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Professionalism: Challenges for Dentistry in the Future

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ABSTRACT

While countries varies significantly in the financing of dental care, they are much more alike in the delivery of dentistry. Dental care is principally provided in dental offices and clinics that are independent business entities whose business leaders are most often the dentists themselves. However society expects from dentists a level of professionalism (i.e. habitually acting ethically, both in terms of competence and conduct) in contrast to the methods and motivations of the marketplace. This is why the single most important challenge of dental professional ethics continues to be giving proper priority to patients' well being and building ethically correct decision-making relationships with patients while, at the same time, trying to maintain a successful business operation.

If we look into dentistry's future, the centrality of this aspect of professional ethics is not likely to change, although the ways in which dentists might violate this trust will probably multiple as funding mechanisms become increasingly complex. It is important that dentists reflect with fresh eyes on their ethical commitments. One challenge is the increased availability of oral health information to the public and the fact that so many people are uncritical of the accuracy of information in the media and on the web. A second is the increase in the amount of health care advertising in many societies. A third is the growth of aesthetic dentistry that differs from standard oral health care in important and ethically significant ways. The fourth is insurance that frequently complicates the explanation of a patient's treatment alternatives and often brings a third party into the treatment decision relationship. The ethical challenges of each of these factors will be considered and ultimately tying it to the central theme of dental professionalism.

KEYWORDS: : Ethics, Professionalism, Aesthetic Dentistry, Dental Insurance, Dental Advertising, Digital Access to Oral Health Information, Profession, Dentistry

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INTRODUCTION

Almost every decision a dentist –or any professional – makes has an ethical aspect, but in the daily practice of a profession, the ethical aspects are mostly matters of habit. Sometimes new circumstances or unusually complex circumstances must be dealt with and our habitual ways of thinking and acting are not appropriate. In these situations, a professional needs an articulate understanding of the relevant ethics. In this presentation the professional challenges discussed are all connected to one important fact about dentistry. Namely, most dental care is provided through privately owned and managed businesses – solo practices, group practices, and larger clinics. For this reason, many of the professional ethical challenges that dentists face concern giving priority to professional values and commitments over marketplace values and motivations. This is why, although there are exceptions, a common characteristic of most unprofessional activities in dentistry is that, in one form or another, marketplace success was chosen ahead of giving proper priority to the patient's well-being, practicing within one's competence, and maintaining a proper relationship with the patient. How does one maintain one's

professionalism and the professionalism of one's office in the face of maintaining a financially viable business?

The ethical challenges to dentistry to be discussed here are directly related to the differences between dentistry as a profession and the workings of the marketplace. These differences will be described in some detail followed by the four specific aspects of dental practice that challenge dentistry's ability to differentiate itself as a profession from what occurs in the marketplace.

PROFESSIONS AND THEIR ETHICS

What is a profession and how does professional ethics fit into the life of a profession and relate to the society in which it functions?¹

Professional expertise

The first characteristic of a profession is that it is group of persons who have mastered a particular body of knowledge and a particular set of skills for applying that knowledge to concrete cases. I will refer to such combinations of knowledge and application-skills as expertise. Whilst almost every occupation is characterized by some combination of knowledge and application-skills, what distinguishes

professional expertise first of all is that the expertise of a profession enables its members to bring about, with a high degree of dependability, a certain set of benefits that the relevant society values highly.

In addition, the expertise of a profession consists of knowledge and skills of sufficient complexity and subtlety that only persons who have been specifically educated are depended upon by the society to bring about these highly valued benefits. These are the only persons whom society relies upon to do four things: (a) to judge correctly when expert intervention is needed and likely outcomes of possible alternative interventions (including the option doing nothing); (b) to judge which of the available courses of action is the best for the given situation; (c) to carry out the expert intervention (or dependably supervise others to do so); and (d) to judge in a timely fashion whether a particular intervention has achieved its intended goal or further expert intervention is needed. Moreover, only those who are already expert will be able to train others and determine when someone has mastered the profession's expertise. Thus, the possession of such expertise will necessarily be exclusive to a relatively small group within society.

