

CDA Code of Ethics

Adopted by the California Dental Association House of Delegates Nov. 16-18, 2001



With the adoption of the Principles of Ethics and Code of Professional Conduct of the American Dental Association, it became necessary for the Judicial Council to rewrite CDA's Code of Ethics.

In so doing, the council took the opportunity to rearrange the code into three significant groupings. In the revised version of the code printed here, the association's most important statements regarding ethical conduct can be found in the beginning sections. Thus, the first group pertains to service to the public; the second discusses the promotion of a dental practice; and the third portion concerns daily ethical conduct in the dental office.

P R E A M B L E

The Code of Ethics of the California Dental Association consists of the principles stated herein.

The CDA Judicial Council may, from time to time, issue advisory opinions setting forth the council's interpretations of the principles set forth in this code. Such advisory opinions are "advisory" only and are not binding interpretations and do not become a part of this code, but they may be considered as persuasive by the trial body and any disciplinary proceedings under the CDA Bylaws.

The association's Code of Ethics, although presented in the form of general guides, clearly suggests the conduct which a dentist is expected to follow in carrying out professional activities whether they be related to patients or to fellow practitioners.

Problems involving questions of ethics should be solved within the broad boundaries established in this Code of Ethics and within the meaning and interpretation of the Code of Ethics and Bylaws of the constituent and component societies. If a satisfactory decision cannot be reached, the question should be referred, on appeal, to the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association, as provided in Chapter XII of the Bylaws of the American Dental Association, and also in Chapter XI of the Bylaws of the California Dental Association.

Dentists should constantly remind themselves that the ethics of dental practice, the basic system for self-regulation of the dental profession, grow out of the obligations inherent in the practice of a profession. The dentist should reflect constantly upon the professional characteristics of the dental occupation, which are:

1. The provision of a service (usually personal) which is

essential to the health and well-being of society.

2. The necessity of intensive education and training to qualify as competent to provide the essential service.

3. The need for continuing education and training to maintain and improve professional knowledge and skills.

4. The need for joining with professional colleagues in organized efforts to share new knowledge and new developments of professional practice.

5. Dedication to service rather than to gain or profit from service.

6. Leadership in the community, including all efforts leading to the improvement of the dental health of the public.

Section 1. Service to the Public

Service to the public is the primary obligation of the dentist as a professional person.

The dentist's primary obligation of service to the public shall include the delivery of quality care, competently and timely, within the bounds of the clinical circumstances presented by the patient.

In their service to the public, dentists shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

In serving the public, a dentist may exercise reasonable discretion in selecting patients for the dental practice. However, a dentist may not refuse to accept a patient into his/her practice or deny dental service to a patient solely because of the patient's race, creed or national origin.

Wherever "standards of care" or "quality services" are undefined by state or federal law, such standards or services shall be defined by the California Dental Association or such agency as designated by the association.

It is unethical for a dentist to render, or cause to be rendered, substandard care.

It is unethical to mislead a patient or misrepresent in any material respect either directly or indirectly the skills, training, identity, services, or fees of the dentist who performs a procedure.

Except as exempted by state law, a dentist has the obligation to obtain the fully informed consent prior to treatment, or the use of any identifiable artifacts (such as photographs, X-rays, study models, etc.) for any purpose other than treatment.

A dentist who submits any billing for services rendered or to be rendered which is fraudulent, deceitful, or misleading is engaged in unethical conduct.

Advisory Opinions:

1. Dentists shall not represent the care being rendered to their patients or the fees being charged for providing such care in a false or misleading manner.

A dentist who accepts a third party¹ payment under a copayment plan as payment in full, without disclosing to the third party¹ payer that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party¹ payer that the charge to the patient for the services rendered is higher than it actually is.

2. Solicitation of children on any private or public school grounds by the use of dental health programs (e.g., dental screening, mouth guards, sealants, etc.) for the purpose of generating referrals or for the financial benefit of the dentists participating in such programs is deemed not to elevate the esteem of the dental profession. For purposes of this advisory opinion, solicitation includes, but is not limited to, dissemination of business cards or any other materials intended to promote the dentist's practice.

3. Dentists shall fully explain proposed treatment, reasonable alternatives, and the risks of not performing treatment. Treatment should be explained in a manner that allows patients to be involved in decisions affecting their oral health.

4. Dentists shall not allow or cause patients to believe that they are providers for the patients' third party¹ payor when, in fact, they are not. Additionally, dentists shall not allow or cause patients to believe that services being offered are benefits covered by the patients' third party¹ payor if, in fact, they are not. Dentists should make a bona fide attempt to determine these facts before committing patients to a financial obligation.

