# Pandemic-driven changes in the scope of dental practice



Ethical implications

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any states have called on dentists to volunteer alongside other health care professionals (OHCPs) during the COVID-19 pandemic, introducing the question of when it is ethical for a dentist to broaden their scope of practice. Although a dentist's obligatory role during spikes in infection should be emergency oral health care and public health awareness, OHCPs have other supererogatory skills, beyond the call of duty, that could help alleviate demand on hospitals, testing, and vaccination centers.

Within the United States, cases of COVID-19 have been diagnosed across all areas and demographic groups. <sup>1</sup> Infections in health care providers and caregivers have led to staff shortages. <sup>2,3</sup> Physicians across specialties have volunteered for, and been required to take on, additional responsibilities and have even come out of retirement to join the cause. <sup>2</sup> A need has also arisen for additional providers, which creates validity for OHCPs to be beneficent and broaden their scope of practice. <sup>4</sup>

Dentists are valuable members of the health care team, specialists in the head and neck, and well trained in medicine, pharmacology, patient management, and sterile surgical techniques.<sup>5</sup> They possess emergency management skills, which may include airway management, code protocol, and pharmacologic response, and are prepared for emergencies during routine provision of care. As one of few professions that perform conscious surgery, dentists are consistently exposed to stressful situations that require careful patient care management. OHCPs credentialed in minimal and moderate sedation require in-depth knowledge of advanced life support, airway management, and pharmacology. Training of oral surgeons and dental anesthesiologists explicitly allows these professionals to induce all levels of sedation. Furthermore, dentists are highly versed in proper use and disposal of personal protective equipment and are able to take the steps necessary to protect themselves while serving a highly contagious population. Because COVID-19 is a respiratory illness, familiarity with systemic health and airway management prepares dentists particularly well to aid during this pandemic.

#### LAW AND REGULATIONS

In 2005, Illinois expanded the scope of dental practice during disasters by establishing the dental emergency responder. This role allows OHCPs to respond to emergency needs within their scope of practice, including triage, airway management, preventive treatment, and vaccination. The national Good

Samaritan Health Professional Act of 2017, with the support of the American Dental Association, further enhanced the protection afforded to health care volunteers working beyond their normal scope. States have also amended their Good Samaritan and public health laws to include OHCPs, although dentists may not be protected equally, limiting their comfort in acting during these crises. 7-9

During the initial COVID-19 outbreak, on March 27, 2020, the California Dental Association issued a request for dentists to volunteer. <sup>10</sup> Even before the pandemic, dentists in California were granted, "flexibility . . . in time of catastrophic emergency," including good faith protection from liability. <sup>5,11</sup> The Coronavirus Aid, Relief, and Economic Security Act of 2020 provided additional federal liability protection for health care providers volunteering during the COVID-19 pandemic. <sup>12</sup> The Coronavirus Aid, Relief, and Economic Security Act also clarified that health care professionals would not be liable for providing services to patients diagnosed with, or suspected of having, COVID-19. <sup>12,13</sup>

## **MILITARY MEDICINE: A ROLE MODEL**

Civilian and military oral health response to disaster has long been considered.<sup>14</sup> Dentists play a central role in the medical readiness of the US Armed Forces, including both overall health and dental readiness. During bioterrorism response and mass casualty, the military continuously trains Dental Corps personnel to perform triage, among other functions. 15 Orofacial pain and odontogenic infections are, and have historically been, recognized as having potentially catastrophic consequences regarding the military's ability to perform safely and effectively. 16 In addition to in-depth knowledge of dental infections, orofacial pathology, and orofacial pain, military dentists are taught triage; management of soft tissue, dentofacial trauma; and stabilization of head and neck fractures. They are also used in constructing, staffing, and repackaging field hospitals.<sup>17</sup> Military dental officers can also undergo Tactical Combat Casualty Care courses with didactic and hands-on training in triage and emergency medicine, including management of fractures, bleeds, airways, and more. 17

During the initial days of the COVID-19 pandemic, nonemergency military dental procedures were suspended temporarily, and many military dentists were given new missions, while still providing emergency dental treatment and spreading awareness of oral health care. <sup>18</sup> Military

comprehensive medical readiness programs and disaster team training in support of the medical response plans provided an outline of advanced training, which the civilian sector could replicate to prepare the medical system with volunteers and reserve staff. <sup>17</sup>

