



JOURNAL of FORENSIC ODONTO-STOMATOLOGY

VOLUME 30 Supplement 1 November 2012
IDEALS 9th International Congress on Dental Law and Ethics.
Leuven, Belgium, August,22-24, 2012

Personal Responsibility in Oral Health: Ethical Considerations

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The authors declare that they have no conflict of interest.

An oral presentation of this paper was delivered at the International Dental Ethics and Law Society (IDEALS) Congress 2012 in Leuven.

ABSTRACT

Personal responsibility is a powerful idea supported by many values central to West European thought. On the conceptual level personal responsibility is a complex notion. It is important to separate the concept of being responsible for a given state of affairs from the concept of holding people responsible by introducing measures that decrease their share of available resources. Introducing personal responsibility in oral health also has limitations of a more practical nature. Knowledge, social status and other diseases affect the degree to which people can be said to be responsible for their poor oral health. These factors affect people's oral health and their ability to take care of it. Both the conceptual and practical issues at stake are not reasons to abandon the idea of personal responsibility in oral health, but they do affect what the notion means and when it is reasonable to hold people responsible. They also commit people who support the idea of personal responsibility in oral health to supporting the idea of societal responsibility for mitigating the effects of factors that diminish people's responsibility and increase the available information and knowledge in the population.

KEYWORDS: Personal responsibility, life-style diseases, distributive justice, oral health

INTRODUCTION

There is great variety in the health care systems of Western Europe. But in the midst of the variety of organizational structures and financing schemes, one aspect seems remarkably similar. In the area of oral health, private suppliers and private payments are the common denominators.¹ Most normative discussions regarding this topic seek to point out that the asymmetry between oral health and health in general is incoherent. To that end, arguments are presented for an alternative closer to universal coverage.²⁻⁴

Though such a massive increase in public health care expenses is hardly on the horizon, the normative relevance of the issue should not be ignored. It is noteworthy that the great bulk of normative literature on oral health leaves little or no room for the idea of personal responsibility. This means that how people have chosen to live their life is not allowed to affect their share of the resources. Personal responsibility is both a provocative and controversial idea and considerable disagreement exists on whether and how it could be taken into consideration, when tough decisions are to be made about the distribution of scarce

oral health care resources. The article is a contribution to this discussion.

The article is normative in the sense that it deals with how things ought to be. It is also applied in its approach as it outlines implications and limitations of the principles under discussion. Firstly, it presents the values that support the idea of personal responsibility in oral health. Secondly, it discusses the conceptual issues at stake. Thirdly, it discusses the consequences of the vast range of factors affecting people's oral health and the degree to which we can say they are responsible for it. Finally, it offers some thoughts about what a commitment to personal responsibility in oral health implies in the light of the topics discussed in this paper. Both the conceptual and practical issues at stake are not, as such, reasons to abandon the idea of personal responsibility in oral health, but they affect what the notion means and when it is reasonable to hold people responsible. They also commit people who support the idea of personal responsibility in oral health to supporting the idea of societal responsibility for mitigating the effects of factors that diminish people's responsibility and increase the available

information and knowledge in the population.

VALUES SUPPORTING PERSONAL RESPONSIBILITY

It seems reasonable to start with the most fundamental question. Why should we be concerned with the idea of personal responsibility or more precisely - what values are we accommodating when introducing the idea of responsibility to the area of oral health? Practical reasons like giving people incentives to make prudent choices and accommodating budget constraints might be of some importance, but the issues here are mainly the moral reasons to consider personal responsibility. Such values are often present in discussions about health in general, where the correlation between poor health and specific lifestyles has spurred some to recommend the idea of personal responsibility. The proponents of this position argue that in a world of limited resources, it seems reasonable to take into account whether and how the person in question has influenced his own level of health.

In this discussion it is of interest that the debate about responsibility is far from new^{5,6} and that the idea rests on values that are highly influential in modern Western

thought. The values will be presented in a concise way, sufficient to demonstrate how they can be said to support the idea of personal responsibility in oral health. In the literature, the values are mostly presented in the context of general health, but they seem equally applicable to responsibility in oral health.

One value is self-determination.⁷ The idea is that the individual is the best available judge of how to live his life and thus to make the relevant choices. But the value reflects more than confidence in the individual. It is not only that choices and opportunities to choose are important. It includes commitment to the idea that people's lives may vary in accordance with those choices. This is closely related to the idea of personal responsibility. Thus, self-determination prescribes an approach where distributions of oral health are allowed to vary in accordance with the choices people make.

