



# *Singapore Dental Council*

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Ethical Code & Guidelines

# SINGAPORE DENTAL COUNCIL

## *Ethical Code and Guidelines*

*August 2006*

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# 1. INTRODUCTION

The dental profession has traditionally been held in high esteem by our patients and the public at large. They entrust their oral health and well being in our hands. This trust, however, should never be taken lightly. It has to be earned. It is contingent on the profession maintaining the highest standards of professional practice and conduct. The public image of the profession as a whole is greatly dependent upon the impression created by individual practitioners. Maintaining the good image of the profession therefore, requires the constant and personal responsibility of every practitioner.

In modern dental practice, the public not only expects us 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 us to treat them 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 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 on the dental profession.

The Ethical Code is a distillate of precepts and traditions of good dental practice. It represents the fundamental tenets of conduct and behaviour expected of dentists practising in Singapore. The Ethical Guidelines elaborate on the application of the Code and are meant to be a guide to practitioners on the minimum standards required of all practitioners in the discharge of their professional duties and responsibilities. As the Ethical Code and Guidelines do not have the force of legislation, compliance is generally through peer pressure, with the Dental Council as the guardian of professional ethics and regulatory body of the profession. It is the view of the Singapore Dental Council that serious disregard or failure to meet the standards prescribed by the Ethical Code and Guidelines can potentially harm patients, bring disrepute to the profession and may lead to disciplinary proceedings.

In the preparation of this Ethical Code and Guidelines close references had been made to the Ethical Code and Guidelines of the Singapore Medical Council<sup>1</sup>. This was intentionally done to keep the general format of the publications in sync with each other as much of the ethical issues confronting the dental and medical professions are by and large very similar in nature.

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<sup>1</sup> Ethical Code and Ethical Guidelines, Singapore Medical Council 2002

## 2. 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 community.<sup>2</sup>

*"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;*

*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."*

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<sup>2</sup> The SDC Dentist's Pledge Affirmation Ceremony was introduced in 2004



### 3. ETHICAL CODE

The public must be able to trust dentists implicitly with their oral health and general well-being. To justify this trust, dentists have to 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 when the need arises.

In general, a dentist is expected to:

- o Provide competent, compassionate and appropriate oral health care to patients.
- o Treat patients with honesty, dignity, respect and consideration without prejudice to race, religion, creed, gender, social standing, financial status or disability.
- o Maintain the highest standards of moral integrity and honesty.
- o 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.
- o Keep confidential all medical, dental and personal information about patients.
- o Maintain a professional relationship with patients and their relatives and not abuse this relationship through inappropriate personal relationships or for personal gain.
- o Keep abreast with knowledge relevant to the practice of dentistry and ensure that clinical and technical skills are maintained.

- o Regard all fellow professionals as colleagues, treat them with courtesy, accord them respect and manage those under his supervision with professionalism, care and nurturing.
- o Be open, truthful, factual and professionally modest in communications with other members of the profession, with patients and with the public at large.
- o Maintain professionalism when informing the public about his services, ensuring that the information projected is factual and devoid of any attempt at self-aggrandisement.
- o 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.
- o Abide by the laws and regulations governing dental practice and comply with the provisions of the code of ethics of the profession.

## 4. ETHICAL GUIDELINES

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.

### 4.1. STANDARD OF GOOD DENTAL PRACTICE

#### 4.1.1. Good Clinical Care

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

##### 4.1.1.1. 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.

##### 4.1.1.2. Remote consultations

In this technological environment with numerous means of electronic communication, there are situations in which a previously unknown patient could initiate a consultation over a web-based educational platform in which a dentist is participating, or simply through his email. Such consultation is inappropriate. Only general information may be provided in such instances and the person shall be advised to seek a personal consultation. No dentist-patient relationship can be established through electronic means and consequently no consultation fee may be received.

##### 4.1.1.3. Remote consultations in continuing care

If a dentist 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 dentist shall endeavour to see the patient personally for a further evaluation before offering further treatment. If the patient is overseas or otherwise unavailable, the dentist should attempt to refer him to an appropriate dentist in that location who is available and willing to provide continuing care.