### **EXPANDING THE ROLE OF THE DENTIST**

To better prepare for a changing world, there will need to be sustainable preparation when the world is not in a pandemic, including providing educational programs and certification in disaster response. Ontinuing education classes may be offered on hospital operation, emergency medical procedures, medical testing, and skills of applied public health. Enrollees in these courses could be ready to act as first-line responders if hospital systems become overloaded. Consistency at all levels will also clarify ways that the OHCP could aid in a pandemic. To ensure nonmaleficence when practicing outside the normal scope, the OHCP will need to be reeducated periodically on how to deal with common and uncommon emergency situations to maintain emergency preparedness.

Dentists use their medical knowledge daily. Many patients with COVID-19 need increased fluids and emergency intravenous access, and dentists with appropriate pre- or postdoctoral training are well suited to provide these. Although many urban areas have been overwhelmed during the pandemic, smaller and more rural towns have limited health care workforces and have had difficulty maintaining adequate staff. The inclusion of OHCPs in care of patients with COVID-19 could increase both populations' workforces. Dentists can provide much of the basic and emergency care to a patient with COVID-19 and determine an appropriate time to refer. Although all dental practitioners should be familiar with life-sustaining measures, including defibrillators, oxygen, and emergency medical care, oral surgeons and dental anesthesiologists can aid in more complex procedures, such as sedation and mechanical ventilation. 10 OHCPs have taken action during the COVID-19 pandemic to encourage these expansions, including starting petitions to consider their use in support of inpatient providers.<sup>4</sup> These supererogatory actions are valuable during a crisis.

Testing during the COVID-19 pandemic and future pandemics is crucial to estimating public health care needs and lessening the strain on the economy.<sup>3,20</sup> The increase in testing takes health care professionals away from facilities. Dentists are familiar with the sinus and oral cavity and are ideal administraters of nasal swab and saliva tests.

Dentists can also be of help in combatting the pandemic through administration and documentation of COVID-19 vaccinations. Dentists as inoculators is not a new concept, as dentists provide influenza and human papillomavirus vaccines in multiple states.<sup>21</sup> Many states have expanded these

approvals to allow OHCPs into the COVID-19 vaccine workforce. On March 11, 2021, the White House recommended that dentists and dental students be included in the pool of qualified health care professionals administering COVID-19 vaccines. <sup>22</sup> This was accepted by the US Department of Health and Human Services under the Public Readiness and Emergency Preparedness Act. <sup>23</sup> Allowing OHCPs to serve as vaccine providers is a supererogatory act that expands the group of qualified providers.

Dentists have an obligatory duty to educate patients about public health at all times, a responsibility that becomes more acute during a pandemic. As essential health care workers, dentists can continually attend to the needs of selected patients during times of emergency. To do this, however, each practice must take every step possible to protect patient, dentist, and staff. As community leaders, dentists should practice disease prevention both inside and outside of the office, such as proper handwashing, wearing masks when recommended, and social distancing as determined by the Centers for Disease Control and Prevention. 20,24 Teledentistry, including teleconsultation, telediagnosis, teletriage, and telemonitoring, serves an essential function during treatment of a spike in infection or treatment of an infected patient.<sup>20,25</sup> Patients place trust in their dentists and often form close long-term relationships, allowing OHCPs to aid in public health awareness, disaster relief aid, and education.

#### **CONCLUSIONS**

Dentists are members of the health care team and can contribute to various areas of medicine. As the COVID-19 pandemic continues and future pandemics arise, the world must start planning to optimize the use of providers. Dental practitioners are rigorously trained and prepared to respond in a pandemic. Many dentists have undergone emergency medical training. Although a dentist's priority is oral health care emergencies, when nonessential procedures are limited and when time allows, a dentist can be used in direct and indirect roles. The military prepares its dental officers in case of a national emergency, and public health organizations could create a similar preparation and continuing education credits for civilian dentists to volunteer their supererogatory services.

By means of allowing dentists to contribute during a national crisis, such as the COVID-19 pandemic, government and private institutions can support OHCPs, increase the active workforce, and save lives. It is ethically permissible to allow dentists to practice beyond their normal scope during a pandemic. Despite the physical, emotional, and economic toll of pandemics such as COVID-19, these emergencies offer a chance for dentists to contribute their training and skills.

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