

**Australian Dental Association  
(NSW Branch) Limited**

**CODE OF ETHICS**

As approved by ADA NSW Board  
April 2018

## THE CODE OF ETHICS

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## DEFINITIONS

**ADA NSW:** Australian Dental Association (NSW Branch) Ltd

**ADA NSW subsidiary companies:** any wholly-owned Company of ADA NSW Branch Ltd.

**Branch Council:** the elected Council of Australian Dental Association (NSW Branch) Ltd

**Branch Board:** the elected Board of Australian Dental Association (NSW Branch) Ltd

**CEO:** the Chief Executive Officer of the Australian Dental Association (NSW Branch) Ltd

**Committee of Council or Board:** A committee constituted under the Australian Dental Association (NSW Branch) Ltd Constitution

**Established Dentist:** The dentist a patient normally attends for treatment; 'normal', 'usual', and 'regular' are synonyms.

**General Practitioner (dentist)/General Dentist:** A dentist registered as such with the Dental Board of Australia

**Member:** a financial member of the Australian Dental Association (NSW Branch) Ltd

**President:** the chairman of the Board of Australian Dental Association (NSW Branch) Ltd

**Specialist Practitioner (dentist)/Specialist:** A dentist registered as such with the Dental Board of Australia, under the listed Specialities.

## INTRODUCTION

1. This document has been created to guide Members in their professional lives. Where specific elements of behaviour are detailed, they mandate the way that Members of the Australian Dental Association (NSW Branch) Ltd (ADA NSW) must practise. These elements are referred to as the ADA NSW Branch Code of Ethics.
2. If Members breach this Code, they may be required to answer a complaint brought against them.
3. Many matters of conduct are covered by the Dental Board of Australia, the Dental Council of NSW, AHPRA, government legislation and regulations. In considering complaints, specific

provisions of these other authorities in relation to dentists will override any specific provision of this Code.

4. The Branch will not commence or proceed with consideration or investigation of a complaint if another investigation about the same matter is in progress or likely to commence in a court of law, statutory authority, regulator or other legally constituted tribunal.
5. If a complaint concerns a matter which triggers a requirement under mandatory reporting legislation or regulations, the matter must be immediately referred to the appropriate authority.
6. The Code provides a framework for Members to use when exercising their judgment in the practise of dentistry. It is not intended to be nor should it be interpreted as an exhaustive list of the situations and circumstances which may comprise compliance and non-compliance with the Code of Ethics. If asked, members are expected to justify any departure from both the provisions and spirit of the Code. Ethical dental practice requires judgment, interpretation and balanced decision-making in an appropriate context. ADA NSW recognises that, while our ethical values and principles are enduring, standards of acceptable conduct are not permanently fixed. Community standards and the requirements and aspirations of dental practice develop and change over time. What constitutes acceptable conduct may also depend on the nature of individual circumstances. Allegations of non-compliance will be evaluated on a case-by-case basis.

## **ETHICAL PRINCIPLES**

### **Professional Behaviour**

7. Dentists use knowledge and skills for the benefit of the community to maintain and enhance the dental health of patients and the general population. In doing so Members are committed to serving the community ahead of personal or sectional interests. This Code of Ethics defines the values and principles that shape the decisions Members make in dental practice. The whole Code provides a framework for Members of the Branch to use when exercising their judgment in the practise of dentistry. Members of ADA NSW commit to practise in accordance with the Code of Ethics and will be held accountable for conduct under the ADA NSW disciplinary regulations.
8. When treating patients, dentists must consider many factors. In deciding individual treatment choices, consideration of the four principles of medical ethics listed in this Code will assist a Member determining which alternative is likely to deliver the best outcome for a particular situation. Members should consider the scope of application of each principle; the degree to

which each is important, and where principles conflict with each another, the path which delivers the best outcome for their patients.

- 8.1 **Autonomy.** Respect for the autonomy of dental patients has many implications. Autonomy means ‘self-rule’ and requires that patients have the ability and the right to make their own decisions; that they have the information to do so and that they are able to implement the decisions. Specific considerations for dental professionals include a requirement to consult fully with our patients, to communicate the entirety of their choice in accepting or rejecting treatment and to gain valid consent for treatment. True ‘self –rule’ is not possible when there is deceit, and Autonomy also requires maintenance of confidentiality in dealings with patients. Members need to be sensitive to an individual’s personal preferences in deciding about health care, so that recognising when patients require dentists to make their decisions for them is of equal importance with respecting a patient’s treatment choice. It requires a Member to be fully engaged in all aspects of communication with their patients and their carers or guardians.
- 8.2 **Beneficence and Non-maleficence** are often considered together in health. The traditional moral obligation in health care is to provide a net benefit with minimal harm, or beneficence with non-maleficence. Members need to make certain they can provide the benefits they profess (and thus, be ‘professional’). To do this, Members need rigorous and effective education and training before and during their professional lives. The balance between harm and help needs to be determined by application of skills and knowledge, and an understanding of the effects of treatment for an individual patient. Risks and benefits of treatment must be clearly communicated before treatment decisions and implemented. By combining a consideration for beneficence and respect for autonomy, Members deliver empowerment to their patients.
- 8.3 **Justice.** In its purest evocation, this principle is about fairness. In dentistry, the practical applications are found in respect for people’s rights, and respect for morally acceptable laws. As health care professionals Members observe laws relating to confidentiality and balance those with a requirement to report certain suspicions or confirmed instances where patients have broken the law. Members must also apply the principle of justice when deciding whether to offer or withhold treatment based on personal lifestyle or health choices our patients make.

