



PRINCIPLES OF ETHICS AND CODES OF CONDUCT

Preamble

The Dental Board of Australia has developed a Code of Conduct to provide guidance to the profession and to help to clarify the Board's view and expectations. All dentists are required to comply with this Code which is available at

<http://www.dentalboard.gov.au/Codes-and-Guidelines.aspx>

Regardless of this or any other prescribed Code, dentists imbued with ethical ideals will always have the interest and welfare of the patient as their primary goal. Dentists will by example in the conduct of their professional practice exhibit a commitment to provide quality care in a competent and timely manner.

At all times, dentists should strive to improve the care delivered – through education, training, research and through the professional consideration of their colleagues.

Traditionally, ethical codes have always stated or implied that a dentist shall at all times be a law abiding citizen. Whilst the boundary between ethics and the law will always be imprecise, dentists should be cognisant of current legislation which affects their practice in the profession, as, in some instances, legislation may impose obligations that go beyond this ethical code.

The form of the ADAQ Code of Ethics to which all members are required to adhere is in two tiers:

Tier 1 Principles of Ethical Dental Practice – The Australian Dental Association Inc Policy Statement

Tier 2 Codes of Conduct of the Australian Dental Association (Queensland Branch)

Consideration of these two tiers will assist the dentist in matters of conduct and ethical behaviour.

Tier 1 Principles of Ethical Dental Practice

1. Introduction

The ADA Inc. has established these Principles of Ethical Dental Practice as a guide to the obligations and conduct of Members of the Association. In addition, each State Branch of ADA Inc. has established its Code of Ethics, the observance of which is a mandatory condition of membership. These Codes of Ethics are complementary to all statutory requirements.

2. Obligations Towards Patients

2.1 The primary responsibility of dentists is the health, welfare and safety of their patients.

2.2 Dentists should perform treatment only within areas of their competence.

If appropriate, referral for advice or treatment to other professional colleagues should be arranged.

2.3 Dentists must accept full responsibility for all treatment undertaken by themselves and, as permitted by law, by allied dental personnel acting under their supervision and direction.

2.4 No service or treatment shall be delegated to a person who is not qualified or is not permitted by the Laws of the Commonwealth, State or Territory to undertake that service or treatment.

2.5 Records that are comprehensive, accurate and respectful must be created and safeguarded for all patients.

2.6 Confidentiality and privacy with respect to both clinical and non-clinical information must be maintained except where the Laws of the Commonwealth, State or Territory dictate otherwise. It should be recognised that patients have the right to access their personal records and/or receive copies of them. Care should also be exercised to make certain that the issuing or transferring of personal records can only occur with the proper authority of the patient concerned. It is the obligation of dentists to ensure that allied dental personnel under their supervision observe that same confidentiality.

2.7 Dentists should ensure that they provide patients with clear information about their dental condition and proposed treatment options so that patients are then able to make decisions that lead to informed consent for a particular option, without which it should not proceed.

3. Attitudes Towards Colleagues

3.1 Dentists should build their professional reputation on merit.

3.2 Dentists should be willing to assist their colleagues professionally.

3.3 Dentists should make the results of personal research freely available and should be prepared to share any scientific, clinical or technical knowledge.

4. The Practice of the Profession

4.1 Dentists should act at all times in a manner that will uphold and enhance the integrity and dignity of the profession.

4.2 Dentists should express opinions, make statements or give evidence in an objective and truthful manner.

4.3 Dentists should maintain professional competence throughout their careers by active advancement of their knowledge of scientific, clinical and technical developments.

Tier 2 Codes of Conduct

Code of Conduct 1 – Service to the Public and Quality of Care

Dentists must comply with the Dental Board's *Code of Conduct for registered health practitioners*.

Notwithstanding the Code, a Dentist's primary professional obligation is provision of quality oral health care services to the community. The competent and timely delivery of quality care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient, shall be the most important aspect of that obligation.

