

Kenya Dental Association

**Principles of Ethics and
Code of Professional Conduct**

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ABBREVIATIONS

APSEA	Association of Professional Societies of East Africa
KACC	Kenya Anti Corruption Commission
KDA	Kenya Dental Association
MP&DB	Medical Practitioners and Dentists Board

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FOREWORD

A professional code of conduct is an important tool of governance. It is a standard by which we regulate our conduct. KDA as the Kenyan custodian of these standards for the dental profession is delighted to have produced this document in keeping with international best practice.

INTRODUCTION

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the KDA Principles of Ethics and Code of Professional Conduct (KDA Code). The KDA Code is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society. Members of the KDA agree to abide by the KDA Code as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The KDA Code has two main components: The Principles of Ethics and the Code of Professional Conduct. The Principles of Ethics are the aspirational goals of the profession. They provide guidance and offer justification for the Code of Professional Conduct. There are five fundamental principles that form the foundation of the KDA Code: patient autonomy, nonmaleficence, beneficence, justice and veracity.

Principles may at times need to be balanced against each other, but, otherwise, they are the profession's firm guideposts. All elements of the Code of Professional Conduct result from resolutions that are adopted by the KDA's National Executive Council. Although ethics and the law are closely related, they are not the same. Ethical obligations may—and often do—exceed legal duties. In resolving any ethical problem not explicitly covered by the KDA Code, dentists should consider the ethical principles, the patient's needs and interests, and any applicable laws.

2. PREAMBLE

The Kenya Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. In recognition of this goal, the education and training of a dentist has resulted in society affording to the profession the privilege and obligation of self-regulation. To fulfill this privilege, these high ethical standards should be adopted and practiced throughout the dental school educational process and subsequent professional career. The Association believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances. The ethical dentist strives to do that which is right and good. The KDA Code is an instrument to help the dentist in this quest.

2.1 KDA Mission Statement

To promote the interest of oral healthcare professionals and the public in oral health matters and to shigh standards of service delivery.

2.2. Vision

To be the leading organization in the development of the oral healthcare profession in Kenya.

2.3. Values

KDA State values

- Uphold professional ethics
- Uphold moral standards, social upstanding
- Have an active social responsibility programme
- Be accountable to its membership or stakeholders
- Promote team work and collective responsibility Serve with integrity and diligence.

3. OBJECTIVES OF THE KDA CODE OF CONDUCT AND ETHICS

1. To provide a benchmark by which the professional conduct of Kenyan Dentists may be assessed.
2. To guide Kenyan Dentists and the public in defining their ethical and moral rights and responsibilities.

4. PART I - PRELIMINARY

4.1 Citation

This Code may be cited as the KDA Code of Conduct and Ethics

4.2 Definition

In this Code unless the context otherwise requires:-

“Member” means a member registered with the KDA

“Association” means **the Kenya Dental Association**

“Act” means **the Medical Practitioners and Dentists Act, Cap. 253 of the Laws of Kenya**

“Dentist” means a Professional registered by the MP&DB with basic and or advanced clinical dental skills, and relevant academic qualifications BDS/MDS (University of Nairobi), Fellowship in Dental Surgery of the Royal Colleges of Surgeons of the UK or any other equivalent registrable qualification recognized by the MP&DB

4.2 Application

This Code applies to all members of the KDA.

4.3 Information and Resources

1. Medical Practitioners and Dentists Act Cap 253, Laws of Kenya
2. KDA Constitution
3. KDA Advisory opinions
4. American Dental Association Principles of Ethics and Professional Code of Conduct

Indicates the linkages of the Codes with other governance documents e.g. Medical Practitioners and Dentist Act, Cap. 253, KDA Constitution, KDA Advisory opinions etc.

