Writers’ Workshop

Bruce Peltier
Phyllis Beemsterboer
American Society for Dental Ethics

Phyllis Beemsterboer
Bruce Peltier
Larry Garetto
Alvin Rosenblum
Toni Roucka
Pam Zarkowski
Goal: Help you draft a viable dental ethics manuscript for publication.
**Agenda for 90 minute Session:**

**Beemsterboer:** 10 minutes

Purpose of the workshop and what we hope you will get out of this session. What the ethics section in the ACD journal is designed to do. Basic formats and rules for journals. Rules for the *Journal of the ACD: Issues in Dental Ethics.*

**Peltier:** 30 minutes

- How the submission process works and how much help and guidance an author can expect in the process.
- Submission and review process.
- Editor’s Checklist:
  - Quality of the main idea or question
  - Quality of the writing (clear, engaging)
  - Quality of the logic
  - Timeliness
  - Ethical “angle”
  - Organization of the essay or manuscript
  - Organization and thoroughness of Reference section

**Examples of published articles in *Journal of the ACD: Issues in Dental Ethics***
(topics, organization, format, length)

**ASDE Table Discussions** 45 minutes

Idea development and discussion at tables; outline preparation

Larry Garetto
Al Rosenblum
Pam Zarkowski
Toni Roucka
Bruce Peltier
Phyllis Beemsterboer

**Informal networking**

Remaining time
Objectives
Workshop participants will:

1. Learn the journal submission and review process.
2. Review the process of writing a journal article or research report.
3. Develop a viable idea for a journal article and outline a first draft.
4. Brainstorm and network with other authors interested in values and ethics.
American College of Dentists

About the American College of Dentists (ACD)
The American College of Dentists (ACD) is the oldest major honorary professional organization for dentists. Its members have exemplified excellence through...

- Contact
- Publications
  - The Journal of the American College of Dentists is ...
- Upcoming Activities
- Ethics Handbook for Dentists
  - The Ethics Handbook for Dentists is designed for both dental...
- More results from acd.org

Dental Ethics
https://www.dentalethics.org
Introduction to Ethics, Professionalism, and Ethical Decision Making—based on the Ethics Handbook for Dentists—published by the American College of Dentists...

International College of Dentists - Worldwide Dental Association
www.icd.org/home.htm - International College of Dentists
Humanitarian projects supported by International College of Dentists...

Dugoni School of Dentistry - American College of Dentists Honors...
The Journal of the American College of Dentists is a scholarly publication presenting proactive and informative perspectives on issues affecting the dental profession and society, together with enlightening features on areas such as leadership, ethics, governmental and private agencies, policy development, the American College of Dentists, and professional history. The Journal has been published since 1924, and its first editor was Dr. William John Dens. The Journal is mailed to all Active and Honorary Fellows, Life Fellows and Fellows from 600 S. Michigan Ave., Chicago, Illinois 60605. The subscription rate is $30 and includes postage. The subscription includes the annual membership to the American College of Dentists in the U.S. Canada, and Mexico.

Foreign optional air mail service is an additional $10. Single copy orders for undeliverable/not received issues must be made within 90 days. The communication policy of the American College of Dentists, as described in the most recent edition of the Journal, is that all correspondence is sent to the editor of the Journal. The editor is responsible for the content of the correspondence. For bibliographic references, the Journal is abbreviated J Am Coll Dent and should be followed by the year, volume, number, and page. The Journal is published by the American Association of Dental Editors.

Issues in Dental Ethics
Issues in Dental Ethics serves as a publication within the Journal of the American College of Dentists. The Journal is the only major forum for the publication of scholarly articles in dental ethics. It is coordinated by the American College of Dentists and has its own editorial board and reviewer board.

Are You Interested in Submitting a Manuscript to the Journal?
Instructions on submitting articles for potential publication in the Journal are presented using this Manuscript Submissions link or the similarly named link in the menu at the top of the page.

Do You Want to Know More about Reviewing Manuscripts for the Journal?
Information on reviewing manuscripts for the Journal is presented separately using this Reviewing Manuscripts link or the similarly named link in the menu at the top of the page.

