



SINGAPORE DENTAL COUNCIL

*Ethical Code
and
Ethical Guidelines*

2018

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1. INTRODUCTION

The dental profession has traditionally been held in high esteem by patients and the public at large. They entrust their oral health and well-being to us. This trust, however, should never be taken lightly, and certainly not for granted. It is contingent on the profession to maintain the highest standards of professional practice and conduct. The public image of the profession as a whole is greatly dependent on the impression created by individual practitioners. Maintaining the good image of the profession therefore, is the constant and personal responsibility of every practitioner.

In modern dental practice, the public not only expects dental practitioners to have the necessary knowledge, skill and experience of dental practice but to maintain the highest standards of moral integrity and intellectual honesty. They expect to be treated with compassion, dignity, respect, and without prejudice of race, religion, disability, social standing, and financial status. It is therefore, imperative that practitioners realise the implicit professional duties they owe to themselves, the profession and the community. In compiling the Ethical Code and Ethical Guidelines, the Singapore Dental Council (SDC) hopes to assist practitioners to uphold and maintain the trust and esteem that patients and the public have placed in the dental profession.

The Ethical Code is a distillate of precepts and traditions of good dental practice applicable to all dental practitioners¹ in Singapore. It represents the fundamental tenets of conduct and behaviour expected of dental practitioners practising in Singapore. The Ethical Guidelines elaborate on the application of the Ethical Code and are meant to be a guide to dental practitioners on the minimum standards required of them in the discharge of their professional duties and responsibilities. It is the view of the SDC that serious disregard or failure to meet the standards prescribed by the Ethical Code and Ethical Guidelines can potentially harm patients, bring disrepute to the profession and may lead to disciplinary proceedings.

The Ethical Code is not a substitute for legislation (the DRA, the DRR and other applicable statutes and regulations) or case law. If there is a conflict between the Ethical Code and Ethical Guidelines and the law, the law takes precedence. Similarly, the Ethical Code and Ethical Guidelines has to be read in conjunction with current directives and guidelines issued by the Ministry of Health (MOH).

¹ "Dental practitioners" refer to registered dentists and/or registered oral health therapists.

2. OBJECTIVES

- To help dental practitioners understand their responsibilities to their patients and profession;
- To help the profession maintain a high ethical standard in its practice; and
- To provide the profession an understanding of what is ethical and non-ethical practice.

3. SDC DENTIST'S PLEDGE

The Dentist's Pledge is an affirmation of the basic code of conduct and ethical values that each dentist in Singapore is expected to uphold professionally at all times. Every dentist upon being admitted as a fully registered practitioner with the SDC is expected to make this pledge as a commitment to the profession and community².

"I, as a member of the dental profession, solemnly pledge to:

dedicate myself to render the highest standard of oral health care;

practise my profession with conscience, honesty and integrity;

uphold the honour and noble traditions of the dental profession;

conduct myself with honour and dignity that shall merit the respect of patients, colleagues and my community;

treat my patients with compassion and respect and in a manner consistent with the best interests of the patient's health, welfare and safety;

endeavour to ensure that patients suffer no harm and uphold their right to be adequately informed and to self-determination.

not allow the considerations of race, religion, creed, gender, social standing, financial status or disability to intervene between my duty and my patient;

maintain the confidentiality of my patients;

behave considerately and courteously towards my professional colleagues;

constantly strive to add to my knowledge and skill in the art and science of dentistry;

abide by the laws and regulations governing dental practice and comply with the provisions of the code of ethics of the profession;

I make these promises solemnly, freely and upon my honour."

² The SDC Dentist's Pledge Affirmation Ceremony was introduced in 2004.

4. ETHICAL CODE

The public must be able to trust dentists implicitly with their oral health and general wellbeing. To justify this trust, dentists must maintain the highest standard of care, integrity and conduct. The SDC prescribes an ethical code which dentists are expected to uphold. These principles are applicable to a wide variety of circumstances and situations. Adherence to this Code will enable the profession to gain and maintain the trust and esteem of patients and the community.

Dentists must use the Code as a yardstick for their own conduct and behaviour. In addition, it is advisable for dentists to understand the basic tenets of dental ethics, and develop the necessary knowledge, skills and attitude needed to deal with ethical conflicts. Consult with colleagues, ethical committees and other experts should the need arise.

In general, a dentist is expected to:

- Provide competent, compassionate and appropriate oral health care to patients.
- Treat patients with honesty, dignity, respect, and consideration without prejudice to race, religion, creed, gender, social standing, financial status or disability.
- Maintain the highest standards of moral integrity and honesty.
- Be an advocate for patients' care and well-being and endeavour to ensure that patients suffer no harm and uphold their right to be adequately informed and to self-determination.
- Keep confidential all medical, dental, and personal information about patients.
- Maintain a professional relationship with patients and their relatives, and not abuse this relationship through inappropriate personal relationships or for personal gain.
- Keep abreast with knowledge relevant to the practice of dentistry and ensure that clinical and technical skills are maintained.
- Regard all fellow professionals as colleagues, treat them with courtesy, accord them respect and manage those under his supervision with professionalism, care and nurturing.

- Be open, truthful, factual, and professionally modest in communications with other members of the profession, with patients and with the public at large.
- Maintain professionalism when informing the public about his/her services, ensuring that the information projected is factual and devoid of any attempt at self-aggrandisement.
- Participate in activities contributing to the good of the community, including public health education and volunteer programmes for the delivery of dental health service in underserved areas.
- Abide by the laws and regulations governing dental practice and comply with the provisions of the code of ethics of the profession.

