History of ethics in dentistry

By Donald Patthoff, DDS, FAGD, and David Ozar, PhD

This essay initiates a new regular column in AGD Impact on professional ethics, written by Donald Patthoff, DDS, FAGD, and David Ozar, PhD.

Professions and professional ethics
To understand professional ethics, it is necessary to understand what a profession is. The full answer to this question involves many subtleties of definition and interpretation. But the short answer is that a profession is a group of people who have in common four special characteristics:

1. They share a body of expertise in a particular area of human need, where “expertise” means not only a body of knowledge, but especially the ability to apply that knowledge in order to address that need and improve people’s lives accordingly. This is why a professional is said to practice the profession, because applying their expertise to make people’s lives better is the reason the group exists as such. In addition, given the need for a division of labor in society, and because learning such a specialized combination of knowledge and its application requires extensive time and practice under the tutelage of those who are already expert, the possession of each profession’s expertise is unavoidably exclusive to the profession.

2. The group’s expertise is acknowledged by the larger community to be not only valuable for addressing a certain area of human need, but essential to addressing this kind of need properly. The community not only acknowledges this in a passive way, but confirms it actively by accepting the judgments of the profession as determining what should be done in practice in the areas of the profession’s expertise. In other words, the profession is accorded authority in the areas of life about which it is expert, both by the community at large (e.g., in matters of relevant community policy) and especially by the people of the community who seek the profession’s assistance in their personal lives.

3. The group preserves and advances its expertise, both the body of knowledge it involves and the ability to apply that knowledge to address relevant human needs. In order to do this, the group ordinarily develops structures to hand that expertise on to the next generation, structures for admitting to the practice of the profession only those who master the relevant knowledge and the skills of application, and other structures often summarized in the phrase “self-regulation.” In an important way, the expertise of the profession and its integrity in responding to human need is viewed as something that the group possesses as a group, so no single member of the group embodies the whole of the profession. At the same time, each member of the profession has colleagues to support of his or her best practice.

4. The group makes and honors a continuing commitment to the rest of the community that its possession of special expertise, which is unavoidably possessed exclusively by this group, will not result in the community or its individual members being exploited in their need for the profession’s services. Rather, the profession and its members commit to responding to people’s needs by offering their expertise as one of their highest values, and they develop patterns of conduct and accepted ethical standards of practice so that the community can depend upon them to honor this commitment. (The alternative would place the community at continual risk for being exploited when in need of the profession’s expertise; that risk would understandably prompt a reaction of profound distrust of the profession on the part of the larger community.)

Such a general description of a profession and the role of professional ethics within a profession does not directly illuminate the specific ethical commitments of any profession. But it helps to explain why professional ethics are so important, and why professions and professionals have special obligations over and above the obligations that all humans have in relation to one another.

A general description of a profession also helps to explain why the content of a profession’s ethics is not determined solely by the members of that profession, but rather in dialogue with the larger community in which it serves. Thus the content of a profession’s ethics that is relevant to any concrete situation of profes-
sional practice is the current content of an ongoing dialogue between that profession and the larger community about those matters.

In most situations, the general content of that dialogue is clear and the implications of that general content for a specific situation is also fairly clear; however, a sound ethical judgment about the concrete situation sometimes requires careful ethical reflection. And in some matters, even the content of the profession’s ongoing dialogue with the larger community may be unclear, making the individual professional’s task of careful ethical thinking even harder.

The current state of dental ethics

The term “ethics” can be used in two ways. Ethics refers to the patterns of thought by which a person or a group addresses the ethical issues that arise (e.g., “John’s ethics” or “dentists’ ethics”). If the word is taken this way, then the question about the current state of dental ethics asks how oral health professionals are thinking about ethics—including what they say about ethics and especially how they are observed to be acting. In this sense, describing “the current state of dental ethics” is a very large job, well beyond the scope of this introductory essay. But important parts of this topic will be discussed in upcoming columns.

In its other common meaning, the term “ethics” refers to the study of ethical matters (i.e., anything in which a person’s well-being, rights, or duties are at stake). A brief survey of the current state of dental ethics in this sense (i.e., of the current state of the study of ethical matters in oral health care) may be useful here.

In the past, any formal discussion of ethical issues in oral health care occurred almost exclusively in one of two settings: the published codes of ethics or legislation about licensure for professional societies, or editorials, letters to editors, and other presentations urging ethical conduct or decrying its absence in dentistry. But in the 1980s, some of the nation’s dental schools developed a formal dental ethics curricula, providing oral health professionals with dependable access to careful analyses of concrete ethical issues. Most dental schools followed suit in the 1990s. This development marked the beginning of dental ethics as an intellectual discipline.

