I once made a conscious thought to keep track of how many times I lied in one day. I included those times when I stretched the truth, and told what is commonly called “white lies”. The number was staggering.

The truth (pardon the pun) is that if we are honest with ourselves, we all lie and do so quite regularly. To reply “I’m fine” when someone asks “How are you?” just to avoid conversation, or fabricating details of an event are both misleading. However, we have a double standard: we expect others to be truthful to us. For example, there is an expectation that clients inform us if they are Hepatitis B or HIV carriers even if it means they may potentially be treated differently if only psychologically.

Lying, it seems, is justified if it is in the right context and not too severe. For instance, exaggerating stories of how our weekend went is considered acceptable, but false advertising is not. Forms of lying that cause professional colleges and/or courts of law to consider punitive measures include fraud, cheating, slander and libel, deliberately excluding information, or misrepresenting information.

Fraud is defined as making a deliberately deceptive claim to insurance companies for procedures never rendered in order to receive payment. Other possibilities are claiming another code covered by an insurance company, breaking a global fee down to individual parts for more monies, mischaracterization of services, claiming unnecessary services, waiving co-payments from clients, and claiming unapproved services. For dental hygienists, fraudulent documentation to register for licensure will result in censure by their licensing body as this constitutes lying about their qualifications to recertify.

Slander is spreading lies that cast doubt about a colleague’s reputation, health, chastity or participation in criminal activities and libel is publishing these lies. To avoid slanderous accusations against colleagues or other professionals, we should steer away from inappropriate comments about others and expressions of negativity and superiority. This helps prevent crossing the line to unprofessional conversation based on lies.

Cheating is misleading in that it implies students have acquired knowledge or clinical experience they in truth do not have, with the result of substandard care. This is significant when research of dental hygiene students in American dental hygiene programs revealed that 86.5% admitted to cheating a minimum of one time in clinic or the classroom in their university career and 11.3% admitted to cheating in their dental hygiene program. Infractions included cheating on tests, allowing others to copy, altering grades, forging faculty signatures, violating infection control standards, falsifying vital signs, and copying previous charting as current findings. The statistics for Canada are similar with 51.7% dental hygiene students reporting unethical behavior by fellow students in clinic (cheating, breeching infection control, prejudice, breaching confidentiality, or fraud). The concern is if the problem of lying is rampant, will students stop lying after graduation?

Lying may also occur indirectly by not including information when presenting treatment options to clients or not informing them of concerns that arise during treatment, such as when an instrument tip accidentally breaks during periodontal debridement and is now embedded subgingivally.

Adequate informed consent to oral healthcare includes a proper standard of disclosure. This includes informing clients of material risks involved in the treatment, the client’s ability to understand the proposed treatment, and the implications to withholding or providing consent to perform...
the healthcare procedures. Clients need not be made aware of mere possibilities unless they have grave consequences, as in paralysis or death. Excluding any of this information is deception.

The context of using placebos in healthcare research is also argued to be deceptive and may erode the integrity of the client-professional trust relationship, since transparency is required in offering choices in clinical services.

Honesty it seems is still the best policy when dental hygienists relate to governing bodies, relationships with colleagues, and client-provider relationships. We need to be self aware enough to scrutinize how truthful we are and make the appropriate changes.

“The foundation of morality is to have done, once and for all, with lying.” -Thomas Henry Huxley

References

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