

# Talking Ethics



## Interprofessional Collaboration and the *Circle of Care*; Ethically and legally speaking

by Kathleen Feres Patry RDH • [kfp@rogers.com](mailto:kfp@rogers.com)

The public expects their health care professionals to collaborate and put their interests first. For more than fifty years, Canadian dental hygienists have provided ethical care to their clients within a cooperative team-oriented framework. With the evolution of the profession and recognition by provincial governments to legislate self-regulation, dental hygienists are obligated to accept more responsibilities on behalf of the public.

The *Circle of Care* is an interactive model of interprofessional collaborative care that encourages a team-oriented approach that weighs heavily on the experience and expertise that each member brings to a specific situation through shared decision-making and problem solving (Cavoukian, 2009). It involves a variety of stakeholders in addition to the traditional dental and medical teams. A client's *Circle of Care* may include pharmacies, long-term care or residence organizations, community-care access centers (health, wellness & support networks) and ambulance services (Cavoukian, 2009). The document defines the way private health information is shared between the health care professionals who qualify to receive the information.

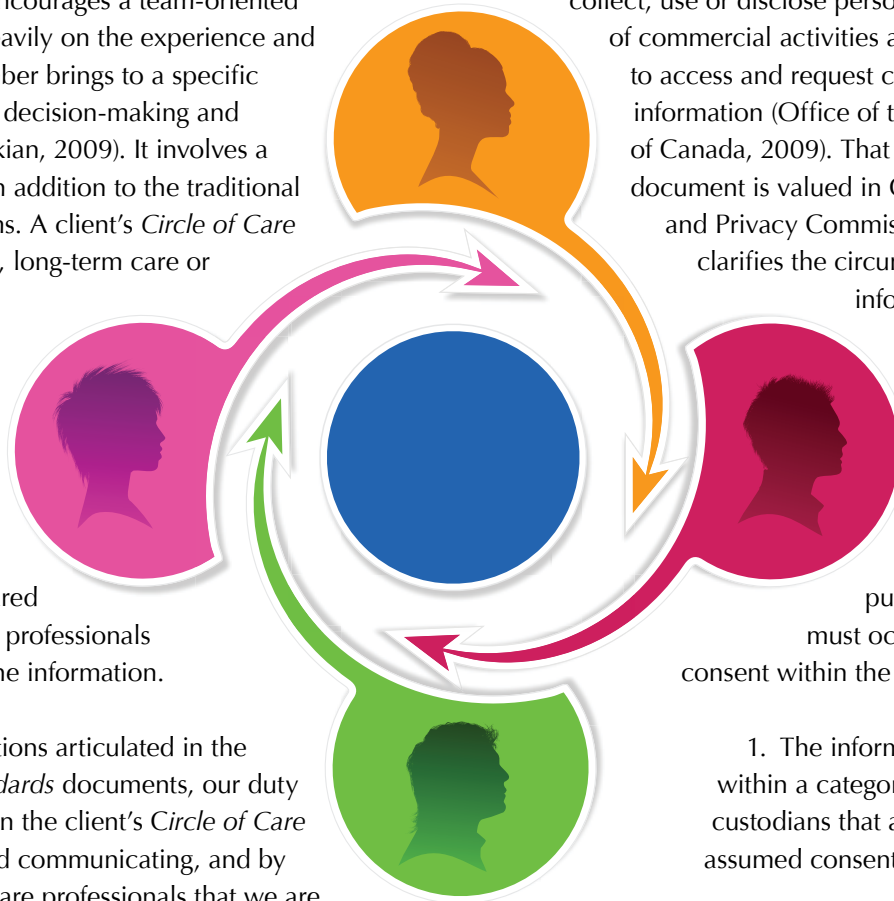
In addition to the obligations articulated in the *Code of Ethics* and *Standards* documents, our duty is to play an active role in the client's *Circle of Care* by treating, referring, and communicating, and by educating other health care professionals that we are preventive oral health specialists and an integral part of the client's *Circle of Care* (CDHO, 2011).

