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Purpose, Authority, and Accountability

Dental hygienists have been granted the privileged status of a health professional. This Code of Ethics is a set of principles of professional conduct which guides all dental hygienists and establishes the expectations for dental hygienists in fulfilling duties to their clients, to the public, and to the profession. The Code of Ethics affirms and clarifies principles that are definitive to professional and ethical provision of dental hygiene services.

The purpose of the Code of Ethics is to:
• elaborate the ethical principles and standards by which dental hygienists are guided and under which they are accountable
• serve as a resource for education, reflection, self-evaluation and peer review
• educate the public about the ethical principles and standards of the profession and promote accountability

By elaborating on the profession’s ethical principles and standards, the Code of Ethics promotes accountability and ensures the public’s trust. The Code of Ethics is binding on all members in all practice settings including, but not limited to private practice, institutions, research, education, administration, community health and industry. Violations may result in disciplinary action. The Code of Ethics, by its very nature cannot be a complete articulation of all ethical obligations. In resolving ethical issues, dental hygienists shall consider ethical principles, the client’s needs and interests, and all applicable laws.

Anyone who believes that a dental hygienist has acted unethically or in an unskilled manner may bring the matter to the attention of the Complaints Director, to be dealt with in accordance with the provisions of the Health Professions Act.

Principles

This Code of Ethics contains the mandatory requirements for dental hygienists and expresses the values shared by dental hygienists and the dental hygiene profession of Alberta.

There are six fundamental principles that form the foundation of the College of Registered Dental Hygienists of Alberta (CRDHA) Code of Ethics. Each principle is further defined by statements that clarify its application and provide more direct guidance.

The fundamental principle that underlies this Code of Ethics is that the dental hygienist’s primary responsibility is to the client, whether the client is an individual or a community.
Summary of the Main Principles in the Code

Principle 1: Beneficence
The ethical principle of beneficence is the doing of good. Dental hygiene services shall expressly be intended to result in an improvement in the client's condition. Dental hygienists use their knowledge and skills to assist clients to achieve and maintain optimal oral health.

Principle 2: Veracity
Veracity is the ethical principle of honesty. Dental hygienists must be truthful and forthright in all professional matters.

Principle 3: Autonomy and Informed Choice
Autonomy pertains to the right to make one's own choices. Dental hygienists assist clients in making informed choices by communicating relevant information openly and truthfully. The client makes the final decision on choice of service and on choice of practitioner to perform the service.

Principle 4: Privacy and Confidentiality
Privacy pertains to the individual's right to decide the conditions under which others will be permitted access to his or her personal information. Confidentiality is the duty to hold secret information acquired in the professional relationship. Dental hygienists respect the privacy of clients and hold in confidence verbal, written or electronically transmitted client information except as required by law or as authorized by the client.

Principle 5: Accountability
Accountability pertains to the acceptance of responsibility for one's actions and omissions. Dental hygienists practice competently and professionally in conformity with relevant principles, standards, laws, and regulations and accept responsibility for their behaviour and decisions.

Principle 6: Professionalism
Professionalism is the commitment to use and advance professional knowledge and skills to serve the client and the public good.
Dental hygienists:

1.1. provide services to their clients in a caring and respectful manner recognizing the inherent dignity of human beings;

1.2. provide oral health care services to clients through the delivery of quality care in a competent and timely fashion;

1.3. provide services to their clients with respect for their individual needs, values and life circumstances;

1.4. provide services fairly and without discrimination, in recognition of fundamental human rights and applicable human rights laws;

1.5. put the needs, values and interests of their clients first and avoid exploiting their clients for personal gain;

1.6. maintain a therapeutic and professional client-dental hygienist relationship;

1.7. consider all the determinants of health that may influence the achievement of the goal of optimal oral health such as biology and genetic endowment, culture, education, employment/working conditions, gender, healthy child development, health services, lifestyle, income and social status, personal health practices and coping skills, physical environments, social support networks and social environments;

1.8. seek to improve the quality of care and advance knowledge in the field of oral health through such activities as quality assurance, research, education and advocacy in the public arena;

1.9. are familiar with the signs of client abuse and will report suspected client abuse cases to the proper authorities in compliance with Alberta laws.

