

Ethical Issues in Modern Day Dental Practice

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Recommended Citation

Mathur, S., & Chopra, R. (2013). Ethical Issues in Modern Day Dental Practice. *Online Journal of Health Ethics*, 8(2). <http://dx.doi.org/10.18785/ojhe.0802.03>

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Ethical Issues in Modern Day Dental Practice

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Abstract

In modern dentistry, like other branches of medicine, a set of principles contribute in establishing codes of ethics. These codes which are based on ethical principles, religious beliefs and the social and cultural considerations guide the dental practitioners in their everyday practice and also establish expectations for dentists in fulfilling their ethical and professional duties to the patients, public and the profession itself. Ethical principles are the moral rules and foundations of justification source to be applied in order to exercise an ethical practice. The four principles of medical ethics; Respect for autonomy, Beneficence, non-maleficence and justice form the base of the modern dentistry that needs to be followed. The article gives an overview of how these principles form the backbone of modern day dental practice and thus, are indispensable to its working.

KEYWORDS: dentistry, autonomy, ethics

“ I swear by Apollo, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment.....will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone... will not give a lethal drug to anyone.....will preserve the purity of my life and my arts.....but if I swerve from it or violate it, may the reverse be my lot. ”

The Hippocratic Oath

Medical ethics' footprints could be found in all schools of classic medicine. The Hippocratic Oath is one of the oldest binding documents in history. Written in antiquity, its principles are held sacred by doctors to this day. Several parts of the oath have been removed or re-shaped over the years in various countries, schools, and societies as the social, religious, and political importance of medicine has changed.

Ethics are conformed to illuminate the physicians' duty prospectively by asking them to consider and reconsider their ordinary actions, judgments and justification. It is the application of general ethical theories, principles and rules to solve the problems of therapeutic practice, health care delivery and research (Maryam & Ahmad, 2007)

In the modern arena, many professional codes have evolved from a legal perspective. The practitioners of the profession do not want to go to jail or to be sued. Thus, they create certain codes that will make this possible situation less probable. These sorts of codes are defensive in nature and stand at the opposite end of the spectrum from the Hippocratic Oath. Their mission is not to set internal standards and link to common morality; rather, they seek to "shave" as close as possible to maximizing an egoistic bottom line at the expense of the pillars of professionalism: one's specialized education and one's mission to serve others. The latest axioms in this field have used Nash's Game theory to create a plausible set of circumstances and responses between the doctor and the patient. The work of Hayes-Bautista (1976) studied bargaining between the patient and the doctor over treatment. The patients were observed using "convincing tactics" of demands and disclosure that the treatment has not worked, suggestions and leading questions. If these did not achieve the desired change in treatment, they turned to "countering tactics" of arguing that the treatment is too weak, too powerful, or insufficient. To augment their authority, the doctors used tactics of wielding overwhelming knowledge, medical threats about the consequences of ignoring advice, disclosures that the treatment may take longer to work for the patient or a personal appeal to the patient as an acquaintance (Ganesh, 2009).

Any code that takes as its basis merely a negative approach designed to protect the practitioner from going to jail or being sued is fundamentally inadequate. For example, risks should be described in percentage terms where possible, or a broad band or range of figures, rather than by subjective terminology, such as small risk, slight risk, and rare. A risk does not have to be life-threatening to require disclosure. For instance, a risk of feces leaking into the vagina, which is unpleasant but not life threatening, must be mentioned. A doctor cannot discharge the duty to

inform simply by providing pamphlets about a proposed procedure, such as a pamphlet mentioning capsulation, infection or asymmetry (K. Ganesh, 2009). Rather, we should dream about what the profession may be-in the best of all possible worlds. The Oath of Hippocrates thus properly sets the mission that should drive all codes of ethics.

...Thou shalt behave and act without arrogance and with undistracted mind, humility and constant reflection; thou shalt pray for the welfare of all creatures...'