#### 4.1.1.4. Delegation of duties

The dentist 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 dentist may delegate another dentist, dental care professional, dental student<sup>3</sup> or other health care worker to provide treatment or care on his behalf, but this person must be qualified and competent to carry out the care or treatment procedure required. A dentist retains responsibility for the overall management of the patient when he delegates care. A dentist, who knowingly allows an unregistered person to practise dentistry at his clinic is liable to disciplinary action.

#### 4.1.1.5. Duty of care

A dentist shall act diligently to provide competent, compassionate and appropriate care to his patients under reasonable standards. 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 dentist who avails his patient of any supporting dental service is responsible to be reasonably confident that this service is of an adequate standard and is

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<sup>3</sup> If the person delegated to is not duly registered as a practitioner, this must be in the context of a legitimate training programme and the dentists must exercise effective supervision over this person.

reliable. An example is the use of laboratories or radiological facilities in and outside of Singapore.

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

#### 4.1.1.6. Practise within competence and referral of patients

The needs of the patient are the overriding concern and a dentist should practise within the limits of his own competence in managing a patient. Where the dentist believes that the patient's condition or the treatment required is beyond his competence, the patient should be referred to another dentist, 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 dentist and patient. A dentist shall not persist in unsupervised practise 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 dentist retains responsibility for the overall management of the patient. A dentist shall continue to care for his patient until the patient is properly handed over to the referred dentist. If a patient refuses to see a specialist, the dentist shall counsel the patient adequately and if he still refuses, it is acceptable for the dentist to treat the patient in consultation with a specialist.

#### 4.1.1.7. Failure 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 dentist's moral obligations and duty of care to his 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.

#### 4.1.2. 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 dentists shall therefore be clear, accurate, legible and contemporary. 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 drug or procedures should be documented.

A dentist who dishonestly falsifies, alters or amends notes may be made to answer a charge of serious professional misconduct by the Singapore Dental Council.

Dental records (eg. radiographic records) may be duplicated and released to patients or to other dentists 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.

#### 4.1.3. Prescription of medicine

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

Dentists 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. Dentists shall only prescribe long term medication (> 3mths) for patients who are adequately supervised and reviewed to avert adverse reactions.

A dentist 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.

#### 4.1.4. Untested procedures, clinical trials and research

A dentist shall treat patients according to generally accepted techniques or procedures and use only licensed drugs for appropriate indications. A dentist 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 dentist who participates in clinical research must put the care, safety and confidentiality of patients first. If a dentist wishes to enter a patient into a clinical trial, he must ensure that the trial is 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 authorize 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.

#### 4.1.5. Association with Dental Care Professionals<sup>4</sup>

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

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

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

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<sup>4</sup> Dental Care Professionals, a new grouping of complementary dental personnel comprising of Oral Health Therapists, Dental Therapists and Dental Hygienists, will be introduced in the Amended Dentists Act to be passed by Parliament in 2006.

#### 4.1.7. Decisions about providing service

##### 4.1.7.1. Non-discrimination of patients

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

##### 4.1.7.2. Treatment in emergency situations

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

##### 4.1.7.3. Relationship with system of care

Every dentist who practises within a national system of healthcare is governed by legislation and rules. Every dentist is expected to abide by these laws and rules while providing the most appropriate treatment for his patients. Dentists 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 recognized that in third party payer systems, the dentist 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 are in conflict with patient welfare, patient welfare should always come first.

#### 4.1.8. Medical certificates

The issuance of a medical certificate by a dentist 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 may neither be post-dated nor back-dated and shall start from the day of consultation or procedure, except where it is clear that a patient's absence



for work prior to consultation is consistent with the patient's clinical presentation to the dentist 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 dentist must sign the certificate personally and if another person has filled in the details on his behalf, he must satisfy himself that the details are correct before signing.