For the first time, dental school and dental hygiene faculty took formal training in, and built their curricula on, the basis of ethics. Faculty developed programs of instruction based both on theoretical understanding of relevant ethical concepts and on concrete cases from dental and dental hygiene practice in which significant professional ethical issues were embedded. From this time on, those who carefully examined ethical issues in oral health care had a scholarly audience of peers with whom to share their work and from whom to receive support and critique.

More specifically, in 1983, a small group of faculty who were teaching ethics in dental schools and schools
of dental hygiene met at the University of Minnesota at the invitation of Professor Muriel Bebeau to learn about Bebeau’s model curriculum and discuss their own programs. From this group, a network of faculty and other interested persons developed, connected by an occasional newsletter on teaching ethics to dental professionals, mostly in the schools. This was the Professional Ethics in Dentistry Network (PEDNET), which became a formal organization in 1987, and in 2004 changed its name to the American Society for Dental Ethics (ASDE).

This organization has met twice each year from 1987 to the present, broadening its membership to include practicing dentists and dental hygienists, professional society leaders, and scholars from related fields, as well as dental school and dental hygiene faculty. In 1994, ASDE began to sponsor summer training workshops on dental ethics every two or three years. A year later, ASDE began sponsoring an annual Faculty Development Workshop at the meetings of the American Dental Education Association (ADEA), which were led by David Ozar and the late Tom Hasegawa. The ASDE also has collaborated with the American College of Dentists (ACD), American Dental Association (ADA), and the ADEA to conduct a number of other workshops and symposia over the years on issues in oral health care practice, the ethics of access to oral health care, and ethics education for oral health professionals.

Currently, the American Society for Bioethics and Humanities, the principal national professional organization of specialists in health care ethics and bioethics, sponsors a dental ethics “affinity group” as a venue for dialogue between persons interested in professional ethics in oral health care and the rest of the American health care ethics and bioethics community.

Ethics in print
In the mid-1980s, the ADA began a feature column in the Journal of the American Dental Association (JADA), edited by David Ozar, and called “Ethics at Chairside.” When JADA changed its format and relationship with the ADA in the 1990s, General Dentistry continued publishing the feature under the authorship of Susan Tolle and Gary Chiodo as a “Case and Commentary” section. Tom Hasegawa also wrote a regular feature of the same sort in the Texas Dental Journal. In 2000, ASDE began to edit a peer-reviewed scholarly “sub-journal,” an independently edited section of the Journal of the American College of Dentists on professional ethics in oral health care called “Issues in Dental Ethics.”


These efforts have provided the professional schools and professional societies with a significant body of thoughtful literature to facilitate the teaching of professional ethics in oral health care. Most professional schools have curriculum on the topic and many professional organizations and state and regional societies sponsor workshops and symposia on professional ethics. Some jurisdictions require, or are considering requiring, professional ethics programs as part of the continuing education requirement. Concern for professional ethics is evident not only in the editorials and letters to the editors, but also from time to time in the scholarly articles of the professional journals.

So dental ethics, as the study of ethical matters in oral health care, is alive and, if it is not a flourishing field of study, it is at least a stable and growing arena for careful conversation and reflection. This regular feature on professional ethics is intended to enhance readers’ awareness of the ethically significant features of common practice situations and to provide them with concepts and ethical thinking that they can use in their daily lives.

Our hope is that this will make it easier for oral health professionals (general dentists in particular) to discuss their ethical concerns with colleagues and patients and to have a greater sense of clarity in the daily ethical decisions that they must make. The profession of dentistry, like other professions, has unique ethical features that are core to preserving its skills, knowledge, character, and expertise. Therefore, it is also our hope that this will make it easier for practitioners to learn and develop practices and policies that will enhance dental professionalism.

We hope that this regular feature in AGD Impact will contribute to the growth of dental ethics and encourage members of the oral health community, especially general dentists with a special interest in ethics, to get actively involved. For professionalism to remain vital in dentistry, practicing dentists must not only learn from their mentors and from their experiences in practice, but also from careful conversations and reflections on ethics. They must then share that wisdom with other dentists, ethicists, patients, and society.

Every general dentist has the ability to contribute to, and continue learning from, this most important area of our practice—professional ethics. When done well, it becomes central to every patient decision, every staff gathering, and every organizational event.

We look forward to sharing this space and time with you.

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