

Foundations of Professionalism

Approved by Council – Month and Year

Related Resources: TBD

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Executive Summary

Foundations of Professionalism reflects the individual and collective commitments to professionalism that dentists demonstrate throughout their entire careers. This document describes the core principles and duties that dentists exemplify in managing the oral health care needs of individuals and communities, and in promoting good oral health for all.

Foundations of Professionalism replaces the *Code of Ethics* and serves as a foundation for all Royal College of Dental Surgeon of Ontario (RCDSO) [Standards of Practice](#) and other resources that guide dentists' conduct. This document sets out the core principles and duties of the profession, which are organized by the classic bioethical principles of patient autonomy, beneficence, nonmaleficence, and justice. Examples of how dentists can meet each principle have been included to illustrate how they can be applied in practice.

This document can help dentists navigate the ethical complexities that arise in practice and support dentists in attaining the highest possible level of confidence and trust with respect to patients and society. Dentists can continue to find more specific legal, professional, and ethical obligations on issues or areas of practice in the RCDSO's [Standards of Practice](#) and other resources.

*A glossary of **bolded** terms is provided at the end of this document in Appendix 1.*

Introduction

Dentists' primary objective as health care professionals is to maintain or enhance the oral health of individuals and communities while upholding the trust of patients and society. Continued trust in the dental profession is dependent on dentists' individual and collective commitment to a high standard of **professionalism**. This commitment to professionalism is expressed throughout dentists' careers, from initial entry into dental school and throughout

43 their education and training, to becoming a regulated health care professional and practising
44 the profession, right through to retirement.

45
46 One of the most important components of professionalism is to *act in the best interests of*
47 *patients and society*. Dentists consistently demonstrate this in practice by putting patients' best
48 interests first and promoting and advocating for the health and wellbeing of patients and
49 society. The obligation to put patients' interests first is grounded in a specific area of law, called
50 **fiduciary law**. Key duties assigned to health care professionals, including dentists, through
51 fiduciary law include acting in patients' best interests, avoiding conflicts of interest, and acting
52 with integrity, loyalty, honesty, trustworthiness, and the utmost good faith.¹ These elements
53 form the basis of the **principles** and **duties** of professionalism set out by the RCDSO in this
54 document.

55
56 The principles and duties:

- 57 • reflect dentists' broad responsibilities to patients, society, the profession, and
58 themselves;²
- 59 • represent what patients, society, and dentists consider important;
- 60 • reflect the ethical manner in which dentists are currently practising the profession;
- 61 • guide dentists' individual and collective behaviour;
- 62 • help dentists navigate clinical and professional practice and the ethical complexities that
63 are certain to arise; and
- 64 • support dentists in attaining the highest possible level of confidence and trust with
65 respect to patients and society.

66
67 The RCDSO believes there is value in describing the principles and duties of the profession in
68 this document, particularly for new dentists, and for patients and the public, so that they know
69 the high standard of professionalism that is expected from and demonstrated by dentists.
70 Developing this document also fulfils the requirement in the *Health Professions Procedural*
71 *Code* under the *Regulated Health Professions Act, 1991* for the RCDSO to "develop, establish
72 and maintain standards of professional ethics" for dentists.³

73
74 The principles and duties described in this document serve as a foundation for all of the
75 RCDSO's guidance for dentists, as set out in [Standards of Practice](#) and other resources. This
76 *Foundations of Professionalism* document is a higher-level resource than a Standard of Practice,
77 which relates to a specific issue or area of practice (e.g., boundaries, recordkeeping, virtual
78 care). Together with Standards of Practice and other College resources, relevant legislation, and
79 case law, the *Foundations of Professionalism* will be used by the RCDSO when considering or
80 evaluating dentists' practice and conduct.

81

¹ These are some of the key duties health care professionals owe as fiduciaries to their beneficiaries (i.e., patients).

² These broad responsibilities are set out in the Canadian Dental Association's [Principles of Ethics](#).

³ Section 3 (1) 5 of the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1001, c.18.

82 While this document reflects the core principles and duties of the profession, it is not an
83 exhaustive or definitive list of all the legal, professional, and ethical obligations dentists have.
84 Specific requirements are set out in [Standards of Practice](#) and other College resources, relevant
85 legislation, and case law.