The following section elucidates on the interpretation and application of the Code to various areas of clinical practice. Obviously, it is impossible to be exhaustive. Dentists are advised to study the guidelines, be familiar with its contents, endeavour to follow them and extend their application to areas that may not be specifically addressed in this handbook.

5. ETHICAL GUIDELINES

5.1. STANDARD OF GOOD DENTAL PRACTICE

5.1.1. Good Clinical Care

The standard of care expected of the attending dentist encompasses the following:

5.1.1.1. Adequate clinical evaluation of patients

All clinicians are expected to have a sense of responsibility to their patients and to provide dental care or services only after an adequate assessment of a patient's condition through good history taking, clinical examination and appropriate investigations.

5.1.1.2. Duty of care

A dentist shall act diligently to provide competent, compassionate and appropriate care to his/her patients under reasonable standards based on good clinical evidence available. This includes making necessary and timely appointments, arranging appropriate investigations and ensuring that results of tests are communicated to the patient and the most appropriate treatment or management is expeditiously provided.

A comparable standard of practice is expected from dentists whose contribution to a patient's care is indirect, for example, those in laboratory, radiological or other investigative specialities.

A dental practitioner who avails his/her patient of any supporting dental service must take reasonable care to ensure that this service is of an adequate standard and is reliable. An example is the use of laboratories or radiological facilities in and outside of Singapore. When a dental practitioner avails his/her patients of clinical investigations, they must take reasonable care to ensure the competency of the service providers. They must check that they are licensed or accredited by the relevant authorities and also be reasonably confident of the quality and timeliness of the service offered.

In addition, a dental practitioner who undertakes to manage, direct or perform clinical work for organisations offering dental services shall satisfy himself/herself that these organisations provide adequate clinical and therapeutic facilities for the services offered.

5.1.1.3. Practise within competence and referral of patients

The needs of the patient are the overriding concern and a dental practitioner must practise within the limits of his/her own competence in managing a patient. Where the dental practitioner believes that the patient's condition or the treatment required is beyond his/her competence, the patient should be referred to another dental practitioner, medical practitioner, or specialist with the necessary expertise. All too often, the patient's medical conditions may be neglected or taken for granted by both the dental practitioner and patient. A dental practitioner must not persist in unsupervised practice of any dental procedure or treatment modality without having the appropriate knowledge, skill or required experience.

Where such a referral is transient, for example for a specialised investigation or specific treatment modality, the dental practitioner retains responsibility for the overall management of the patient. A dental practitioner must continue to care for his/her patient until the patient is properly handed over to the referred dental practitioner. If a patient refuses to see a specialist, the dental practitioner shall counsel the patient adequately and if he/she still refuses, it is acceptable for the dental practitioner to treat the patient in consultation with a specialist.

5.1.1.4. Facial Aesthetic Procedures

Facial aesthetic practice differs from other areas of dental practice in that the objective is not the improvement of patient's health but appearance. Patients who seek aesthetic procedures (example, botox and fillers) may be more vulnerable than others. Ethical aesthetic practice means:

- (a) Dental practitioners are required to be accredited by the SDC before they can perform facial aesthetic procedures.

- (b) As facial aesthetic practice is not a recognised specialty, dental practitioners must not mislead public into thinking they are a specialist in facial aesthetics. Dental practitioners must continue to make themselves known to the public only by the relevant SDC-approved designations.

Dental practitioners who engage in facial aesthetic practice must ensure that any aesthetic procedures offered to patients go beyond mere non-maleficence (doing no harm). The treatments must be shown to be effective and safe and the dental practice must be licensed to provide them.

5.1.1.5. Remote consultations

In this technological environment with numerous means of electronic communication, there are situations in which a previously unknown person could initiate a consultation with a dental practitioner over web-based platforms, or simply through email. Only general information may be provided in such instances and the person should be advised to seek a personal consultation. The provision of professional opinions based on such an initial contact with an unknown person is inappropriate. A new relationship with a patient should not be established through electronic means and consultation fee should not be received from such an initial contact.

5.1.1.6. Remote consultations in continuing care

If a dental practitioner has already established a professional relationship through direct personal contact with a patient, previously made a diagnosis and has commenced treatment, adjusting treatment or providing continued treatment following remote contact with a patient or receipt of electronically transmitted clinical data is allowed. If on the other hand, it appears from the communication that the patient has developed a new problem or a significant complication, the dental practitioner shall endeavour to see the patient personally for a further evaluation before offering further treatment. If the patient is overseas or otherwise unavailable, the dental practitioner should attempt to refer him/her to an appropriate dental practitioner in that location who is available and willing to provide continuing care.

5.1.1.7. Delegation of duties and referral of patients

A dental practitioner must accept full responsibility for all treatment undertaken, and no treatment or service should be delegated to a person who is not adequately trained or is not legally permitted to undertake this treatment.

A dental practitioner may delegate another dental practitioner to provide treatment or care on his/her behalf, but this person must be qualified and competent to carry out the care, treatment or procedure required. The delegating dental practitioner retains responsibility for the overall management of the patient when he/she delegates care. A dental practitioner who knowingly allows an unregistered person to practise dentistry at his/her clinic is liable to disciplinary action.

When making referrals to other dental practitioners, dental practitioners must inform their patients of the reasons for the referral and provide relevant information about the other dental practitioners.

If referrals or transfers of care are made to other dental practitioners, sufficient documentary medical information, either directly to the other dental practitioners or through the patients, must be provided to enable good quality continued care.