Previous Issues
link on the menu to access previous issues of the Journal. Please note that the most recent issue of the Journal is not
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Ethical Considerations in the Use of Nitrous Oxide in Pediatric Dentistry

Nicholas J. Levering, DDS, MS and Jos V. M. Welie, MMEds, JD, PhD

Abstract
Nitrous oxide (N₂O) has become a routine intervention in contemporary American dental practice, especially in the management of children. However, routines translate to confidence which in turn may lead to overconfidence, such that possible risks and misuses are insufficiently acknowledged. This article ethically evaluates the use of nitrous oxide as a practice routine in treating children. Nitrous oxide administration is analyzed in reference to three internationally acknowledged principles of dental ethics: nonmaleficence, beneficence, and patient autonomy. In reference to the principle of nonmaleficence, the potential for adverse effects of N₂O is discussed, particularly when it is administered in conjunction with other sedatives and anesthetics. The importance of abiding by clinical protocols is emphasized. Next, in reference to the principle of beneficence, the authors address the problematic application of N₂O for the benefit of individuals other than the patient (e.g., dentists and parents). Finally, the importance of respecting patient autonomy is discussed, specifically the need to obtain explicit consent for N₂O. The article supports the continued use of nitrous oxide but advises greater attention to how and why it is administered. Four recommendations are offered for an ethically sound usage.

Ethical analyses in health care tend to focus on complex, critical, and contentious practices. And yet, all medical, and likewise, all dental interventions are subject to the ethical principles that guide the practice of health care, even those routinely administered—or maybe especially those routinely administered. For confidence in safe and established routines can easily turn into overconfidence. A case in point is the administration of nitrous oxide gas (N₂O).

In the final quarter of the last century, the use of nitrous oxide gas attained the status of a routine intervention in American dental practice (Levering & Welie, 2001). The kinds of reports about undesirable side-effects and even deaths that had still appeared with some frequency in the first quarter of the twentieth century, had virtually disappeared with the development of improved drug regimens and methods of administration. However, the current usage of nitrous oxide as a routine may be accompanied by ethical complacency such that potential harms and possible misuses are insufficiently acknowledged. Despite its excellent safety record, N₂O still poses risks and, hence, ethical challenges.
Maximizing Beneficence and Autonomy

Ethical Support for the Use of Nonpharmacological Methods for Managing Dental Anxiety

Evelyn Donate-Bartfield, PhD, Ryan Spellacy, PhD, and Nicholas J. Shane, DDS

Abstract

This article examines advantages associated with nonpharmacological behavioral management techniques and suggests that there are benefits to their use (such as achieving a more lasting solution to the problem of dental anxiety) that are not realized with medication-based interventions. Analyses that use Kantian and existential viewpoints for exploring the use of medication versus behavioral interventions for managing life problems yield parallel conclusions: there are advantages gained by using behavioral interventions that are not always associated with medication-based interventions. These analyses, taken together with an understanding of the psychology of dental anxiety management, suggest that using nonpharmacological techniques for the management of dental anxiety can maximize adherence to the ethical principles of beneficence and patient autonomy. The authors discuss the barriers that make nonpharmacological interventions for anxiety management difficult for dentists to routinely use, and suggest that additional training in these methods and increased collaboration with mental health professionals are needed for dentists.

Ms. Jones had a painful dental experience when she was a child and now avoids the dentist. She is so fearful that she avoids routine dental procedures and has not had her teeth cleaned for several years. Although Ms. Jones is not in pain, and would have her dental condition assessed, she fears the pain associated with it makes it difficult for her to schedule an appointment. Ms. Jones sees an advertisement that promises that if you are afraid of dentistry, there is a way to have dental work done without experiencing fear (Jansen, 2003). The advertisement claims that you can relax white years of embarrassing oral health problems are wiped away without discomfort. Objectively, there is evidence that the promise in this commercial can be granted. With medication, a dentist can help patients in wide-ranging ways by helping them have dental work done that they would not agree to otherwise. However, despite the positive changes, improved oral health can bring, is there a problem with offering medication as the only

Dr. Donate-Bartfield is associate professor of behavioral sciences and Dr. Shane is clinical adjunct professor at Marquette University School of Dentistry. Dr. Spellacy is assistant professor of bioethics at the Medical College of Wisconsin; evelyn.bartfield@marquette.edu.