86

87 Principles and Duties

88 This section is organized by the classic bioethical principles of patient autonomy, beneficence,
89 nonmaleficence, and justice.⁴

90

91 The principles and duties are not listed in any order of priority – they are all important.
92 However, some principles and duties may be more relevant in specific circumstances than
93 others, and some may even conflict at times. Dentists will need to use their professional
94 judgement to determine which are most relevant to their specific circumstances, and how to
95 apply them.

1) PATIENT AUTONOMY

Patients have a right to self-determination, including the right to make their own decisions about their health care, and a right to privacy and confidentiality of their personal health information. These rights need to be acknowledged and respected by health care professionals.

96 Dentists respect patient autonomy by:

- 97 a. Being fully present, focused, and responsive during interactions with patients.
- 98 b. Learning about and respecting patients' experiences, values, and beliefs, and being open
99 to their perspectives.
- 100 c. Providing clear and accurate information regarding treatment options in a manner that
101 the patient understands.
- 102 d. Encouraging active collaboration and shared decision-making with patients, or, when
103 authorized, with the patient's substitute decision-maker, family, or caregiver.
- 104 e. Obtaining consent before proceeding with treatment.⁵
- 105 f. Providing care that is responsive to patient needs, values, beliefs, goals, **social**
106 **identities**, and economic circumstances.

2) BENEFICENCE

Health care professionals actively serve and benefit patients and society. They also do good by maintaining and enhancing the health and wellbeing of patients and society, recognizing the interconnectedness between both.

107 Dentists demonstrate beneficence by:

⁴ Beauchamp, T.L. & Childress, J.F. (2019). *Principles of Biomedical Ethics* (8th ed). Oxford University Press.

⁵ For more information, see the RCDSO's Standard of Practice on Consent to Treatment.

- 108 a. Acting, first and foremost, for the benefit of, and in service to, the health and wellbeing
109 of patients and society.
- 110 b. Recognizing and honouring the inherent worth, rights, and dignity of all people.
- 111 c. Being kind, empathetic, and compassionate.
- 112 d. Creating a **safe environment** where all individuals feel welcome, respected, and valued.⁶
- 113 e. Building and maintaining **professional relationships** based on mutual trust and respect.⁷
- 114 f. Collaborating and communicating effectively within professional relationships.
- 115 g. Facilitating continuity of care, including:
- 116 i) supporting patients throughout the entire treating relationship;
- 117 ii) coordinating care with patients' other health care professionals; and
- 118 iii) providing emergency care or advising how to obtain such care.
- 119 h. Leading or participating in initiatives that address the oral health and oral health care
120 needs of individuals, communities, and society.
- 121 i. Individually and collectively promoting health and preventing oral disease by
122 understanding and taking reasonable steps to address the broader contexts in which
123 disease occurs.
- 124 j. Participating in the regulation of the profession.⁸

3) NONMALEFICENCE

Health care professionals do no harm to patients and society and protect patients and society from harm.

- 125 Dentists demonstrate nonmaleficence by:
- 126 a. Complying with legal, professional, and ethical obligations set out in law and by the
127 RCDSO.^{9,10}
- 128 b. Maintaining competence, recognizing limitations, and referring patients to other health
129 care professionals, when necessary.¹¹
- 130 c. Maintaining appropriate and dignified boundaries in professional relationships.¹²

⁶ For more information, see the Glossary and RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse and [Infection Prevention and Control](#).

⁷ For more information, see the RCDSO's Practice Advisory on [Maintaining a Professional Patient-Dentist Relationship](#).

⁸ Preserving the ability to regulate the profession (i.e., **professional regulation**) requires the profession to maintain an effective and appropriate governance structure and a reliable system of accountability. This means it is not enough for individual dentists to accept regulation; each dentist has a professional duty to actively participate in the regulatory process (e.g., by engaging with the RCDSO, as necessary).

⁹ This includes committing to a high standard of professionalism and meeting the standard of care.

¹⁰ For clarity, dentists are ultimately responsible for meeting their legal, professional, and ethical obligations regardless of whether they assign tasks to staff or other health care professionals, or work with an organization or other party in the course of practicing dentistry.

¹¹ For more information, see the RCDSO's [Quality Assurance](#) webpage and Practice Advisory on [Most Responsible Dentist](#).

¹² For more information, see the RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse.