Professional authority

A second characteristic of a profession is that the society confers professional authority on the group, authorizing them to make socially determining judgments on all matters within that group's expertise. We know that the mere possession of expertise about something that a society values highly gives the expert group some measure of social power, but when a society hands over the authority to have the last word on important matters to a particular group, that power becomes even greater. Most societies establish regulatory systems to control the use of this social power, but the effect of these systems is necessarily limited because only those who are experts themselves can assess the details of the expert groups' activities in a dependable and timely way.

Professional ethics

How does ethics fit into this picture? Professions have been created by the society because the society wants certain benefits. Yet many professional groups portray their ethical standards as if these were the creation solely of the professional group itself, with the larger society playing the role of beneficiary of the profession's generosity in choosing to serve the society well. This is a false picture. No rational

society would invest extensive social power in an unavoidably exclusive group without some kind of assurances that this power will be used for the benefit of the people rather than to exploit them.

Instead, societies have created a companion social system called professional ethics, and have tied this closely to the conferral of professional authority. Thus a profession receives its authority over matters within its expertise – along with the social power and social status and other social rewards that accompany that authority – on condition that both the profession collectively and its members individually are committed to using this social power with ethical standards acceptable to society. It may be true that professionals are not as revered today as they once were in many of our societies. For there has been a significant increase in the general level of education and a shift from primarily manual labor to service economies, so a professional's service is not viewed as being as distinctive a calling as it once was. But even so, almost everyone who uses professional services presumes that the professional will practice in accordance with his or her profession's ethical standards. In other words, the social institution called professional ethics has

worked very effectively to prevent exploitation of our societies by those who have been given exclusive authority over things our societies value highly.

It should be stressed that professional ethics, like a profession itself, needs to be seen as a collaborative social creation by the society and the expert group. Therefore the content of the dental profession's ethics is the current content of an on-going dialogue between a given society and the profession about how dentists ought to conduct themselves. The codes of ethics promulgated by professional societies are often useful summaries of a profession's ethics, and legal structures such as licensing laws have an important role to play. But the full content of the dental profession's ethics can only be learned by carefully studying the current content of the on-going dialogue between the larger society and the dental profession, especially as it is lived out in the daily interactions of conscientious dentists and thoughtful patients.

Professionalism

Professionalism, as the term is used here, refers to one's acting habitually as a member of a profession ought to act and has two main components. One is professional competence: making one's

judgments in accord with the profession's collective expertise and always practicing within the limits of one's mastery of it. The other is professional ethics: giving proper priority to the well-being of the patient over other considerations, maximizing as much as possible the distinctive values that dental expertise can provide people, and maintaining a relationship with the patient that is as ideal as possible. The word "habitual" is used because in the rush of daily practice, doing what a professional ought to do must be a matter of habit if anything useful is to get done. The conscientious professional will sometimes need to stop and carefully think about how to respond to a particular situation, but for the most part both the competence and the ethics of the conscientious professional will be matters of habit.

MARKETPLACE JUDGMENTS AND THE ETHICS OF THE MARKETPLACE

Marketplace judgments (that a product will meet a consumer's needs, or fulfill a consumer's desires, and that one product may do this better than the next) are the judgments of the individual consumer. Unlike the expert judgment of the professional, they have no social authority. A person may gather data about products

or consumers or sellers, and one may choose to be guided by the result but in the functioning of the marketplace as a social system, this is simply an option. There is no expertise as such in the marketplace because each consumer's judgment and each seller's judgment is socially independent.

In addition, the ethics of the marketplace is very different from professional ethics. Consistent with marketplace judgments, the underlying ethics of the marketplace is to not interfere with others acting on their own judgment unless they are interfering with someone else acting on individual judgment. The ethics of the marketplace requires persons who voluntarily make agreements to carry them out and it prohibits coercion precisely because these actions interfere with others' ability to act on their own judgments. Similarly, the ethics of the marketplace prohibits outright lies between seller and consumer. However, even the briefest look at contemporary advertising makes it clear that misleading advertising messages, true information that is provided too quickly or in print that is too small to be legible, are examples of practices that are not considered violations of this standard of truth. In other words, if dentists were to use marketplace ethics there would be

room for adjusting how to state a diagnosis or treatment recommendation in order to lead the patient to choose a more lucrative treatment.