5.1.1.8. Lack of Disclosure

Complications can arise during treatment. Although it may not be beneficial to always inform the patient of every complication that has occurred, honesty is at most times the best policy. Lack of disclosure from fear of repercussions may not be in keeping with a dental practitioner's moral obligations and duty of care to his/her patients. The purposeful concealment of the truth about any aspects of patient's state of oral health, treatment or standard of work done may be construed as dishonesty.

5.1.2. Dental Records

Proper documentation is a hallmark of quality dentistry and a standard of care that patients have come to expect from the profession. All treatment records maintained by dental practitioners shall therefore be clear, accurate, legible, and contemporaneous. All records shall be of sufficient detail so that any other dentist reading them would be able to take over the management of a case. All clinical details, investigation results, discussion of treatment options, informed consents and treatment by drugs or procedures should be documented.

A dental practitioner who dishonestly falsifies, alters or amends notes may be made to answer a charge of professional misconduct by the SDC.

Dental records (e.g. radiographic records) may be duplicated and released to patients or to other dental practitioners whenever necessary. However, patients would have to give their consent and this should be documented before any such records can be given to another clinician. Fees may apply.

5.1.3. Prescription of medicine

A dental practitioner may only prescribe medicines that are legally available in Singapore and must comply with all the statutory requirements governing their use.

Dental practitioners shall prescribe, dispense or supply medicines only in connection with the provision of bona fide dental treatment, which must be in reasonable quantities as appropriate to the patient's needs. Such prescriptions must be clearly labelled as "*For dental treatment only*". Patients shall be appropriately informed about the purpose of the prescribed medicines, contraindications and possible side effects. Dental practitioners shall only prescribe long term medication (more than 3 months) for patients who are adequately supervised and reviewed to avert adverse reactions.

A dental practitioner shall prescribe medicines only following an adequate personal consultation and relevant investigations. A decision to prescribe solely based on information provided by telephone or any other electronic means is allowable for continuing care, or for exceptional situations where a patient's best interests are being served by doing so.

5.1.4. Untested procedures, clinical trials, and research

A dental practitioner shall treat patients according to generally accepted techniques or procedures and use only licensed drugs for appropriate indications. A dental practitioner shall not offer to patients, treatment plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial.

A dental practitioner who participates in clinical research must put the care, safety, and confidentiality of patients first. If a dental practitioner wishes to enter a patient into a clinical trial, he/she must ensure that the trial has been approved by the institutional or national approving authorities. In addition, informed consent must be obtained from the patient.

It is not acceptable to experiment or authorise experiments or research which are not part of a formal clinical trial and which are not primarily part of the patient's treatment or in the best interest of the patient or which could cause undue suffering or threat to the life of a patient.

5.1.5. Association with Oral Health Therapists

As dentistry becomes more multi-faceted and sophisticated, oral health therapists are becoming indispensable members of the profession. A dental practitioner may refer his/her patients to registered oral health therapists, but he/she must first assure himself/herself that this is in the patient's best interests, and that the patient consents to being treated by the oral health therapist. In addition, unless the patient discharges himself/herself from the dental practitioner's care, the dental practitioner remains responsible for the patient's care.

5.1.6. Association with persons not qualified to provide medical or dental support services

A dental practitioner shall not in his/her professional capacity endorse or tout the services provided by persons or organisations that do not provide legitimate medical or dental support services, such as beauticians, beauty parlours, health spas, slimming centres, and makeover centres.

5.1.7. Decisions about providing service

5.1.7.1. Non-discrimination of patients

Dental practitioners are obliged to provide access to dental care and treat patients without prejudice to race, religion, creed, social standing, socioeconomic status, or disability. A dental practitioner shall not allow his/her personal beliefs to influence his/her management of patients. Where a dental practitioner is unable to continue his/her care for a patient due to serious conflict between his/her personal beliefs and the treatment procedure, the patient should be referred to another dental practitioner who is able and willing to care for the patient.

5.1.7.2. Treatment in emergency situations

A dental practitioner has a moral and ethical obligation and must be prepared to treat patients in an emergency on a humanitarian basis unless circumstances prevent him/her from doing so.

5.1.7.3. Relationship with system of care

Every dental practitioner who practises within a national system of healthcare is governed by legislation and rules. Every dental practitioner is expected to abide by these laws and rules while providing the most appropriate treatment for his/her patients. Dental practitioners shall, however, base their counsel to patients on the interests of the individual patient, regardless of the constraints of the system of care. It is recognised that in third party payer systems, the dental practitioner is often constrained to provide only cheaper treatment. This is acceptable provided the treatment is appropriate.

In situations where the economic interests of the system of care conflict with patient welfare, patient welfare should always come first.

5.1.8. Medical certificates

The issuance of a medical certificate by a dental practitioner carries with it the responsibility to ensure that it is based on proper medical grounds and that such grounds have been arrived at through good clinical assessment as detailed above. Medical certificates should not be post-dated or back-dated and should start from the day of consultation or procedure, except where a patient's absence from work prior to consultation is consistent with the patient's clinical presentation to the dental practitioner and there is clinical justification to issue the certificate.

The certificate which is issued after the dental consultation should specify the expected period of illness and if appropriate, whether the illness renders the person unfit to attend court.

As a medical certificate carries with it a professional and legal responsibility, the dental practitioner must sign the certificate personally and if another person has filled in the details on his/her behalf, he/she must satisfy himself/herself that the details are correct before signing.