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Different Labs

Bruce Pellicer, PhD, MBA, FACD
Anthony Vernillo, DDS, PhD, MBE
Lola Guasti, DDS
Larry E. Jensen, DDS, MA

Abstract

In this case a young dentist has signed onto a managed care plan that has several attractive features. Eventually, however, he notices that he makes little or no net revenue for some of the work that he does. A colleague recommends that he use different labs for different patients, with labs matched to each patient’s dental plan and coverage. Offshore labs are used for managed care patients. Three knowledgeable experts comment on the case, two with many years of private practice experience, two who are dental educators holding master’s degrees in philosophy and bioethics.

The Case

After dental school you sign on with a managed care organization because they offer to help pay your student loans. The plan sends plenty of new patients your way.

You begin to notice that you feel “ripped off” with patients who have this plan because your fixed costs are constant, yet the payment you get for taking care of those patients is low, nearly the same as your overhead for the procedure and sometimes actually lower! This means that all of the discount comes out of your “labor,” leaving you with significantly less to take home.

You have lunch with an old dental school friend who has also signed on with a managed care firm and she says, “That was a problem for me at first too, but I figured out a solution. I use two different labs; one for the managed care patients and one for cash-paying or indemnity plan patients. The lab I use for managed care is offshore. It isn’t quite as good, but they are much cheaper. It even costs more, and it’s fairer to me. I’m not working for free anymore.”

Introduction

This case has important current implications as the American economy struggles and dental plans continue to evolve in more and more complex ways. The price of dental education is high, and the costs associated with establishment of new dental practice increase each year. At the same time, the quality and convenience of “offshore” labs continue to improve.
Writing off the Copayment

Barry Schwartz, DDS, MHSc
Larry J. Jensen, DDS, MA
Toni M. Roucka, DDS, MA
Donald E. Pattheff, DDS, FACD

Abstract

Three dentists who have been involved in teaching ethics commented on a case where an associate discovered that the 40% of collections she was expecting as compensation is being reduced because of the practice in the office of routinely writing off patient copays. The commentators note legal requirements and professional codes, but generally seek alternatives that do not require that patients pay the amount agreed by insurance contracts.

Case: Dr. Schwartz

This article includes the analysis and opinions of a panel of experts in dental ethics. They respond to a commonplace scenario in dental practice that has an impact on the practice of dentists and that has been applied critical-thinking assignment for my first-year dental students. Three experienced dentists, with expertise in ethics, have volunteered to weigh in on this case. The three commentators, without prior consultation, have chosen distinctly different approaches. Dr. Larry Jensen focused mainly on the issues of the contract between the associate and the owner of the practice. Dr. Toni Roucka dealt with the complexities offered by the various state laws and third-party payers in conjunction with the principle-based ADA Code of Ethics. Dr. Don Pattheff reflected philosophically on the impact this case has on professionalism.

Martha, a recent graduate from dental school, has become an associate in a busy dental practice. The financial terms of her verbal agreement with the principal dentist include receiving 40% of the fees collected from the patients. Most of the patients have dental insurance, and the office accepts assignment of benefits. After many months, Martha became concerned that her paycheck did not reflect the work she was doing. When she investigated the patient accounts, she discovered that the office was not collecting the 20% copayment (patient’s portion) of the insured patients, and the front desk was routinely writing off the
Putting Your Money Where Your Mouth Is

The Influence of American Consumer Culture on Contemporary Dentistry

Annalee Asbury

While plainly dressed in jeans and a white shirt, and without uttering a word of my horrible French, the woman blantly exposed my American roots because "Your teeth," she reasoned, "they're too nice." After months of trying to fit in Paris, my teeth blew my cover instantly. I might as well have stamped AMERICAN across my central incisors in red, white, and blue.

This idea of a clearly distinct American smile is much deeper than just the confines of dentistry. Healthcare, and within that category, dental care, is quite inseparable from the social, economic, and political climates of our country. Hundred-year-old forces have spawned an American consumer culture which has infiltrated into the healthcare arena and has turned people's health into commodities, patients into consumers, and doctors into providers. These powerful forces have seeped into the field of dentistry and influenced modern perceptions and practices of cosmetic dentistry, but have also posed serious challenges to traditional dental ethics.

This paper examines the impact of the American consumer mentality on the current practice of American dentistry and recommends against treatment that has an exclusively aesthetic purpose.