Section 2. Government of a Profession

Every profession receives from society the right and obligation to regulate itself, to determine and judge its own members. Such regulation is achieved largely through the influence of the professional societies, and dentists have the dual obligation of making themselves a part of professional society and of observing its rules of ethics.

Any member convicted of or pleading guilty to any felony or misdemeanor involving malpractice or unprofessional conduct (as defined by the Dental Practice Act or the California Dental Association) is in violation of the Code of Ethics, and may be disciplined by the association.

Any member who makes a statement in any document filed with the California Dental Association, its component societies, or the American Dental Association, which statement is fraudulent or false in a material respect, or which omits to disclose any material fact or matter, has engaged in unethical conduct. For the purpose of this section, the word "material" shall mean "not insubstantial" or "of significance" with respect to reasons for which the document is filed.

Section 3. Cooperation with Duly Constituted Committees

It is the duty of the member to comply with the reasonable requests of a duly constituted committee, council or other body of the component society or of this association necessary or convenient to enable such a body to perform its functions and to abide by the decisions of such body. In the event a member is employed by another dentist, it shall be the duty of the member to provide satisfactory written assurance from the employer that the employed dentist will be able to meet this duty of compliance. Any violation of this duty constitutes unethical conduct.

Section 4. Court Action and Association Discipline

Dentists who are members of the California Dental Association shall comply with the laws of the state of California relating to the practice of dentistry. Any dentists who shall be reprimanded, disciplined, or sentenced by final action of any court or other authority of competent jurisdiction, pursuant to the laws of the state of California governing the practice of dentistry, or who are found by final action of any court guilty of a crime reflecting unfavorably on dentists or the dental profession, shall thereby render themselves liable to discipline by the association.

Section 5. Unprofessional Conduct and Violation of State Law

A member may be disciplined for unprofessional conduct as it is defined by the Dental Practice Act, and for violation of any law of the state of California relating to the practice of dentistry.

Section 6. Education Beyond the Usual Level

The right of dentists to professional status rests in the knowledge, skill and experience with which they serve their patients and society. Every dentist has the obligation to advance his/her knowledge and keep his/her skills freshened by continuing education throughout his/her professional life.

Section 7. Use of Professional Titles and Degrees

A dentist may use the degrees conferred upon him or her by diploma from a recognized dental college or school legally empowered to confer the same, the letters "D.D.S." as permitted by state law, and/or the titles, Doctor and/or Dentist and any additional advanced academic degrees earned in health service areas on cards, letterheads, announcements and advertisements. A dentist who has been certified by a national certifying board for one of the specialties approved by the American Dental Association may use the title "diplomate" in connection with that specialty on cards, letterheads and announcements.

If dentists use a title or degree in connection with the promotion of any dental or other commercial endeavor, such usage must not be false or misleading in any material respect.²

Advisory Opinions:

1. A dentist using volunteer position titles and association and/or component society connected experience in any commercial endeavor may be making a representation which is false or misleading in a material respect. Such use of volunteer position titles and association and/or component society connected experience may be misleading because of the likelihood that it will suggest that the dentist using such is claiming superior skills. However, when such usage does not conflict with state law, volunteer position titles and association and/or component society connected experience may be indicated in scientific papers and curriculum vitae which are not used for any commercial endeavor. In any review by the council of the use of volunteer position titles and association and/or component society connected experience, the council will apply the standard of whether the use of such is false or misleading in a material respect.

2. The phrase "any additional advanced academic degrees earned in health service areas" is interpreted to mean only those degrees that are earned after a member graduates from dental and/or medical school. Use of a degree earned prior thereto could be misleading in a material respect because of the likelihood that it will indicate to the public the attainment of specialty status or advanced dental education. A member may list degrees only in the order received. A certificate or license is not a degree and shall not be listed with professional titles or degrees.

3. A dentist may append either the letters D.D.S. as permitted by state law, or the letter abbreviation(s) representing the degree(s) conferred upon him or her by a recognized dental college or school legally empowered to confer the same, when indicating successful completion of a dental educational program. The simultaneous use of these abbreviations, however, may be making a representation which is false or misleading in a material respect as it implies completion of an increased level of dental education. In any review by the council of the use of letter abbreviations, the council will apply the standard of whether the use of such is false or misleading in a material respect.

Section 8. Announcement of Specialization and Limitation of Practice

This section is designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program.

The special areas of dental practice approved by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, or-

thodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics.