A dental practitioner shall not amend the provisions of a medical certificate given by another dental practitioner or doctor without assessing the patient personally and consulting the healthcare provider who gave the medical certificate initially.

5.1.9. Maintaining knowledge and competency

5.1.9.1. Continuing Professional Education

All dental practitioners are expected to be up to date with the most appropriate methods of dental management, procedures, and other therapeutic and operative techniques throughout the duration of their careers.

Continuing Professional Education (CPE) is one of the means by which dental practitioners can maintain and improve on their professional competence so that they may serve patients to the best of their abilities and live up to professional standards of excellence which the profession and public have a right to expect.

Fulfilment of mandatory CPE requirements does not by itself necessarily fulfil the practitioner's ethical obligations to maintain his/her professional expertise. The value that a CPE activity adds to a dental practitioner's competence must be the primary consideration in deciding whether to attend or participate in that activity.

5.1.10. Professional Indemnity

In tandem with international trends, the SDC strongly encourages all dentists to be adequately covered by professional indemnity insurance if they are involved in patient care.

5.2. RELATIONSHIPS WITH PATIENTS

5.2.1. Attitude towards patients

Patients shall be treated with courtesy, consideration, compassion, and respect. On the other hand, a dental practitioner is not obliged to allow himself/herself to be subjected to abuse of any kind by patients or their relatives. Where such abuse occurs, if there is no need for self-defence against physical harm, dentists shall not retaliate, but end the engagement with the patient as quickly as possible and in a professional manner.

Patients shall also be offered the right to privacy and dignity. It is recommended that a female chaperone be present whenever a male dentist examines or treats a female patient. Prior to conducting an examination that involves intimate parts of a patient's body (regardless of gender), a dental practitioner should offer the patient the option of having a chaperone present. This will protect both the patient's right to privacy and dignity, as well as the dental practitioner from complaints of professional misconduct. A dental practitioner should confine the examination to those areas that have direct clinical bearing to the nature of the complaint. Patients who require examination of anatomically sensitive areas are best referred to an appropriate medical practitioner for the procedure.

5.2.2. Informed consent

It is a dental practitioner's responsibility to ensure that a patient under his/her care is adequately informed about his/her dental condition and options for treatment so that he/she can participate in decisions about his treatment. If a procedure needs to be performed, the patient shall be made aware of the benefits, risks and possible complications of the procedure and any alternatives available to him/her. If the patient is a minor, or of diminished ability to give consent, this information shall be explained to his/her parent, guardian, or any person responsible for him/her for the purpose of giving consent to the treatment on behalf of the patient. It is good clinical practice that the informed consent be documented.

5.2.3. Patient's confidentiality

5.2.3.1. Responsibility to maintain patient's confidentiality

A dental practitioner and the clinic team shall respect a patient's confidentiality and not disclose without the patient's consent, information obtained in confidence or while attending to the patient. However, confidentiality is not absolute. It may be overridden by legislation, court orders or when the public interest demands disclosure of such information.

There may be other circumstances in which a dental practitioner decides to disclose confidential information without the patient's consent. When this is done, the dental practitioner must be prepared to explain and justify his/her decision if asked to do so.

A dental practitioner is expected to take steps to ensure that how he/she communicates or stores confidential medical information about patients are secure and the information is not accessible to unauthorised persons. This is particularly relevant to the transmission or storage of dental and medical information by electronic means, via a website or by email.

5.2.3.2. Communication of information to other dentists and doctors

A dental practitioner may disclose information to healthcare team members or dental practitioners and doctors if they are directly involved in the patient's care. A patient may request that information be withheld from other dental practitioners and doctors or team members, in which case the dental practitioner shall explain to the patient the benefit to his/her own care from information being shared. If a patient still objects, the dental practitioner must comply, but then shall do his/her best to ensure that this lack of disclosure does not adversely affect the overall management. If appropriate care cannot be effected because of this non-disclosure, the patient should be informed of this. It is accepted that indirect disclosure may also be inevitable in a large institution where many dental, medical, nursing and administrative staff may need to have access to patient information as a routine part of their work as members of the healthcare team. However, everyone in the team should be made aware of the need to maintain patient confidentiality.

5.2.3.3. Use of patients' information

Confidentiality is an essential part of the relationship between dental practitioners and their patients. Dental practitioners should respect and ensure that personal information of patients are kept safe by limiting access to only dental practitioners and healthcare personnel who are involved in taking care and supporting internal processes. Dental practitioners are required to comply with the Personal Data Protection Act (PDPA). Patients' personal information can only be used for dental care rendered to the patient and not for any other purposes.

5.2.3.4. Responsibility to ensure clinic premise is safe

Dental practitioners have the moral obligation to have proper infection control procedures and maintain facilities in accordance to MOH's Guidelines³.

5.2.3.5. Visual or audio recordings of patients

Visual or audio recordings of patients are often made for legitimate purposes such as dental records, research or education. Dental practitioners must handle such recordings ethically. This means:

- (1) Ensuring that visual or audio recordings do not compromise patient's privacy, dignity, confidentiality and autonomy.

- (2) Obtaining patients' consent for recordings except where the recordings are an integral part of clinical assessment or treatment. Patients must be allowed to view or hear the recordings if they wish. If patients modify or withdraw their consent, this must be respected.

