



Treating family and dental practice staff members

Dentists need to consider many factors in deciding whether to treat a family member, a staff member, or a staff member's family member because these situations are complex. For example,

- Having a personal connection with a family member may make it hard for the dentist to maintain professional objectivity.
- The power differential that already exists between the dentist and staff member may hamper the communication needed for optimal outcomes.
- A staff member may be uncomfortable with the dentist treating their family member, but hesitant to speak up.

In all three situations (family member, staff member, and family of staff member), the patient may be reluctant to disclose personal information to the dentist, which could impact care.

Before deciding to treat, the dentist should consider the legal, ethical, and business implications associated with these situations.

Ethical considerations

The American Medical Association (AMA) Code of Medical Ethics says that, in general, physicians "should not treat themselves or members of their own families." Potential exceptions are an emergency where another physician is not available and the case is a short-term, minor problem.

However, neither the American Dental Association (ADA) Principles of Ethics & Code of Professional Conduct nor the American College of Dentists Ethics Handbook for Dentistry discusses the treatment of family or staff members, and it is not unusual for dentists to engage in this practice.

Dentists still need to first consider ethical guidelines before deciding to treat family members and staff members.

Patient autonomy. The ADA Code says dentists must "respect the patient's rights to self-determination and confidentiality." Muller notes that this can be challenging if the dentist does not agree with the relative's choices, particularly if a child is involved. It may be harder for dentists to maintain a professional boundary with the patient when the patient is a family member or staff member.

Nonmaleficence (do no harm). The ADA Code says dentists "have a duty to protect the patient from harm." Muller writes that with family members or staff members, dentists may attempt to provide care beyond their expertise from the desire to be helpful or to save the person money.

Legal considerations

Dentists should check their state practice acts to ensure there is no prohibition against treating family members or staff. They should also check their liability insurance for any relevant policies.

Even when the patient is a family member, dentists can still be sued for substandard care, so it is important to maintain standards of care and refer patients as appropriate.

Another legal consideration is informed consent. Family and staff dynamics can influence informed consent, because the patient may be reluctant to ask clarifying questions.

Documentation should be as rigorous as for any other patient to protect the dentist in the case of legal action.

Business considerations

Choosing to treat family or staff and staff's families may have business implications. For example, relatives may expect a financial discount on their bill or to be treated outside normal business hours, which disrupts the practice's schedule.

Treating staff members can impact the work environment. For example, it could be difficult to maintain privacy and confidentiality. Staff members may expect special considerations for themselves or family members being treated (such as reduced prices or scheduling outside normal hours). Finally, staff members not being treated by the dentist may feel the coworker has an enhanced relationship with the "boss".

Addressing concerns

It is best to be proactive in addressing the treatment of family members and staff. The dentist should develop written policies that note if treatment will be provided to staff and staff's family members and if any discounts will be applied. Policies should state that the practice's standard payment requirements apply, in regards to

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timing of when payment is due. Also, any discounts provided should be applicable equally to all employees and their family members.

When treatment is provided, dentists should set expectations early in the relationship, emphasizing that care will be the same as for any other patient. If the dentist decides not to treat, it may be helpful to have a referral list so that the dentist can help a patient to choose another dentist.

Choosing wisely

Dentists are not prohibited from treating family members, staff, or staff's family members, but need to first consider the ethical, legal, and business implications of this practice before choosing to do so. Setting expectations and having sound policies promotes a positive experience for all parties.

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Should the dentist treat?

A dentist (Muller, 2016) adapted questions developed for physicians so that a dentist could use them to help inform treatment decisions. Although intended for situations involving family members, they can apply to staff members and family members of staff members as well.

- Am I trained to address this dental need?
- Am I too close to obtain an intimate history and to cope with bearing bad news if needed?
- Can I be objective enough so as to not overtreat, undertreat, or give inappropriate treatment?
- Is my being directly involved likely to cause or worsen family conflicts?
- Is my relative more likely to comply with a different dentist's care plan?
- Will I permit any dentist to whom I refer a relative to treat that relative?
- Am I willing to be accountable to my peers and to the public for this care?

Consider how close the family member is to the dentist. For example, treating a father may be more problematic than a third cousin whom the dentist rarely sees.

Source: Muller II GJ. Is it ethical for dentists to treat immediate family members? J Am Dent Assoc. 2016;147(9):760-1. doi: 10.1016/j.adaj.2016.04.014

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Muller II GJ. Is it ethical for dentists to treat immediate family members? J Am Dent Assoc. 2016;147(9):760-1. doi: 10.1016/j.adaj.2016.04.014



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