“Bioethics” was used to refer to humankind’s moral obligation with respect to all living things, human and non-human alike.*

And as it turns out, in most places around the world, “bioethics” still carries that broad notion—for example, the “Universal Declaration on Bioethics and Human Rights,” which was adopted by the United Nations in 2005, uses “bioethics” to refer to ethical considerations in everything from patient care to the genetic manipulation of food crops to the humane treatment of animals, be it in research or animal husbandry.

While most of our daily ethical concerns in the healthcare context are directed towards the more narrowly-defined issues of “healthcare ethics” (and even narrower still, mostly to issues more properly referred to as “clinical ethics”), it may well be that the broader considerations of “bioethics” should also be kept in mind as new medical technologies arise and we find yet newer ways to respond to human suffering due to illness, injury, and other kinds of health-based conditions.

*For a discussion of Jahr’s editorial, see Hans-Martin Sass’ article, “Fritz Jahr’s 1927 Concept of Bioethics” (Kennedy Institute of Ethics Journal 2007;17(4):279-295), available for free viewing online.
Many people might not know it, but Cedars Sinai has a robust Dental Program, which includes 20 Attending dentists covering all dental specialties, and a Residency Program in Hospital Dentistry, currently with 4 Residents. The Dental Program responds to consult request from all over the Medical Center as well as supports the transplant services, cardiac surgery, the craniofacial team, and the cancer center, just to name a few.

Similarly, many people might not know that dentists, just like other healthcare professionals, encounter ethical issues as part of their practice. One of the reasons for the lack of awareness about ethical issues in the dental context is that the ethics literature in Dentistry is said to be at least 15-20 years behind that of medicine or nursing in terms of its analysis of dental related ethical problems (1). Indeed, there are few books on dental ethics are available – the first comprehensive books on dental ethics weren’t published until the early 1990s – whereas hundreds, if not thousands, of books have been written on themes of medical and/or nursing ethics (with the earliest books on medical ethics dating to nearly 2500 years ago).

Despite this lag, most of the ethical issues faced by dentists are not unlike those faced by physicians, nurses, social workers, and others who take care of patients. Concerns about respecting patient autonomy and ensuring informed consent for treatment are quite similar to those found in medicine, as are concerns about finding the proper balance between risks versus harms (so-called beneficence and non-malificence issues). There are also issues of justice, both on an individual and a distributive level, that are played out in identical fashion in both medicine and dentistry.

The following are some concrete examples of the kinds of everyday ethical issues dentist at CSMC confront.

A heart transplant patient is scheduled for an OR procedure to treat an infected tooth as a prerequisite for his transplant surgery. The tooth could be treated endodontically (root canal) and restored, which might temporarily delay his transplant, or the tooth could be extracted which will solve the problem quickly, not interfere with the projected transplant surgery, but cause the loss of a tooth that could otherwise be saved. Let’s assume for the moment that the tooth in question is an abutment for a long span fixed bridge so that it’s removal would mean that the patient will be losing multiple teeth, eventually need an expensive dental reconstruction and maybe even a removable prosthesis to replace his current fixed bridge.

While much of this can be discussed before surgery, the dentist will have to make the final decision about how best to proceed in the OR after having done a clear visual and clinical assessment. How much weight should be given to the possible delay of a transplant in order to perform what would otherwise be the preferred dental intervention? Should the dentist support the patient if the patient chooses to risk the transplant, which is potentially live saving, in order to have a root canal, which is quality of life enhancing?

Or consider a situation in which a dental resident is called to consult on a severely thrombocytopenic patient in an ICU who is spontaneously bleeding from his mouth. In consultation with the Attending Oral Surgeon it is decided that any surgical procedure would only induce more uncontrollable bleeding and would be contraindicated. Hence, medical management is more appropriate.

A few hours later the resident is paged back to the ICU. Apparently a plastic surgeon was also called and he attempted to suture the intraoral area from where the bleeding was originating. The patient is now bleeding profusely from the suture punctures. Should the dental resident confront the plastic surgeon knowing that it is easily within the realm of possibilities that the plastic surgeon, having seen the dental note on the
This is a monthly conference that is open to all who work within, are affiliated with, or receive care at Cedars-Sinai Medical Center. The primary aim of these sessions is to raise the level of awareness and degree of understanding of emerging issues and concerns in the realm of healthcare ethics.

chart, may well have dismissed it because it came from a dentist? Or what if the plastic surgeon didn’t look at the chart at all?

Finally, consider this. As of July 2010, the State of California eliminated its Adult Dental Medicaid program. This has left many dental patients of the Cedars Sinai Dental Clinic, who are below the poverty line, without any dental benefits. Most have not been able to remain as patients of the clinic because they do have the funds, which they now need, to do so. In addition, many patients who are referred by other services in the hospital, for dental clearance or treatment prior to their medical treatment, who are covered under Medical, have no benefits or money for the dental treatment. As an example, a multiple myeloma patient is about to undergo IV bisphosphonate therapy. Once the therapy has started, it would be contraindicated to do any dental surgery because it would lead to bone necrosis of the jaw. The patient must therefore have some extractions before the myeloma treatment could be started, but he has no insurance coverage or funds to pay for it. What is our obligation to this patient? What is the treating physicians obligation? How about the hospital’s or even the State’s obligation?