The most important difference between the ethics of the marketplace and professional dental ethics, however, is that a marketplace relationship is a relationship in which each party aims to maximize the outcome for themselves.²ⁱ Should a dentist adopt marketplace ethics, the goal would be to maximize outcomes for the dentist (as an individual or as a business). There is no ethical commitment to give any priority to the well being of the patient. If the outcome of a particular dentist-patient encounter leaves the patient no better off or even in a worse position than before, it would still be a successful marketplace relationship if it maximizes the dentist's interests and if the minimal ethical standards of the marketplace have not been violated.

FOUR CHALLENGES TO DENTAL PROFESSIONALISM

This paper argues that differences between acting professionally and following the ways of the marketplace are clear and that the habits of professionalism, rather than the motivations of the marketplace, have become a way of life for most dentists.

However, marketplace considerations that can affect a dentist's daily practice seem to have multiplied in recent years. Four aspects of contemporary life that challenge a dentist's efforts to maintain professionalism are described here. Societies differ in many subtle respects and some descriptions may not carry over from one society to another, but these reflections will show a pattern on these four themes that every dentist, no matter where he or she is practicing, could reflect on.

The increased availability of information

One challenge for dentistry today is the increased public availability of oral health information via the Internet and other media. Of course, well-designed websites can be useful tools for educating the public about oral health, but some patients act as if having some oral health information means they can make dependable diagnoses and treatment recommendations on their own. Many people also seem to accept as accurate whatever they find on the Internet or in the media. Successfully educating one's patients about their oral condition, treatment needs, and the possible outcomes of available treatments can be seriously hindered when patients believe they already know all they need to

know about these matters, and especially when that information is mistaken.

The ethically ideal dentist-patient relationship is a highly collaborative one. Relationships in which patients are simply passive to the dentist's professional authority were once commonplace and are still the norm in many parts of the world. But to enhance the patient's management of his or her own oral health, a collaborative relationship between dentist and patient is more appropriate and is now the ethical standard in the many countries. Since the patient does not possess the same expertise as the dentist in matters of diagnosis or treatment recommendation, the ideal collaborative relationship between them is of a different sort. Therefore, dealing properly with patients who believe they know as much as their dentist is an ethical challenge that many dentists are facing.³ⁱⁱ

What does this have to do with the marketplace? Patients who assume their knowledge of dental matters is as good as their dentist's are acting as if the dentist-patient relationship had become a marketplace relationship where there is no real expertise and each party's judgment is just as important as the other's. By implication, and sometimes explicitly, they

interpret the dentist's efforts to educate the patient about oral needs as nothing more than marketing efforts to get a more lucrative sale and as deriving from marketplace motivations of self-interest, not as expert judgments offered for the patient's benefit.

Unfortunately, changing such a relationship into one in which genuine dental expertise is being offered in order to benefit the patient is often no easy task. The key is careful communication and respect for the patient, including supporting their desire to manage their own oral health. Especially as dentists observe the numbers of Internet-aware patients increasing, it may well be helpful for the dentist to be ready to recommend dependable and accurate Internet sources for oral health education and to inquire, in regard to each significant diagnosis or treatment, if the patient has received any information from some other source. Dentists need to learn how to direct their patients' efforts to take more responsibility for their own oral health into fruitful relationships that conclude in appropriate dental care. In addition, the dental profession in each country needs to make sure there are dependable and accurate Internet sources for oral health education

that dentists can recommend to their patients.

Dental advertising

A second challenge is dental advertising. In many countries there has been a huge increase in the amount of health care advertising, including dental advertising, during the last two decades. Unless there are legal restraints or a strong organizational barrier, market economies have a way of turning almost everything into a marketable product. However, the advertising of dental services is not automatically a bad thing. Some advertising is genuinely educational about oral health or at least informs the public of the availability of dental services within the local region.

There is plenty of advertising, for example automobiles, whose principal appeal to the audience has no direct connection to the quality or availability of the product. Its purpose is to associate some symbol of 'the good life' with the product. The smiles of beautiful models or waving palm trees are not things that dentists' expertise can dependably produce for patients. Most patients know this, of course - but that is the point. The more dental advertising moves away from truthful, useful information about oral health and

availability of services, the more the audience will come to associate dental services with the other marketplace goods whose advertisements are only remotely related to fact.

