

American Dental Association

ADACommons

Code of Ethics

ADA Archives

4-1-1946

ADA Code of Ethics (April 1946)

American Dental Association

Follow this and additional works at: <https://commons.ada.org/codeethics>



Part of the [Bioethics and Medical Ethics Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, "ADA Code of Ethics (April 1946)" (1946). *Code of Ethics*. 36.
<https://commons.ada.org/codeethics/36>

This Book is brought to you for free and open access by the ADA Archives at ADACommons. It has been accepted for inclusion in Code of Ethics by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

3. Should the verdict still be unsatisfactory to either party, appeal may be made for settlement to the Judicial Council and ultimately to the House of the Delegates of the American Dental Association.

4. When differences arise between members of their respective local societies or official units thereof, and such differences cannot be adjusted within the society, the matter should be referred first to the state society and thereafter, if need be, to the Judicial Council and ultimately to the House of Delegates of the American Dental Association.

5. State and district societies are urged to establish codes of ethics not inconsistent with that of the parent association and, in addition, to determine interpretations, particularly with respect to those parts of the parent association's code purposely left to component societies, designed to afford more precise regulations.

The Judicial Council was created to assist officers and committees of state and district societies in discharging responsibilities incidental to code creation, management and interpretation.

CONCLUSION

The foregoing statements are intended to express, in a general way, the responsibilities of dentists to the public, to their patients, to the profession, and to practitioners of dentistry. It is not anticipated that these cover the whole field of ethics for members of the profession. There are many obligations assumed by those who choose dentistry as their life's work, in addition to those included in the foregoing statements. To know the answers to most questions not presented in this code, we need but to be guided by the Christian rule to do unto others as we would have others do unto us.

American Dental Association

222 East Superior Street
Chicago 11, Illinois

Principles of Ethics

of the

American Dental Association

IN GENERAL

Sec. 1. The following Code of Ethics is prescribed in order that dentists may more clearly understand their responsibilities and obligations to patients, to the community at large, to fellow practitioners and to the profession.

ADVERTISING

Sec. 2. It is desirable for dentists to endeavor to merit a reputation for good judgment, professional skill and fidelity with fellow practitioners, and the public. This desirable end cannot be forced, for it is the result of time and of excellence of conduct and abilities. Advertising is inconsistent with acceptable professional behavior; and, if used, it not only reflects upon the quality of the individual who employs such measures, but also has the far more consequential effect of lowering the entire profession in public esteem.

It is therefore unprofessional to solicit patients. Advertising in any form, whether by individuals, groups or institutions, is in itself evidence of such solicitation.

CARDS, LETTERHEADS AND ANNOUNCEMENTS

Sec. 3. It is not considered improper to use ordinary simple business cards and letterheads, but information printed thereon should be in good taste and in keeping with the custom of dentists of the community.

The use of the words "specialist" and "specialty" should be avoided. If, however, a dentist limits his practice to one of the traditional specialties of dentistry, it should not be deemed improper to include that information on his professional cards and letterheads. There should be little or no occasion for sending announcements to one's patients. Judicious exceptions may be made in instances in which one changes his place of practice, or discontinues general practice to engage in a specialty or returns to practice after protracted absence. Such announcements should be simple in form and in good taste and, if sent to other than fellow practitioners, should be mailed to patients of record only.

DIRECTORIES

Sec. 4. The manner in which dentists permit their names to appear in community directories, while of proper concern to the whole profession, should be guided by the expressed wishes of the dentists of the community. It would obviously be improper to permit one's name to be listed in a community directory that does not include all, or practically all, the names of dentists of that community. The use of a printer's type, or a color or any other device that permits one's name to stand out from others is to be avoided. If one limits his practice to one of the traditional specialties, and the dentists of the community, through their appropriate district societies are agreeable to the inclusion of that information in the directory, such arrangement should not be deemed a violation.

OFFICE DOOR LETTERING AND SIGNS

Sec. 5. The use of lettering and signs that forcefully attract attention is not good professional practice, for it reduces respect for the user, and lowers public respect for the profession. It is recognized that requirements as to door lettering and the use of window lettering and signs, when permissible, must vary in rural communities and neighborhood districts as compared with office buildings.