Charaka Samhita

It has been seen that even in this cynical age, most people still trust the health professionals who serve them, and dentists are still among the most trusted of professionals. According to a poll done in 1997 by the Gallup poll, dentists received high marks in being the most trusted profession in the United States of America (Thornton, n.d.). It is important for a dentist to keep this fact in mind and to reflect often of its implications, especially when dental practice seems to be changing so much under the influence of the malpractice crises, the changing economic scene, the changing regulatory environment, and so on. In the past, it was considered unethical and unprofessional for a dentist to participate in advertising campaigns. It was believed that dentists should build their reputations on professional ability and integrity. While advertising is no longer considered unethical or unprofessional, it does stand that advertising should include participation in health promotion programs that serve the best interest of the public in addition to being for more personal and professional gain. Dentistry has traditionally taken pride in its status as a self-regulating profession. In return for the privileges accorded to it by society and the trust given to its members by patients, the dental profession has established high standards of behavior for its members and disciplinary procedures to investigate accusations of misbehavior and, if necessary, to punish the wrongdoers. These wrongdoings can be any issue from practicing while impaired, incompetent performance on procedures, wrongful termination of an employee, to harassment of any kind. No matter what the situation, it is important to remember that in the interest of maintaining the standards of ethics in the profession, the dentist must avoid creating a hostile work environment by making expectations clear and to lead by example.

Throughout recorded history, the deep-rooted cultural tradition relegated those engaged in the dental art, to a class deemed socially inferior to that of the physicians and dentists were frequently accused ethically. Organizational developments and public and professional attentions to the area of medical ethics, engendered the emergence of dentistry from a virtual trade to a recognized specialty of medicine in which the principles of medical ethics should be respected and practiced. Unlike medicine, dentistry has traditionally favored the libertarian approach, which has also been accepted by many governments for whom oral health care is a very low priority. However, the growing awareness of the nature and requirements of professionalism and the intrinsic connection of oral health and overall health are giving rise to a more social conception of dentistry. From this perspective the libertarian approach is seen to be inadequate

because it leaves a segment of the population with limited or no access to oral health care. Dentists as an organized profession are beginning to consider that they have a responsibility for these individuals in addition to those who do have access to dental care, namely, their own patients. Some countries, such as the U.S.A., favor the libertarian approach; others, e.g., Sweden, are known for their longstanding egalitarianism; while still others, such as post-apartheid South Africa, are attempting a restorative approach (Williams, 2007). As dentistry moves into the twenty-first century the attention to ethics will have to be even greater.

The Principles of ethics are the aspirational goals of the profession. They provide guidance and offer justification for the Code of professional conduct and the Advisory opinions. Ethical principles are the moral rules and foundations of justification source to be applied in order to exercise an ethical practice. They are the goals to be aspired by every single member and are ground in the classic characteristics of the profession. These four principles are Respect for autonomy, Beneficence, Non-maleficence and Justice.

They are not prioritized but weighed differently for each circumstance. **W.D. Ross**, the English philosopher, introduced the term “**prima facie**” which means that each principle is binding unless it conflicts with another moral principle, and in that case, we are to choose between them. Nowadays, the above term is generally used to refer to four principles of medical ethics (Gillon, 1994).

Now, the question arises, as to how these principles are to be implied in chair-side dentistry?

Autonomy

Autonomy (“self-governance”) is the first principle which is a term derived from Greek; Autos (self) and Nomos (rule, governance, or law). Based on the works of **John Stuart Mill**, and according to a liberal interpretation, individual liberty and personal self-determination cannot be separated.

According to this principle, the dentist has a duty to respect the patient's rights to self-determination and confidentiality. Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

Today, autonomy is commonly understood as the capacity for self-governance. Since ethics and morality necessitate autonomously made decisions, it has a place of great emphasis in all moral classes. To respect someone's autonomy implies to acknowledge that person's right to make informed choices based on his or her own values and wishes and with no coercion or undue influence from others.

According to this view, respect is not only abstaining from meddling in others choices, but also it necessitates providing them with the adequate opportunity for exercising autonomy. Moreover

others are obligated to protect confidentiality, respect privacy, and to tell the truth. Although it has been found that patients prefer the decisions to be made principally by their physicians, not themselves, it is one basic right of every individual to be informed of his or her condition and to make deliberate decisions.

Since modern dentistry has made it possible to treat cases that were not treatable previously, the concern for informed consent and patients' autonomy becomes more evident. Dentists have a duty to inform the patients of their treatment options including the advantages and disadvantages; and whether it is appropriate to consider a referral to specialists. The patient is the one who makes the final decisions on choice of treatment and on choice of practitioner to perform the treatment or to follow-up after referral or second opinion.