A dentist who chooses to announce specialization should use "specialist in" or "practice limited to" and shall limit the practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement the dentist has met in each approved specialty for which he/she announces the existing educational requirements and standards set forth by the American Dental Association.

A dentist who uses eligibility to announce as a specialist or a limitation of practice to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case is engaged in unethical conduct. The burden of responsibility is on the specialist to avoid any inference that general practitioners who are associated with the specialist are qualified to announce themselves as specialists or limitations of practices.

General Standards: The following are included within the standards of the American 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 American Dental Association.

2. The dentists must have successfully completed an educational program accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs, two or more years in length, as specified by the American Dental Association Council on Dental Education or be diplomates of an American Dental Association recognized certifying board.

3. The dentist's practice shall be limited exclusively to the special area(s) of dental practice in which the dentist has announced.

Standards of multiple specialty announcements: Educational criteria for announcement as a specialist or limitation of practice in an additional recognized area(s) are the successful completion of an educational program accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs in each area for which the dentist wishes to announce.

Dentists who completed their advanced education in programs listed by the American Dental Association Council on Dental Education prior to the initiation of the accreditation process in 1967, and who are currently ethically announcing as specialists or limitation of practice in a recognized area, may announce in additional areas provided they are educationally qualified or are certified diplomates in each area for which they wish to announce. Documentation of successful completion of the educational program(s) must be submitted to the appropriate constituent society. The documentation must assure that the

duration of the program(s) is a minimum of two years except for oral and maxillofacial surgery, which must have been a minimum of three years in duration.

Advisory Opinion:

1. A dentist who is qualified to announce specialization under this section may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months' duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles; and

2. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.

The Advisory Opinion applies to any credential in an area of dentistry not recognized as a specialty area by the American Dental Association, including, but not limited to, "certified," "accredited," "diplomate," "fellow" or "master." It does not apply to a statement of membership in an organization as long as the statement does not express or imply specialization or special qualifications which cannot be substantiated.

Nothing in this Advisory Opinion affects the right of a properly qualified dentist to announce specialization in an ADA-recognized specialty area(s) as provided for under Section 8 of this Code or the responsibility of such dentist to limit his or her practice exclusively to the special area(s) of dental practice announced. Specialists shall not announce their credentials in a manner that implies specialization in a non-specialty interest area.

Section 9. 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. The dentist shall also state that the services are being provided by a general dentist. No dentist shall announce available services in any way that would be false or misleading in any material respect.

Advisory Opinions:

1. Since the advent of the accreditation process leading to ADA approved specialties, the phrase "practice limited to" has taken on a secondary meaning referring to a dentist who is a specialist in an ADA approved specialty. The public and profession have been secure in the knowledge that a dentist using this longstanding phrase

has received two or more years of postdoctoral specialty training in an ADA accredited specialty education program. Use of this phrase by a specialist also carries with it the understanding that the specialist devotes 100 percent of his or her time to the specialty and does not provide any general dental services.

An announcement by a general dentist that services available are restricted or limited to a particular area of dentistry could be misleading to the public because of the likelihood that it will imply that the dentist has received the same type of education and training which an ADA approved specialist receives. In order to avoid the likelihood of such misconceptions, a general dentist may only announce a practice limited to a particular area of dentistry if all of the following are strictly adhered to:

a. Other general dental services are not provided;

b. One hundred percent of the dentist's time is devoted to the particular area of dentistry; and

c. It is clearly stated that the services are being provided by a general dentist in a font as prominent as that used to announce the limited practice.

In addition, if the area of practice is not a specialty recognized by the ADA, the following or a substantially similar disclaimer must be used in conjunction with the announcement of limited practice and displayed in a clear and visible manner:

(Area) dentistry is not a specialty recognized by the American Dental Association.

Failure to adhere to these provisions would make the announcement false or misleading in a material respect. For instance, if any general dental services are provided, the announcement would be false because the dentist is not truly limiting his or her practice to a particular area. Similarly, if 100 percent of the dentist's time is not devoted to the particular area, the announcement would also be false. If "general dentist" is not prominently displayed, the announcement may lead the public to mistakenly believe that the dentist has attained ADA approved specialty status. If the disclaimer is not used, the announcement may lead the public to mistakenly believe that the particular area of dentistry is one that the ADA has found to be appropriate for specialization.

2. A general dentist may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months' duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;

2. The dentist discloses that he or she is a general dentist; and

3. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as

a specialty area by the American Dental Association.

