

CODE OF ETHICS STANDARD



Status:	Approved
Approved by Council:	March 2024
Amended:	April 2024
To be Reviewed:	March 2029

PURPOSE, AUTHORITY, ACCOUNTABILITY

This Code of Ethics is a set of principles of professional conduct that governs all registered dentists (generalists and specialists) and establishes the expectations for dentists in fulfilling duties to patients, to the public, and to the profession. This Code of Ethics affirms and clarifies principles that are definitive to professional and ethical dental care. For those about to enter the profession, this Code of Ethics identifies the basic moral and ethical commitments of dentists and will serve as a source for education and reflection. For those within the profession, this Code of Ethics provides public identification of the profession's ethical expectations of its registered dentists. Therefore, this Code of Ethics is also educational. It governs behavior and expresses to the larger community the values and ideals that are espoused by the dental profession by reason of trust, commitment, and governance.

The Code of Ethics is an important part of the way in which the College of Dental Surgeons of Saskatchewan ("CDSS") fulfills its obligation to promote and protect the public's interest. This Code of Ethics is binding on all registered dentists and 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, dentists shall consider ethical principles, the patient's needs and interests, and all applicable laws, standards, and guidelines.

The Code of Ethics that follows sets forth the ethical duties that, along with the Standards of Practice, are binding on registered dentists. Anyone who believes that a dentist has acted unethically in a way that demonstrates misconduct or in an incompetent manner, may bring the matter to the attention of the Registrar to be dealt with in accordance with the Dental Disciplines Act, 1997 (as amended), and its provisions.

PRINCIPLES

This Code of Ethics contains mandatory requirements for dentists and expresses the values shared by the dentists and the dental profession of Saskatchewan. The Principles of Ethics are the goals to which every dentist of the profession must aspire. There are five fundamental principles that form the foundation of the CDSS Code of Ethics. These are:

1. PATIENT AUTONOMY AND INFORMED CHOICE

Dentists have a duty to assess and inform the patient of the nature of the condition requiring potential treatment, the treatment and non-treatment options available including the advantages, disadvantages and the potential significant risks and costs of these options and whether it is appropriate to consider referral to another practitioner. The patient makes the final decision on the choice of treatment, and on choice of practitioner to provide any treatment, (generalist or specialist), or to follow-up after referral or second opinion.

2. NON-MALEFICENCE (DO NOT HARM)

Dental treatment shall expressly be intended to not leave the patient in a worse state than if no treatment had been provided. If that such state may inadvertently arise due to unanticipated or uncontrollable circumstance, and should harm to the patient occur, the dentist shall disclose such to the patient.

3. BENEFICENCE

Dental treatment shall expressly be intended to result in an improvement or maintenance of the patient's condition. The ultimate goal of treatment shall be to optimize oral function and/or appearance for the patient. It is acknowledged that the achievement of this goal will be influenced by variables such as the patient's age, general health, underlying anatomy, previous treatment, pre-existing conditions, and compliance with oral hygiene and other instructions. A dentist has the responsibility to provide a high standard of professional services and is accountable for the intended benefit and outcome of any treatment regardless of whether the treatment is medically necessary, or for structural, functional, cosmetic/aesthetic, preventive, or health promotion purposes.

4. COMPETENCE

The dentist's primary obligation is to provide service to patients through the delivery of quality care in a competent and timely fashion. It is acknowledged that under certain circumstances beyond the dentist's control, access to resources may affect the timeliness of care delivery. Dentists have a duty to apply the knowledge, skills, abilities, attitudes, and judgments necessary to perform competently in the provision of all patient assessments and services, in accordance with currently accepted professional standards.

In all areas of practice where a dentist is providing dental treatment and care, the dentist must demonstrate an appropriate level of educational training that reflects the complexity of treatment. The complexity of treatment being provided should reflect the providers level of training, the experience of the provider, and the ability to complete and manage the care and services appropriately.

5. VERACITY

Dentists must obtain informed consent from patients prior to conducting any treatment. The dentist must be truthful and forthright in all professional matters. This means fully disclosing and not misrepresenting information in dealings with patients, the public at large on dental matters, other professionals, and the CDSS.