Ethically speaking, the CDHA principle of Confidentiality articulates the knowledge, skill, professional attitude and judgment expected from dental hygienists in Canada **within the context of Provincial laws and guidelines**. Confidentiality is the

duty to hold secret any information acquired in the professional relationship. Additionally, dental hygienists are required to demonstrate respect for the privacy of clients and hold in confidence information disclosed to them except in narrowly defined exceptions (CDHA, 2012).

Legally speaking, the federal legislation titled Personal Information Protection and Electronic Documents Act (*PIPEDA*) sets out ground rules for how private sector organizations may collect, use or disclose personal information in the course of commercial activities and gives individuals the right to access and request correction of the collected information (Office of the Privacy Commissioner of Canada, 2009). That is why the *Circle of Care* document is valued in Ontario; the Information and Privacy Commissioner Ontario, Canada clarifies the circumstances in which a health information custodian (custodian) may assume an individual's implied consent to collect, use, or disclose personal health information for the purpose of providing health care in specific circumstances. Simply put, these six circumstances must occur before assuming implied consent within the context of the *Circle of Care*:

1. The information custodian must fall within a category of health information custodians that are entitled to rely on assumed consent.
2. The health information must have been received from the individual or substitute decision-maker or other health information custodian.
3. The health information custodian must have received the information for the purpose of providing or assisting in the provision of health care to the individual. *Continued*



## Talking Ethics cont'd

4. The purpose of the collection, use or disclosure of personal health information must be for provision of health care or assisting in health care of the individual.
5. The health information must be disclosed to another health information custodian,
6. The authorized recipient of the health information must not be aware that the individual has expressly withheld or withdrawn consent for the collection or disclosure of the health information (Cavoukian, 2009).

Additional caveats are that the health information must not be obtained through deception or coercion; it can be given by the individual client or his/her substitute decision-maker (Cavoukian, 2009).

Professionally speaking, what does a dental hygienist do next? What recommendations are there to advance the *Circle of Care* within our praxis? Lisa Taylor (2011) recommends that teaching institutions should make every effort to include interprofessional learning experiences aimed at socializing dental hygienists and other health professionals toward the healthcare delivery model that is being supported and encouraged by government (p 51).

The regulatory authorities have standards of practice that focus on advancing our profession and require that we improve the knowledge of our allied health care professionals. Dental hygienists have the responsibility to educate other health care professions about the dental hygiene scope of practice, areas of

knowledge and how they can work together to ensure the health of the client comes first. Will you contact a client's pharmacist instead of the medical doctor for health information within the *Circle of Care*? Will you choose to incorporate this as a goal in your professional development plan?

In your role as administrator, change agent, clinician, educator, health advocate and researcher, what professional steps, small or large, will you take to increase the awareness of our profession within the context of the *Circle of Care*?

I'd love to hear from you and will be glad to present your ideas and suggestions in the next edition of Oh Canada!

## References

1. Canadian Dental Hygienists Association, (2012). *CDHA Dental Hygienists' Code of Ethics*, revised June 2012. Ottawa, ON: Author. pp 7, 9.
2. Cavoukian, A., (2009). *Circle of care; Sharing personal health information for health-care purposes*. ON: Information and Privacy Commissioner, Ontario, Canada
3. Farinaccia, R., (2011). *The "Circle of Care" and the new dental hygiene standards of practice* Feature Article Milestones: A publication of the College of Dental Hygienists of Ontario, March 2011, pp12-13
4. Office of the Privacy Commissioner of Canada, (2009). *Privacy legislation in Canada. Fact Sheet*. Retrieved June 18, 2013 from [http://www.priv.gc.ca/resource/fs-fi/02\\_05\\_d\\_15\\_e.asp](http://www.priv.gc.ca/resource/fs-fi/02_05_d_15_e.asp)
5. Taylor, L.A., (2011) *Novice dental hygienists' qualitative assessments of how prepared they were for the transition from student to clinical practice. (Master's Thesis)*. Toronto, ON: University of Toronto

## CDHA PARTNERS' CIRCLE

The CDHA Partners' Circle comprises dental industry firms dedicated to the advancement of the dental hygiene profession. Members of the CDHA Partners' Circle recognize the important role dental hygienists play in the overall oral health team. We are extremely proud to announce the members of the CDHA Partners' Circle for 2013.

