would have forced me to go on bed rest," Dr. Matin said. "Being the sole practitioner, if I were to have to be on bed rest, I don't know what we would have done. A lot of disability insurance policies don't cover that. I don't know how the practice would have stayed open. We would have lost a lot of income. That's something that people don't talk about but it's scary."

Dr. Matin worked up until a week before she delivered her son, Luke Armour Guzman, in early January, a busy time for most dental practices with patients rushing to use the remainder of their benefits for the year.

Since she's a solo practitioner, Dr. Matin closed her practice for two weeks after Luke was born. She allowed herself a shortened schedule the first four weeks back, working 10 a.m.-3 p.m. every day.

"Being up multiple times a night with your baby, pumps, and yourself, is exhausting," Dr. Matin said. "One of the hardest things is figuring out what you're going to do when you're at work and you need to pump. Is your baby going to be fine and who's going to pick them up? With my son, I was able to interview candidates."

Dr. Matin's husband, Dr. Luis Guzman, is finishing up dental school at the University of Alabama in Birmingham and drives two hours each way to school each day. Once he graduates in 2019, Dr. Guzman will join his wife's practice.

Despite the challenges of being tired and managing her family and her practice, Dr. Matin said she feels very fulfilled as a mother and a dentist.

"I would do it all over again, and I will hopefully be doing it again, God willing."

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