³ PHMC guidelines can be found in https://elis.moh.gov.sg/elis/info.do?task=downloadFile&file=PHMC_Guidelines.pdf

- (3) Where audio or visual recordings of patients are used for legitimate purposes that advance healthcare for the community, such as dental education and research, if there is any risk that patients can be identified, the specific consent of the patients involved must be obtained. If the patients' specific consent is not obtained, the dental practitioner must take every reasonable measure to remove all identifiable characteristics and ensure that patient confidentiality and privacy will not be breached.
- (4) Obtaining the patients' specific consent if their audio or visual recordings are used anywhere in the public domain (such as advertising, public lectures or any kind of media output). On top of the need to obtain specific consent for such use, unless patients further consent to be identifiable, the dental practitioner must ensure that patient confidentiality and privacy will not be breached.
- (5) Taking reasonable care to ensure that the storage or transmission of the recording is secure and that no unauthorised persons have access to it. Such recordings must be accorded the same level of confidentiality protection as dental records.
- (6) If patients are minors or have diminished mental capacity, where possible, their consent must still be obtained. If that is not possible, consent may be obtained from parents, guardians or those with legal authority to decide for them.
- (7) Not making surreptitious recordings (without patient knowledge or consent) unless there are special circumstances and it is in patients' best interests.
- (8) Not making surreptitious recordings of consultations or treatments with patients merely for the purpose of protecting themselves from possible complaints. If patients or accompanying persons ask to record their consultation, dental practitioners may accede to this according to their judgement of the situation. Dental practitioners who suspect they are being surreptitiously recorded have the right to refuse this.

(9) Where this is under their control, dental practitioners must not place security cameras where patients' privacy and dignity will be compromised. Dental practitioners who control the use of security cameras for routine surveillance must ensure that the presence of camera is obvious, in which case no specific consent need be taken from patients. Dental practitioners must ensure that access to the recordings is limited to authorised persons for legitimate purposes only (such as security staff or agencies) and that they keep the recordings confidential.

5.2.4. Patient's right to information and self determination

5.2.4.1. Right to information

Dental practitioners shall provide adequate information to a patient so that he/she can make informed choices about his/her treatment and management. A dental practitioner shall provide such information to the best of his/her ability, communicate clearly and in a language that is understood by the patient.

A dental practitioner shall respect a patient's choice of accepting or rejecting advice on treatment that is offered, after steps have been taken to ensure that there is no language barrier and the patient understands the consequences of his/her choice. The dental practitioner shall also facilitate a patient obtaining a second opinion if he/she so desires it.

If a dental practitioner wishes to enter a patient into a clinical trial, adequate information must be given to the patient and informed consent must be obtained. The dental practitioner needs to familiarise himself/herself with the relevant sections of the existing national guidelines and inform the patient accordingly before he/she joins the trial.

5.2.4.2. Handling requests to withhold information

There may be instances of a patient's relatives asking that the patient not be told that he/she has a fatal or socially embarrassing disease. A dental practitioner may not withhold this information from the patient unless the dental practitioner determines that this is in the best interest of the patient. Dental practitioners shall recognise the role of the family in the decision about whether to disclose a diagnosis to a patient and address their concerns adequately, but must note that their duty of care is ultimately owed to the patient and not the family members (even if they are the ones paying the fees).

5.2.5. **Relationships with patients and their families**

5.2.5.1. Personal relationships

A dental practitioner must not enter into a relationship with a patient or his/her family in a way that might compromise his/her professional standing.

A dental practitioner must not breach professional boundaries by initiating social media relationships with his/her patients. If a dental practitioner chooses to accept social media relationships with his/her patients who initiate this, he/she must not compromise their patient-dentist relationship by sharing anything that would breach patient confidentiality or privacy or through inappropriate words or behaviour towards patients.

If dental practitioners are active in social media, they must ensure that exposure of their personal life and their words and behaviour do not diminish their professional standing before patients or the public, or bring the profession as a whole into disrepute.

5.2.5.2. Abuse of trust

The dental practitioner may become a friend of the patient's family and enjoy the trust and confidence of family members. Such trust must not be abused in any way for the dental practitioner's personal gain and the confidence between the patient, his/her family and the dentist shall be preserved.

5.2.5.3. Termination of a dentist-patient relationship

There may be reasons for a dental practitioner to want to terminate his/her professional relationship with a patient. It could be a serious personality conflict, or he/she may feel that a patient's or the relatives' confidence and trust in him/her are undermined that he/she cannot continue with the management of the patient.

When a dental practitioner-patient relationship is to be terminated by a dental practitioner, he/she has the responsibility of offering a referral to another dental practitioner who will take over the entire care of the patient. The referring dental practitioner shall also ensure that sufficient information is communicated to the new dental practitioner to enable a seamless transition of care. Such termination should be mutually agreed on whenever possible.

Where a dental practitioner-patient relationship is terminated by a patient, a dental practitioner should not withhold medical information from the patient or another dental practitioner/doctor to whom the patient subsequently goes, if such information is requested by the patient.

5.2.6. Professional Behaviour

Dental practitioners shall maintain appropriate and dignified boundaries in relationships with patients. He/she shall ensure that their conduct, both at work and in their personal life, justifies patients' trust in them and the public's trust in the dental profession. He/she shall protect patients and colleagues from risks posed by their health, conduct or performance.

5.3. RELATIONSHIP WITH FELLOW DENTISTS

5.3.1. Collegiality

Dental practitioners shall regard all fellow professionals as colleagues, accord them respect, treat them with dignity, courtesy and consideration. Dental practitioners shall be willing to share relevant information about patients in patients' best interests and manage those under their supervision with professionalism, care and nurturing.