Historical Perspective

American consumer culture, as developed at the turn of the twentieth century, created a society whereby the purchasing of goods constituted a national identity and way of life. A consumer society is one in which discretionary consumption has become a mass phenomenon, not just the province of the rich or even the middle classes, and it started in the United States in the 1920s. The idea was first exemplified by the "line production system" for "maximum production economy" in the Ford factories in 1910. Ford was able to make cars quickly and efficiently, and someone had to buy Ford's cars. By the 1920s, the interest in and employment of the industrial potential extended far beyond the automotive industry into forming the greater part of the American national identity (Ewen, 1976). This paradigm that launched the United States into the world's economic forefront over 100 years ago resulted in modern-day consumer culture and can be seen in contemporary dental practices.

Contemporary Implications for Dental Esthetics

American consumer culture influences dentistry such that the smile as a cultural object has been constituted by society through a range of meanings and practices and has most definitely become an item of consumption and can be bought and sold, not so dissimilar to a Ford car in the 1910s. Not only has the United...
Who’s Minding the Store? The Ethics of Radiation Imagery, Cumulative Exposure, and Informed Consent

Alexander J. Schloss, DDS, MBS

ABSTRACT

Computed tomography or CT scans are important medical tools that help doctors detect and diagnose many medical problems. There is growing evidence, however, that the radiation produced by these tests carries a risk for future development of cancer in patients. Patients typically defer the decision to submit to a scan on the assumption that their doctors are knowledgeable about radiation and the associated risks and benefits. Unfortunately, most doctors are unaware of radiation dosages associated with CT scans, and the current standard of care does not require a notation of exposure amounts in a patient’s record. Such behavior is inconsistent with informed consent and does not honor patient autonomy. Since dentists are primary care providers who perform in-house imaging studies they are in a unique position to help patients track cumulative radiation exposure. This added service could help patients make informed decisions about future medical and dental imaging studies.

Consider Bob, a 57 year old man with hypertension and hypercholesterolemia. He has been receiving high-quality, evidence-based medical and dental care. Bob has chronic sinusitis, and his otolaryngologist has treated him with multiple rounds of antibiotic and steroid inhalants. Yet Bob still suffers from an annoying post-nasal sinus drip. The otolaryngologist discussed with Bob the possibility of using a surgical approach to treat the sinus problem. Bob asked his ENT if dental problems could be a contributing to his sinus problem. He told the ENT that he has a history of periodontal disease and that his periodontist had recommended that he have his maxillary molars extracted and replaced with implants. The ENT speculated that the periodontal disease could be contributing to the sinusitis. The ENT spoke with the periodontist and upon learning of the extent of the periodontal disease, the ENT also recommended to Bob that he have his maxillary molars extracted. Three months after the molars were extracted, Bob returned to the ENT and told her that the sinus problems had not improved. The ENT recommended a CT scan of the sinuses. The CT scan revealed maxillary and ethmoid sinusitis. The ENT again recommended sinus surgery. This
Creative act: Connecting things together that have not been connected.
Sample topics of articles

- The pregnant adolescent patient.
- The patient who shows up “high.”
- Emotional Intelligence.
- Different labs for different patients.
- Communicating with colleagues about patients who do not pay.
- The ethics of adopting a new drug.
- White Coat Principles.
- A psychologist’s view of dental ethics.
- Practitioner responses to unethical behavior of colleagues.
- A patient’s perspective.
- Relationship between generalists and specialists.
- When nobody’s looking.

- Randomized clinical trials.
- Dentists vs auto mechanics.
- The distressed patient seeking self-harm.
- Schadenfreude.
- Treating a patient with a terminal prognosis.
- Ethical advertising in dentistry.
- Remedial ethics programs for physicians and dentists.
- The future of dental ethics.
- Research fraud.
- Intersection of ethics and law.
- Positive ethics.
- Why our ethics curricula don’t work.
Becoming a writer

• **Write.**
  – often
  – to anyone
  – about anything
  – clean up your messages

• **Keep a journal.**
• **Start a writing group.**
• **Read widely.**
Clear thesis statement
Ethical Considerations in the Use of Nitrous Oxide in Pediatric Dentistry