**Principle 1: Beneficence**

The ethical principle of beneficence is the doing of good. Dental hygiene services shall expressly be intended to result in an improvement in the client’s condition. Dental hygienists use their knowledge and skills to assist clients to achieve and maintain optimal oral health.
Principle 2: Veracity

Veracity is the ethical principle of honesty. Dental hygienists must be truthful and forthright in all professional matters.

Dental hygienists:

2.1 provide clients with full and accurate explanation and professional opinion concerning their oral health in a manner consistent with the client’s ability to understand the information being given;

2.2 disclose to clients any direct or indirect financial interest he/she may have in any professional service facilities separate from the office where dental hygiene care is being provided. e.g. a dental hygienist also works at or owns a bleaching clinic which the dental hygienist refers clients to for treatment;

2.3 represent the nature and costs of professional services fairly and accurately;

2.3.1 shall accurately submit all claims for reimbursement for professional services performed. All claims for client care will be accurate statements of the services rendered and fees charged to the client;

2.4 who sell or market oral health products to their clients will not misrepresent or exaggerate the value of the products;

2.5 will conduct any advertising and promotional activity in accordance with applicable legislation, this Code of Ethics, the bylaws, and acceptable professional standards;

2.6 shall not engage in any advertising or promotional activity that is false, misleading or deceptive;

2.7 accurately represent their earned academic credentials, qualifications and competence.
**Principle 3: Autonomy and Informed Choice**

Autonomy pertains to the right to make one’s own choices. Dental hygienists assist clients in making informed choices by communicating relevant information openly and truthfully. “Informed choice” encompasses “informed consent.” The client makes the final decision on choice of treatment and on choice of practitioner to perform the treatment.

Dental hygienists:

3.1 actively involve clients in their oral health care and promote informed choice by communicating relevant information openly, truthfully and in recognition of the client’s needs, values and capacity to understand;

3.1.1 This information includes, but is not limited to: informing the client of their treatment options including the advantages and disadvantages; significant risks and cost; and whether it is appropriate to consider a referral to another health care provider;

3.2 recommend or provide only those services they believe are necessary for the client’s oral health or as consistent with the client’s informed choice;

3.3 in the case of clients who lack capacity for informed choice, actively involve and promote informed choice on the part of the client’s agent, involving the client to the extent of the client’s capacity;

3.4 do not rely on coercion or manipulative tactics in assisting the client to make informed choices;

3.5 honour the client’s informed choices, including refusal of treatment;

3.6 regard informed choice as a precondition of initiating dental hygiene treatment;

3.7 inform the client if the proposed oral health care treatment techniques or products are not generally recognized or accepted by the dental hygiene profession, and why;

3.8 have the right to refuse to perform or provide services requested by the client that are not generally recognized or accepted by the profession.

Critical elements of informed choice include disclosure (e.g. revealing pertinent information, including risks and benefits); willingness (e.g. the choice is not coerced or manipulated); and capacity (e.g. the cognitive capacity to understand and process the relevant information).

Informed consent means you have provided the client with information about the proposed treatment, including material effects and costs, significant risks and side effects of the proposed treatment, alternative treatments and the consequences of not having the treatment. You must also answer the client’s questions. If the client is a minor or lacks the capacity to make a decision, consent must be obtained from the client’s agent. You may wish to consider the additional legal protection of a written consent form.
Principle 4: Privacy and Confidentiality

Privacy pertains to the individual’s right to decide the conditions under which others will be permitted access to his or her personal information. Confidentiality is the duty to hold secret information acquired in the professional relationship. Dental hygienists respect the privacy of clients and hold in confidence verbal, written and electronically transmitted client information except as required by law or as authorized by the client.

Dental hygienists:

4.1 demonstrate regard for the privacy of their clients;
4.2 promote practices, policies and information systems designed to respect client privacy and confidentiality;
4.3 hold information acquired in the professional relationship confidential and do not use or disclose it to others without the client’s express consent1, except:
  4.3.1 as required by law;
  4.3.2 where there is significant risk of serious harm to the client or other persons.
  4.3.3 in an emergency situation;
  4.3.4 to the legal guardian or agent of a client, as allowed by law;
  4.3.5 to others within the practice environment as required by the policy of the practice environment (e.g. quality assurance);
4.4 disclose to others only as much information as is necessary to accomplish the purpose for the disclosure;
4.5 may infer the client’s consent to disclosure to others directly involved in administering services for the purposes of providing continuity of care to the client, provided there is no reason to believe the client would not give express consent if asked;
4.6 obtain the client’s express consent to use or share information about the client for the purpose of teaching or research;
4.7 will release information in dental records or reports to the client or to whomever the client directs, including other professionals and oral health care plan carriers;
  4.7.1 This obligation exists regardless of the state of the client’s account.