Another value is sometimes termed solidarity,⁸ but is perhaps best understood as reciprocity.⁹ It is the idea that we, as members of a given community, owe something to each other. This means that when we make choices in life we should consider how these choices affect others. If our choices mean that we take up a larger

share of the health care resources, reciprocity demands that we chip in and cover the part of the cost that reflects our choices. The idea of reciprocity could make acting with concern for the effects on others a precondition, moral if not actual, for receiving (free) care. If people fail to act in a way that includes such reciprocity, they have forfeited their opportunity to be treated as equals by their peers and on those grounds can be asked to pay for their own treatment.

A third value is desert, which traditionally includes considerations about whether people deserve the situation they end up in. Such a value could support a system where imprudent persons fare worse than others. Desert by most accounts has two meanings: treating people according to their prudential choices, or treating people in accordance with the virtue of their choices. Regardless of the preferred interpretation of desert it can be understood as a rationing criterion that takes into account the choices people have made and allows for letting their fates to vary in a way that reflects those choices.

The fourth value is fairness. As presented by the luck-egalitarian literature on distributive justice, fairness implies that distributions are just, if and only if how

well people fare reflects how they have chosen relative to others.¹⁰⁻¹³ A related idea is horizontal equality. Often related to Aristotle, this is the idea that like cases should be treated alike and allowing for different treatments of unlike cases. This idea could be used to argue for personal responsibility when people who have acted in ways that affect their oral health negatively are compared to people who have not acted in such ways.

These four values seem to support the idea that personal responsibility should play a role in our distributions of resources in oral health care. They are broad and have much intuitive appeal. They are neither uncontroversial nor uncontestable - few values are - but they are presented in order to show that strong values point to the idea of personal responsibility - values that we would not want to ignore in other assessments of distribution. It remains to be seen whether conceptual or practical issues should lead us to abandon the idea of personal responsibility.

THE CONCEPT OF RESPONSIBILITY

The previous section covers some ground by presenting values in support of introducing a notion of personal responsibility. But any consideration of this must take into account that the values

tell us little about what responsibility means in this context. This is a huge task, given that responsibility is both a controversial and a complex notion. Gerald Dworkin remarked that the distinction between the normative and the mere descriptive sense of the term is “harder to distinguish clearly in the area of responsibility than in any other area of moral philosophy.”¹⁴

The need to make this distinction and to be clear about the use of responsibility is apparent. If I choose not to brush my teeth every night, I am in one sense of the word responsible for not doing so, since this is a choice I make. But if, as a consequence, I end up worse off than others, then who is responsible, in a different sense, for bearing the cost of the consequences of my choice? Is it myself or is it a universal health care system? The literature on personal responsibility has many different takes on how to distinguish between a backward-looking understanding of responsibility and a forward-looking notion. Some suggest that the concepts are related in a very straightforward way that states that whatever you are responsible for in the backward-looking sense, you should bear the consequences in the forward-looking sense. However tempting such a simple view is, it is not plausible. The

consequences of a given action are not necessarily straightforward. They depend on many factors such as price structures, the availability of insurance, the possibility of paying for treatment and so forth. So even though one might want to hold people responsible for their actions, what the consequences should be is in many ways a separate, but important, discussion. Such a clarification is of immense importance and neither discussion can be taken lightly. I deliberately refrain from using the term “consequential responsibility”¹⁵ since it seems to exclude measures that hold people responsible for their choices independent of the actual consequence of a choice (if any).¹⁶

The discussion of what is needed in order to say that a person is responsible for poor oral health includes many important issues. However, the requirements can be outlined conceptually. Firstly, causality in the sense that we should be able to link a person’s voluntary choices or omissions to his poor oral health. Also the background factors of the choice must be taken into account; their influence can eliminate or decrease the degree to which people are responsible in the relevant sense. The second discussion concerns how we are to hold people responsible for what we can rightfully say they are responsible for and which of the

broad array of measures to apply. Holding people responsible is not just one thing. One could be asked to pay part of the costs of treatment or be billed for the whole cost. Other measures are denying treatment, taxing certain choices, and queuing people for treatment in accordance with their relative exercise of responsibility.¹⁴

In relation to the complexities of responsibility mentioned above, the ideal of oral health as such is also a complex notion. A person's oral health is comprised of many things, not only in the sense that many things affect it but also in the sense that oral health is a very broad notion. This means that when we speak of responsibility for oral health, there is an inherent danger of advancing too broad a notion. It seems more precise to speak of being and holding people responsible in particular areas of oral health. The fact that oral health covers a broad range of health issues affecting the state of the mouth, and that many factors contribute to the level of people's oral health makes it less useful to talk of responsibility for oral health as such. We should therefore prefer an approach that talks of being and holding people responsible for specific parts of oral health or specific actions that affect our oral health.