5.3.2. Respect for other dentists' patients

Dental practitioners must not attempt to profit at the expense of professional colleagues by canvassing or touting for patients, improper advertising or deprecation of other practitioners.

5.3.3. Leaving a practice

When a dental practitioner leaves a practice, he/she should not remove or take with him/her the patient's records. He/she may inform the patient that he/she is leaving or arrange for another dental practitioner to see the patient for continuity of care.

5.3.4. Comments about colleagues

A dental practitioner shall refrain from making gratuitous and unsustainable comments which, whether expressly or by implication, set out to undermine the trust in a professional colleague's knowledge or skills.

5.4. INFORMATION ABOUT DENTISTS' SERVICES

5.4.1. General principles

Fellow professionals and the public require information about dental practitioners whom they can refer patients to or seek consultation from. However, patients seeking such information are to be protected from misleading information, as they can be prone to persuasive influence. Information thus provided must not exploit patients' vulnerability, ill-founded fear for their future health or lack of dental knowledge.

Dental practitioners can provide information about the services they can offer to colleagues and members of the public. However, such provision of information shall not become blatant advertising in the commercial sense of the word as this could mislead patients, undermine trust and be demeaning to the profession. The means of providing information must also conform to the Advertising Guidelines made pursuant to the Private Hospitals and Medical Clinics Act (PHMC Act)⁴ or the new Healthcare Services (HCS) Bill.

5.4.2. Standards required of information

In general, dental practitioners may provide information about their qualifications (approved by SDC), areas of practice, practice arrangements and contact details. Such information should be factual, accurate, verifiable, without extravagant claims, not misleading, not sensational, not persuasive, not comparative, and not disparaging.

In addition, the publicity must not be offensive, ostentatious or in bad taste or otherwise undermine the dignity of the profession.

⁴ Private Hospitals and Medical Clinics Act (Chapter 248).

5.4.3. Public speaking, broadcasting and publications

All information to fellow dental practitioners or the public must conform to the standards referred to in 5.4.2. This includes information or advice given in the context of education for dental practitioners or the public, in talks, interviews and seminars organised by professional bodies or healthcare institutions, or in articles or columns in professional journals or other publications. Unsolicited information for the public domain must come with the added responsibility not to be persuasive, laudatory or misleading.

Articles in the mass media which feature dental practitioners shall also conform to the standards stated above. While it is laudable for dental practitioners to educate the public on healthcare issues through speaking, writing and broadcasting, they should restrict their material content to the dental topic at hand. A dental practitioner must ensure that he/she does not solicit or encourage the public to seek consultation or treatment from him/her or the organisation he/she is associated with. Only the dental practitioner's name, registered field of practice and place of practice may be mentioned in such instances.

5.4.3.1. Public speaking and broadcasting

If members of the public personally approach dental practitioners after public talks and request information about themselves and their services, such information may be provided but must conform to the standards on information provision described above (5.4.2).

Dental practitioners are responsible for their public statements and shall, where possible, ensure that journalists do not breach these standards in reporting about them. They must ensure that any mass media reports based on interviews with them are primarily for public education.

5.4.3.2. Publications

Images used to illustrate dental procedures or treatment or their outcomes can be used in educational talks organised by professional bodies or healthcare institutions, or in professional journals.

If case studies, images (for example, photographs, videos, graphics, animation), devices, models or other props are used to illustrate or explain dental procedures or treatments or their outcomes, dental practitioners must ensure that it is for educational purposes and not used gratuitously. These must not be used in such a way as to exaggerate the quality of their services or to mislead the public into thinking that they are making a claim or guarantee of their expected results.

5.4.4. Platforms for listing service information

The PHMC (Publicity) Regulations 2004 allows healthcare establishments to provide information about their services through media such as newspapers, directories, medical journals, magazines, brochures, leaflets, pamphlets, and the internet. The publicity must not provide information to the public in such a manner as to amount to soliciting or encouraging the use of services provided. Publicity of services in brochures, leaflets or pamphlets should include the date of publication.

Advertisements either by the dental practitioner himself/herself or by proxies, by means of unsolicited visits or phone calls, by public displays or exhibits or active distribution of any kind of literature to the public are not permitted.

5.4.5. Dental practitioners associated with healthcare organisations

Dental practitioners who have any financial or professional relationship with organisations offering dental services have responsibility for the organisation's information output about themselves. Such dental practitioners must therefore acquaint themselves with the nature and content of the organisation's information output as well as their press and media output. They must exercise due diligence to ensure that all these conform to the standards spelt out above (5.4.2, 5.4.3 and 5.4.4).

Should any questions be raised about a dental practitioner's conduct in this respect, it will not be sufficient for the dental practitioner to plead lack of awareness of the nature or the content of the organisation's information, press or media output, or lack of ability to exert any influence over it.

Dental practitioners should not endorse and or promote a healthcare organisation and its services, for example in public speaking, broadcasting and writing articles about an organisation or its services in a dental or non-dental meetings or publications or appearing in circulars promoting the organisation. Where dental practitioners provide or appear in articles in any healthcare organisation's circulars, magazines or other media, they must conform to the standards-of-information provision described above for unsolicited information (5.4.2, 5.4.3 and 5.4.4).

