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# THE EDITOR'S CORNER

## Ethics

Ethics is not a uniform set of moral principles. It varies from person to person and from time to time. There are some eternal ethical verities among health-care providers, such as the professional stricture to deal honestly, perform to the best of one's ability, and do no harm. But in dentistry and orthodontics, we have seen remarkable shifts in ethical standards over the past 100 years.

At the beginning of the 20th century, the field was rife with blatant advertising and shoddy dental practices. There were the likes of Painless Parker, who performed "painless" dental exhibitions on the bed of a wagon parked on a street corner, and there was the infamous cotton exchange. These and other egregious practices led to the promulgation of a Code of Ethics, which in many states had the equivalency of law. As if to demonstrate the impermanence of ethical standards, however, the Supreme Court, in the 1977 Bates decision, reinstated professional advertising and essentially gutted the Code of Ethics.

This is not the only example of ethical evolution. Fifty years ago, doctors "owned" the patients they were treating. It was unethical for a colleague to accept such a patient, even if the patient requested the change. It was unethical for a professional practitioner to profit from enterprises related to the profession. One would not own or be involved in a dental manufacturing business, associate one's name with a dental product, or profit from the development and sale of dental inventions. Today, these are commonplace practices that virtually no one would call unethical.

This month's issue of JCO contains the first in a series of six readers' roundtables, in which practicing orthodontists offer their opinions about a wide range of ethical situations. It is important for readers of these roundtables to remember that while the questions and answers deal with ethical considerations, there is a difference between "ethical" and "legal". Ethical standards have become so much less strict today that there is a great deal of latitude in individual interpretation. The same

latitude does not apply to legal considerations; state dental practice acts may be specific with regard to questions that allow varying ethical interpretations, and what may seem ethical to most orthodontists may not be in compliance with state law.

The ethical-legal dichotomy is nowhere better demonstrated than in this month's discussion of termination of treatment. If a patient stops paying for treatment, the orthodontist might appear to be the victim of unethical conduct and, therefore, might feel ethically entitled to terminate treatment. However, the law might not look sympathetically upon such behavior. In that case, legal supersedes ethical. If the parents decide to sue, questions of the age of the patient and abandonment could arise. It might be prudent, apart from all other considerations, to delay termination until the patient's dentition and oral health are not threatened and to choose a stop-

ping place that does not leave the patient's oral condition at risk because of the treatment to that point.

In short, orthodontists must study their state dental practice acts and be well aware of their legal requirements. Many, if not most, orthodontic offices attempt to avoid potential pitfalls—both ethical and legal—by using informed-consent documents. These place patients and parents on notice, in advance of treatment, about such questions as treatment of minors, payment terms, cooperation, and possible limitations of treatment. It might be useful to get a legal opinion on the strength of the informed-consent form when contemplating unilateral termination of treatment.

When all is said and done, adhering to the Golden Rule as a standard of ethical behavior will go a long way toward assuring a fair and happy practice. ELG