DentalHygienists' CodeofEthics

Revised September 2024





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Preamble

The Canadian Dental Hygienists Association (CDHA) is pleased to present the latest edition of the Dental Hygienists' Code of Ethics. This foundational document sets out the ethical principles and responsibilities that apply to all members of the dental hygiene profession in Canada across all practice environments, including clinical care, public health, education, research, administration, and any other role related to the profession of dental hygiene.

Ethics is the study of moral values and moral reasoning. Ethical codes are formal statements that guide members of a profession in their obligations to clients/patients, colleagues, the larger society, and to global health.1

The Dental Hygienists' Code of Ethics serves to:

- Articulate the ethical principles and responsibilities by which dental hygienists are guided and under which they are accountable.
- Provide a professional resource for education, reflection, self-evaluation, and peer review within dental hygiene and the broader health care community.
- Inform the public about the ethical principles and responsibilities of the dental hygiene profession.

Dental hygienists' primary responsibility is to the client/patient. In this document, "client/ patient" refers to a person or persons or a community with whom dental hygienists are engaged in a professional relationship. These relationships occur in all areas of dental hygiene practice, including clinical services (e.g., private dental offices, independent practices, schools, community/public health clinics, long-term care, and corporate environments), education, research, regulatory and policy roles, and administration.

Dental hygienists believe that access to oral health care and services is the right of each client/patient. They strive for equitable access to oral health services without regard to age, race, culture, ethnicity, religious or spiritual practice, mental or physical disability, sexual orientation or gender identity, citizenship or socioeconomic status.

Dental hygienists work in an interprofessional collaborative environment. They must adhere to other codes of ethics or ethical guidelines including those of their provincial or territorial regulatory authority and their workplace. The Dental Hygienists' Code of Ethics is a strong foundational document, effective on its own yet complementary to these other ethical codes that address more specific situations and behaviours.

Dental hygienists use CDHA's code of ethics in conjunction with professional standards, workplace policies, legislation, and regulations that guide practices and behaviours. In satisfying these requirements, they fulfill their contract with society to meet a high standard of ethical practice.

¹Global health is the health of populations in a global context. It transcends the perspectives and concerns of individual nations. See Brown T, Cueto M, Fee E. The World Health Organization and the transition from "international" to "global" public health. Am J Public Health. 2006;96(1):62-72. Available from: ajph.org/cgi/reprint/96/1/62



Ethical Principles

The principles described below depict the broad ideals to which dental hygienists aspire and which guide their practice. The responsibilities outlined on the pages that follow are more precise and provide direction for behaviours in ethical situations.

Principle: Beneficence

Beneficence involves caring about and acting to promote the good of others. Dental hygienists use their knowledge and skills to assist clients/ patients in achieving and maintaining optimal oral health and overall well-being and to promote fair and reasonable access to quality oral health services as an integral part of the health care system. Dental hygienists understand that each client/patient comes with their own lived experience and must be respected and cared for with empathy, free of judgment or bias.

Principle: Autonomy

Autonomy pertains to the right to make one's own choices. By communicating relevant information openly and transparently, dental hygienists assist clients/patients in making informed choices and participating actively in achieving and maintaining optimal oral and general health.

Principle: Integrity

Integrity relates to consistency of actions, values, methods, expectations, and outcomes. It includes the promotion of fairness and social justice with inclusive and equitable consideration for more vulnerable clients/patients. It conveys a sense of wholeness and strength and doing what is right with honesty and truthfulness.

Principle: Accountability

Accountability pertains to taking responsibility for one's actions and omissions in light of relevant principles, standards, legislation, and regulations. It includes the potential to self-evaluate and be evaluated. It involves practising competently and accepting responsibility for behaviours and decisions in the professional context.

Principle: Privacy and Confidentiality

Confidentiality is the duty to not disclose any information acquired in the professional relationship. Dental hygienists respect a client's/patient's privacy and hold in confidence information disclosed to them except in certain narrowly defined exceptions.



Principles and Responsibilities

Principle: Beneficence

Beneficence involves caring about and acting to promote the good of others. Dental hygienists use their knowledge and skills to assist clients/patients in achieving and maintaining optimal oral health and overall well-being and to promote fair and reasonable access to quality oral health services as an integral part of the health care system. Dental hygienists understand that each client/patient comes with their own lived experience and must be respected and cared for with empathy, free of judgment or bias.