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

#### 4.1.9. Maintaining knowledge and competency

##### 4.1.9.1. Continuing Professional Education

All dentists 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 dentists 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 professional expertise. The value that a CPE activity adds to a dentist's competence must be the primary consideration in deciding whether to attend or participate in that activity.

##### 4.1.10. Professional Indemnity

In tandem with international trends, the Council would strongly encourage all

dentists to be adequately covered by professional indemnity insurance as long as they are involved in patient care.

## 4.2. RELATIONSHIPS WITH PATIENTS

### 4.2.1. Attitude towards patients

Patients shall be treated with courtesy, consideration, compassion and respect. On the other hand, a dentist is not obliged to allow himself to be subjected to abuse of any kind by patients or their relatives. Where such abuse occurs, provided that 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. This will protect both the patient's right to privacy and dignity, as well as the dentist from complaints of professional misconduct. A dentist 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.

### 4.2.2. Informed consent

It is a dentist's responsibility to ensure that a patient under his care is adequately informed about his dental condition and options for treatment so that he is able to 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. If the patient is a minor, or of diminished ability to give consent, this information shall be explained to his parent, guardian or person responsible for him for the purpose of obtaining his consent on behalf of the patient. It is good clinical practice that the informed consent be documented.

### 4.2.3. Patient's confidentiality

#### 4.2.3.1. Responsibility to maintain patient's confidentiality

A dentist shall respect a patient's confidentiality and not disclose without the patient's consent, information obtained in confidence or in the course of attending to the patient. However, confidentiality is not absolute. It may be over-ridden by legislation, court orders or when the public interest demands disclosure of such information.

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

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

#### 4.2.3.2. Communication of information to other dentists and doctors

A dentist may disclose information to healthcare team members or dentists and doctors if they are directly involved in the patient's care. A patient may request that information be withheld from other dentists and doctors or team members, in which case the dentist shall explain to the patient the benefit to his own care from information being shared. If a patient still objects, the dentist must comply, but then shall do his best to ensure that the overall management is not adversely affected by this lack of disclosure. If appropriate care cannot be effected as a result 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 a large number of 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.

#### 4.2.4. Patient's right to information and self determination

##### 4.2.4.1. Right to information

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

A dentist 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 choice. The dentist shall also facilitate a patient obtaining a second opinion if he desires it.

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

##### 4.2.4.2. Handling requests to withhold information

There may be instances of a patient's relatives asking that the patient not be told that he has a fatal or socially embarrassing disease. A dentist may not withhold this information from the patient unless the dentist determines that this is in the best interest of the patient. Dentists shall recognise the role of the family in the decision about whether to disclose a diagnosis to a patient and address their concerns adequately.

#### 4.2.5. Close relationships with patients and their families

##### 4.2.5.1. Personal relationships

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

#### 4.2.5.2. Abuse of trust

The dentist 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 dentist's personal gain and the confidence between the patient, his family and the dentist shall be preserved.

#### 4.2.5.3. Termination of a dentist-patient relationship

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

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

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

### 4.3. RELATIONSHIP WITH FELLOW DENTISTS

#### 4.3.1. Collegiality

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

#### 4.3.2. Respect for other dentists' patients

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

#### 4.3.3. Comments about colleagues

A dentist 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.

### 4.4. INFORMATION ABOUT DENTISTS' SERVICES

#### 4.4.1. General principles

Fellow professionals and the public require information about dentists 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.

Dentists 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)<sup>5</sup>.

#### 4.4.2. Standards required of information

In general dentists may provide information about their qualifications, areas of practice, practice arrangements and contact details. Such information must be factually accurate and capable of being substantiated, and must not be

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<sup>5</sup> Private Hospitals and Medical Clinics Act (Chapter 248)

exaggerated, false, misleading or deceptive.

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

#### 4.4.3. Public speaking, broadcasting and publications

All information to fellow dentists or the public must conform to the standards referred to in 4.4.2. This includes information or advice given in the context of education for dentists or the public, in talks, interviews and seminars organized 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 dentists shall also conform to the standards stated above. While it is laudable for dentists 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 dentist must ensure that he does not solicit or encourage the public to seek consultation or treatment from him or the organization he is associated with. Only the dentist's name, registered field of practice and place of practice may be mentioned in such instances.