This Advisory Opinion applies to any credential in an area of dentistry not recognized as a specialty area by the American Dental Association announced by a general dentist, including, but not limited to, "certified," "accredited," "diplomate," "fellow" or "master." It does not apply to a statement of membership in an organization as long as the statement does not express or imply specialization or special qualifications which cannot be substantiated.

Fellowships or other credentials earned in the area of general dentistry may be announced so long as they avoid any communications that express or imply specialization and the announcement includes the disclaimer that the dentist is a general dentist. The use of abbreviations to designate credentials shall be avoided when such use would lead the reasonable person to believe that the designation represents an academic degree, when such is not the case.

3. "Family Dentistry" and "Restorative Dentistry" are considered synonymous with "General Dentistry" and can be used to state that services are being provided by a general dentist. General dentists who choose to announce the services available in their practices shall announce those services in a manner subordinate to the statement that services are being provided by a general dentist. Otherwise consumers may falsely assume some services, including but not limited to aesthetic dentistry, cosmetic dentistry, implant dentistry and laser dentistry, are among the nine special areas of dental practice approved by the American Dental Association for ethical specialty announcement and limitation of practice.

Section 10. 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. 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.²

Advisory Opinions:

1. A member shall not disseminate, permit or cause to be disseminated, or participate in the benefits from any form of advertising containing a statement or claim which is false or misleading in any material respect, for the purpose of, directly or indirectly, soliciting patients or inducing the rendering of dental services.

2. A statement or claim is false or misleading when it:

- a. Contains a material misrepresentation of fact;
- b. Is materially misleading because the statement as a whole makes only a partial disclosure of relevant facts;
- c. Is intended or is likely to create false or unjustified expectations of favorable results;

3. Any member who compensates or gives anything of value to a representative of the press, radio, television or other communication medium in anticipation of, or in return for, professional publicity

must make known the fact of such compensation in such publicity.

4. A member may not use any professional card, professional announcement card, office sign, letterhead, telephone directory listing, dentists' list, dental directory listing or a similar professional notice or advice if it includes a statement or claim that is false or misleading in any material respect.

5. A dentist shall not issue or cause to be issued through any medium, a public statement expressing or implying official sanction of the American Dental Association, California Dental Association, or any of its component societies, without due consent of the governing body of said organization. Upon receiving such authorization, the member shall ascertain that any public statement is scientifically correct and complies with the Code of Ethics.

6. Advertising claims shall be avoided that contain a material, objective representation, whether expressed or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.

Subjective statements about the quality of dental services can also raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.

Section 11. Cards, Letterheads and Announcements

A dentist may utilize professional cards, announcement cards, recall notices to patients of record and letterheads when the style and text are not false or misleading in any material respect.²

Section 12. Office Door Lettering and Signs

A dentist may utilize office door lettering and signs provided their style and text are not false or misleading in any material respect.

Section 13. Directories

Dentists may permit the listing of their names in a telephone directory, community directory or guide, dental list or dental directory, or in a membership roster, membership directory or other membership list of a service club, charitable organization, fraternity, school alumni association or business, professional or trade association to which they belong, provided such listing is not false or misleading in any material respect.²

Section 14. Name of Practice

As the name under which a dentist conducts a dental practice may be a factor in the selection process of the pa-

tient, the use of a trade name or an assumed name that is false or misleading in any material respect² 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.

Advisory Opinion:

1. The use of a trade name or an assumed name could mislead laymen concerning the identity, responsibility and status of those practicing thereunder. Therefore, it is improper to mislead a patient or misrepresent the skills, training, identity, services or fees, either directly or indirectly, through the use of such a trade name or assumed name in any way or manner. Except as permitted by state or federal law, a dentist shall practice only under one of the following: 1) his/her own name; 2) the name of a dentist employing him/her who practices in the same office; 3) a partnership name composed only of the name of one or more of the dentists practicing in a partnership in the same office; or 4) a corporate name composed only of the name of one or more of the dentists practicing as employees of the corporation in the same office. Whenever any assumed or trade name of the practice is used, it must be conspicuously accompanied by the name of the dentist as licensed to practice dentistry.

Section 15. Emergency Service

Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Reasonable arrangements shall be defined in accordance with the standards established by the component dental society. Failure of the component society to establish such standards shall not excuse the dentist from the duty to provide emergency care to all patients of record.

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

Section 16. Consultation and Referral

A dentist shall be obliged to seek consultation, if possible, whenever the welfare of the patient will be safeguarded or advanced by utilizing those who have special skills, knowledge and experience. When a patient visits or is referred to a specialist or consulting dentist for consultation:

1. A dentist has a duty to make reasonable inquiry to determine whether a prospective patient is currently the patient of another dentist.
2. A specialist or consulting dentist upon completion of the 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.
3. A specialist shall be obliged, when there is no referring

dentist and upon completion of the treatment, to inform the patient when there is a need for further dental care.

