

Talking Ethics



To Refer or Not to Refer: Is that the Question?

by Stacey Rhodes-Neset MTh, RDH • staceym@shaw.ca

Oral cancer changes a person's life. The impact of an oral cancer diagnosis on the individual, their family, friends, and community is significant. Yet cancer survival rates are improving, thanks to early detection, improved access to care, and recent enhancements in treatment protocols.¹ Dental hygienists, as primary care providers or practitioners in health care, provide dental hygiene care according to our regulatory body, scope of practice, and code of ethics. But what if you and another practitioner disagree on clinical findings? What if you and other practitioner have different beliefs and values regarding the appropriate care for client X? What if this other practitioner is also your employer? The decision to refer or not to refer becomes an ethical dilemma. Ethical dilemmas arise from "a situation in which two ethical principles are in conflict."²

The conflict may cause workplace tension and/or individual moral distress for the dental hygienist who is professionally responsible for the management and documentation of the suspicious lesion. Moral distress results when a "health care provider [has] an awareness of their moral obligation, yet [is] unable to enact their moral agency due to constraints."³

Workplace tension or moral distress can impact quality of care and client outcomes. Now it's time to talk ethics!



Ethical conversations involve "thoughtful, careful, systematic examination of the values and beliefs that underpin our attitudes, decisions and actions."⁴

The process first identifies the values, beliefs, and facts relevant to the issue. As Canadian dental hygienists, our professional values are defined in the *Dental Hygienists' Code of Ethics* as beneficence, autonomy, integrity, accountability, and confidentiality.⁵

Systematic ethics analysis prioritizes values to determine, with all things considered, what is most important in the decision-making process.

Continued...

>>>> Talking Ethics

To Refer or Not to Refer... cont'd

The depth and breadth of the conversation will depend on the mandate of and relationships among the decision makers or decision team. Team dynamics and relationships do influence the quality of the conversation. Shared levels of trust and respect are “the glue that holds the relational matrix together.”⁶

Team members must be able to listen to and understand the values and facts according to each person's perspective. Because the client has a personal stake in and has to consent to the care provided, he or she must participate in the decision-making process. At times, it may be challenging to separate fact from feeling during conversations that involve asking difficult questions. Clarification of the facts may require consultation with experts to ensure that accurate knowledge is compiled. “Good decisions depend on good information.”⁴

An ethics-based decision requires a shared understanding of the facts evaluated by how well each possible solution reflects the prioritized values. In other words, the decision-making team may ask, “How well does this solution allow us to...?” The ethical dilemma to refer or not to refer a client with a suspicious lesion may lead to a ranking of values, in which accountability, beneficence, and integrity are accorded greater importance than autonomy and confidentiality. Ethical conversations help to ensure that the rationale and implementation of the decision will be supported by all participants.

People die from oral cancer. According to the Canadian Cancer Society, “About 2 in 5 Canadians will develop cancer in their lifetime, and about 1 in 4 Canadians will die of cancer.”⁷ Dental hygienists, as primary care providers, have a significant role to play in reducing the burden of oral cancer. To refer or not to refer is a critical question within the differential diagnosis process when a suspicious lesion is detected. Factual and accurate documentation protects from the risk of legal liability. Ethics-based decision making protects from moral consequences. In ethics, the key question becomes “How important is it...?” And I suggest that, when it comes to oral cancer, it is important to save a life.

LITERACY IN ETHICS INVOLVES THE SKILLS OF...*

1. Distinguishing facts and values
2. Listening to the perspectives of others
3. Identifying with others the beliefs and values that should guide our work
4. Articulating the justification for our decisions and actions.
5. Living with a decision and learning from it.

*Adapted from Jiwani (2015)

References

1. *Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian Cancer Statistics 2015. Toronto: Canadian Cancer Society; 2015.*
2. *Rhodes-Nesset S, Laronde, DM. Dental hygiene care of the head and neck cancer patient and survivor. Can J Dent Hyg. 2014;48(1):20-26.*
3. *Zarkowski P. Legal and ethical decision making. In M Darby, M Walsh (Eds), Dental hygiene: theory and practice. 4th Ed. St. Louis: Saunders; 2015.*
4. *Musto LC, Rodney PA. Moving from conceptual ambiguity to knowledgeable action: using a critical realist approach to studying moral distress. Nursing Philosophy. 2015;16(4) doi: 10.1111/nup.12104*
5. *Jiwani B. Making ethics real: skills & knowledge for living our values. Surrey (BC): Ethics Services and Diversity Services, Fraser Health; 2015.*
6. *Canadian Dental Hygienists Association. Dental hygienists' code of ethics. Ottawa: CDHA; 2012.*
7. *Rodney P, Street A. The moral climate of nursing practice: Inquiry and action. In JL Storch, P Rodney & R Starzomski (Eds). Toward a moral horizon: Nursing ethics for leadership and practice. Toronto: Prentice Hall; 2004.*