TABLE OF CONTENTS

PURPOSE, AUTHORITY, ACCOUNTABILITY	1
PRINCIPLES	1
1. Patient Autonomy and Informed Choice	1
2. Non-Maleficence (Do Not Harm)	2
3. Beneficence	2
4. Competence.....	2
5. Veracity	2
RESPONSIBILITIES TO PATIENTS	5
• Article A1: Service.....	5
• Article A2: Current and Continued Competence	5
• Article A3: Fitness to Practice and Incapacity	5
• Article A4: Competence, Consultations, and Referral	5
• Article A5: Informed Choice and Consent for Treatment.....	5
• Article A6: Provision of Full and Accurate Information	6
• Article A7: Confidentiality and Release of Patient Information	6
• Article A8: Outcomes and Patient Expectations	6
• Article A9: Emergencies	6
• Article A10: Provision of Care.....	7
• Article A11: Arrangements of Continuity of Care.....	7
• Article A12: Assignment of Duties	7
• Article A13: Reporting Suspected Child Abuse	7
• Article A14: Prescribing Medications for Self and Family	7
• Article A15: Product Marketing in the Dental Office	7
• Article A16: Potential Conflict of Interest	8
• Article A17: Referral to Another Oral Health Care Professional.....	8
• Article A18: Records	8
RESPONSIBILITIES TO THE PUBLIC	8
• Article B1: Representations of Qualifications, Experience, and Registration	8
• Article B2: Contractual Services and Practice Arrangements	8
• Article B3: Choice of Dentist	8
• Article B4: Advertising.....	9
• Article B4.1: Social Media.....	9
• Article B4.2: Designations.....	9
• Article B4.3: Use of Titles and Communication of Specialization	9
• Article B4.4: Name of Practice.....	10

- Article B5: Fees and Compensation for Services 10
- Article B6: Dental Plans and Third-Party Carriers 10

RESPONSIBILITIES TO THE PROFESSION 10

- Article C1: Support of Self-Regulation of the Profession 10
- Article C2: Co-operation with the CDSS 11
- Article C3: Unprofessional Conduct 11
- Article C4: CDSS Official Spokespersons 11

RESPONSIBILITIES TO PATIENTS

- **ARTICLE A1: SERVICE**

As a primary health care provider, a dentist's first responsibility is a duty of care to the patient. As such, the competent and timely delivery of safe care appropriate to the presenting clinical circumstances and services sought by the patient shall be the most important aspect of that responsibility.

- **ARTICLE A2: CURRENT AND CONTINUED COMPETENCE**

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill, attitude, and judgment with which they serve patients and society. All dentists, therefore, must continually acquire knowledge in the practice of dentistry and must provide treatment in accordance with currently accepted professional standards. Dentists have an obligation to maintain competence throughout their career.

- **ARTICLE A3: FITNESS TO PRACTICE AND INCAPACITY**

A dentist may experience medical or behavioral impediments to competence. A dentist shall inform the CDSS when a serious injury, a medical condition, infectious disease, dependency, or any other condition has either immediately affected, or may affect over time, the dentists' ability to practice safely and competently. It is unethical for a dentist to practice while using controlled substances, alcohol, or chemical agents that impair the dentist's ability to practice. A dentist has an ethical obligation to urge impaired colleagues to seek treatment. A dentist with first-hand knowledge that a colleague is practicing dentistry when so impaired has an ethical responsibility to report such information to the CDSS. In this Article the term "infection" includes, but is not limited to, HIV/AIDS, Hepatitis B, and Hepatitis C.

- **ARTICLE A4: COMPETENCE, CONSULTATIONS, AND REFERRAL**

A dentist shall provide assessment and/or treatment for a patient only when currently competent to do so by reason of the dentist's education and training, experience, or other demonstrated continued competence; otherwise, the dentist should consult with another dentist or dental specialist with the appropriate competencies and/or refer the patient to an appropriate care provider for assessment and/or treatment.

- **ARTICLE A5: INFORMED CHOICE AND CONSENT FOR TREATMENT**

A dentist must discuss treatment and non-treatment recommendations with the patient including benefits, prognosis, and significant risks of doing or not doing treatment, as well as reasonable alternatives and associated costs in order to allow the patient to make an informed choice. Dentists who misrepresent unnecessary dental procedures as necessary and recommend or perform unnecessary services on this basis are engaged in unethical conduct. A dentist shall also inform the patient if any proposed oral health care involves treatment techniques and/or products that are not generally recognized or accepted by the dental profession. The dentist has the right to refuse to provide treatment that is not generally recognized or accepted by the profession even when requested to do so by the patient.

Informed choice implies that a dentist fully informs the patient of the above before obtaining informed consent for providing the services selected by the patient.