## ETHICAL OBLIGATIONS

### Obligations to Patients

- 9 Members must always consider the health and safety of their patients as their first duty.
- 10 Members should perform treatment only within their competence, and be prepared to offer their patients a referral for advice or treatment when appropriate.
- 11 In giving professional advice, Members must take reasonable steps to offer their patients clear information about their dental health, treatment options, costs and risks, so that patients can provide valid consent to any proposed treatment.
- 12 Members accept responsibility for treatment undertaken by themselves and by auxiliaries acting under their supervision, direction and control.
- 13 Members must delegate to auxiliaries only that treatment permitted by relevant legislation and regulations.
- 14 The provision of unnecessary or excessive services to patients is a breach of Members first duty to their patients.
- 15 Members must ensure that privacy of patients under relevant legislation is preserved both by themselves and their staff.
- 16 Members must ensure that professional confidentiality is observed in a manner consistent with the legal and ethical demands of the dentist-patient relationship both by themselves and their staff, unless they are legally required to disclose confidential information.
- 17 Members shall recognise that patients are entitled to consult any dentist and change their dentist at will, even during a course of treatment.
- 18 Except where they would be failing in their duties on humanitarian grounds, Members have a right to decline to treat a patient provided the reason for refusal does not contravene any legislation or principle of law.
- 19 If Members are to discontinue providing care for patients then they should ensure patients are informed adequately and facilitate arrangements for the continuing care of the patients.
- 20 Members should express opinions, make statements, quote fees and give evidence in an objective and truthful manner.

## Obligations in Employment

- 21 Owners of dental practices must not aid, abet, counsel or induce an employee dentist or other health care worker to: -
- (a) provide treatment that might be knowingly or likely to be deleterious to a patient or
  - (b) provide treatment that does not meet reasonable standards of professional competence or best practice as may prevail from time to time.
- 22 Members should refrain from entering into any contract with a colleague or organisation which they consider may conflict with their professional autonomy, clinical independence or primary obligation to the patient.
- 23 Members have an obligation to observe the legal requirements of both Employment and Competition law.

## Obligations to other Members

- 24 Members should build their professional reputation on merit.
- 25 Members should be willing to assist their colleagues professionally.
- 26 Members should be prepared to contribute to the advancement of the scientific, clinical or technical knowledge available to the profession.
- 27 Respectful and open communication about colleagues is encouraged.
- 28 When a patient seeks advice from dentists other than their usual dentist: -
- (a) if the dentist is consulted in an emergency by the patient the consultant Member should relieve any immediate problem and, with the patient's permission, notify the patient's usual dentist of that treatment.
  - (b) if the patient is consulting a specialist Member the specialist should inform the usual dentist of the results of such consultation and or treatment. Where on-referral is offered to another specialist or medical practitioner the usual dentist should first be consulted.

## Obligations to the Dental Profession

- 29 Members should always uphold and enhance the integrity and dignity of the profession.
- 30 Members should maintain professional competence throughout their careers by active advancement of their knowledge of scientific, clinical and technical developments.

- 31 Members shall advertise only in accordance with the Guidelines published by the Dental Board of Australia.

### **Obligations to Australian Dental Association (NSW Branch) Ltd**

- 32 Except with the express authority of the Branch Board, Members shall not permit the publishing of any unpublished Association communications.
- The Branch Board will authorise a member of ADA NSW to speak on behalf of ADA NSW where necessary.
- 33 Members giving any testimonial shall state it is their personal opinion and not that of ADA NSW without the prior written consent of ADA NSW.
- 34 Members should not claim they are representing the views or policy of ADA NSW without the prior written consent of ADA NSW.
- 35 Members are required to accept the authority of the Chief Executive Officer (**CEO**) of ADA NSW when dealing with ADA NSW staff or using ADA NSW facilities. Members should ensure that ADA Branch employees are treated with courtesy at all times.
- 36 Members elected to the Council, Board or a Committee must abide by the relevant code of conduct.

### **Obligations to the Community**

- 37 Members should participate in activities that contribute to the oral health of the community.
- 38 Members should uphold professional autonomy and clinical independence and advocate for the freedom to exercise it without undue influence from individuals, governments and third parties.
- 39 Members should assist the courts, tribunals and similar forums by providing informed and fair opinion based on impartial, expert evidence when called upon to do so.
- 40 Members should endeavour to improve the standards and quality of, and access to, dental services in the community.

Anyone who would like further information about this code or would like to take some action regarding it should contact the Chief Executive Officer of the Australian Dental Association NSW Branch on 02 8436 9900