FACTORS AFFECTING RESPONSIBILITY

When we consider responsibility in oral health, many things must be taken into account. The discussion about when a person is indeed responsible for his oral health requires a stringent approach. But after the presentation of values that point to the idea of personal responsibility and the interpretation of how we should conceptualize the idea of responsibility, we still need to discuss the wealth of factors that influence people's health. How can we take them into account in a satisfactory manner? Consider firstly two major categories encompassing the reasons that people have poor oral health. One is internal and has to do with genetics, saliva levels and oral hygiene. The other is external and concerns food intake, accidents etc. To apply the idea of personal responsibility properly and to be able to assert whether a person is responsible for his current level of oral health, the different reasons for poor oral health must be disentangled and sorted based on whether he has acted in a way that caused them. This is both a vast and necessary task.

It is necessary in order to hold people responsible only for those levels of oral

health that can be attributed to their own actions or omissions. The lessons outlined earlier are highly relevant. The right question to ask is not whether it would be just to hold people responsible for their oral health as a whole, but rather whether people's choices have affected parts of their oral health in a way that makes it fair to let them bear some of the consequences for their actions or omissions. Below it will be evaluated how we can include factors that affect not only people's oral health but also their ability to take care of their oral health.

One issue is the availability of information. This can be taken in two ways. One has to do with information and knowledge in society. Do we as a society have sufficient knowledge about what is good and bad for oral health? If we as a society have little knowledge about the causal influences of oral health, then decisions based on this lack of knowledge that end up being bad for people's oral health cannot be considered decisions that people are, in the relevant sense, responsible for. The second related but distinct aspect has to do with the knowledge available to the individual. Though knowledge that is present in society is important, we cannot and should not overlook that differences in knowledge and access to knowledge between

individuals are likely to be present and to affect our evaluations of their responsibility.

Another important issue is natural disadvantages. They are not as such indications of good or bad oral health, but nevertheless affect a person's oral health or his ability to take care of his own oral health. Obvious examples are mental illness¹⁷ and diseases limiting the coordinated movement of arms that is needed to properly brush ones teeth, but the occurrence of natural disadvantage can be of a much broader nature. Diseases such as Sjögren's syndrome^{18,19} and diabetes²⁰ limit the production of saliva in the mouth. Saliva serves as a natural defense against caries these diseases and reduction in saliva should be considered as natural barriers that make it harder for some people than for others to protect their oral health. Social circumstance is an important category of barrier. Both oral health and the ability to take care of it are affected by a broad range of social factors. This includes the mother's diet during pregnancy,²¹ the social status of children²²⁻²⁴ and adults.²³ Though they are treated separately for analytical reasons, it will in practice be very hard to isolate the effects of social and natural circumstances on oral health. They interact and knowledge will

sometimes dampen/increase the effect of these circumstances, and is, at the same time, affected by both social and natural circumstances.

CONCLUDING CONSIDERATIONS

The discussion shows that values embraced widely in Western philosophy, theories of distributive justice and medical ethics can be used as arguments for introducing personal responsibility in oral health. It also shows that the term responsibility is marred by controversy and conceptual disagreement. We need to clarify two things: what it means to be responsible for one's oral health, and how we are to hold people responsible who are in such a way responsible, for the state of affairs they brought about. The last thing to consider is that there are several important barriers in society that diminish the degree to which people are responsible for the choices and omissions that affect their oral health. The arguments presented above commit those attracted to personal responsibility in oral health in at least three ways.

- A commitment to mitigate and eliminate social and natural factors affecting people's oral health and

the degree to which they can be held responsible.

- A commitment to research and educational initiatives to increase the knowledge in society about oral health and equip individuals to make healthy choices in that regard.
- A commitment to take into account the extent to which the abovementioned initiatives are unsuccessful in a given society, in order to avoid holding people responsible for an oral health deficit for which they are, in the relevant sense, not responsible.

Acknowledgements

The article is based on work presented in August 2012 at the 9th International Congress on Dental Law and Ethics arranged by IDEALS in Leuven. I am grateful for the encouraging and kind comments I received on that occasion.

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