There is an outstanding difference between the needs of the patients and his or her interests. Thus, obtaining informed consent and then acting on the needs, or when rationale and possible, on the interest of the patient, are considered very important. Informed consent to treatment implies a process in which the potential patient is provided with information about treatment needs and treatment alternatives sufficient for the individual to make an independent decision about treatment. According to the above definition, and because of the large number of different materials and different techniques available for the same or similar problems, obtaining a true informed consent is a very difficult, but not impossible task for dentists.

An example where autonomy is challenged in dental practice is rehabilitation for mentally handicapped patients. Under such circumstances, how much information does the patient need to know to be able to make an informed consent; or is the patient competent enough to be given the right of making the decision? And, if not, who should make such decision about his health care delivery? For this, Paternalism comes into play which literally means to act as a father or parent (American College of Dentists, 2000-2012). In dentistry, it can involve a dentist overriding the autonomous decision of a competent patient for that patient's own benefit. It is the dentist's responsibility to determine the decision-making capacity of each patient and in case of mentally challenged explanation to a competent surrogate is needed. The patient's values may conflict with the dentist's recommendations, and these conflicts may lead to paternalistic decisions. For example, the dentist may decide to withhold information from a competent patient in order to unduly influence the patient. The dentist must consider the patient's values and personal preferences, and the dentist must involve the patient in the decision-making process if the patient is considered capable. Sometimes patients do not understand the consequences of their requests or have unrealistic expectations of outcomes. In such instances, additional patient education or explanation to a surrogate is needed.

The American Dental Association (ADA) has accepted the principle of respect for autonomy. This means that there is a duty for dentists to treat their patients with no coercion, according to their wills, within the realm of accepted treatment, with due consideration being given to the patient's needs, desires and abilities, and to safe guard the patient's privacy.

The dentist should inform the patient of the proposed treatment and any reasonable alternatives in a manner that allows the patient to become involved in treatment decisions. Dentists are obliged to safeguard the confidentiality of patient records and upon request of a patient or another dental practitioner, shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

One should be aware that the laws of the various jurisdictions are not uniform and some confidentiality laws appear to prohibit the transfer of pertinent information such as HIV seropositivity. The accepted standard is that every fact revealed to the dentist by a patient is, in principle, subject to the requirement of confidentiality, so that nothing may be revealed to anyone else without the patient's permission (Ozar & Sokol, 1994). This standard has several accepted exceptions. The laws of the dentist's jurisdiction permit the forwarding of this information after obtaining patient's written permission before forwarding health records which contain information of a sensitive nature. It is assumed that other health professionals may be told the facts they need to know about a patient to provide effective care. If it is necessary for a treating dentist to consult with another dentist or physician with respect to the patient, and the circumstances do not permit the patient to remain anonymous, the treating dentist should seek the permission of the patient prior to the release of data from the patient's records to the consulting practitioner. If the patient refuses, the treating dentist should then contemplate obtaining legal advice regarding the termination of the dentist-patient relationship. It is well documented that for some infectious diseases there may be no community standard regarding the dentist's obligation to protect patient confidentiality when third parties are at risk of infection (Ozar & Sokol, 1994). The burden of proof normally lies with anyone who claims that the value of a dentist preserving a patient's confidentiality is outweighed by the reduction of risk of infection for parties viewed as capable of adequately protecting themselves by conscientiously applying readily available information. The U.K. General Dental Council's Principles of Patient Confidentiality summarizes the dentist's responsibilities for respecting confidentiality as follows: In exceptional circumstances, it may be justified to make confidential patient information known without consent if it is in the public interest or the patient's interest.

Thus, respect for autonomy, is one of the basic principles, but should not be constructed as an absolute and foundational value. It requires every individual to respect other individual's self-determination to an appropriate extent within the context of community.

Non Maleficence

"**Non-maleficence**" is the second principle, derived from the ancient maxim "primum non nocere" which is translated from Latin; means "first, do no harm". It is an obligation to avoid harm intentionally and protect the patients from harm and it places a duty on the physicians to minimize the risks to their patients. The dentist has a duty to refrain from harming the patient.

... A man is truly ethical only when he obeys the compulsion to help all life which he is able to assist, and shrinks from injuring anything that lives.'

