



ETHICAL MOMENT

The ethics of dental treatment during pregnancy

Thomas Raimann, DDS

Q I am working in a program to promote dental care for pregnant women. We are having a problem with some dentists refusing to see pregnant women until after they give birth. Is this ethical?

A Your question raises an ethical dilemma. Presumably, the dentists' refusal is based on a concern about the health of the mother and child. The dentists also may be concerned about liability if something happens to the pregnancy or the fetus.

Let us look at the facts. We then can discuss how the American Dental Association Principles of Ethics and Code of Professional Conduct (ADA Code)¹ might apply.

A patient seeks care, whether for emergency, preventive, or restorative treatment. The dentist refuses treatment solely because the patient is pregnant. The dentist is of the opinion that rendering dental treatment may affect the health of the pregnant woman or fetus, which may result in legal liability. The dentist is misinformed about the guidelines for the treatment of pregnant women and may be placing concerns about liability above the needs of the patient. In 2008, Michalowicz and colleagues² published a study in which they concluded that essential dental treatment provided during "13 to 21 weeks' gestation was not associated with an increased risk of experiencing serious medical adverse events, preterm

(< 37 weeks' gestation) deliveries, spontaneous abortions or stillbirths, or fetal anomalies."

In 2012, the Oral Health Care During Pregnancy Expert Workgroup³ released a consensus statement about oral health care during pregnancy. This consensus statement clearly said that dental treatment during pregnancy is not only safe but also a key to overall health and well-being. In a 2015 JADA article, the authors clearly stated that use of local anesthetic for dental work is safe.⁴ Therefore, women should be seen during pregnancy for their health and the health of the fetus.

We can use the ADA Code to guide us in situations like this one. The first principle to apply in this case is Section 1, Patient Autonomy ("self-governance"), specifically 1.A, Patient Involvement: "The dentist should inform the patient of the proposed treatment ... in a manner that allows the patient to become involved in treatment decisions."¹ In this case, the dentist is not even engaging with the patient to find out what her needs are. There is an ethical lapse here because of the dentist's unilateral decision making.

Principle 2, Nonmaleficence ("do no harm"), is the next to apply.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping knowledge and skills current...¹

There could be harm done to the patient by refusing to see or treat her

while she is pregnant. As stated, oral health care during pregnancy is not only safe but also good for the patient and the fetus.

At the same time, oral health is key to overall health and well being. Preventive, diagnostic, and restorative treatment is safe throughout pregnancy and is effective in improving and maintaining oral health. ... In addition to providing pregnant women with oral health care, educating them about preventing and treating dental caries is critical, both for women's own oral health and the future health of their children. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers.³

The dentist refusing treatment is not keeping up with current information and thus, arguably, is not keeping his or her skills current.

Under Principle 4, Justice ("fairness"), a "dentist has a duty to treat people fairly."¹ The ADA Code goes on to state that "the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice."¹ The ADA Code becomes even more specific in stating that "dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's ... sex."¹ On the basis of this principle, an argument can be made that refusing to treat a pregnant woman would be discriminating against her unjustly and thus disregarding the ADA Code.

Lastly, Principle 5, Veracity (“truthfulness”), also may apply here.

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

The dentist refusing to see or treat a pregnant woman because of concerns about harm to the fetus during pregnancy is not being truthful with her if he or she asserts that the reason for not treating her is because of potential harm to the fetus. As seen earlier, the scientific evidence does not support that the fetus is at risk.

A dentist with a pregnant patient must discuss all of the risks and benefits with the patient and allow her to make an informed choice. If the dentist

feels that her care is beyond his or her scope, then he or she should refer her to another dentist who can provide her with the care that she needs. ■

<http://dx.doi.org/10.1016/j.adaj.2016.04.011>

Copyright © 2016 American Dental Association. All rights reserved.

Dr. Raimann practices general dentistry in Hales Corners, WI, and is a member of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs.

Address correspondence to the American Dental Association Council on Ethics, Bylaws and Judicial Affairs, 211 E. Chicago Ave., Chicago, IL 60611.

Disclosure. Dr. Raimann did not report any disclosures.

Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs (CEBJA), in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness of the American Dental Association Principles of Ethics and Code of Professional Conduct. Readers are invited to submit questions to CEBJA at 211 E. Chicago Ave., Chicago, IL 60611, e-mail ethics@ada.org or call the ethics hotline at 1-800-621-8099.

The views expressed are those of the author and do not necessarily reflect the opinions of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs or official policy of the ADA.

1. American Dental Association. American Dental Association principles of ethics and code of professional conduct, with official advisory opinions revised to April 2012.

Available at: www.ada.org/sections/about/pdfs/code_of_ethics_2012.pdf. Accessed April 27, 2016.

2. Michalowicz BS, DiAngelis AJ, Novak MJ, et al. Examining the safety of dental treatment in pregnant women. *JADA*. 2008;139(6):685-695.

3. Oral Health Care During Pregnancy Expert Workgroup. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Health Resource Center; 2012.

Available at: <http://mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>. Accessed April 27, 2016.

4. Hagai A, Diav-Citron O, Shechtman S, Ornoy A. Pregnancy outcome after in utero exposure to local anesthetics as part of dental treatment: a prospective comparative cohort study [published correction appears in *JADA*. 2015;146(12):874]. *JADA*. 2015;146(8):572-580.