

Foundations of Professionalism











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Foundations of Professionalism reflects the individual and collective commitments to professionalism that dentists uphold throughout their careers.

This document articulates the core principles and duties that dentists exemplify in managing and supporting the oral health care needs of individuals and communities, and in promoting and advocating for the health and wellbeing of patients and society.

Foundations of Professionalism replaces the Code of Ethics and serves as a foundation for all Royal College of Dental Surgeons of Ontario (RCDSO) Standards of Practice, Guidelines, Advisories and related resources that inform dentists' conduct, such as frequently asked questions and news articles.

Note: **bolded terms** are defined. To view the definitions, refer to the Glossary at the end of the document.

Overview

Dentists are expected to practice in accordance with the core *principles* and *duties* set out in this document, which are organized by the following bioethical principles:



Patient Autonomy

Respecting patient choices



Beneficence

Doing good



Nonmaleficence

Doing no harm



Justice

Being fair



Professionalism in Practice

As health care professionals, dentists' primary objective is to maintain or improve 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 begins with entry into dental school and continues through education, training, and becoming a regulated health care professional. It extends throughout one's career in the profession, right through to retirement.

One of the most important components of professionalism is to prioritize the wellbeing of patients and society. Dentists demonstrate this commitment by consistently placing patients' best interests first and actively promoting and advocating for the health and wellbeing of all.



The obligation to put patients' interests first is rooted in **fiduciary law**, which governs the special legal and ethical relationship between dentists (fiduciaries) and their patients (beneficiaries). Key fiduciary duties include, but are not limited to:



Acting in patients' best interests



Acting with integrity, loyalty, honesty, trustworthiness, and the utmost good faith



Avoiding conflicts of interest



Protecting patient confidentiality



Providing access to patient records

FOUNDALIONS OF PROFESSIONALISM

Principles & Duties

Build on the core components of professionalism, including the prioritization of patient and societal wellbeing and adherence to fiduciary duties.

Reflect dentists' broad responsibilities to patients, society, the profession, and themselves.¹

The *principles* and *duties* of professionalism described in this document:

Represent what patients, society, and dentists consider important.

Serve as a framework for dentists' individual and collective conduct.

Help dentists navigate clinical and professional practice and the ethical complexities that are certain to arise.

Support dentists in maintaining the highest possible level of confidence and trust with respect to patients and society.

The RCDSO believes it is important to clearly articulate the principles and duties of the profession.

This helps dentists, patients, and the public understand the high standard of professionalism that is expected of and demonstrated by dentists.

The following principles and duties are not listed in any order of priority. They are all important, yet some may carry greater relevance depending on the specific circumstance. Dentists will need to rely on their professional judgement to determine which principles and duties are most applicable, and how best to apply them.

¹ These broad responsibilities are set out in the Canadian Dental Association's Principles of Ethics.

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



Patient Autonomy 4

Respecting patient choices

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

Dentists respect patient autonomy by:

- a. Being fully present, focused, and responsive during interactions with patients.
- b. Providing clear and accurate information in a manner that the patient understands.
- c. Encouraging active collaboration and shared decision-making with patients, or, when authorized, with their substitute decisionmaker, family, or caregiver.
- d. Obtaining consent for treatment in accordance with legal and professional obligations.3
- e. Providing patient-centered care that upholds the standards of practice of the profession.





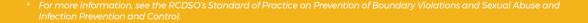
Beneficence 💿

Doing good

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.

Dentists demonstrate beneficence by:

- a. Acting, first and foremost, for the benefit of patients and in service to their health and wellbeing.
- b. Creating a safe environment and treating others with kindness, compassion, and respect.⁴
- c. Collaborating and communicating effectively within **professional relationships** and facilitating continuity of care, including:
- d. supporting patients throughout the entire treating relationship;
- e. coordinating care with patients' other health care professionals, as necessary; and
- f. providing emergency care or advising where it can be obtained.
- g. Leading or participating in initiatives that address the oral health and oral health care needs of individuals, communities, and society.
- h. Being open, receptive, and committed to understanding emerging issues to advance the health and wellbeing of all.







Nonmaleficence 🕏

Doing no harm

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

Dentists demonstrate nonmaleficence by:

- a. Complying with legal, professional, and ethical obligations set out in law and by the RCDSO.5,6
- b. Being truthful and providing accurate information about themselves (e.g., education, qualifications, competence) and/or their practice.7
- c. Being accountable and taking responsibility for their actions or inactions, decisions, judgement, and competence.
- d. Maintaining competence, recognizing limitations, and referring patients to other health care professionals, when necessary.8
- e. Ensuring patients' best interests remain paramount, including when:
 - i. identifying, preventing, and managing conflicts of interest;9 and
 - ii. making administrative and clinical decisions (e.g., regarding practice policies and procedures, the selection and use of dental products, materials, devices, or services).
- f. Maintaining appropriate and dignified boundaries in professional relationships.¹⁰

- g. Being collegial and maintaining objectivity when communicating about services provided by other health care professionals.
- h. Using technology in a responsible and ethical manner.11
- i. Addressing harm and misconduct, including:
 - i. disclosing harm resulting from their actions or inactions, decisions, judgement, or competence, to the appropriate person or authority;
 - ii. making mandatory reports as required by law;12 and
 - iii. where a mandatory report is not required, raising concerns about inappropriate, unprofessional, or otherwise concerning behaviour of staff or colleagues directly with the person, or if needed, with the relevant leadership or authority.
- Balancing personal and professional priorities to maintain dentists' own health and wellbeing.
- This includes an obligation to participate in the regulation
- 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.
- For example, the information must not be false, misleading, fraudulent, deceptive, ambiguous or confusing. For more information, see the RCDSO's Practice Advisory on Professional Advertising and Section 2 paragraphs 40, 41, 45, 60, 61, and sections 8, 9 of Professional Misconduct, O. Reg. 853/93, enacted under the Dentistry Act, 1991, S.O. 1991, c. 24.
- For more information, see the RCDSO's Quality Assurance webpage and Practice Advisory on Most Responsible