Responsibilities for Beneficence

- Dental hygienists put the needs, values, and interests of clients/patients first.
- Dental hygienists take the time to actively listen to the client's/patient's needs and concerns with empathy, free from judgment or bias, to ensure the delivery of culturally appropriate dental hygiene care.
- Dental hygienists provide services to clients/patients in a culturally safe and caring manner with respect for their individual needs, values, and life circumstances and in recognition of their inherent dignity.
- Dental hygienists regard informed choice as a precondition of intervention and honour a client's/patient's informed choice, including refusal of intervention.

- Dental hygienists recommend or provide services that they believe are necessary for promoting and maintaining a client's/patient's oral health and its effect on total body health and wellness, and that are consistent with the client's/patient's informed choice.
- Dental hygienists take appropriate action to ensure a client's/patient's safety and quality of care are upheld when they suspect unethical or incompetent care.
- Dental hygienists seek to improve the quality of care and advance knowledge in the field of oral health through advocacy and interprofessional practice
- Dental hygienists engage in lifelong learning in the quest to build their cultural competencies.

Principle: Autonomy

Autonomy pertains to the right to make one's own choices. By communicating relevant information openly and transparently, dental hygienists assist clients/patients in making informed choices and participating actively in achieving and maintaining optimal oral and general health.

Responsibilities for Autonomy

- Dental hygienists actively involve clients/patients in their oral health care and promote informed choice by communicating relevant information openly, transparently, and sensitively in a manner consistent with their needs, values, and capacity to understand.
- Dental hygienists involve and promote informed choice by substitute decision-maker(s) in situations where clients/patients lack the capacity for informed choice.
- Dental hygienists, in the event of a substitute decision-maker, involve clients/patients to the extent of their capacity.
- Dental hygienists recognize cultural diversity in the assessment and planning of interventions with individuals and populations receiving their services relative to the cultural context in a safe and humble manner.



Principle: Integrity

Integrity relates to consistency of actions, values, methods, expectations, and outcomes. It includes the promotion of fairness and social justice with inclusive and equitable consideration for more vulnerable clients/patients. It conveys a sense of wholeness and strength and doing what is right with honesty and truthfulness.

Responsibilities for Integrity

- Dental hygienists uphold the principles and standards of the profession with clients/patients, colleagues, and others with whom they are engaged in a professional relationship.
- Dental hygienists maintain and advance their knowledge and skills in dental hygiene through lifelong learning.
- Dental hygienists provide quality interventions through ongoing selfevaluation and continuing competence.
- Dental hygienists respect the human rights and dignity of every client/ patient by promoting conditions that acknowledge and support their social, economic, and cultural values.
- Dental hygienists use self-reflection and self-discovery in a way that genuinely attempts to understand a client's/patient's identities to help build a trustworthy, honest, and respectful relationship between them and the client's/patient's caregiver(s).

- Dental hygienists collaborate with colleagues in a cooperative, constructive, and respectful manner to provide safe, competent, equitable, and inclusive high-quality interventions to individuals, families, and communities.
- Dental hygienists promote equitable and inclusive workplace practices and policies that facilitate professional practice in accordance with the principles, standards, legislation, and regulations under which they are accountable.
- Dental hygienists communicate the nature and costs of professional services honestly and accurately.
- Dental hygienists adhere to guidelines and/or regulations for advertising published by their jurisdictional regulatory authority.

Principle: Accountability

Accountability pertains to taking responsibility for one's actions and omissions in light of relevant principles, standards, legislation, and regulations. It includes the potential to self-evaluate and be evaluated. It involves practising competently and accepting responsibility for behaviours and decisions in the professional context.

Responsibilities for Accountability

- Dental hygienists accept responsibility for knowing and acting in a manner consistent with the principles, practice standards, legislation, and regulations under which they are accountable.
- Dental hygienists practise within the bounds of their competence, scope of practice, personal and professional limitations.
- Dental hygienists refer clients/patients who require services outside their scope of practice to the appropriate professional.
- Dental hygienists address issues in the practice environment that may hinder or impede the provision of care.

- Dental hygienists inform their employers about the principles, standards, legislation, and regulations to which dental hygienists must adhere and determine whether employment conditions facilitate safe professional practice.
- Dental hygienists inform their employers and appropriate regulatory authority of unethical practices by a colleague (see Appendix C).
- Dental hygienists inform their regulatory authority in the event of becoming unable to practise safely and competently.





Principle: Privacy and Confidentiality

Confidentiality is the duty to not disclose any information acquired in the professional relationship. Dental hygienists respect a client's/patient's privacy and hold in confidence information disclosed to them except in certain narrowly defined exceptions.