1A “mature minor” is able to consent to his or her own medical treatment and to decide who has access to his or her medical information. A mature minor is a person under 18 who can understand the nature and consequences of the treatment and the decision whether to allow access to the information.
Principle 5: Accountability

Accountability pertains to the acceptance of responsibility for one’s actions and omissions. Dental hygienists practice competently and professionally in conformity with relevant principles, standards, laws, and regulations and accept responsibility for their behaviour and decisions.

Dental hygienists:

5.1 accept responsibility for knowing and acting consistently with the principles, standards, laws and regulations under which they are accountable;

5.2 promote workplace practices and policies that facilitate professional practice in accordance with the principles, standards, laws and regulations under which they are accountable;

5.3 issue prescriptions only if they hold a Prescriber’s Identification (ID) number. To obtain a Prescriber’s ID number, registered dental hygienists must meet the CRDHA’s educational and experiential requirements, including successful completion of the CRDHA’s pharmacy refresher course;

5.4 accept responsibility for providing safe, quality and competent care. This includes but is not limited to, addressing issues in the practice environment within the dental hygienist’s capacity, that may hinder or impede the provision of such care;

5.5 take appropriate action to ensure first and foremost the client’s safety and quality of care when they suspect unethical or incompetent care;

5.5.1 If a dental hygienist believes another dental hygienist has engaged in unethical or incompetent care, the dental hygienist has an obligation to report to the Complaints Director of the CRDHA;

5.5.2 If a dental hygienist believes another health professional has engaged in unethical or incompetent care, the dental hygienist has an obligation to report to the Complaints Director of the related College;

5.6 having undertaken the care of a client, in an independent dental hygiene practice, shall not discontinue that care without first having given sufficient notice of that intention to the client, and shall endeavour to arrange for the continuity of care;

5.7 practice within the bounds of their competence, scope of practice, personal and/or professional limitations and refer clients requiring care outside these bounds;

5.8 may assign duties to those under their supervision in compliance with any applicable laws, ethical principles and standards of practice;

5.8.1 The dental hygienist must be satisfied with the competencies and abilities of the person to whom duties are assigned, and will provide appropriate supervision;

5.9 inform the CRDHA when an injury, dependency, infection, condition, or any other serious incapacity has immediately affected, or may affect over time, their continuing ability to practice safely and competently;

5.10 verify that the claims about the efficacy of oral health products being made by manufacturers or distributors of the product are founded on accepted scientific knowledge and research prior to product recommendation;

5.11 disclose adverse events and take all necessary actions according to established guidelines to minimize harm arising from adverse event and to prevent recurrance.
Dental hygienists:

6.1 uphold the principles and standards of the professions before clients, colleagues, and others;

6.2 maintain and advance their knowledge and skills in dental hygiene through continuing professional education;

6.3 maintain and advance the quality of services they provide through ongoing self-evaluation and quality assurance;

6.4 have a duty to apply the professional knowledge, skills, attitudes and judgements necessary to perform competently in all client assessments and services, in accordance with currently accepted professional standards;

6.5 advance general knowledge and skills in the field of oral health by supporting, participating in or conducting ethically-approved research;

6.6 are encouraged to participate in professional activities such as meetings, committee work, peer review, and participation in public forums to promote oral health;

6.7 participate in mentoring, education and dissemination of knowledge and skills in oral health care;

6.8 inform employers about the principles, standards, laws and regulations to which dental hygienists are accountable;

6.9 collaborate with colleagues and other health professionals in a cooperative, constructive and respectful manner;

6.10 consult with colleagues, other health professionals and experts as necessary;

6.11 utilize professionally recognized titles, abbreviations and initials in accordance with applicable legislation;

6.12 will not prescribe drugs for themselves;

6.13 may prescribe drugs for family members only when needed specifically for oral health treatment;

6.14 support the work of the CRDHA and dental hygiene professional associations to promote oral health and professional practice;

6.15 cooperate and comply with the requests of the CRDHA, its officials and committees, to enable them to fulfill their legislated responsibilities.
Appendix A: Ethical Challenges/Problems

No code of ethics can be expected to resolve definitively all ethical challenges or problems that may arise in practice. The analysis below is intended to help dental hygienists understand the nature of ethical challenges or problems and thereby to better resolve them.