- **ARTICLE A6: PROVISION OF FULL AND ACCURATE INFORMATION**

A dentist is obligated to provide to the patient a full and accurate comment and opinion concerning the patient's oral health. When giving a second opinion, dentists must ensure that they have the necessary information to give an opinion that can fully inform patient choice. Dentists must fully inform patients of assessment and treatment options, even if that opinion differs or disagrees with an opinion given by another dentist. When disagreeing with the opinion or treatment of another dentist or health professional, the dentist shall do so respectfully avoiding disparaging remarks.

- **ARTICLE A7: CONFIDENTIALITY AND RELEASE OF PATIENT INFORMATION**

Patient information, verbally, written or electronically acquired and kept by the dentist, shall be kept in strict confidence except as required by law or as authorized by the patient. The information in dental records or reports must be released to the patient or to whomever the patient directs, including other professionals and dental plan carriers, when authorized by the patient. This obligation exists regardless of the state of the patient's account.

An authorization by a patient allowing a dentist to provide information to a dental plan carrier or another third party is acceptable. A separate authorization is not required for each release of information provided the information is shared for the purposes described in the authorization and the authorization allows the releases of information on an ongoing basis.

- **ARTICLE A8: OUTCOMES AND PATIENT EXPECTATIONS**

A dentist, in the process of obtaining informed consent, should provide the patient with reasonable expectations respecting the potential outcome of care.

A dentist must not, either by statement or implication, guarantee or make unsupportable statements as to the likely success of treatments for a patient.

A dentist should discuss with the patient what reasonable expectations the patient may have respecting the duration and durability of treatments to be provided to that particular patient.

A dentist should discuss with the patient when and under what circumstances the patient can reasonably be expected to be held financially responsible for ongoing maintenance, repairs, revisions, replacement, and re- performance of professional services involving said treatment. A dentist must document references to these discussions in the patient's ongoing care record.

- **ARTICLE A9: EMERGENCIES**

A dental emergency exists if, in the professional judgment of the dentist being solicited to provide care, it is determined that a person needs immediate attention to relieve pain, or to control infection or bleeding that is threatening to life, oral cavity structure, or function.

Dentists have an obligation to provide immediate care and to consult and/or refer, if necessary, in a dental emergency or, if available, to make alternative arrangements for the patient. Beyond offering adequate follow-up by direct service or referral, such emergency intervention does not bind dentists to future treatment of emergency patients.

- **ARTICLE A10: PROVISION OF CARE**

A dentist shall not discriminate against or refuse to treat patients in a manner that is contrary to applicable human rights laws. This includes, but is not limited to, refusal to treat a patient based on infectious disease status or any other condition defined as a disability by human rights legislation. Other than in an emergency situation, a dentist has the right to refuse to accept an individual as a patient.

- **ARTICLE A11: ARRANGEMENTS OF CONTINUITY OF CARE**

A dentist having undertaken the care of a patient shall not discontinue that care without first having given sufficient notice of that intention to the patient and shall endeavor to arrange for continuity of care with another dentist. Where there has been a breakdown in the relationship between the dentist and the patient, the dentist has an obligation to transfer appropriate records to the care provider who will be assuming the ongoing care of the patient. In the event of referrals, both referring and consulting dentists should ensure the patient understands the importance of continuity of care with either or both respective dentists.

A dentist who has provided dental care, especially care that is of an extensive or invasive nature, has the obligation to provide direct availability for the patient to contact the care provider “after hours “. This “on call” or “after hours” obligation, if transferred to other professionals, must be done so with a formal agreement established through direct personal contact between the parties receiving such care. Failure to do so breaches the dentist's obligations to provide continuity of care.

- **ARTICLE A12: ASSIGNMENT OF DUTIES**

The profession of dentistry does not hold regulatory authority over dental therapists, dental hygienists, or dental assistants, and certainly not in the areas of regulatory supervision. However, dentists have an obvious ethical responsibility in ensuring all employees (whether regulated or not, employed by contract, commission, full time, or part time salaried employee, etc.) have the education, training, skills, and expertise to cause no harm to patients under the care of a dentist. Assignment of duties exist in all business partnerships and will be exercised by dentists within these Code of Ethics.

- **ARTICLE A13: REPORTING SUSPECTED CHILD ABUSE**

A dentist is obliged to become familiar with the signs of child abuse and to report suspected instances of child abuse to the authorities in compliance with the laws of Saskatchewan.

- **ARTICLE A14: PRESCRIBING MEDICATIONS FOR SELF AND FAMILY**

A dentist must not prescribe medications for themselves. Dentists may prescribe medications for family members only when indicated specifically for oral health treatment.