Responsibilities for Privacy and Confidentiality

- Dental hygienists demonstrate respect for the privacy of their clients/patients.
- Dental hygienists promote practices, policies, and information systems that are designed to respect and protect clients'/patients' privacy and confidentiality.
- Dental hygienists understand and respect the potential for compromising confidentiality when connecting with clients/patients through social networks or other electronic media.
- Dental hygienists hold confidential any information acquired in the professional relationship and do not use or disclose confidential information to others without a client's/patient's express consent. Exceptions include disclosures:
 - as required by law
 - as required by the policy of the practice environment (e.g., quality assurance)
 - in an emergency situation
 - to prevent serious harm to others
 - to the client's/patient's guardian or substitute decision-maker

- Dental hygienists inform clients/ patients before treatment of how their information may be shared, particularly about any uses or sharing that may occur without the client's/patient's express consent.
- Dental hygienists obtain a client's/ patient's consent to use or share information about their circumstances for the purpose of teaching or research.



Appendix A: Ethical challenges

Dental hygienists face ethical challenges in their professional lives regardless of work setting. Continuous change in the profession and its practice—in social norms and values and in rapidly emerging technology and social media—contributes to stress and creates dilemmas on a daily basis. When dental hygienists can distinguish the type of ethical challenge they are experiencing, they are better able to discuss it with colleagues and supervisors, take steps to address it at an early stage, and receive support and guidance in dealing with it. Identifying the ethical concern can be a defining moment that allows positive outcomes to emerge from difficult experiences.

Ethical Distress, Ethical Dilemmas, and Ethical Violation are three commonly encountered ethical challenges.

Ethical Distress arises when dental hygienists cannot act according to their moral judgment. They feel they know the right thing to do, but system structures or personal limitations make pursuing the right course of action difficult or impossible. It may lead to negative consequences, including anger, frustration, and guilt, but it can also encourage self-reflection, growth, and advocacy. It takes ethical courage for dental hygienists to stand firm on a point of principle or a particular decision in the face of fear or threat to themselves.

Ethical Dilemma arises when there are equally compelling reasons for and against two or more courses of action and when choosing one course of action means that something else is relinquished or let go. An ethical dilemma is a particular type of ethical problem.

Ethical Violation involves actions or failures that breach fundamental duties to clients/patients receiving care or to colleagues and other health care providers.



Appendix B: Guidelines for ethical decision making

The following guide is designed to assist dental hygienists faced with an ethical challenge in working towards resolution.

Steps in Decision Making	Decision-Making Process	
Step 1 : Describe the issue and identify the nature of the problem.	What kind of issue is it?What ethical principles are involved?	
Step 2 : Gather information relevant to the challenge or problem, including facts about the situation.	 Elaborate and clarify what happened. What is the sequence of events? What are the applicable policies, legislation or regulations? » Does a workplace policy address the issue? » What does the Code say? » What does legislation or regulation say? • Who are the relevant stakeholders? How do they view the situation? 	
Step 3: Clarify the challenge or problem.	 What is the issue? What ethical principles are at stake? What stakeholders need to be consulted or involved in resolving the issue? Is unethical conduct by a peer or other professional colleague suspected? (See Appendix C) 	

Step 4: Identify options for actions, recognizing that the best option may not be obvious at first.

What options are there which could resolve the issue?

to eliminate opportunities for bias?

Do you have any biases or conflicts in

Are independent advisors helping to review the challenge and offering diverse perspectives

this situation?

Steps in Decision Making

Decision Making Process

Step 5: Assess the various options in light of applicable policy, legislation or regulation. Identify each option's advantages and limitations.

- What are the pros and cons of each option in terms of rectifying and/or satisfying the ethical principle?
- Do all options fall within applicable legislation or policies?

Step 6: Decide on a course of action, taking all the gathered information into account.

- What is the best option for the clients/ patients involved that upholds ethical principles?
- How will you justify or defend your decision considering ethical principles, applicable policy, legislation or regulation?

Step 7: Implement your decision thoughtfully and sensitively.

- How will you ensure that in the process of acting upon your decision you uphold ethical principles?
- How will you explain and/or justify the reasons for your decision?

Step 8: Assess the consequences of your decision.

- Evaluate the process you used to arrive at the decision and the decision itself.
- Did things turn out as you thought they would?
- Would you do the same thing again?
- What went right? What went wrong?
- Would others benefit from sharing the experience?





Appendix C: Guidelines for reporting suspected unethical conduct

All dental hygienists are expected to be familiar with their provincial regulatory legislation and regulations governing ethical conduct, and with existing protocols in their practice setting for reporting incidents of unethical conduct.