- 131 d. Being truthful and not representing information about themselves (e.g., education,
132 qualifications, or competence) and/or their practice that is false or misleading.¹³
133 e. Being collegial and maintaining objectivity when communicating about services
134 provided by other health care professionals.
135 f. Identifying, preventing, and managing conflicts of interest in a manner that ensures
136 patients' best interests remain paramount.¹⁴
137 g. Using technology in a responsible and ethical manner.¹⁵
138 h. Addressing harm and misconduct, including:
139 i) disclosing any harm that occurs as a result of their actions, decisions, judgement,
140 or competence;
141 ii) making mandatory reports as required by law;¹⁶ and
142 iii) where a mandatory report is not required, raising concerns about inappropriate,
143 unprofessional, or otherwise concerning behaviour of staff or colleagues directly
144 with the person, or if needed, with the relevant leadership or authority.
145 i. Balancing personal and professional priorities to maintain dentists' own health and
146 wellbeing.
147

4) JUSTICE

Health care professionals treat all people fairly and equitably.

- 148 Dentists demonstrate justice by:
149 a. Complying with legal obligations with respect to human rights and accessibility.¹⁷
150 b. Providing services and making administrative decisions in practice that are free from
151 **prejudice** and **discrimination**, including discrimination on the basis of the grounds set
152 out in the [Human Rights Code](#) (such as race, ethnicity, gender identity, disability, etc.).¹⁸
153 c. Promoting fair and equitable access to oral health care for all.
154 d. Seeking to recognize **bias** and taking reasonable steps to prevent it from negatively
155 influencing professional relationships and patient care.
156 e. Recognizing differences in power that exist in professional relationships with patients,
157 staff, colleagues, or other health care professionals, and exploring ways to support or
158 empower the other person.

¹³ For more information, see the RCDSO's Practice Advisory on [Professional Advertising](#).

¹⁴ This includes ensuring that business interests and practices do not influence professional judgement. For more information, see the RCDSO's Guidelines on [Conflict of Interest](#).

¹⁵ For more information, see the RCDSO's Standards of Practice on [Dental CT Scanners](#) and [Virtual Care](#).

¹⁶ For more information, see the RCDSO's [Mandatory Reporting](#) webpage.

¹⁷ [Human Rights Code](#) and [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). For more information, see [Working Together: The Code and the AODA](#) by the Ontario Human Rights Commission.

¹⁸ The complete list of protected grounds in the [Human Rights Code](#) is as follows: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.

- 159 f. Recognizing the unique opportunities and barriers created by each person’s social
160 identities (e.g., based on race, ethnicity, gender identity, disability) and taking
161 reasonable steps to support each person.
162 g. Participating in initiatives to reduce **health inequities** that are driven by the
163 **determinants of health**.
164

165 **Appendix 1: Glossary**

166
167 **Bias:** An inclination to think something or someone is better or preferred, usually in a way
168 considered to be unfair. Bias can be explicit (or conscious) or implicit (or unconscious). Bias
169 inhibits impartial judgement, thought, or analysis. Biases (particularly implicit or unconscious)
170 are built into and perpetuated by societal systems and structures through socialization and may
171 conflict with our declared beliefs and how we see ourselves.
172

173 **Determinants of health:** The broad range of personal, social, economic, and environmental
174 factors that determine individual and population health. The main determinants of health
175 include (listed in alphabetical order):

- 176 • Access to health services
- 177 • Biology and genetic endowment
- 178 • Childhood experiences
- 179 • Culture
- 180 • Education and literacy
- 181 • Employment and working conditions
- 182 • Gender
- 183 • Healthy behaviours
- 184 • Income and social status
- 185 • Physical environments
- 186 • Race / Racism
- 187 • Social supports and coping skills¹⁹

188
189 **Discrimination:** When a distinction is made according to which some benefit is withheld or
190 burden assigned to an individual or group of individuals on the basis of a personal characteristic
191 that is irrelevant to the distinction which was made.²⁰ Discrimination exists where a
192 discriminatory practice occurs on the basis of a prohibited ground²¹ for which no justification
193 has been made.
194

¹⁹ [Government of Canada. \(2024\). Social determinants of health and health inequalities.](#)

²⁰ Most human rights legislation does not include a formal definition of discrimination. The definition included in this document is from the judgement of McIntyre J. in *Law Society of British Columbia v. Andrews*, [1989] S.C.J. No. 6.

²¹ The grounds in the [Human Rights Code](#) are: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.