This same lesson is there in the extensive use of hyperbole in advertising - 'fluff' language. It is simply not true that every dental office is 'the best' in some way or offers 'total comfort' or even 'the perfect smile'. All but the most naïve of audiences know these claims are just fluff. However, if such fluff is regularly associated with dental services, it strongly suggests that there are no expertise-based criteria for judging excellent dental care, only each consumer's personal judgment. In other words, dental advertising unrelated to relevant factual information and filled with fluff suggests that dentists' services are no different from anything else you can buy in the marketplace.

Should dentists, in order to be ethical, refrain from advertising or from using the social media to get information out to the public? Prohibiting dental advertising is not the best solution and ethical dental advertising can be achieved.⁴ However, one thing is certain. Wherever dental advertising is common, it constitutes one of the most important ethical challenges

for dentistry today and for the foreseeable future because it is not only the dentists who advertise who risk being viewed as merely sellers in the market; rather all dentists suffer to the extent that dental advertising is indistinguishable from marketplace marketing.

Aesthetic dentistry

A third ethical challenge for dentistry today is the growth of aesthetic dentistry. In many countries, there has been a marked increase in the public's interest in aesthetic dental procedures and many dentists have happily responded to the demand. Of course, given the ways that whitening agents and other aesthetic procedures could harm healthy teeth, or teeth with previously undiagnosed weaknesses or disease, it is better for consumers to purchase aesthetic services from dentists than from someone else. In that respect, even though dentists providing aesthetic services are not preventing or repairing oral health needs, it can be said that they are serving their aesthetic customers' oral health. But not every aspect of aesthetic dentistry is directly connected to preventing oral health problems. Woven into the dentist-patient relationship in the provision of most aesthetic services is a central characteristic of the marketplace

relationship between buyer and seller; namely, the absence of expert (distinctively professional) judgments about goals, means, and success.

Admittedly, one standard of appropriate ethical dental care is that the dentist's work conforms to the dental profession's aesthetic standards of teeth properly shaped and colored within a complete dentition and balanced with gingival and facial features. Every dentist commits to these standards as professional goals and develops the expertise necessary to meet them as part of his or her training. However, there is a fundamental difference between this aspect of professional dental care and the way in which the dentist functions in providing aesthetic services not directly connected to preventing or repairing oral health needs. In the latter, it is the consumer, not the dentist, who makes the determining judgment about three important things – (a) judging the need for aesthetic services; (b) judging which practical goals, if achieved, will fill that need and therefore which dental intervention is the best for the purpose; and (c) judging whether the intervention succeeded in achieving those goals and filling the need.

The dentist will typically offer skilled advice about which procedures are most likely to produce the desired results, and some dentists may be skilled at assisting customers in identifying the best aesthetic goals to fill their needs. Nonetheless, in these respects, this is only a marketplace relationship because the dentist's advice on these matters is just one person's judgment. It is neither authoritative nor representative of the expertise of whole dental profession. Instead what the dentist says to the aesthetic customer is no different in principle from what any knowledgeable salespeople in the marketplace might say and is, from the perspective of the marketplace consumer, indistinguishable from marketing in order to produce a sale.

Consequently, in this respect, the dentist-patient relationship becomes only a marketplace relationship. For in a professional-patient relationship, these three judgments (need, methodology, success) are expert judgments to be made by the dentist. In most aesthetic dentistry, these judgments belong to the consumer and that is why the person sitting in the dental chair for aesthetic services is properly thought of as a consumer rather than a patient.

The dentist may try to make this relationship as much like a professional-patient relationship as possible. The dentist may justify providing aesthetic services to existing patients in the interests of continuity of care for them or in the hope that doing so will attract some consumers to seek regular dental care. It is hoped there is a professional commitment by the dentist to refuse to provide aesthetic services that would significantly harm the patient even if asked. In these respects, the dentist may infuse as much professionalism into the provision of aesthetic services as possible. But the provision of aesthetic services not directly connected to preventing or repairing oral health needs will still remain a marketplace relationship because it is the customer's judgments about need, methodology, and success that are determining, not the dentist's. As above, the more a relationship between a dentist and the person in the dental chair resembles a market-place relationship, the more likely it is to also be interpreted as motivated solely by the marketplace self-interest of the dentist rather than by the ethical commitment of a professional.