Nicholas J. Levering, DDS, MS and Jos V. M. Weile, MMEdS, JD, PhD

Abstract
Nitrous oxide (N₂O) has become a routine intervention in contemporary American dental practice, especially in the management of children. However, routines translate to confidence which in turn may lead to overconfidence, such that possible risks and misuses are insufficiently acknowledged. This article ethically evaluates the use of nitrous oxide as a practice routine in treating children. Nitrous oxide administration is analyzed in reference to three internationally acknowledged principles of dental ethics: nonmaleficence, beneficence, and patient autonomy. In reference to the principle of nonmaleficence, the potential for adverse effects of N₂O is discussed, particularly when it is administered in conjunction with other sedatives and anesthetics. The importance of abiding by clinical protocols is emphasized. Next, in reference to the principle of beneficence, the authors address the problematic application of N₂O for the benefit of individuals other than the patient (e.g., dentists and parents). Finally, the importance of respecting patient autonomy is discussed, specifically the need to obtain explicit consent for N₂O. The article supports the continued use of nitrous oxide but advises greater attention to how and why it is administered. Four recommendations are offered for an ethically sound usage.

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In the final quarter of the last century, the use of nitrous oxide gas attained the status of a routine intervention in American dental practice (Levering & Weile, 2010). The kinds of reports about undesirable side-effects and even deaths that had still appeared with some frequency in the first quarter of the twentieth century, had virtually disappeared with the development of improved drug regimens and methods of administration. However, the current usage of nitrous oxide as a routine may be accompanied by ethical complacency such that potential harms and possible misuses are insufficiently acknowledged. Despite its excellent safety record, N₂O still poses risks and, hence, ethical challenges.

Dr. Levering is Associate Professor in the Department of Pediatric Dentistry and Dr. Weile is Professor in the Center for Health Policy and Ethics, Creighton University, Omaha, NE; nicholaslevering@creighton.edu.
Maximizing Beneficence and Autonomy

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Clear writing

• Simple sentences, mostly short ones.

• Clearest words.

• The absolute best word in the exact right place.
Logical progression of ideas
Passive voice:
The job was done by John.

Direct voice:
John did the job.
Length doesn’t matter

- Shorter’s usually better
- 3,000 words
- 8,000 words
- 10 to 20 typed pages
References


References


Submitting Manuscripts for Potential Publication in the Journal of the American College of Dentists

Manuscripts for potential publication in the *Journal of the American College of Dentists* (JACD) should be sent as attachments via e-mail to the editor, Dr. David W. Chambers, at dchambers@pacific.edu. The transmittal message should affirm that the manuscript or substantial portions of it or prior analyses of the data upon which it is based have not been previously published and that the manuscript is not currently under review by any other journal.

Authors are strongly urged to review several recently volumes of JACD. These can be found on the ACD Web site, www.acd.org, under “publications.” In conducting this review, authors should pay particular attention to the type of paper we focus on. For example, we normally do not publish clinical case reports or articles that describe dental techniques. The communication policy of the College is to “identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College.”

There is no style sheet for the *Journal of the American College of Dentists*. Authors are expected to be familiar with previously published material and to model the style of former publications as nearly as possible.

A “desk review” is normally provided within one week of receiving a manuscript to determine whether it suites the general content and quality criteria for publication. Papers that hold potential are often sent directly for peer review. Usually there are six anonymous reviewers, representing subject matter experts, boards of the College, and typical readers. In certain cases, a manuscript will be returned to the authors with suggestions for improvements and directions about conformity with the style of work published in this journal. The peer review process typically takes four to five weeks.

Authors whose submissions are peer reviewed receive feedback from this process. A copy of the guidelines used by reviewers is found on this site and is labeled “How to Review a Manuscript for the Journal of the American College of Dentists.” An annual report of the peer review process for JACD is printed in the fourth issue of each volume. Typically, this journal accepts about a quarter of the manuscripts reviewed and the consistency of the reviewers is in the phi = .60 to .80 range.

This journal has a regular section devoted to papers in ethical and professional aspects of dentistry. Manuscripts with this focus may be sent director to Dr. Bruce Peltier, the editor of Issues in Dental Ethics section of JACD, at bpeltier@pacific.edu. If it is not clear whether a manuscript best fits the criteria of Issues in Dental Ethics, it should be sent to Dr. Chambers at the e-mail address given above and a determination will be made.
Feel free to inquire:

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Enjoy Texas and send us a manuscript!
The End