Albert Schweitzer

Since non-maleficence is often related to consideration in end-of-life decisions, dentists are not often involved in the actual decision-making about withdrawing or withholding treatment on patients. Yet, in the course of caring for patients, there are some situations in which some types of harm seems inevitable, and the dentists are often morally bound to choose the lesser of the two, although the lesser maybe determined by the circumstances.

According to ADA guidelines, the principle expresses the idea that professionals have a duty to protect the patients from harm. According to this principle, the dentists' primary duty is keeping up to date knowledge and skills. Knowing one's own limitations and when to refer to a specialist or other professionals and knowing when and under what circumstances delegation of patients care to auxiliaries is appropriate are other moral requisites of the dental profession. Dentists should seek consultation if possible, whenever the welfare of the patients need to be safeguarded or advanced by utilizing those who have special skills, knowledge or experience.

This principle also conveys that it is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society. The obligation to report incompetence, misconduct or impairment on the part of one's colleagues is emphasized in codes of dental ethics. For example, the American Dental Association Principles of Ethics and Code of Professional Conduct states that "Dentists shall be obliged to report to the appropriate reviewing agency...instances of gross or continual faulty treatment by other dentists" and "All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment". Dentists should report to the appropriate authorities any unjustified interference in the care of their patients, especially if fundamental human rights are being denied. If the authorities are unresponsive, help may be available from a national dental association, the FDI and human rights organizations.

Postponement or denial of care in the situations in which patient's age, behavior, inability to cooperate, disability or medical status, complicate the providing of the best treatment, may result in unnecessary pain, discomfort, increased treatment expenses, and diminished oral health outcomes, which is against non-maleficence principle.

Beneficence

Beneficence ("do good"), the third principle of morality, can be explained by the dictum "does well and avoid evil".

'When I do good, I feel good; when I do bad, I feel bad. That's my religion.'

Abraham Lincoln

Beneficence denotes the practice of good deeds and it has a meaning of an obligation to benefit others or seek their good in itself. Beneficence as a principle of medical ethics is a duty, distinguishable and distinct from mercy, kindness, or charity. The dentist has a duty to promote the patient's welfare.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

According to ADA codes of professional conduct, beneficence as a principle mandates the concept that the dentists as health care professionals, have to practice to benefit their patients and have to consider this as a duty.

According to this principle, the dentists have to provide the best for the patients' interests. Dental treatment should expressly result in an improvement in the patient's oral health conditions. The ultimate goal of treatment should be optimum oral function and/or appearance of the dental set for the patient. The achievement of this goal will be influenced by variables such as patient's age, general health, underlying anatomy and compliance with oral hygiene instruction.

Dentists have a concurrent ethical obligation to respect an adult patient's right to self-determination and confidentiality and to promote the welfare of all patients. Care should be exercised to respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported, where such a report is not mandated by law. With the patient's permission, other possible solutions may be sought. Wisconsin physicians recognize the prevalence of domestic violence and acknowledge that it is a significant cause of death and injuries that has long term health consequences for their patients. It is therefore of the utmost importance for Wisconsin physicians to assess patients for this abuse. In treating adult patients who are possible victims of domestic violence, the goal of intervention must be to help victims regain control of their lives. Because research confirms that reporting to law enforcement, without the victim's consent, can further endanger victims it is vital that physicians pay great respect to a patient's right not to disclose domestic abuse or to refuse intervention when the patient believes such action is not in his or her best interest (Wisconsin Coalition Against Domestic Violence, 2008).

Justice

The fourth moral principle is **justice** (“Fairness”). Justice is usually characterized as being fair, but it demands consideration of broader social issues of equity and distribution of services. However, one must consider that justice is not only about ensuring fairness but also about the compromises that are inevitably required when addressing dignity, veracity, and sustainability. The concept of justice must be expanded to include what is just for the community. As an instance, an individual or a businessman may want to keep certain information private or confidential, but these may not be just for the community.

The dentist has a duty to treat people fairly. This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists should not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

A dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual is infected with Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another blood borne pathogen, based solely on that fact, is unethical. Decisions with regard to the type of dental treatment provided or referrals made or suggested should be made on the same basis as they are made with other patients. As is the case with all patients, the individual dentist should determine if he or she has the need of another's skills, knowledge, equipment or experience. The dentist should also determine, after consultation with the patient's physician, if appropriate, if the patient's health status would be significantly compromised by the provision of dental treatment.