It is possible that the social emphasis on meeting certain aesthetic criteria for our teeth and smiles is a social fad that will

pass in a few years - or it may intensify. However, it is certain that there are important reasons for dentists who provide aesthetic services to consider carefully the extent to which their doing so mimics marketplace judgments and marketplace values and leads the persons they serve to forget how different these are from the judgments and values that constitute dental professionalism.

Insurance and third party payers

A fourth challenge is connected with the increasing role of dental insurance and other third-party payers, including government dental care programs. Third-party payers typically limit the treatments that are covered for a given diagnosis, although those treatments covered are within the recognized standard of care for that diagnosis. In addition, third-party payers' decisions to maintain these limitations when challenged by a dentist for a particular patient are typically made by experienced dentists. Consequently, neither the limitations nor the decisions to maintain them in specific cases can reasonably be claimed to be replacing dental expertise with something else.

However if a dentist's decision that a certain treatment would be best for the patient is rejected by a distant, impersonal

organization, that rejection can easily appear to the patient to be an interference with dental expertise and dental professionalism for the sake of marketplace success for the third-party payer.

Educating the patient about the more complex reality of the situation is something the dentist might undertake, saying for example: "These decisions are actually made by qualified dentists and are fully within the standard of care for your diagnosis. Unfortunately, your insurance premiums or tax dollars have only paid for a less expensive treatment for this diagnosis. My judgment is that the more expensive treatment would be significantly better for you for the reasons I have explained. So it is up to you to decide whether you want to spend the extra money for the more expensive treatment."

It is challenging for a dentist to try to explain this when a distant, nameless dentist who has not seen the patient has just rejected his or her best professional judgment. In addition, many patients find it difficult to understand that fully qualified dentists can disagree about what is the best treatment in a given case without either of them being mistaken and that, in dentistry, the standard of care may often include a

range of appropriate treatment options not just one that is best. This point is especially difficult to explain in societies where a large segment of the public believe that the only adequate treatment is the one best treatment and no other.

Moreover, some third-party payers are profit-making corporations that limit treatments to the least expensive precisely for the sake of market success for the corporation. This is in comparison with government programs and some not-for-profit organizations that limit costly treatments from a conscientious effort to ration limited resources equitably across a whole population of oral health patients. So the actual picture may be even more complex and, with some insurers, the patient may be quite correct to see the limitation of treatments as an inappropriate intrusion of the marketplace into the dentist-patient relationship.

So again, without special educational effort on the part of the dentist, patients and all who hear their story can easily interpret such situations as demonstrating that dental care is being increasingly driven by market considerations rather than the application of professional expertise for the benefit of the patient.

CONCLUSION

It has been argued here that, in all our societies, the central challenge to dentists as professionals and to dentistry as a profession, both today and for the foreseeable future, is whether dental care will become submerged in marketplace values and motivations and in marketplace dependence on individual judgments rather than continuing to apply recognized expertise to serve patients' needs. Some of the factors that have brought about these challenges are social and economic processes that no individual dentist and no single profession will significantly impact alone. There needs to be broad social thinking within the whole dental profession, and ideally in concert with the other professions and the public at large, to affirm the social importance of the professions and of their professionalism for the health and welfare of our societies.

But every single dentist and every single dental office in each of our societies can play a crucial role in meeting these challenges by becoming articulate about them. Articulateness about professional expertise and professional ethics is a high value and the place where the public learns the most about what dental professionalism means in practice is in the dental chair and in the patient's other dealings with the dentist and his or her staff. Dental

organizations, study groups and dental schools can assist by making such articulateness a serious goal for all dentists and by providing learning opportunities to this end. The place to start is by becoming articulate about these challenges

yourselves so you can then be articulate educators of your patients about what dental professionalism really means for them and why meeting these challenges to dental professionalism is important not just for dentistry, but for all people.

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