5.4.6. Provision of Information through web sites

Healthcare organisations and individual practitioners may use websites to provide information to colleagues and the public. These websites may be about the healthcare organisation or dental practitioner or about a dental topic. The standards of information as spelt out in PHMC (Publicity) include the following:

- (a) Dental practitioners may advertise by providing neutrally toned and objective information about their SDC-registered qualifications, experience, areas of practice and their expertise in procedures. They must not include information that could mislead the public as to their registered qualifications, experience or expertise.
- (b) Dental practitioners must not use “before” and “after”, or even only “after” images or information for medical advertising in the public domain as anecdotal cases create unjustified expectations of the results of treatment, which may vary.
- (c) Advertising must not seek to unduly persuade beyond logic and reason through arousing intense curiosity or interest, or stimulating strong emotional reactions that may impair rational decision making about whether to seek healthcare services.

- (d) Advertising must not seek to induce ill-founded fear or insecurity about health or longevity, nor play on the public's sense of self-esteem or generate overly critical perceptions or dissatisfaction with self, body image or physical attractiveness. Dental practitioners must not advertise using elements of glitz, glamour, style, famous locations, associations with celebrities and the entertainment or fashion world.
- (e) Dental practitioners must not offer financial inducements such as free or discounted examinations or treatments (outside of legitimate non-commercial health promotion activities). Dental practitioners must not lure patients through time-limited special offers, tie-ups with unrelated commercial entities (such as credit cards) or offering gifts or other material incentives, to persuade patients to take up their services. Dental practitioners must not offer medical services and products as prizes or gifts in any context.
- (f) Testimonials are subjective and must not be used in advertising on any media where the dental practitioner has any control over the content about himself/herself. Dental practitioners must not ask or induce their patients or anyone to write positive testimonials about themselves in any media.
- (g) Dental practitioners must not disparage other dental practitioners or their practices in their advertising and must not give any impression that they and their practice are superior in any way when compared to other dental practitioners who provide similar services.

Dental practitioners who publish information on a website have the responsibilities to ensure that the information about themselves and their practices contained on the website and any hyperlinks from the website conform to these standards.

These websites must not be sponsored by any pharmaceutical or commercial companies.

As a wide array of textual and visual information can be placed on websites, the following guidelines are recommended: the websites must not have on its web pages or provide hyperlinks to commercial companies, testimonies from satisfied patients or colleagues. Photographs or video clips related to identifiable patients either directly or by inference, are not allowed without their prior consent.

5.4.7. Electronic communication with patients

Viewers of websites are often invited to ask for more information about their dental conditions through a general web-chat with a panel of dentists or by e-mail to a named dental practitioner. The guidelines for good clinical care and the establishment of a proper dental practitioner-patient relationship apply to such communications.

5.4.8. Personal name-cards and stationery and any media

Name cards, stationery as well as any media should contain information conforming to ethical standards (5.4.2). Name cards are only to be given out personally by the dental practitioner to business and social contacts. They should not be disseminated by proxies, nor distributed unsolicited to the public. All qualifications listed in name cards, stationery and media must be approved by the SDC.

5.4.9. Professional announcements

A dental practitioner may notify his/her patients, colleagues and persons with whom he/she has a professional or personal connection, of any commencement or removal of a practice, or any new practice arrangement.

Such notifications may be made through any of the approved means of dissemination of information about dental practitioners (5.4.4) as well as letters, telephone calls, professional publications and on their websites of their healthcare institutions or their personal websites.

5.5. DENTAL PRACTITIONERS IN A NON-DENTAL CONTEXT

5.5.1. General principle

A dental practitioner should not carry on any illegal or immoral trade or business that will bring himself/herself, his/her dental practice or his/her profession into disrepute.

5.5.2. Relationship with non-dental companies

In the course of providing professional services where the dental practitioner is associated or have commercial interests in the company or product to be prescribed, these must first be made known to the patient.

If a dental practitioner is involved in public talks or any form of public communication focusing on non-dental products or the products and services of non-dental companies, he/she should not promote his/her practice by providing his/her practice name or details. Under these circumstances, a dental practitioner must declare that he/she is speaking in a non-professional capacity. The same should apply to a dental practitioner's involvement on the companies' websites.

5.5.3. Association with health care products

Dental practitioners may be asked to promote health care products which carry claims of enhancing oral health and or preventing specific oral diseases. Dental practitioners may participate in such promotions provided that whatever they say, write or broadcast in this connection is supported by reputable scientific evidence and are bound by the same guidelines for public speaking, broadcasting and writing (5.4.3).

5.5.4. Sponsorships

A dental practitioner who sponsors, donates, participates in or renders services for charitable purposes, is permitted to have his/her name and / or his practice name (if donation is made in the name of the practice) on the list of sponsors, donors or participants for the purpose of acknowledgement.

Similarly, a dental practitioner who sponsors or endows scholarships at educational institutions is allowed to have his/her name or the name of his/her practice to be identified.

5.6. FINANCIAL AND COMMERCIAL CONFLICTS OF INTEREST

A dental practitioner shall always disclose to parties involved any monetary or other special interest that he/she may have in organisations or services, when carrying out duties in his/her professional capacity.

A dental practitioner shall not let financial considerations imposed by his/her own practice, investments or financial arrangements influence the objectivity of his/her clinical judgement in the treatment of his/her patients. This includes patients who use Medisave, insurance and other public assistance schemes.

A dental practitioner shall refrain from improperly obtaining money from patients. He/she must also avoid improperly prescribing drugs or appliances from vendors in which he/she has either a financial / fee sharing interest or obtaining commissions from referral of patients.

A dental practitioner shall ensure that his/her participation in activities sponsored by pharmaceutical / commercial companies does not occur in such a way as to appear to endorse such products, or to persuade patients or members of the public to use the products or services.

Apart from identification and establishment of credentials, no details of services provided by the dental practitioner shall appear in any way in relation to such participation.