##### 4.4.3.1. Public speaking and broadcasting

If members of the public personally approach dentists after public talks and request for information about themselves and their services, such information may be provided but must conform to the standards on information provision described above (4.4.2).

Dentists 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.

#### 4.4.3.2. Publications

Images used to illustrate dental procedures or treatment or their outcomes can be used in educational talks organized by professional bodies or healthcare institutions, or in professional journals. However, such images must be used judiciously in the public media, where they could be deemed to be laudatory (including statements of prominence or uniqueness) of the dentist named. The information communicated should not contain any testimonial or endorsement of the services provided.

#### 4.4.4. 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 dentist himself 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.

#### 4.4.5. Dentists associated with healthcare organizations

Dentists who have any financial or professional relationship with organizations offering dental services have responsibility for the organization's information output about themselves. Such dentists must therefore acquaint themselves with the nature and content of the organization'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 (4.4.2, 4.4.3 and 4.4.4).

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



Dentists should not endorse and or promote a healthcare organization and its services, for example in public speaking, broadcasting and writing articles about an organization or its services in a dental or non-dental meetings or publications or appearing in circulars promoting the organization. Where dentists provide or appear in articles in any healthcare organization's circulars, magazines or other media, they must conform to the standards-of-information provision described above for unsolicited information (4.4.2, 4.4.3 and 4.4.4)

#### 4.4.6. Provision of Information through web sites

Healthcare organizations and individual practitioners may use websites to provide information to colleagues and the public. These websites may be about the healthcare organization or dentist or about a dental topic. The standards of information as spelt out above (4.4.2, 4.4.3 and 4.4.4) also apply to websites.

Dentists 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.

#### 4.4.7. 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 dentist. The guidelines for good clinical care and the establishment of a proper dentist-patient relationship apply.

#### 4.4.8. Personal name-cards and stationery

Name-cards and stationery should contain information conforming to ethical standards (4.4.2). Name-cards are only to be given out personally by the dentist to business and social contacts. They should not be disseminated by proxies, nor distributed unsolicited to the public.

#### 4.4.9. Professional announcements

A dentist may notify his patients, colleagues and persons with whom he 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 dentists (4.4.4) as well as letters, telephone calls, professional publications and on their websites of their healthcare institutions or their personal websites.

### 4.5. DENTISTS IN A NON-DENTAL CONTEXT

#### 4.5.1. General principle

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

#### 4.5.2. Relationship with non-dental companies

In the course of providing professional services where the dentist 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 dentist 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 should not promote his practice by providing his practice name or details. Under these circumstances, a dentist must declare that he is speaking in a non-professional capacity. The same should apply to a dentist's involvement on the companies' websites.

#### 4.5.3. Association with health care products

Dentists may be asked to promote health care products which carry claims of enhancing oral health and or preventing specific oral diseases. Dentists 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 (4.4.3).

#### 4.5.4. Sponsorships

A dentist who sponsors, donates, participates in or renders services for charitable purposes, is permitted to have his name and or his practice name on the list of sponsors, donors or participants for the purpose of acknowledgement.

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

#### 4.6. FINANCIAL AND COMMERCIAL CONFLICTS OF INTEREST

A dentist shall always disclose to parties involved any monetary or other special interest that he may have in organizations or services, when carrying out duties in his professional capacity.

A dentist shall not let financial considerations imposed by his own practice, investments or financial arrangements influence the objectivity of his clinical judgement in the treatment of his patients.

A dentist shall refrain from improperly obtaining money from patients, improperly prescribing drugs or appliances in which he has a financial interest or fee sharing or obtaining commissions from referral of patients.

A dentist shall ensure that his participation in activities sponsored by pharmaceutical 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 dentist shall appear in any way in relation to such participation.