- **ARTICLE A15: PRODUCT MARKETING IN THE DENTAL OFFICE**

A dentist who sells or markets dental products to the patients must:

- (a) Ensure that they do not exploit the trust inherent in the dentist-patient relationship.
- (b) Not misrepresent or exaggerate the value of the products.
- (c) Verify that the claims about the efficacy of the dental products being made by the manufacturers or distributors of the product are founded on accepted scientific knowledge and research.

- (d) Make available to patients all information necessary for the patients to make an informed choice as to whether to purchase the products, including whether the product is available elsewhere and whether there are financial incentives for the dentist to sell the product which would not be evident to the patient.

- **ARTICLE A16: POTENTIAL CONFLICT OF INTEREST**

A dentist who refers a patient to a laboratory, radiological, diagnostic, or other profession service, where the dentist has a direct or indirect financial interest in such a facility, must make that referral in the best interest of the patient and without preference for personal financial interest.

- **ARTICLE A17: REFERRAL TO ANOTHER ORAL HEALTH CARE PROFESSIONAL**

A dentist who refers patients to another oral health care professional or other professional must do so with a proper referral form; with appropriate history and other required information causing the referral.

While a dentist is entitled to reasonable compensation for services performed, a dentist shall not enter into an arrangement whereby the referral of patients results in a fee paid, a commission, a discount or other consideration to the dentist or another party.

- **ARTICLE A18: RECORDS**

A dentist must establish and maintain adequate records of medical-dental history, clinical findings, diagnosis, and treatment of each patient. Such records or reports of clinical information must be released to the patient or to whomever the patient directs, when requested by the patient. Original records should be retained, and a duplicate provided.

RESPONSIBILITIES TO THE PUBLIC

- **ARTICLE B1: REPRESENTATIONS OF QUALIFICATIONS, EXPERIENCE, AND REGISTRATION**

A dentist shall represent the profession in a manner that contributes to the public's trust and confidence in the profession. A dentist shall not falsely present or communicate education, qualifications, or competence in any way that would be false or misleading.

- **ARTICLE B2: CONTRACTUAL SERVICES AND PRACTICE ARRANGEMENTS**

A dentist, by entering into a contract with an organization or other party involving the practice of dentistry, neither reduces personal professional responsibilities nor transfers any part of those ethical or legal responsibilities to that organization or other party. A dentist may enter into an agreement with individuals and/or organizations to provide dental care and services provided that the agreement is not contrary to the Dental Disciplines Act and the regulations, by-laws, standards of practice, or Code of Ethics of the CDSS.

- **ARTICLE B3: CHOICE OF DENTIST**

A dentist shall, at all times, respect and support the public's right to choose one's own dentist. A dentist must not participate in any plan, scheme, or arrangement which might limit

or interfere with a person's freedom or ability to choose a dentist.

- **ARTICLE B4: ADVERTISING**

Advertising by dentists must not deprecate the professionalism, integrity, and ethics of the dental profession in order to protect the public interest.

All dentists, regardless of the position in a practice arrangement, are responsible for any communications or advertising that has a bearing on said practice. Therefore, it is important that all dentists understand and comply with the CDSS Advertising Standard and by-laws.

Advertising by dentists must be accurate and not be capable of misleading the public; professional and observe the dignity and ethics of the profession, and objectively verifiable.

- **ARTICLE B4.1: SOCIAL MEDIA**

The term 'social media' refers to online and mobile technologies and practices that people use to share content, opinions, insights, experiences, and perspectives.

Dentists participating in social media must not deprecate the professionalism, integrity, and ethics of the dental profession in order to protect the public interest.

All dentists, regardless of the position held in a practice arrangement, are responsible for any communications that has a bearing on said practice. Therefore, it is important that all dentists understand and:

- (a) Comply with the Dental Disciplines Act, CDSS Social Media Standard, CDSS Advertising Standard; and the regulations, by-laws, standards of practice, or Code of Ethics of the CDSS.
- (b) Comply with the law related to defamation, copyright, and plagiarism when posting content online.
- (c) Comply with all legal and professional obligations to maintain patient privacy and confidentiality.
- (d) Maintain appropriate professional boundaries with patients and those close to them.
- (e) Maintain professional and respectful relationships with patients, colleagues, and other members of the health-care team.

Dentists should be cognizant that social media platforms are constantly evolving and be proactive in considering how professional expectations apply in any given set of circumstances.