- (a) Treatment of patients
While there may be proper reasons for refusal to treat patients, dentists must not deny treatment to any patient on the basis of the patient's ethnicity, culture, sex or infectious disease status.
- (b) Patient records
Dentists and staff are obliged to safeguard the confidentiality of patient records. Patient records must be maintained in a manner consistent with the requirements of the Dental Board. Upon request of a patient or another dental practitioner, dentists (preferably with the signed consent of the patient) must provide any information that will be beneficial for the future treatment of that patient.
- (c) Emergency service
Dentists are obliged to make reasonable arrangements for the emergency care of their patients of record. If treatment is provided for a patient not of record, the dentist, upon completion of such treatment should return the patient to his or her regular dentist unless the patient expressly reveals a different preference.
- (d) Consultation and referral
Dentists have an ethical duty to refer for consultation whenever the welfare of patients would be safeguarded or advanced by using those who have special skills, knowledge, and facilities. When patients visit or are referred to dental specialists or other dentists:
 - (i) Upon completion of their care, a dental specialist or other dentist shall return a patient to the referring dentist, unless the patient expressly reveals a different preference.
 - (ii) When there is no referring dentist, a dental specialist shall inform the patient when there is a need for further dental care.
 - (iii) A Dental specialist shall not encourage a patient referred by a dentist to change from that dentist to another.
- (e) Use of auxiliary personnel
Dentists must protect the health of their patient by assigning to qualified auxiliaries only those duties which can be legally delegated. Dentists must prescribe and supervise the work of all auxiliary personnel for whom they are responsible in accordance with statutory requirements.
- (f) Justifiable criticism
Patients should be properly informed of their present oral health status. However, gratuitous and unnecessary disparaging comments about prior services should be avoided at all times. As there is an obligation for the profession to discipline itself, a dentist is obliged to report to the appropriate authority instances of grossly unethical or unprofessional conduct by another practitioner provided that the dentist is assured of a firm factual and legal basis for making such a report.
- (g) Expert testimony
It is the professional responsibility of dentists to provide information or expert testimony where such services would facilitate a just and fair disposition of a judicial or administrative action.

- (h) Representation of care
Dentists must not:
 - (i) represent the care being rendered to their patients in a false or misleading way; or
 - (ii) represent that dental treatment recommended or performed has the capacity to cure or alleviate diseases, infections or other conditions when such representations are not based on accepted scientific evidence or research.
- (i) Representation of fees
Dentists must not:
 - (i) represent the fees being charged for providing care in a false or misleading manner; or
 - (ii) increase fees solely because a fee or portion of a fee is being paid by a third party; or
 - (iii) incorrectly describe dental procedures in order to receive a greater payment or reimbursement from a third party; or
 - (iv) recommend or perform unnecessary dental services.
- (j) Pecuniary interest
Dentists must not prescribe any device or medication with which the dentist has a pecuniary interest, without disclosing to the patient the nature of the financial interest.
- (k) Patient involvement
 - (i) Whenever possible, dentists should provide a fee estimate to the patient before commencing treatment;
 - (ii) Dentists should inform the patient of the proposed treatment and any reasonable alternatives in a manner that allows the patient to be involved in treatment decisions and to make informed choices.
- (l) Impairment
It is unethical for dentists to practise while physically or mentally impaired in a manner that would affect their ability to practise. All dentists have an obligation to comply with mandatory reporting requirements of impaired practitioners to ensure that patients and the public are not put at risk.
- (m) Infection control
To safeguard the welfare of patients and staff, dentists must adopt infection control procedures that are commensurate with current scientific and clinical knowledge.
- (n) Third party involvement
Dentists should not enter into any contract with a third party which substantially diminishes the patient's autonomy with regard to treatment or the professional integrity of the dentist.
- (o) Child Safety Provisions
Dentists should be aware of their obligations to report actual or suspected incidents of harm to children, observed in the course of their profession, to the appropriate authority. Protection against liability and breaches of confidentiality is provided in the legislation.

Code of Conduct 2 – Education

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. Dentists should continue to develop their professional knowledge and share this knowledge with colleagues and other relevant health professionals.

- (a) Continuing Professional Development
All dentists have a requirement to comply with the registration standards imposed by the Dental Board of Australia and an obligation to keep their knowledge and skills current. Attendance at recognised continuing education courses should be on a regular basis.
- (b) Publications
Dentists should share new knowledge with colleagues by publication in recognised professional journals or at meetings.