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

#### 4.7. FITNESS TO PRACTISE --- ISSUES AND GUIDELINES

##### 4.7.1. Seeking treatment

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

##### 4.7.2. Ability to practise

It is the duty of such dentist 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 dentist is liable to disciplinary proceedings if he fails to act upon the advice given.

##### 4.7.3. Declaration of medical unfitness to practise

A dentist is responsible to disclose to the Singapore Dental Council if he has been diagnosed with any disease which he could transmit to his patients or any condition which could significantly impair his professional competence.

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

## APPENDIX A

### A1. THE SINGAPORE DENTAL COUNCIL DISCIPLINARY PROCESS

#### A1-1 The nature of complaints

The Singapore Dental Council shall refer the complaints or information below to a Complaints Committee, which will examine the complaint and decide if the matter should be referred to a Disciplinary Committee for disciplinary proceedings to be taken against the dentist involved :

- a. Any complaint of the conduct of a registered dentist in his professional capacity or of his improper act or conduct which brings disrepute to his profession;
- b. Any information on the conviction of a registered dentist of any offence involving fraud and dishonesty or implying a defect in character which makes him unfit for his profession; or
- c. Any information given to the Council touching upon the physical or mental fitness of a registered dentist to practise dentistry

Furthermore, the Dentists Act also specifies that a registered dentist who has been convicted in Singapore or elsewhere of an offence involving fraud and dishonesty may be immediately referred to a Disciplinary Committee.

#### A1-2 What motivates patients to complain?

These can be broadly categorised into the following instances

- Unexpected adverse outcomes due to inadequacies during consent taking or pre-operative preparation;
- Perceived shortcoming in the quality of care received;
- Unexpected costs, overcharging, unnecessary treatment, hard sell with the intention to deceive;
- Personal qualities of the dentist and associated healthcare workers e.g. office staff, nurses;

- Dentist availability, time spent with patient, no chaperone;
- Inadequate provision of information;
- When the patient/family perceives that their concerns were ignored or their case was not viewed as important or urgent.

### A1-3 Statutory Declaration

In complaints of professional misconduct, the Dentists Act ensures that the complainant and the dentist responding to the complaint are fairly and evenly treated. Disciplinary proceedings will generally only be conducted for complaints that are received in the form of a statutory declaration as stated in the Dentists Act. This requirement cuts out vexatious complaints because the complainants are liable to be punished for false declaration made under the Oaths and Declarations Act (Chapter 211).

## A2. COMPOSITION AND POWERS OF THE COMPLAINTS COMMITTEE

### A2-1 Complaints panel

Under the Act, a Complaints Panel shall be established, comprising:

- a. dentists of at least 10 years' standing who are not members of the Singapore Dental Council; and
- b. lay persons

### A2-2 Complaints Committee

A Complaints Committee (CC) is appointed from members of the Council and the Complaints Panel. The duty of a CC is to inquire into any complaint or information concerning the character or fitness to practise of any registered dentist. A complaint is firstly investigated by the CC. If the CC deems that a disciplinary inquiry is necessary, the matter is passed to a Disciplinary Committee (DC). As an added protection, the decisions of the Committees may be appealed against.

Upon receipt of the complaint, if the CC is of the opinion that it is necessary to call upon the dentist to answer any of the allegations, the CC will send the dentist a copy of the complaint and invite the dentist to submit any explanation in writing. Upon completion of its preliminary investigations, the CC shall:

- a. if it is of the view that no formal inquiry is necessary –
  - order that the registered dentist be issued a letter of advice;
  - order that the registered dentist be warned;
  - order that the complaint or matter be dismissed;
- b. if it is of the view that a formal inquiry if necessary-
  - order that an inquiry be held by the Health Committee
  - order that an inquiry be held by a Disciplinary Committee;
- c. make any such order as the CC considers appropriate.