The first consideration if unethical conduct by colleagues is suspected is always the welfare of and/or potential harm to clients/patients. The following steps outline how to proceed when confronted with such a situation:

- Confirm the facts of the situation.
- When possible, resolve the issue within the practice setting.
- When the issue cannot be satisfactorily resolved within the practice setting, report it to the appropriate authority as outlined in workplace protocols or directly to the jurisdictional regulatory authority as required by the legislation or regulations.

Provincial/Territorial regulatory authorities for dental hygienists

BC	British Columbia College of Oral Health Professionals	<u>oralhealthbc.ca</u>
AB	Alberta College of Dental Hygienists	acdh.ca
SK	College of Dental Hygienists of Saskatchewan	<u>cdhsk.ca</u>
MB	College of Dental Hygienists of Manitoba	cdhm.info
ON	College of Dental Hygienists of Ontario	cdho.org
QC	Ordre des hygiénistes dentaires du Québec	<u>ohdq.com</u>
NB	New Brunswick College of Dental Hygienists	nbcdh.ca
NS	College of Dental Hygienists of Nova Scotia	<u>cdhns.ca</u>
PEI	College of Dental Hygienists of Prince Edward Island	<u>cdhpei.ca</u>
NL	Newfoundland and Labrador College of Dental Hygienists	<u>nlcdh.com</u>
YT	Government of Yukon	yukon.ca/en/dental-professions
NT	Government of Northwest Territories	hss.gov.nt.ca/en
NU	Government of Nunavut	gov.nu.ca/health



Bibliography

Alberta College of Dental Hygienists. Code of ethics. Edmonton: ACDH; 2023.

Available from: acdh.ca/public/download/files/224097

American Dental Association. <u>Principles of Ethics & Code of Professional Conduct</u>. Chicago: ADA; 2023. Available from: <u>ada.org/-/media/project/ada-organization/ada/ada-org/files/about/ada_code_of_ethics.pdf</u> ?rev=ba22edfdf1a646be9249fe2d870d7d31&hash=CCD76FCDC56D6F2CCBC46F1751F51B96

American Dental Hygienists Association. <u>Bylaws and Code of Ethics</u>. Chicago: ADHA; 2022. Available from: <u>adha.org/wp-content/uploads/2023/01/ADHA Bylaws Code of Ethics FY22.pdf</u>

British Columbia College of Oral Health Professionals. <u>Legacy dental hygienist code of ethics</u>. Vancouver: BCCOHP; nd. Available from: <u>oralhealthbc.ca/wp-content/uploads/2024/01/legacy-cdhbc-code-of-ethics.pdf</u>

Brown T, Cueto M, Fee E. <u>The World Health Organization and the transition from "international" to "global" public health</u>. *Am J Public Health*. 2006;96(1):62–72.

Available from: ncbi.nlm.nih.gov/pmc/articles/PMC1470434/

Canadian Association of Medical Radiation Technologists. <u>Member code of ethics and professional conduct</u>.

Ottawa: CAMRT; 2016.

Available from: camrt.ca/wp-content/uploads/2016/10/CAMRT Poster 85x11 FINAL.pdf

Canadian Counselling and Psychotherapy Association. Code of ethics. Ottawa: CCPA; 2020.

Available from: ccpa-accp.ca/wp-content/uploads/2020/05/CCPA-2020-Code-of-Ethics-E-Book-EN.pdf

Canadian Dental Hygienists Association. <u>Dental hygienists' code of ethics</u>. Ottawa: CDHA; 2012.

Available from: cdha.ca/pdfs/Profession/Resources/CDHA Code of cdha.ca/pdfs/Profession/Resources/CDHA Code

Canadian Dental Hygienists Association. *Policy framework for dental hygiene education in Canada*. Ottawa: CDHA; 2005. Available from: cdha.ca/pdfs/Profession/Resources/PolicyFramework2005.pdf

Canadian Dental Hygienists Association. <u>Educators' code of ethics</u>. Ottawa: CDHA; 2009. Available from: <u>cdha.ca/pdfs/Profession/Resources/DHEducatorsCode of Ethics final.pdf</u>

Canadian Dental Association. CDA Principles of Ethics [internet]. ©2015.

Available from: cda-adc.ca/en/about/ethics/

Canadian Human Rights Commission. <u>Annual report</u>. Ottawa: CHRC; 2011.

Available from: chrc-ccdp.gc.ca/sites/default/files/publication-pdfs/annual-report-chrc-2011 eng.pdf

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. *Tri-council policy statement: Ethical conduct for research involving humans, TCPS2*. Ottawa: Minister of Health & Minister of Innovation, Science and Industry; 2022. Available from: ethics.gc.ca/eng/policy-politique-tcps2-eptc2 2022.html

Canadian Medical Association. <u>CMA code of ethics and professionalism</u>. Ottawa: CMA; 2018.