As, in effect, another medical specialty, dentistry struggles with the same ethical issues that medicine does. While dentists were behind the curve in acknowledging them, they are certainly catching up.

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Spring 2012 Ethics Noon Conference (ENC)

This is a monthly conference that is open to all who work within, are affiliated with, or receive care at Cedars-Sinai Medical Center. The primary aim of these sessions is to raise the level of awareness and degree of understanding of emerging issues and concerns in the realm of healthcare ethics.

Cedars-Sinai Medical Center designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit

May 16, 2012
"Mandate or Moratorium? Persisting Controversies in Donation After Circulatory Death”"
Armand H. Matheny Antommaria, M.D, Ph.D., is an Associate Professor of Pediatrics and Adjunct Associate Professor of Medicine in the Division of Medical Ethics and Humanities at The University of Utah School of Medicine. He also serves as a staff pediatrician and Chair of the Ethics Committee and Ethics Consultation Subcommittee at Primary Children’s Medical Center in Salt Lake City. Since 2009, he has also been a member of the System-Wide Bioethics Resource Service for Intermountain Healthcare and just completed six years of service on the Committee on Bioethics for the American Academy of Pediatrics.

June 13, 2012 - Rabbi Levi Meier Memorial Lecture
"Ethical Roots of the Jewish Hospital: Past and Future"
Alan M. Kraut, Ph.D., is Professor of History at American University in Washington, DC. Prof. Kraut is a specialist in U.S. immigration and ethnic history, the history of medicine in the United States, and 19th century U.S. social history. He is the author or editor of seven books, the most recent of which is 2007’s Covenant of Care (which he co-authored with his wife, Deborah), a study of the trajectory of Jewish hospitals in America beginning in the 19th century until today. Following his presentation, Glenn Braunstein, M.D., Chair of CSMC’s Department of Medicine, and Lawrence B. Platt, Chair of CSMC’s Board of Directors, will offer Comments as pertinent to the history and future of Cedars-Sinai Medical Center.
Spring 2012: Educational Sessions & Meetings

May 2012
May 3 - Bioethics Cmt
May 7 - Ethics Seminar
May 15 - NICU Ethics
May 16 - ENC
May 30 - Ethics Forum

Jun 2012
Jun 4 - Ethics Seminar
Jun 7 - Bioethics Cmt
Jun 13 - ENC
Jun 19 - NICU Ethics
Jun 27 - SICU Ethics

Jul 2012
Jul 5 - Bioethics Cmt
Jul 17 - NICU Ethics
Jul 25 - Ethics Forum
Jul 25 - SICU Ethics

Aug 2012
Aug 2 - Bioethics Cmt
Aug 21 - NICU Ethics
Aug 22 - SICU Ethics
Aug 27 - Ethics Sem

*ENC = Ethics Noon Conference
*NICU Ethics = Neonatology Ethics Session
*SICU Ethics = Surgical ICU Residents/Fellows Ethics Conference

For descriptions of the Ethics Seminar and Ethics Forum, please visit either our Intranet or Internet websites and go to the link “Educational Opportunities.”

For more information about any of the above events as well as for times and locations, please call the Center at 310-423-9636

Good Reads...

Covenant of Care: Newark Beth Israel and the Jewish Hospital in America. By Alan and Deborah Kraut (Rutgers University Press, 2007) Using Newark’s Beth Israel Hospital as the frame, the Krauts explore the emergence of Jewish hospitals in 19th century America and their commitment to provide care for the poor and underprivileged, a responsibility grounded in the Jewish traditions of tzedakah (“justice”) and tikkun olam (“to heal the world”).

Death, Dying, and Transplantation: Reconstructing Medical Ethics at the End of Life. By Franklin Miller and Robert Truog. (Oxford, 2011) This book challenges fundamental doctrines of established medical ethics by arguing that, even though the routine practice of stopping life support technology causes the death of patients such that donors of vital organs are not really dead at the time their organs are removed, such practice is nonetheless ethically legitimate.

The Maintenance of Life: Preventing Social Death through Euthanasia Talk and End-of-Life Care – Lessons from The Netherlands. By Frances Norwood (Carolina Academic Press, 2009) Norwood explores how (1) euthanasia in practice is predominantly a discussion, which only rarely culminates in a euthanasia death; and (2) euthanasia talk in many ways serves a palliative function by providing a venue for processing meaning, giving voice to suffering, and reaffirming social bonds and self-identity at the end of life.

A Not Entirely Benign Procedure: Four Years as a Medical Student. By Perri Klass (Kaplan Publishing, 2010) Acclaimed pediatrician, journalist, and novelist Perri Klass offers a provocative look at the ups and downs of medical school. In a direct, candid style, Dr. Klass shares what it is like to be a first-time mother while attending med school; the unique lingo of the med student; how to deal with every bodily fluid imaginable; and the humor and heartbreak of working with patients.

Books featured in “Good Reads...” are available in the Medical Library. Please call 310-423-3751 for book availability and reserve a copy today!

If you have missed one of our Ethics Noon Conferences (ENC) Series and are interested in viewing them, the Medical Library has copies of the series dating back to Nov 2007. We invite you to check them out!

Note of special thanks to...
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