Dentists should make reasonable arrangements for the emergency care of their patients of record and should be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

In order to act respecting the prima facie, a dentist has the general obligation to provide care to those in need. A decision not to provide treatment to someone, just because the individual has a specific situation or condition such as AIDS or is HIV seropositive, or treating patients with racial or sex discriminations is unethical.

Edward Everett Hale wrote:

'I am only one.

But still I am one.

I cannot do everything,

But still I can do something;

And because I cannot do everything

I will not refuse to do the something that I can do.'

Ultimately, justice expresses that the dentist should deal fairly with patients, colleagues, and the public.

The doctor-patient relationship in our country has undergone a huge change in the last few decades. The lucky doctors of the past were treated like God and people revered and respected them. The origins of the medical profession are steeped in mysticism when doctors more often than not treated their patients free of charge and with contempt. The physician was without reproach and the patient cowered in acceptance of every esoteric or mundane order treating it as God's own gospel. They functioned from distant temples and patients had to trudge through the countryside to merely access them, often waiting at temple doors for days before the God's own emerged to treat them from their holy precincts. However, with the settled nature of civilizations and the establishment of kingdoms, most Royal houses developed or encouraged their own seers or mendicants who treated the members of the royal family and also allowed their disciples to perfect their art upon the hapless commoners. We witness today a fast pace of commercialization and globalization in all spheres of life and the medical profession is no exception to these phenomena. As a result, the doctor-patient relationship has deteriorated considerably. Earlier too, doctors were covered by various laws, i.e. the Law of Torts, IPC etc., but since the passing of the Consumer Protection Act in 1986, litigation against doctors is on the increase. The medical profession is definitely perturbed by this and there is definitely a need to ponder on standards of medical practice or 'defensive medicine'. The decision of the Supreme Court to place the medical profession under the jurisdiction of the Consumer Court has evoked mixed feelings in one's mind.

Without doubt, the medical profession has greeted this verdict with profound trepidation and anxiety. Where hitherto a doctor would treat a disease with impunity - at times being casual and even callous - now will have to think. And this, one hope, will ultimately improve medical care.

If we as professionals, by abiding by certain codes of ethics, develop these skills again and restore nobility to this profession, there would be no fears of litigation or prosecution.

The application of ethical principles in dentistry is still in its infancy, whereas medical practitioners already have decades of experience with medical ethics. The determination of what constitutes ethical and professional behavior is often a matter of personal decision. Dentists as individuals within the professional community have an obligation to attempt to apply and interpret general principles in their everyday practice. Dilemmas in provision of ethics to everyday practice of dentistry arise mainly in circumstances where the four principles enunciated above are conflicted.

We, like other medical practitioners must keep in mind that the four principles of biomedical ethics, although antique and reasonable, are nowadays considered mid-level principles and each is only a prima facie binding. They are not absolute and as health care providers, the dentists are to consider each case in its particularities. These four principles are guidelines which only help us to focus our minds on the problem. We usually cannot use these principles solely to solve ethical dilemmas because we would not always know which principles we should allow to surpass another.

Well planned implementation strategies should be conducted involving, for example, continuing existing dental education activities such as study groups and national meetings. On the contest of the socioeconomic influences on the application of the ethical principles in establishment of a guideline, it seems necessary to remember that the cultural elements are important and these have to be taken into account.

We, as dentists, engage ourselves in acquiring knowledge, perfecting operative techniques and assimilating the newest technologies that are evolving so rapidly. Sometimes the course of the disease or therapeutic decisions does not run along predictable lines. The patient-doctor relationship is then put to test.

Dentists practicing ethically and honestly should not have any reason for fear. Law whether civil, criminal or consumer law, can only set the outer limits of acceptable conduct i.e. minimum standards of professional care and skill, leaving the question of ideal to the profession itself.

Though with liberalization and globalization, the medical profession has come under great pressure, but, now is the time to set things right. It is no use clamoring over things. That is a negative approach. Indeed, we all should unite and give our best to the sick and lead the other elite.

Life and ethics evolve in community and manifest in the culture. Every community, large or small would be in great trouble if the members are not willing to be united to achieve their goals. Application of ethical principles may seem time consuming at the beginning but would help dental professionals exercise a safer and more ethically based practice.

...Do not be too moral. You may cheat yourself out of much life so. Aim above morality. Be not simply good, be good for something.

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