### A3. COMPOSITION AND POWERS OF THE DISCIPLINARY COMMITTEE

#### A3-1 Disciplinary Committee

Section 40 of the Dentists Act empowers the President of the Council to appoint 1 or more Disciplinary Committee (DC) comprising of at least 4 Council members and 1 lay member from the Complaints Panel to further investigate a complaint when a formal inquiry is deemed necessary. A solicitor will then be appointed to prosecute on behalf of the Council and once the charges are framed, the complainant and the dentist will be informed.

The inquiry is held in private, that is, heard without members of the public or persons not connected with the case. If the DC finds that the facts of the charge(s) have been proved to its satisfaction, the respondent would be invited to mitigate before the DC retires to arrive at a verdict.

Where, upon due inquiry into a complaint or matter, a DC is satisfied that the registered dentist concerned

- a. has been convicted in Singapore or elsewhere of any offence involving fraud or dishonesty;
- b. has been convicted in Singapore or elsewhere of any offence implying a defect in character which makes him unfit for his profession;
- c. has been guilty of such improper act or conduct which, in the opinion of the Disciplinary Committee, brings disrepute to his profession; or
- d. has been guilty of professional misconduct,

the Disciplinary Committee may —

- a. direct the Registrar to remove the name of the registered dentist from the register;
- b. suspend the registration of the registered dentist for a period of not more than 3 years;
- c. impose on the registered dentist a penalty not exceeding \$5,000;
- d. censure the registered dentist;
- e. make such other order as it thinks fit.

If the DC is satisfied that the registered dentist has not been convicted or guilty of any of the matters referred to in para 5.2 (a) to (d), the DC shall order that the complaint or matter be dismissed.

In addition, the DC may order the registered dentist concerned to pay to the Dental Council such sums as it thinks fit in respect of costs and expenses of and incidental to any proceedings before the DC.

Any dentist aggrieved by a decision of the DC has the right to appeal to the High Court to overturn the DC's order. There is no appeal beyond the High Court of Singapore.



A4. SUSPENSION AND REINSTATEMENT OF DENTISTS STRUCK OFF THE REGISTER

The ultimate penalty that a regulatory body can mete out is to de-register a practitioner, ie withdraw his licence to practise. A dentist whose practising licence has been suspended at a disciplinary inquiry may resume practice immediately after the stipulated period. But a dentist who has been de-registered has to apply for restoration to the Register. He may only apply for restoration 36 months after he has been de-registered. And if his application is unsuccessful, he may apply again after another 12 months has lapsed.

The Dentists Act also provides for the restoration of names to the Register (section 53 of the Dentists Act and Regulations 38 & 39). Each application for restoration will be decided by the Council on the merits of the individual case having regard, amongst other considerations, to the nature and gravity of the original offences(s), the length of time since the removal, the full compliance of the dentist of any conditions imposed by the Council, the conduct of the dentist during the period of removal from the Register, and if the dentists has the adequate clinical skill to practise dentistry.

A5. ALTERNATIVE DISPUTE RESOLUTION

Notwithstanding its jurisdiction over disciplinary issues, the SDC supports alternative dispute resolution (ADR) avenues such as mediation, for dentists and other parties (eg. patients) to resolve their disputes. ADR may help to enhance the reputation of the dental profession as a reputable and responsive healthcare provider by providing an effective, simple and speedy process for settlement. However, dentists should note that ADR is not the same as the disciplinary process. ADR is only concerned with resolving the complainants' dissatisfaction and not with disciplining practitioners.

A6. PROFESSIONAL MISCONDUCT

Whether the conduct complained of amounts to professional misconduct is to be determined by the rules and standards of the dental profession. The expression infamous or disgraceful conduct in a professional

sense can be taken to mean serious professional misconduct judged according to the rules, written and unwritten, which govern a profession and is likely to vary with circumstances of the time. This oft quoted definition of infamous conduct in a professional sense is that from judgement in the case of *Allison v General Council of Medical Education*<sup>6</sup> and referred to in *Felix vs GDC*<sup>7</sup> as follows:

“If it is shown that a medical man in the pursuit of his profession, has done something with regard to it which would be reasonably regarded as disgraceful or dishonourable by the professional brethren of good repute and competency, it is opened to the [Council] to say that he has been guilty of infamous conduct in a professional respect.”