Available from: policybase.cma.ca/media/PolicyPDF/PD19-03.pdf

Canadian Patient Safety Institute. Canadian framework for teamwork and communication: Literature review, needs assessment, evaluation of training tools and expert consultations. Edmonton: CPSI; 2011.

Available from: era.library.ualberta.ca/items/817cd766-cadc-482c-a667-55c07d68defa

Canadian Nurses Association. *Code of ethics for registered nurses*. Ottawa: CNA; 2017. Available from: cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics



Canadian Physiotherapy Association. <u>Core professional values.</u> Ottawa: CPA; 2022. Available from: <u>physiotherapy.ca/app/uploads/2024/07/CPA-Core-Professional-Values-and-Associated-Behaviours.pdf</u>

Canadian Psychological Association. <u>Canadian code of ethics for psychologists</u>. Ottawa: CPA; 2017. Available from: cpa.ca/docs/File/Ethics/CPA Code 2017 4thEd.pdf

College of Dental Hygienists of Ontario. <u>CDHO code of ethics</u>. Toronto: CDHO; 2023. Available from: <u>cdho.org/wp-content/uploads/2023/06/Code-of-Ethics.pdf</u>

Darr K. Ethics in health services management, 6th ed. Baltimore: Health Professions Press; 2019.

Eriksson S, Höglund A, Helgesson G. Do ethical guidelines give guidance? A critical examination of eight ethics regulations. *Camb Q Health Ethics*. 2008;17(1):15–29. Available from: pubmed.ncbi.nlm.nih.gov/18462542/

Federation of Dental Hygiene Regulators of Canada. <u>Entry-to-practice Canadian competencies for dental hygienists</u>. Ottawa: FDHRC; 2021. Available from: <u>fdhrc.ca/sites/files/EPCCoDH_FDHRC_November_2021.pdf</u>

International Federation of Dental Hygienists. <u>Code of Ethics: International Federation of Dental Hygienists</u>. USA: IFDH; 2023. Available from: <u>ifdh.org/wp-content/uploads/2024/01/Adopted-Code-of-Ethics-IFDH-September-2023.pdf</u>

Ordre des hygiénistes dentaires du Québec. <u>Code de déontologie des membres de l'Ordre des hygiénistes dentaires du Québec</u>. Montréal: OHDQ; 2023. Available from: <u>legisquebec.gouv.qc.ca/fr/pdf/rc/C-26,%20 R.%20140.pdf</u>

Soskolne CL, Siewerda LE. <u>Implementing ethics in the professions: toward ecological integrity</u>. Ecosystem Health. 1998;4(2):109–118. Available from: <u>colinsoskolne.com/documents/EthicsProgram-1998Ecosystem Health.pdf</u>

Truth and Reconciliation Commission of Canada. <u>Truth and Reconciliation Commission of Canada: Calls to action</u>. Winnipeg: TRCC; 2015. Available from: <u>ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls to Action English2.pdf</u>

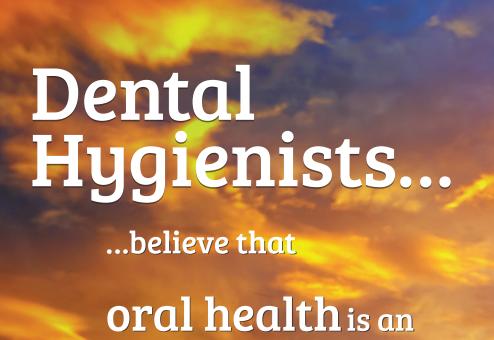
Truth and Reconciliation Commission of Canada. <u>Honouring the truth, reconciling for the future. Summary of the final report of the Truth and Reconciliation Commission</u>. Winnipeg: TRCC; 2015. Available from: ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive Summary English Web.pdf

Thistlethwaite J, Barr H, Gilbert J. <u>Transforming health professionals' education</u> [comment]. <u>The Lancet</u>. 2011;377(9773):1236–1237. Available from: thelancet.com/journals/lancet/article/PIIS0140-6736(11)60495-9/fulltext

Westerholm P. <u>Codes of ethics in occupational health—are they important?</u> *Continuing Medical Education Journal*. 2009;27(11):492–94. Available from: <u>ajol.info/index.php/cme/article/view/50330</u>

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integral part

of overall health,
well-being,&
quality of life.