5. PART II – REQUIREMENTS

5.1 Compliance with the Code

The foregoing KDA Principles of Ethics and Code of Professional Conduct set forth the ethical duties that are binding on members of the Kenya Dental Association. The component and constituent societies may adopt additional requirements or interpretations not in conflict with the KDA Code

A member of the Association shall comply with all the requirements as set out in this Code. Members shall maintain high personal integrity, moral standards and sound reputation by subscribing and observing to this Code.

SECTION 1:

5.2 Principle: Patient autonomy (“self-governance”)

The dentist has a duty to respect the patient’s rights to self-determination and confidentiality. This principle expresses the concept that professionals have a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to protect the patient’s confidentiality. Under this principle, the dentist’s primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient’s needs, desires and abilities, and safeguarding the patient’s privacy.

5.2.1 Patient involvement

The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

5.2.2 Patient records

Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

SECTION 2:

5.3 Principle: Nonmaleficence (“do no harm”)

The dentist has a duty to refrain from harming the patient. This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

5.3.1 Continuous Professional Education

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

5.3.2 Consultation and Referral

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care.
2. The specialists shall be obliged when there is no referring dentist and upon a completion of their treatment to inform patients when there is a need for further dental care.

5.3.3 Use of Auxiliary Personnel

Dentists shall be obliged to protect the health of their patients by only

assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

5.3.4 Personal Impairment

It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of the Medical Practitioners and Dentists Board.

5.3.5 Post exposure, Blood borne Pathogens

All dentists, regardless of their blood borne pathogen status, have an ethical obligation to immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for post exposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide post exposure services. The dentist's ethical obligation in the event of an exposure incident extends to providing information concerning the dentist's own blood borne pathogen status to the evaluating health care practitioner, if the dentist is the source individual, and to submitting to testing that will assist in the evaluation of the patient. If a staff member or other third person is the source individual, the dentist should encourage that person to cooperate as needed for the patient's evaluation.

5.3.6 Patient Abandonment

Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

5.3.7 Personal Relationships with Patients

Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

SECTION 3:

5.4 Principle: Beneficence (“do good”)

The dentist has a duty to promote the patient’s welfare.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient’s welfare first.

5.4.1 Community Service

Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

5.4.2 Government of a Profession

Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

5.4.3 Research and Development

Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

5.4.4 Patents and Copyrights

Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

5.4.5 Abuse and Neglect

Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

SECTION 4:

5.5 Principle: Justice (“fairness”)

The dentist has a duty to treat people fairly.

This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist’s primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

5.5.1 Patient Selection

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient’s race, creed, color, sex or national origin.

5.5.2 Emergency Service

Dentists shall be obliged to make reasonable arrangements for

the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

5.5.2 Justifiable Criticism

Dentists shall be obliged to report to the MP&DB or KDA instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.

5.5.4 Expert Testimony

Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

5.5.5 Rebates and Split Fees

Dentists shall not accept or tender "rebates" or "split fees i.e. no dentist can demand or accept a commission from the fee charged by any consultant to whom a referral has been made."

SECTION 5:

5.6 Principle: Veracity (“truthfulness”)

The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

5.6.1 Representation of Care

Dentists shall not represent the care being rendered to their patients in a false or misleading manner.

5.6.2 Representation of Fees

Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

5.6.3 Disclosure of Conflict Of Interest

A dentist who presents educational or scientific information in an article, seminar or other program shall disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation. Disclosure shall be made in any promotional material and in the presentation itself.

5.6.4 Devices and therapeutic Methods

Except for formal investigative studies, dentists shall be obliged to prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall have the further obligation of not holding out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

5.6.5 Professional Announcement

In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.

5.6.6 Advertising

Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

5.6.7 Name of Practice

Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.

6. GENERAL STANDARDS

The following are included within the standards of the Kenya Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area(s) of dental practice and an appropriate certifying board must be approved by the Kenya Dental Association.
2. Dentists who announce as specialists must have successfully completed an educational program accredited by the MP&DB, two or more years in length, as specified by the Council on Dental Education and Licensure, or be diplomats of a Kenya Dental Association recognized certifying board. The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.