The Code of Ethics helps dental hygienists identify, work through and put into words ethical issues and to decide upon an ethically responsible course of action. It is important to realize that some challenges or problems are perceived to be primarily ethical in nature when in fact they arise less from conflicting principles than from poor communications or lack of information. Reflection upon a perceived challenge or problem in light of the Code of Ethics can help determine to what extent it is truly rooted in conflicting ethical principles and to what extent it can be resolved by improved communication or new information.

**Ethical challenges** or problems faced by practicing dental hygienists tend to fall into the categories of ethical violations, ethical dilemmas and ethical distress. Ethical reflection and judgement are essential to determine how a particular principle or responsibility applies in a particular situation.

**Ethical violations** occur when dental hygienists fail to meet or neglect their specific ethical responsibilities as expressed in the Code of Ethics. An example would be a dental hygienist who recommends unnecessary treatment in order to achieve personal gain at the expense of the client.

**Ethical dilemmas** occur when ethical reasons both for and against a particular course of action are present, and one option must be selected. Ethical dilemmas also arise when there is conflict among two or more principles. An example would be if a client with an artificial valve refuses to be premedicated prior to receiving invasive dental hygiene treatment. In this case, the principle of autonomy and informed choice conflicts with the principle of beneficence.

**Ethical distress** occurs when dental hygienists experience constraints or limitations in relation to which they are or feel powerless and which compromise their ability to practice in full accordance with their professional principles or standards. Ethical distress often arises in situations where the dental hygienist is significantly limited by factors beyond his or her immediate control that may not be resolvable in the specific context.

An example of ethical distress would be if a dental hygienist is expected by the employer to complete dental hygiene treatment with insufficient time to render quality care or to provide an acceptable level of infection control.
The Code of Ethics provides clear direction for avoiding ethical violations. When a course of direction is mandated by a principle in the Code of Ethics where there exists no opposing principle, ethical conduct requires that course of action.

In the case of ethical dilemmas and ethical distress, the Code of Ethics cannot always provide a clear direction. The resolution of dilemmas often depends on the specific circumstances of the case in question. Resolution may also depend upon which opposing ethical principle is considered to be most important, a matter about which reasonable people may disagree. Total satisfaction by all parties involved may not be achieved. More than one proposed intervention may be ethical and reflective of good practice. Constructive discussion can be extremely helpful in the resolution of ethical issues. Where appropriate, clients, colleagues, other health professionals, the CRDHA and other experts can be included in ethical issue discussions.

In all cases, dental hygienists are accountable for how they conduct themselves in professional practice. Even in situations of ethical dilemma or distress where the Code of Ethics does not prescribe a specific course of action, the dental hygienist can be expected to give an account of his/her chosen action in light of the principles and responsibilities expressed in the Code of Ethics. Ultimately, dental hygienists must reconcile their actions with their consciences in caring for clients.
Appendix B: Reporting Suspected Incompetence or Unethical Conduct

The first consideration of the dental hygienist who suspects incompetence or unethical conduct in dental hygiene colleagues or other health care professionals is the welfare of present clients and/or potential harm to future clients. Adherence to the following guidelines could be helpful:

1. Confirm the facts of the situation

2. Ensure you are familiar with existing protocols in the practice setting for reporting incidents, incompetence or unethical care and follow those protocols.

3. Document and report issues that cannot be resolved within the practice setting and report to the Complaints Director of the appropriate regulatory college.