195 **Duties:** The positive actions that dentists are expected to take in fulfilling their role as a
196 regulated health care professional. These actions are informed by the legal, professional, and
197 ethical obligations of the profession set out in law and by the RCDSO.
198

199 **Fiduciary law:** Refers to a specific area of law through which key duties are assigned to
200 fiduciaries (i.e., dentists) and owed to beneficiaries (i.e., patients). Fiduciaries have these duties
201 due to the nature of the relationship with beneficiaries, namely that the fiduciary is in a
202 position of power and has the unilateral ability to act and impact the beneficiary's interests.
203 The specific duties fiduciaries have include, but are not limited to:

- 204 • Acting in beneficiaries' best interests
- 205 • Acting with integrity, loyalty, honesty, and trustworthiness
- 206 • Avoiding conflicts of interest
- 207 • Not acting in self-interest/profit
- 208 • Protecting confidentiality
- 209 • Providing access to records
- 210 • Disclosing error, misconduct, and whistleblowing
- 211 • Acting with the utmost good faith

212
213 **Health inequities:** Systematic differences in health-related exposures and outcomes among
214 different population groups that are unnecessary, avoidable, unfair, unjust, and can be
215 addressed through policy intervention.²²
216

217 **Prejudice:** Refers to a preconceived judgement, opinion or attitude directed toward certain
218 people based on their membership in a particular group. It is a set of attitudes, which supports,
219 causes, or justifies discrimination. Prejudice is a tendency to rely on stereotypes or
220 assumptions.²³
221

222 **Principles:** Fundamental truths or propositions that serve as the foundation for a system of
223 values or behaviours. They are often universal, objective, and used to guide actions and
224 judgements in a consistent manner.
225

226 **Professionalism:** Refers to the conduct, aims, and qualities that characterize a profession. It
227 involves a commitment to the mastery of a complex body of knowledge and skills in the service
228 of others. For health care professionals, it includes commitments to ethical practice, clinical and
229 cultural competence, integrity, morality, altruism, and the promotion of the public good.
230 Members of a profession are accountable both to those they serve and to society at large.²⁴
231

²² Adapted from [Whitehead, M. \(1992\). The concepts and principles of equity and health. *International Journal of Health Services*, 22\(3\), 429-445.](#)

²³ Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) *Encyclopedia of Child Behavior and Development*. Springer.

²⁴ Adapted from [Cruess, S. R., Johnston, S., & Cruess, R. L. \(2004\). "Profession": A Working Definition for Medical Educators. *Teaching and Learning in Medicine*, 16\(1\), 74-76.](#)

232 **Professional regulation:** Refers to an approach or system that ensures members of health
233 professions meet standards of competency and conduct, usually involving registering, licensing,
234 and monitoring members to ensure that they meet the standards. In Ontario, regulatory
235 powers are delegated through the *Regulated Health Professions Act, 1991* by the provincial
236 government to a body, which is comprised of members of the profession and the public. The
237 RCDSO is the regulatory body for the profession of dentistry in Ontario. The RCDSO is
238 responsible for ensuring that the public has safe, equitable, and competent oral health care by
239 providing leadership to the dental profession in regulation, setting the education and other
240 qualifications necessary to become a registered dentist, developing professional and ethical
241 standards and guidelines, and holding registered dentists accountable for their conduct and
242 practice through complaint and investigation processes. Professional regulation is based on the
243 premise that regulated professionals (i.e., dentists) can be trusted to regulate themselves in the
244 public interest.

245
246 **Professional relationships:** Relationships between dentists and patients, staff, colleagues, or
247 other health care professionals.

248
249 **Safe environment:** Refers to a space where people feel emotionally, psychologically, and
250 physically safe.

- 251 • Emotional safety is when people feel accepted and secure enough to share their
252 identities, experiences, thoughts, feelings, and vulnerabilities without fear of negative
253 consequences.
- 254 • Psychological safety is when people feel that they can share their thoughts, ideas,
255 concerns, and mistakes in teams or organizational settings without fear of negative
256 consequences.
- 257 • Physical safety is when there are practices in place to ensure that people are protected
258 from harm, injury, or health risks. In a dental office, this includes a space where
259 infection is prevented and controlled.

260
261 **Social identities:** The aspects of an individual's self-concept that comes from membership in a
262 specific social group (e.g., race, ethnicity, gender identity, sexual orientation, age). An individual
263 may have multiple social identities.