

Ethical Considerations When Using Patients in the Examination Process

1. Soliciting and Selecting Patients: The ADA Principles of Ethics and Code of Professional Conduct¹⁴ (ADA Code), Section 3, Principle: Beneficence states that the “dentist’s primary obligation is service to the patient” and to provide “competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration given to the needs, desires and values of the patient.” The current single-encounter examination processes require candidates to perform restorative and periodontal treatments on patients. In light of the principle stated above, this may create an ethical dilemma for the candidate when seeking patients to sit for the exam. Candidates should refrain from the following:
 1. Reimbursements between candidates and patients in excess of that which would be considered reasonable (remuneration for travel, lodging and meals).
 2. Remuneration for acquiring patients between licensure applicants.
 3. Utilizing patient brokering companies.
 4. Delaying treatment beyond that which would be considered acceptable in a typical treatment plan (e.g. delaying treatment of a carious lesion for 24 months).

2. Patient Involvement and Consent: The ADA Code, Section 1, Principle: Patient Autonomy states that “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.” Candidates and dental examiners support patient involvement in the clinical examination process by having a written consent form that minimally contains the following basic elements:
 1. A statement that the patient is a participant in a clinical licensure examination, that the candidate is not a licensed dentist, a description of the procedures to be followed and an explanation that the care received might not be complete.
 2. A description of any reasonably foreseeable risks or discomforts to the patient.
 3. A description of any benefits to the patient or to others which may reasonably be expected as a result of participation.

4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the patient.
 5. An explanation of whom to contact for answers to pertinent questions about the care received.
 6. A statement that participation is voluntary and that the patient may discontinue participation at any time without penalty or loss of benefits to which the patient is otherwise entitled.
3. Patient Care: The ADA Code, Section 3, Principle: Beneficence states that the dentist has a "duty to promote the patient's welfare." Candidates can do this by ensuring that the interests of their patient are of primary importance while preparing for and taking the exam. Examiners contribute to this by ensuring that candidates are adequately monitored throughout the exam process such that the following treatment does not occur:
1. Unnecessary treatment of incipient caries.
 2. Unnecessary patient discomfort.
 3. Unnecessarily delaying examination and treatment during the test.
4. Follow-Up Treatment: The ADA Code, Section 2, Principle: Nonmaleficence states that "professionals have a duty to protect the patient from harm." To ensure that the patient's oral health is not jeopardized in the event that he/she requires follow-up care, candidates and dental examiners should make certain that the patient receives the following:
1. A clear explanation of what treatment was performed as well as what follow-up care may be necessary.
 2. Contact information for pain management.
 3. Complete referral information for patients in need of additional dental care.
 4. Complete follow-up care ensured by the mechanism established by the testing agency to address care given during the examination that may need additional attention.

Sources:

1. Tien-Min Gabriel Chu, DDS, PhD, Theresa S. Gonzales, DMD, MS, MSS et al., "Should Live Patient Licensing Examinations in Dentistry be Discontinued? Two Viewpoints," *Journal of Dental Education*, March 2018
2. Eric A. Mills, DMD, "Non-Patient Based Clinical Licensure Examinations for Dentistry in Minnesota: Significance of Decision and Description of Process," *Journal of Dental Education*, June 2016
3. Joseph E. Gambacorta, DDS, et al., "The Buffalo Model: Shifting the Focus of Clinical Licensure Exams in Dentistry to Address Ethical Concerns Regarding Patient Care," *Journal of Dental Education*, June 2016
4. A. Roddy Scarbrough, DMD, FAGD, "Ethical Moment Ethics of Using Live Patients for Licensing Board Examinations," *The Journal of the American Dental Association*, February 2018
5. Bruce Donoff, DMD, MD, Massachusetts Needs a PGY-1 Option for Licensure, Summer 2012
6. Robert J. Gherardi, DMD and Arthur A. Dugoni, DDS, MDS, FACD, Letters to the editor, *Journal of the American College of Dentistry*, 2012, 79(1):5
7. David W Chambers, PhD, "Lessons in Shifting the Burden #2 Competence to Practice," *Journal of the American College of Dentistry*, 2011, 78(4):2-3
8. ASDA White Paper: Use of Human Subjects in Clinical Licensure Examinations, October 31, 2016
9. Report of the Task Force on Assessment of Readiness for Practice, ADA, ADEA and ASDA, September 2018
10. ADA HOD Resolution 26H-2018, Comprehensive Policy on Dental Licensure
11. Joint Commission on National Dental Examinations, Dental Licensure Objective Structured Clinical Examination, FAQ at ada.org/jcnde
12. CEBJA is the ADA agency responsible for providing guidance and advice and for formulating and disseminating materials on ethical and professional conduct in the practice and promotion of dentistry.
13. CDEL is the ADA agency responsible for matters related to dental licensure.
14. The ADA *Principles of Ethics and Code of Professional Conduct* can be found on the ADA website at www.ada.org.