- **ARTICLE B4.2: DESIGNATIONS**

A dentist may only advertise the DDS degree, DMD degree, and any earned academic dental degree, earned academic dental diploma, or earned academic dental certificate recognized by the CDSS.

- **ARTICLE B4.3: USE OF TITLES AND COMMUNICATION OF SPECIALIZATION**

The provisions in this section are designed to help the public to make a clear distinction and an informed selection between a practitioner who has achieved specialty status and general practitioners. All dentists licensed by the CDSS may use the title Doctor, Dr., and Dentist.

However, only those dentists who are expressly authorized by the CDSS may use any titles that imply specialty status including, but not limited to, the following recognized titles for specialty areas of dental practice:

- (a) Endodontics
- (b) Oral and Maxillofacial Surgeon
- (c) Oral Medicine and Pathology
- (d) Oral Radiology
- (e) Orthodontics
- (f) Pediatrics
- (g) Periodontics
- (h) Prosthodontics
- (i) Public Health Dentistry

A dentist must not do anything which would lead the public to believe that specialty services are being rendered by a qualified specialist in the dental practice when such is not the case.

- **ARTICLE B4.4: NAME OF PRACTICE**

Since a dental practice name or a professional corporation name may be a factor in the selection process of the patient, dental practice names and professional corporation names are considered to be advertising and must be approved by the CDSS and comply with the CDSS Advertising Standard and by-laws.

- **ARTICLE B5: FEES AND COMPENSATION FOR SERVICES**

A dentist is responsible for establishing fees for professional services performed.

- **ARTICLE B6: DENTAL PLANS AND THIRD-PARTY CARRIERS**

A dentist who submits a claim form to a third party reporting incorrect treatment dates, procedure codes, and/or fees charged is engaging in inappropriate billing and unethical practice. If a patient has dental benefits through a third-party provider, it is also the patient's right to have alternative treatment options explained regardless of costs or coverage. This means that a dentist shall explain alternative treatment options, regardless of what the patient's insurance plan or third-party carrier will pay for. The dentist is obligated to inform a patient of the benefits, risks, disadvantages, and costs of alternative dental treatment options.

A dentist must ensure that claims made to a third-party carrier for patient care are accurate statements of the services rendered and fees charged to the patients. A dentist must not determine or direct a patient's treatment decisions based primarily on the existence or non-existence of a third-party dental plan.

If the patient's third-party carrier plan specifies a co-payment from the patient, the dentist providing the services for the patient must, under the conditions of the plan, engage in usual and customary business practices to collect such co-payments from the patient. A dentist is prohibited from accepting an amount in full payment of an account or charge that is less than the full amount of the account or charge submitted by the dentist to a third-party payer.

RESPONSIBILITIES TO THE PROFESSION

- **ARTICLE C1: SUPPORT OF SELF-REGULATION OF THE PROFESSION**

The Legislature has granted the dental profession the privilege of self-regulation for the purpose of protecting the public and promoting the public interest. This responsibility is borne by dentists and governed by the CDSS and its officers, councilors, and committees.

- **ARTICLE C2: CO-OPERATION WITH THE CDSS**

All dentists must co-operate with the requests of the CDSS, its officials, and committee, to enable the fulfillment of the legislated self-regulatory responsibilities required under the DDA, 1997.

- **ARTICLE C3: UNPROFESSIONAL CONDUCT**

If a dentist has reasonable grounds to believe that another dentist has engaged in unprofessional conduct, including breach of this Code of Ethics, then the dentist has an obligation to report to the Registrar of the CDSS.

Before making critical comments to patients about other dentists' treatment, dentists shall take reasonable steps to ensure that they are fully informed about any patient's oral health and specific treatments provided by previous dentists. Dentists are encouraged to consult with any previous dentist with the patient's consent.

Commentary:

- (a) Unprofessional conduct includes a lack of knowledge or a lack of skill or judgment in the provision of professional services.
- (b) When communicating an oral health diagnosis to a patient, dentists shall exercise care that any comments are justified. This will include finding out, from previous treating dentists, with patient's consent, the circumstances, and conditions under which any treatment was performed.
- (c) Dentists shall not make statements about other dentists' treatment which are not reasonably supportable.

- **ARTICLE C4: CDSS OFFICIAL SPOKESPERSONS**

The official spokespersons for the CDSS shall be the President, or those other spokespersons that council may designate. As such, they are the only individuals authorized to communicate with the press and broadcasting media on legal, policy, and organizational matters relating to the CDSS.