Section 17. Use of Auxiliary Personnel

Dentists have an obligation to protect the health of their patients by not delegating to a person less qualified any service or operation which requires the professional competence of a dentist. Dentists have the further obligation of prescribing and supervising the work of all auxiliary personnel in the interest of rendering the best service to the patient.

Advisory Opinions:

1. Hygienists' duties are to support the dentist in the delivery of dental care. The duties should never be performed independently of the dentist's professional judgment or a separate treatment procedure performed outside of the dentist's supervision. Hygienists' services are dental treatment. Therefore, the diagnosis for dental treatment and subsequent delegation of duties to registered dental hygienists must be made by a dentist.

2. The state of California provides for both general and direct supervision of registered dental hygienists. General supervision means supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures. Direct supervision means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures. Duties shall not be delegated to the registered dental hygienist by the supervising dentist until the patient has been initially examined and diagnosed by the dentist.

3. After the initial examination and diagnosis by the supervising dentist, additional examinations of each patient shall be completed by the dentist as determined by the customary practice and standards of the dental profession. Registered dental hygienists may not perform any additional dental treatment other than that which is contained in the written treatment plan until the supervising dentist has re-examined the patient and provided new or additional instructions.

Section 18. Third Party¹ Practice

A dentist may enter into an agreement with individuals and/or organizations to provide dental health care provided that the agreement does not permit or compel practices which lead to unethical conduct.

In the performance of such contracts the dentist is required to deal fairly with the public and fellow practitioners in the locality.

A dentist who submits any billing for services rendered or to be rendered which is fraudulent, deceitful, or misleading is engaged in unethical conduct.

It is unethical for dentists to contract for services under conditions that make it impossible to render service to their patients in a timely and reasonable manner.

Section 19. Justifiable Criticism

Dentists shall be obliged to report to the appropriate reviewing agency instances of gross and/or continual faulty treatment by another dentist. Patients should be informed of their present oral health status without disparaging comment about prior services.

Advisory Opinions

1. It is the duty of a dentist to report instances of gross and/or continual faulty treatment. However, this section is entitled "Justifiable Criticism." When informing patients of the status of their oral health, the dentist should exercise care that the comments made are justifiable. This would include finding out from the previous treating dentist under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would imply mistreatment.

2. If comments are made which are obviously not supportable, and, therefore, unjustified, such comments can be the basis for association disciplinary proceedings against the dentist making such statements.

Section 20. Expert Testimony

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

Dentists shall avoid placing themselves in a position where personal or professional interests may conflict with their duties as expert witnesses. Dentists shall also avoid using information learned as expert witnesses for personal gain or advantage.

If a dentist accepts a request from an attorney to provide an expert opinion about a person who is not a patient of the dentist, the dentist shall not accept that person as a patient into his or her practice until the litigation or other proceeding, if any, involving that person has concluded.

A dentist has the right to speak out against any policies espoused by organized dentistry, provided the dentist does not misrepresent such policies. It is unethical, however, for dentists to represent their views as those of the dental society or as those of the majority of the dentists of the community when, in fact, those views are opposed to those of the society or the majority of dentists in the community.

A dentist has the right to make fair comment with respect to dental health subjects, including dentists and the quality of dental care delivered and costs related thereto. However, it is unethical to publish, cause to be published or encourage the publication of comments on such subjects if the dentist does so without having sufficient information that would justify a reasonable dentist to believe the comments to be true. The burden shall be on the commenting dentist to produce the evidence upon which he/she based

those comments and to establish therefrom that a reasonable dentist would be justified in believing the comments to be true. For the purposes of this section, the word "publication" means any form of communication, including, without limitation, the press, radio, television and lecture.

Section 21. Rebates, Split Fees and Other Fee Arrangements

A dentist may not accept or tender "rebates" or "split fees." Other fee arrangements between dentists or other persons or entities of the healing arts which are not disclosed to the patient are unethical.

Section 22. Discoveries, Patents and Copyrights

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

Section 23. Health Education of the Public

A dentist may participate in a program of health education of the public, involving such media as the press, radio, television, and lecture, provided that such programs are in keeping with the dignity of the profession.

1. A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative services.

2. Notwithstanding any ADA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities. Any provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the ADA Principles of Ethics and Code of Professional Conduct.