

Ethical Moment

Ethical guidance for dentists about offering nonfluoridated toothpaste to patients who request it

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A woman brings her 10-year-old daughter to her general dentist for her first visit because the daughter is experiencing severe oral pain. Before the dental hygienist begins the daughter's prophylaxis, the mother explains she does not want any fluoride used in her daughter's mouth. "We're a fluoride-free family," she says. Although she could see active caries in the child's mouth, the dental hygienist agreed to the request. Pushing back against the mother would be futile, she reasons; she would prefer the dentist question the mother's choice. After the prophylaxis, the dentist examines the child, and caries is diagnosed. He reads in the patient's chart that her mother refuses fluoride treatment so he broaches the subject by means of asking whether the family is on well water or city water. When the mother answers that the family's water is provided via well, the dentist tells her that her daughter has 14 cavities, and that he recommends she start to brush her teeth with fluoridated toothpaste. The mother refuses to discuss the matter but says she is open to the dentist's suggestions for nonfluoridated toothpaste. She also agrees to allow the dentist to treat her daughter. The dentist knows of a nonfluoridated toothpaste that contains nano-hydroxyapatite (nHA), which has been found to be effective at treating caries. He wants to recommend it to the mother, but he worries that the aggressive antfluoride branding of the toothpaste will cause the mother to double down on her sentiments. He also worries it is unethical for a dentist who believes in the efficacy of fluoride to offer this particular toothpaste.

ETHICAL ISSUES AT PLAY

This case calls to mind issues of patient autonomy, non-maleficence, veracity, professional ethics, and pediatric ethics. In addition to these ethical issues, the case also calls to mind clinical practice guidelines and legal standards of care. The first principle of the American Dental Association's *Principles of Ethics and Code of Professional Conduct* (ADA Code),¹ Patient Autonomy ("self-governance"), says the dentist is obligated "to respect the patient's rights to self-determination" and to involve the patient "in treatment decisions in a meaningful way." The dentist, therefore, ought to seriously consider the mother's treatment requests. As the parent of the child, the mother is authorized to make decisions for her because children are presumed not to have the capacity to make decisions on their own behalf. Typically, parents are presumed to make these decisions according to the best interests of their children,

but the dentist disagrees with the mother that nonfluoridated toothpaste is in the child's best interest. In fact, he finds that his respect for the mother's autonomy is in conflict with his "duty to protect the patient from harm," which is stated in the second principle of the ADA Code, Nonmaleficence ("do not harm"). Allowing the patient's condition to deteriorate, regardless of her mother's wishes, violates the principle of Nonmaleficence and is therefore unethical.

The case also touches on the ADA Code's¹ principle of Veracity ("truthfulness"), which obliges the dentist not to misrepresent dental treatment. It is possible that a non-fluoridated toothpaste branded in such a way as to call into question the efficacy of fluoride might constitute misrepresentation. The dentist should avoid offering any toothpaste alternatives that are not recommended by the profession or do not show scientific evidence of efficacy. Furthermore, although dental benefits of nHA have been reported, it has not been researched as extensively as fluoride.² To avoid misrepresentation, any reference to nHA in discussion with the patient ought to acknowledge the limitations of the research.

The case also highlights issues of professional ethics, specifically, whether it is unethical for a dentist to offer a non-fluoridated toothpaste to his patients when the dental standard of care for children includes fluoride treatment.

Finally, the dentist must consider the threshold of abuse. In some states, a young child with a consistently high caries rate may meet the criterion for abuse. The ADA Code¹ advises a dentist to be familiar with local laws about child abuse. Some researchers have suggested there is an association between poor oral health and neglect.³ For this reason, dentists ought to pay particular attention to any pediatric patient who has severe and persistent caries.

STAY FOCUSED ON TREATMENT GOALS

According to the Preamble to the ADA Code,¹ high ethical standards in dentistry "have the benefit of the patient as their primary goal." In other words, the entire ADA Code is organized toward the good of the patient. In this instance, the patient is a minor, but she is nevertheless the dentist's patient. It would be good for the dentist to keep calling to mind this relationship by referring to her as "my patient" instead of "your daughter." In this way, he can suggest to the mother that he has an obligation to promote his patient's oral health. He can also reframe the goal of treatment to the mother; the primary

goal is not for her to make decisions on her daughter's behalf, but for her daughter's oral health to be maintained.

Of course, the dentist is not able to successfully treat his patient without her mother's cooperation. As such, the dentist ought to make clear that he is working with, not against, the parent. This will require the dentist to open up a space for the mother to share her concerns honestly, without fear of judgment. It is a dentist's job to provide care to patients, not just to their teeth. Treating a patient successfully will require a dentist to take seriously the stories the patient may share. Listening to these stories does not mean a dentist will have to join the patient in believing them, but earning a patient's trust is essential before questioning the stories they share.

Perhaps after this relationship of trust is established, the dentist will have more of an opportunity to educate the family about the importance and safety of fluoride. Over time, the mother might even come to agree to allow her daughter to use a fluoridated mouthrinse that is not swallowed. The dentist should also teach the patient and her mother that dietary choices, flossing, toothbrushing after meals, and mouthrinses are worthwhile considerations for a preventive oral health program. Regardless of whether the mother agrees to the use of fluoride, the dentist should carefully document his education efforts in the patient's record.

If after these conversations the mother insists on a non-fluoridated toothpaste, the dentist might consider offering an

alternative toothpaste that offers some oral health benefits. Although nHA has not been studied as robustly as fluoride, early results seem positive.⁴ In short, if a patient refuses fluoride, nHA is likely the second-best option for them, based on the limited studies available.^{4,5} If the toothpaste's branding is aggressively antifructure, then the dentist should point out that, in keeping with the legal standards of care and clinical practice guidelines, he does not agree with this messaging.

CONCLUSIONS

The dentist's goal for his 10-year-old patient is the same as his goal for all of his patients: to help them achieve and maintain their oral health. To effectively reach this goal, he will have to cooperate with the patient's mother. The simple act of listening to her share her concerns, even while insisting that he does not share those concerns, can go a long way toward strengthening the level of trust between him and this family. This trust is crucial for any health care provider to maintain with their patients. ■

DISCLOSURE

Dr. Ambrosino did not report any disclosures.

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