- (c) Vocational training
Dentists should be prepared to contribute to the education and professional development of dentists-in-training and other dental personnel.

Code of Conduct 3 – Research and Development

Dentists have the obligation of making the results and benefits of their investigative efforts available when they are useful in safeguarding or promoting the health of the public.

- (a) Devices and therapeutic methods
Except for formal investigative studies, dentists must only prescribe drugs and other agents the formulae for which are available to the dental profession. Dentists shall not represent that any device, agent, method or technique is exclusive to them.
- (b) Patents and copyrights
Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.
- (c) Endorsements
 - (i) Dentists shall not endorse for profit any article, device, preparation or technique used by the dental profession in the practice of dentistry.
 - (ii) Dentists shall not give any testimonial or laudatory certificate, of any medical, surgical or dental appliance or any drug or dental preparation without his express approval of Council.

Code of Conduct 4 – Professional Announcements

It is a long established facet of the professional ethos to avoid self promotion and to conduct the affairs of patient and to practise in dignified anonymity and confidentiality. To preserve this, restrictions are necessarily imposed on public statements and identification.

- (a) Representation
Dentists must not represent their training and competence in any way that would be false or misleading.
- (b) Advertising
Dentists may advertise only in accordance with the provisions of the legislation as contained in the Guidelines for advertising of regulated health services published by the Dental Board of Australia.
- (c) Media interviews
Dentists who have a particular expertise may be asked to comment in the media. This is appropriate providing such an opportunity is not used to promote the individual dentist's practice.
- (d) Exhibits
Dentists shall not exhibit, arrange or permit to be exhibited to the public any dental specimen, appliance or apparatus in connection with the dentist's name or practice in which the dentist holds a beneficial interest.
- (e) Qualifications
Dentists shall not use, in addition to the qualifications registered by the Dental Board, any other letters, title or description which could imply that the dentist has additional qualifications in dentistry.
- (f) Logos
The logos of the Australian Dental Association (Queensland Branch) and the ADA Inc, may be used by a dentist who is a current member of the Australian Dental Association provided such use is in accordance with current policy on use of the Australian Dental Association Inc crest, logo and name.

Code of Conduct 5 – Regulation of the Profession

Any profession owes society the responsibility to regulate itself. Apart from the requirements imposed by legislation, such regulation can also be achieved through the influence of professional associations. All dentists belonging to ADAQ must observe its Principles of Ethics and Codes of Conduct.

- (a) Legislation
Dentists must not at any time commit any breach of the provisions of the relevant registration legislation.
- (b) Professional review
Dentists must be prepared to participate in professional review and quality assurance procedures.
- (c) Disclosure
No communication between ADAQ and any members shall be disclosed without the express authority of Council and, if appropriate, the member. No such authority shall be needed for official communication by ADAQ.
- (d) Association with Unethical or Illegal practice
It is unethical for members to be associated in matters of dental practice with persons who have been expelled from the Association for ethical reasons or to be associated with organisations that are practising unethically or illegally.

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Enforcement of the Codes of Conduct

The Council of ADAQ has the power to counsel or censure a member and, where warranted, to suspend or cancel the membership of a dentist who wilfully refuses or neglects to comply with the provisions of these *Principles of Ethics and Codes of Conduct*.

Legislation

Legislation and legal principles which are relevant to these *Principles of Ethics and Codes of Conduct* include:

- Health Practitioner Regulation National Law Act 2009
- The Anti-Discrimination Act 1991 (Qld)
- The Child Protection Act 1999
- The Commission for Children and Young People and Child Guardian Act 2000
- The Fair Trading Act 1989 (Qld)
- The Health Act 1937 (Qld)
- Privacy Act 1988
- Privacy Act Amendment (Private Sector) - 2000
- Disability Discrimination Act 1992 (Commonwealth)
- The Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- Racial Discrimination Act 1975 (Commonwealth)
- Sex Discrimination Act 1984 (Commonwealth)
- The Trade Practices Act 1974 (Commonwealth)
- Common Law principles of negligence and breach of statutory duty
- Defamation
- Fiduciary duty to maintain confidentiality

The Association's first Code of Ethics was promulgated in 1923. Revisions take place as determined by ADAQ Council.