The dental hygienist who attempts to protect clients threatened by incompetent or unethical conduct should not be placed in jeopardy (e.g. loss of employment). Colleagues and employers are ethically obliged to support dental hygienists in fulfilling their ethical obligations under the Code of Ethics.
Appendix C: Framework for Ethical Decision-Making

Guidance Regarding the Process for Resolving Ethical Challenges

Ethical problems or challenges arise in a variety of contexts and require thoughtful analysis and careful judgement. The following guide may be useful to assist dental hygienists faced with an ethical challenge, recognizing that other stakeholders may need to be involved in resolving the matter. Talking with or getting advice from others at any step on the way to a decision can be very helpful. Utilization of the framework below will help provide you with a solid decision-making process:

1. Identify in a preliminary way the nature of the challenge or problem.

<table>
<thead>
<tr>
<th>What is the issue?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kind of issue is it?</td>
</tr>
<tr>
<td>What ethical principles are at stake?</td>
</tr>
</tbody>
</table>

2. Become suitably informed and gather information (e.g. talk to others to determine facts, research pertinent policy statements) relevant to the challenge or problem, including:

<table>
<thead>
<tr>
<th>Factual information about the situation</th>
<th>What has happened?</th>
<th>What information is missing?</th>
<th>What is the sequence of events?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable policy, law or regulation</td>
<td>Does workplace policy address the issue?</td>
<td>What does the Code say?</td>
<td>What does the law or regulation say?</td>
</tr>
<tr>
<td>Who are the relevant stakeholders?</td>
<td>Who has an interest in/will be affected by the problem?</td>
<td>What is their view of the situation?</td>
<td></td>
</tr>
</tbody>
</table>

3. Clarify and elaborate the challenge or problem after gathering this information.

<table>
<thead>
<tr>
<th>Now that you are better informed, what is the issue?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What ethical principles are at stake?</td>
</tr>
<tr>
<td>Who needs to be consulted or involved in resolving the challenge or problem?</td>
</tr>
</tbody>
</table>
4. Identify various options for actions recognizing that the best option may not be obvious at first and realizing it may require creativity or imagination.

5. Assess the various options in light of applicable policy, law or regulation, being as clear as possible in your mind of the pluses and minuses of each option as assessed in this light.

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why favourable?</td>
<td>Why favourable?</td>
<td>Why favourable?</td>
</tr>
<tr>
<td>Why unfavourable?</td>
<td>Why unfavourable?</td>
<td>Why unfavourable?</td>
</tr>
</tbody>
</table>

Which option/alternative would you personally prefer if you were in the same situation and why?

From the client’s perspective, what option ought to be chosen?

6. Decide on a course of action mindful of how you would justify or defend your decision in light of applicable policy, law or regulation if you are called to account.

7. Implement your decision as thoughtfully and sensitively as possible, communicate a willingness to explain or justify the reasons for taking it.
8. Assess the consequences of your decision and evaluate the process you used to arrive at that decision and the decision itself in light of those consequences.

<table>
<thead>
<tr>
<th>Did things turn out as you thought they would?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you do the same thing again?</td>
</tr>
<tr>
<td>What went wrong, or what went right?</td>
</tr>
<tr>
<td>Is it necessary to revise existing workplace policies or add in new policies and guidelines for subsequent situations or decisions?</td>
</tr>
</tbody>
</table>

In all of this, bear in mind that reasonable people can disagree about what the right thing to do is when faced with an ethical challenge or problem. If a person is involved in the decision-making process but disagrees with the decision, he/she has an obligation to support the outcome and not sabotage the process.

If you cannot be certain whether you have made the right decision, you can at least have some greater certainty that you have arrived at your decision in a responsible way. The test for this is whether you are able to defend your decision in light of relevant laws, principles, and regulations and defend the process by which you came to your decision.

To further assist you in your decision-making process, accessing resources on ethics can be beneficial. These resources include rich literature available in libraries and on web-site publications as well as professional resource individuals such as bioethicists and educators. In addition to aiding you when considering ethical challenges and problems in dental hygiene, these resources are excellent sources for professional education and development.
References

Main Resources Used
Canadian Dental Hygienists Association: “Dental Hygiene: Client’s Bill of Rights”. Ottawa: CDHA, October 2001


Canadian Dental Hygienists Association: Code of Ethics. Ottawa: CDHA, Mar 2002

Additional Resources Used
Alberta Association of Registered Nurses: Nursing Practice Standards. Edmonton: AARN September, 1999


College of Nurses of Ontario: Guidelines for Nurses in Independent Nursing Practice. Toronto: CNO, 1995