6.1 Standards for multiple-specialty announcements

The educational criterion for announcement of limitation of practice in additional specialty areas is the successful completion of an advanced educational program accredited by the MP&DB in each area for which the dentist wishes to announce. Dentists who are presently ethically announcing limitation of practice in a specialty area and who wish to announce in an additional specialty area must submit to the appropriate constituent society documentation of successful completion of the requisite education in specialty programs listed by the MP&DB or certification as a diplomate in each area for which they wish to announce.

6.1.1 General Practitioner announcement of Services

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect.

7. INTERPRETATION AND APPLICATION OF PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT

7.1 NOTES

7.1.1 Integrity

A member of the KDA shall be a person of integrity. He/she shall carry out his duties with honesty and impartiality.

7.1.2 Gifts, benefits, favor

A member shall not accept gifts, benefits or favors from a client where these may influence or may be seen to influence his decisions. Whereas it is difficult to prescribe a monetary threshold for gifts that could be seen to be intended to influence a members decision and whereas the rejection of a gift may in certain circumstances cause offence to the giver for cultural or other reasons, members are required to exercise proper judgment to avoid prejudicing their professional independence. Gifts in cash should not be accepted under any circumstance.

7.1.3 Nepotism/Favoritism

A member of the Institute shall not favor relatives, friends or associates in decision making or provision of services.

7.1.4 Conduct in Public

A member of the KDA shall carry out himself in dignity both in public and private.

7.1.5 Respect

A member of the KDA shall not intentionally injure the professional reputation or practice of another member. However, if a member has evidence that another member has been guilty of unethical, illegal or unfair practices, including practices in violation of this code, he/she should present the information to the KDA for appropriate action.

7.1.6 Political Associations

As a professional body KDA shall remain politically neutral.

7.1.7 Enforcement of Codes and Ethical Standards

Anyone who believes that a member-dentist has acted unethically may bring the matter to the attention of the KDA National Chairman through the KDA Branch Chairman. Whenever possible, problems involving questions of ethics should be resolved at Branch level. If a satisfactory resolution cannot be reached, the dental society may decide, after proper investigation, that the matter warrants issuing formal charges and conducting a disciplinary hearing pursuant to the procedures set forth in the MP&D Act Cap 253 Laws of Kenya. The KDA NEC reminds KDA branches and or any Specialty Societies and Associations that before a dentist can be found to have breached any ethical obligation the dentist is entitled to a fair hearing.

7.1.8 Penalties for Breach

A member who is found guilty of unethical conduct proscribed by the KDA Code or code of ethics may be placed under a sentence of censure or suspension or may be expelled from membership in the Association. A member under a sentence of censure, suspension or expulsion has the right to appeal the decision to his or her Branch and the KDA NEC, as provided in KDA Constitution.

7.1.9 Reporting/Complaint Procedures

Any breach of the provisions of this Code shall be reported to the KDA in writing by either the client or member. The report shall specify the nature of the complaint, the dates and actual place where the incident took place. The complaint shall be logged upon receipt and issued with a number after which a preliminary investigation Committee will be established by the KDA Chair to adjudicate on culpability and further course of action.

7.1.10 Review

The KDA Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. The KDA Code

is the result of an on-going dialogue between the dental profession and society, and as such, is subject to continuous review. This Code shall therefore be reviewed periodically as deemed appropriate by the KDA.

8. CONCLUSION

This code has made an attempt to address what is expected of Dentists practicing in Kenya. It is not meant to be punitive but rather to maintain high standards of Dental service provision. While we do understand that the enforcement of this Code requires the commitment of all parties, it is hoped that all KDA members will acquaint themselves with the principles as outlined in the Code for ease of implementation. It is the responsibility of KDA to advocate the ethical issues that are mentioned herein. All members of KDA shall comply with applicable laws, rules and regulations measures as stipulated in the KDA constitution and code of conduct.

This document shall become effective from this.....
Day of

Signed by

**National Chairman,
Kenya Dental Association**