The Ethical Code and Ethical Guidelines provide a guide as to what types of conduct could amount to professional misconduct. Adherence to the Code and Guidelines will not only protect the public but also dentists from allegations made against them.

#### A7. CONVICTION

The Council is not precluded from considering convictions for offences that involve major lapses in judgment although, are not directly connected with the dentist’s profession or practice.

“The purpose of disciplinary proceedings against a dentist who has been convicted of a criminal offence by a court of law is not to punish him a second time for the same offence but to protect the public who may come to him as patients and to maintain the high standards and good reputation of an honourable profession<sup>8</sup>.”

The Council takes the view that a conviction of an offence in Singapore is final and conclusive evidence that the practitioner is guilty of the offence of which he is convicted; It is not open to a dentist who has been convicted of an offence to argue before the DC that he was in fact innocent. If the DC is satisfied that the offence implies a defect in character which makes him unfit for the profession, it is entitled to order that the dentist’s name be removed from the Register.

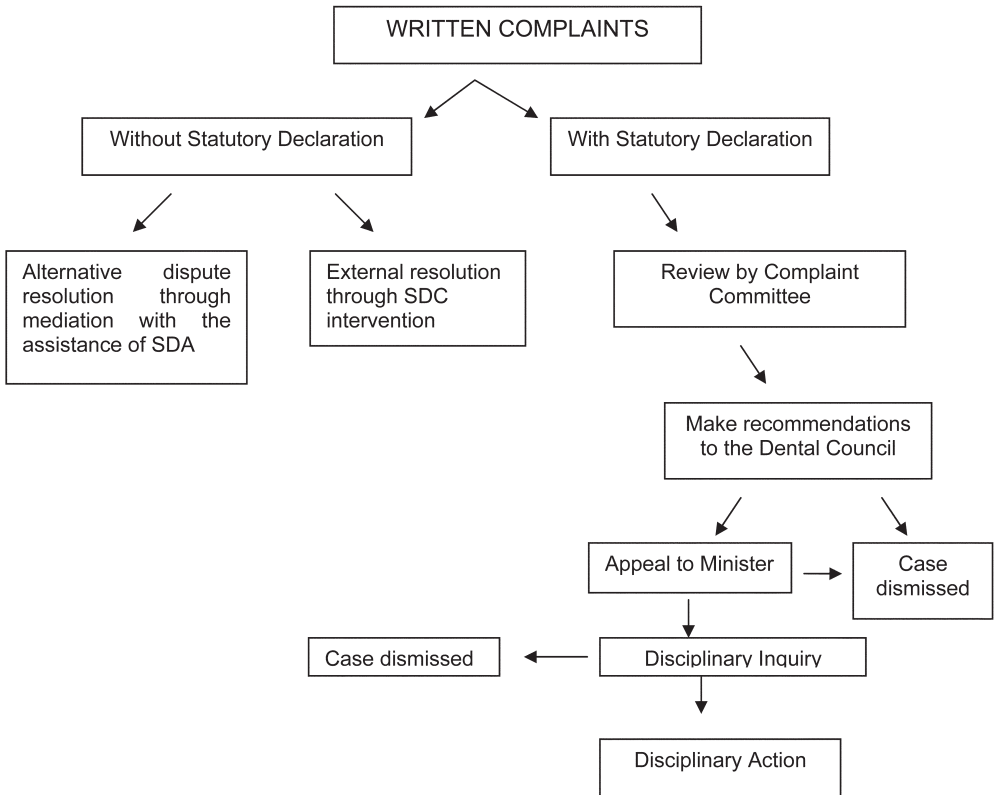
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<sup>6</sup> [1894] 1 QB 763

<sup>7</sup> [1960] 2 ALL ER 399F

<sup>8</sup> *Ziderman vs GDC*, [1976] 1 WLR 338B

A8. SUMMARY OF DISCIPLINARY PROCESS



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