- Dentist. The Practice Advisory on Most Responsible Dentists includes requirements for referrals
- 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 and Section 2 paragraph 38 and section 5 of Professional Misconduct, O. Reg. 853/93, enacted under the Dentistry Act, 1991, S.O. 1991, c. 24
- ¹⁰ For more information, see the RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse
- For clarity, this provision applies to all technologies including, but not limited to those that the RCDSO has set out expectations or guidance on (e.g., Dental CT Scanners, Virtual Care, Artificial Intelligence).
- For more information, see the RCDSO's Mandatory Reporting webpage



Justice Peing fair

Health care professionals treat all people fairly and equitably.

Dentists demonstrate justice by:

- a. Complying with legal obligations with respect to human rights and accessibility.¹³ This includes providing services and making administrative decisions in practice that are free from **prejudice** and **discrimination**, in accordance with the Ontario Human Rights Code, which prohibits discrimination based on **protected grounds**.¹⁴
- b. Promoting fair and equitable access to oral health care for all.
- c. Seeking to recognize **bias** and taking reasonable steps to prevent it from negatively influencing professional relationships and patient care.
- d. Recognizing differences in power that exist in professional relationships with patients, staff, colleagues, or other health care professionals, and exploring ways to support or empower the other person.
- e. Recognizing the unique opportunities and barriers each person experiences and taking reasonable steps to provide appropriate support.
- f. Promoting health and preventing oral disease by understanding and taking reasonable steps to address the **determinants of health** (e.g., by participating in initiatives to reduce **health inequities** that are driven by the determinants of health).¹⁵

Ontario 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 and Policies and Guidelines on the Ontario Human Rights Commission webpage.

For more information, see the Ontario Human Rights Commission's Guide to your rights and responsibilities under the Human Rights Code.

This may include, but is not limited to: offering financial accommodations (e.g., payment plans), participating in government programs, volunteering, doing outreach, participating in or supporting innovative care models (e.g., mobile or community clinics), and pursuing relevant education or training (e.g., cultural safety, trauma and violence-informed care).



Glossary

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

Determinants of health: A broad range of personal, social, economic, commercial, political, and environmental factors that influence individual and population health. These include both modifiable and non-modifiable factors.

Discrimination: Is defined in case law¹⁶ as when a distinction is made according to which some benefit is withheld or burden assigned to an individual or group of individuals on the basis of a personal characteristic that is irrelevant to the distinction which was made.¹⁷ Discrimination exists where a discriminatory practice occurs on the basis of a prohibited ground¹⁸ for which no valid justification has been made. Discrimination is also defined by the Canadian Human Rights Commission.¹⁹

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

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

- Acting in beneficiaries' best interests
- Acting with integrity, loyalty, honesty, and trustworthiness
- Avoiding conflicts of interest
- Not acting in self-interest/profit
- Protecting patient confidentiality
- Providing access to patient records
- Disclosing error, misconduct, and whistleblowing
- Acting with the utmost good faith

¹⁶ Case law refers to judge-made law, or common law: law that is created through judicial decisions.

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.

The grounds in the Ontario 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.

¹⁹ Canadian Human Rights Commission. (2025). About discrimination.



Harm: Any negative impact or damage that patients experience including physical, psychological, emotional, social, or financial.

Health inequities: Systematic differences in health-related exposures and outcomes among different population groups that are unnecessary, avoidable, unfair, unjust, and can be addressed through policy intervention.²⁰

Patient-centered care: Care that acknowledges, respects, and is responsive to a patient's preferences, values, beliefs, goals, and economic circumstances. This approach supports the role of patients making informed and active decisions regarding their care, rather than being passive recipients.²¹

Prejudice: Preconceived judgement, opinion or attitude directed toward certain people based on their membership in a particular group. It is a set of attitudes, which supports, causes, or justifies discrimination. Prejudice is a tendency to rely on stereotypes or assumptions.²²

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

Professionalism: The conduct, aims, and qualities that characterize a profession. It involves a commitment to mastering a complex body of knowledge and skills in the service of others. For health care professionals, it includes commitments to ethical practice, clinical competence, cultural humility, integrity, morality, altruism, and the promotion of the public good. Members of a profession are accountable both to those they serve and to society at large.²³

Professional relationships: Relationships between dentists and patients, staff, colleagues, or other health care professionals that are developed through the practice of dentistry.

Protected grounds: The Ontario Human Rights Code prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities). The protected grounds for services are 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.²⁴

²⁰ Adapted from Whitehead, M. (1992). The concepts and principles of equity and health. International Journal of Health Services, 22(3), 429-445.

²¹ Adapted from Grover, S., Fitzpatrick, A., Azim, F.T., Ariza-Vega, P., Bellwood, P., Burns, J., Burton, E., Fleig, L., Clemson, L., Hoppmann, C.A., Madden, K.M., Price, M., Langford, D., Ashe, M.C. (2022). Defining and implementing patient-centered care: An umbrella review. Patient Educ Couns., 105/7), 1679-1688.

²² Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) Encyclopedia of Child Behavior and Development. Springer.

²³ 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.

²⁴ Adapted from: Ontario Human Rights Commission. (2013). Guide to your rights and responsibilities under the Human Rights Code.

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