Questions arising should be the subject of code interpretation and rulings of appropriate committees of the district societies in keeping with practical considerations and continued efforts to maintain the profession on a high plane of public respect. Information afforded should be confined to the name or names of the dentist or dentists, the word "dentist" or "dentists" or "dentistry" and, if desirable, the office hours. In those instances in which the practice is limited, such information may be appropriately afforded.

SPLIT FEES, COMMISSIONS AND REBATES

Sec. 6. It is a violation of sound ethical principles for a dentist to accept part of a fee paid to another dentist or a physician and surgeon for any reason, and if a fee is "split" by two members of the professions, both should be deemed violators. Likewise, acceptance of rebates or commissions offered as an inducement to refer patients to others, including radiographers, pathologic laboratories, drugstores, etc., are violations of good conduct.

PATENTS AND COPYRIGHTS

Sec. 7. Every one who practices a healing art is heir to a wealth of accumulated knowledge, technics, instruments, and methods of treatment, all of which were contributed from time to time by others to the cause of better health and the profession's warfare against the ravages of disease. It follows that the fruits of our discoveries, labor and skill, in the field of health service, should be likewise contributed to this common pool of knowledge and procedures without extraction of premiums by the discoverer. The procurement of a patent right or a copyright, either in whole or in part, for reasons other than the protection of the public and profession, is not good professional practice.

TOOTH CLEANSERS, THERAPEUTIC AGENTS AND EXCLUSIVE METHODS

Sec. 8. It is unprofessional for a dentist to prescribe or dispense secret medicines or other secret remedial agents or to manufacture or promote their use in any way.

It is unprofessional to permit one's name to be used to designate toothbrushes, mouth washes, tooth powders, tooth pastes, liquid cleansers, etc.

It is also unprofessional for a dentist to indicate in any way that any remedy, technic, method of treatment or instrument is exclusive to himself, or to a group of which he is a member.

UNJUST CRITICISMS, EMERGENCY SERVICE, CONSULTATION

Sec. 9. Consultations between dentists leading to prognosis and treatment as well as consultations be-

tween dentists and medical practitioners and specialists afford reassurance of sound procedure and better opportunity for favorable results, and are indeed desirable in those instances in which a patient is suffering from consequential illness, or when there may be doubt as to indications for surgery, restorations or method of treatment.

One dentist should not refer disparagingly to the services of another in the presence of patients. Criticism of defective restorations, faulty operations or improper diagnosis or treatment may be unjust because of lack of knowledge of the conditions under which the services or directions were afforded. However, the welfare of the patient is paramount to every other consideration, and should be conserved to the utmost of the practitioner's ability. If he finds indisputable evidence that a patient is suffering from previous faulty treatment, it is his duty to institute correct treatment at once, doing it with as little comment as possible, and in such a manner as to avoid reflection on his predecessor and the profession. If a dentist is consulted in an emergency by the patient of another practitioner who is temporarily absent from his office, or by a patient who is away from home, the duty of a dentist so consulted is to relieve the patient of any immediate disability and then refer the patient back to his regular dentist. To urge or institute a different plan of treatment is unethical, except, however, in those instances in which it is manifest that a change has occurred, obviously not anticipated by the patient's regular dentist.

When a dentist is called in consultation by a fellow practitioner, he should hold the discussion in the consultation as confidential, and under no circumstances should he accept the case without the consent of the dentist who has been attending it or until he has been assured that any differences concerning the patient's obligation to the previous dentist have been satisfactorily adjusted.

GROUPS, CLINICS AND CONTRACTS

Sec. 10. The requirements of good professional practice for groups and clinics are precisely as for individuals. Members of groups or those participating in clinic service are not relieved of any ethical responsibility that pertains to individuals. The use of the name "clinic" or "institute" or any other similar title that may suggest a public or semipublic activity to designate what is in fact an individual or a group private practice is misleading, and therefore unethical.

It is unprofessional for a dentist to enter into a contract which imposes or invites conditions that make it difficult or impossible to deal fairly with the public or one's fellow practitioners.

NOTE: Whenever there arises between members of the American Dental Association a grave difference of opinion regarding professional conduct or questions of an ethical nature which cannot be adjusted without assistance, the dispute should be referred for consideration and settlement as follows:

1. To a committee of impartial dentists, preferably the Committee on Ethics or a similar committee of the local component society.

2. Should the verdict be unsatisfactory to either party, appeal may be taken to a similar committee of the state or constituent society of which the component society is a part.