A dental practitioner shall not receive hospitality or other inducements that may affect or be seen to affect his/her judgement in making decisions about patients' treatment.

Dental practitioners must disclose their material interests, or those of anyone close to them, in organisations, companies or services to which they refer their patients. If patients request an alternative provider, they must not refuse to facilitate this.

Dental practitioners must not exert undue influence upon patients to undertake transactions in which they or those close to them have material interests.

Dental practitioners must not participate in "fee splitting" or "fee sharing" by offering gratuitous payments, gifts or other rewards for patients referred to them from any source. Similarly, they must not ask for or receive kickbacks, payments or any other compensation in kind for referring patients to other dental practitioners, dental service professionals or healthcare facilities.

If dental practitioners participate in legitimate managed health or insurance systems, they must not allow any financial constraints or pressures inherent in such schemes to influence the objectivity of their clinical judgment in managing patients such that they fail to provide the standard of care expected.

Dental practitioners may pay managed care companies, third party administrators, insurance entities or patient referral service fees that reflect their actual work in handling and processing the patients. Such fees must not be based primarily on the services they provide or the fees they collect and they must not pay fees that are so high as to constitute “fee splitting” or “fee sharing” or which render them unable to provide the required standard of care. In addition, if they pass on such fees to patients, they must disclose this to their patients.

5.7. COLLEAGUES' MEDICAL FITNESS TO PRACTISE

The welfare of patients may be put at risk if dental practitioners are performing poorly or behaving badly. Mitigating such risks to patients means:

- (a) Dental practitioners must first consider the welfare of patients when deciding whether to act on concerns about their colleagues' fitness to practise.
- (b) if dental practitioners have a reasonable belief that their colleague has issues of medical fitness to practise such that patients have been harmed or are at imminent risk of harm, they must counsel their colleague and report him/her to the relevant authorities.

5.8. FITNESS TO PRACTISE --- ISSUES AND GUIDELINES

5.8.1. Seeking treatment

A dental practitioner who is aware that he/she is, or may be suffering from a condition that can endanger the safety of patients, must seek treatment from a doctor.

5.8.2. Ability to practise

It is the duty of such dental practitioner to act upon the professional advice given, which may include limiting the activities of practice to those areas that do not endanger patients, or even to cease the practice of dentistry altogether.

The dental practitioner is liable to disciplinary proceedings if he/she fails to act upon the advice given.

5.8.3. Declaration of medical unfitness to practise

A dental practitioner is responsible to disclose to the SDC if he/she has been diagnosed with any disease which could be transmitted to his/her patients or any condition which could significantly impair his/her professional competence.

This includes diagnoses of alcohol, drug or controlled chemical abuses.

5.9. GIFTS FROM PATIENTS

Patients may well be grateful to dental practitioners and their institution for the good care they received. Dental practitioners may be offered gifts or other forms of reward from some patients as an expression of their gratitude. Proper handling of such situations means:

- (a) Dental practitioners must not solicit any personal gifts, favours or other forms of gratuitous rewards from patients under their care.
- (b) Dental practitioners may accept grants or bequests from patients on behalf of organisations (but never directly to themselves) for the purposes of legitimate medical research, education or charitable causes.
- (c) Dental practitioners must not put pressure on patients to make such grants or bequests and they must not give patients the impression that the quality of their care depends on such grants or bequests.
- (d) Dental practitioners may accept an occasional well intentioned and modestly valued gift from their patient. Dental practitioners must refuse the kind of gifts or other forms of gratuitous rewards that reasonable observers would deem extravagant and likely to set up a sense of obligation and expectation that violates the objectivity of the professional relationship.

5.10. COLLEAGUES PERFORMING SUPERVISION

Teaching, supervising and mentoring junior dentists and other healthcare professionals is an important part of professional life and forms part of a dental practitioner's obligation to improve the care of patients in the community. Dental practitioners who teach or supervise other dental practitioners or healthcare professionals placed under their charge:

- (a) Must ensure that they can do so competently, diligently, and responsibly. If they are appointed to teach and supervise but are unable to meet these requirements, they must inform the relevant authorities so that they can receive help to meet the required standards.
- (b) Must not abuse their position as a teacher or supervisor to exploit supervisees for personal gain or gratification. They must not enter into emotionally intimate or sexual relationships with their supervisees who are under their charge.
- (c) Must write fair, honest, justifiable, and accurate formal appraisals and references with respect to their colleagues' competence, performance and conduct, obtaining feedback from other colleagues as necessary.

5.11. STUDENTS IN A HEALTHCARE SETTING

Dental practitioners are responsible for the nurturing of students in a healthcare setting as they are the future of healthcare in the community. When dental practitioners train and nurture dental students,

- (a) They must ensure that they can do so competently, diligently and responsibly. Dental practitioners appointed to reach students but who cannot meet these standards must inform the relevant authorities so that they can receive help to meet the required standards.
- (b) They must treat students with due respect as junior colleagues, explain to them and to patients their roles in the clinical team and supervise them properly.
- (c) They must not enter into relationships with students that are sexual, romantic, or emotionally intimate, and they must not abuse their teaching relationship as a means of entering into exploitative associations with students and those close to them.
- (d) They must inform the relevant institutions if they believe that a student or a subsequent healthcare professional, is so impaired as to be a risk to the public as a student.

Note: The SDC Ethical Code and Ethical Guidelines is not exhaustive and SDC reserves the right to make changes to the guidelines as necessary. Dental professionals should refer to the SDC's website for updates.