

# How Broad Is Professional Ethics?

Nine Important Questions to Consider

This essay marks the beginning of the authors' fifth year of writing about dental professional ethics for *AGD Impact*. Regular readers of these 17 essays may have been surprised by the wide range of topics we've addressed. Most discussions of professionalism in dentistry focus on the ethics of competent practice and dealing properly with patients. Many of our essays have addressed these themes. We also discussed, however, social-ethical issues of dental practice. We raised ethical questions, for example, about our society's continuing support of a system (a non-system if you are particularly cynical about

it) for allocating healthcare resources that cannot provide dependable access to oral health care for a large percentage of our people.

We also have talked about issues in organizational ethics, like the ethics of the relationships that make up the dental office team. And, in our last essay, we considered the ethics of the relationship between a dental office and potential patients who might become, but are not yet, actual patients.

Without labeling them as organizational ethics issues, we also have offered suggestions about the members of the dental profession as a group, a community, since the profession

itself is a formal group of colleagues (independently of individuals' membership, or not, in specific professional organizations). We suggested how they should try to deal with difficult ethical issues constructively via careful ethics conversations, rather than angrily in ways that prevent careful dialogue; how they can work with the different points of view that dentists have about the complex issues facing the dental profession today.

Obviously we have a broad understanding of what is included in the category of "issues in dental professional ethics." Every one of these issues certainly does impact chairside practice; that is one reason why we have judged them appropriate

issues to discuss in a column called "Chairside Conscience." (And, for the record, we—Drs. Patthoff and Ozar—did not choose the word "conscience" in the column's title. We certainly do not see ourselves as anyone's conscience except our own, and we readily acknowledge that both of us are fallible human beings in that arena. Rather, our role is to offer ideas for readers to consider and, where appropriate, upon which to act. We hope that, as we all strive to be conscientious and ethical professionals, these essays will be useful. We were then, and continue to be, honored to have been invited to write this column, and we have accepted the *AGD Impact* editorial team's decision about its title.)

But there is another and much more important reason for addressing such a broad range of ethical issues of this profession in these essays. To begin with, everyone knows that becoming, and then continuing to be, a professional is a social act; it says something of great ethical importance about our relationships to the larger society—both our individual relationships to patients and to the larger society and also the relationship we have to the larger society as the persons who constitute this profession at this time. But the obviousness of this fact does not mean that the contents of our professional commitments to the larger society are simple and involve only our relationship to the patient who currently sits in the chair. Our essays discuss a broad range of professional-ethical issues because we observe the life of this and other professions; in this attentiveness, we find that many of these issues are viewed as not connected to one's specifically professional commitments or, worse, overlooked altogether.

So as we move into another half-decade of writing about dentistry's professional ethics, we want to illustrate in this essay the full range of this profession's and its members' social commitments; we will offer a set of questions aimed at identifying the whole broad content of a profession's ethical commitments to the larger society.

Before doing this, though, it will be useful to spend a few moments reflecting on why this complex social commitment often seems to be less than complicated. Indeed, it is often claimed to be easy to articulate and is thought to be simply a matter of

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the individual practitioner practicing competently and interacting appropriately with his or her individual patient.

### Learning by imitation

The first thing to remember, in order to explain this appearance of simplicity, is that practicing as a professional is not something one can do if, like the novice just learning the profession, one still has to focus his or her attention carefully on each of the details. Compare your first efforts at waxing or carving a tooth on models in dental anatomy, or even your first actual restorations for patients in the dental school's clinic (or even, for most practitioners, the kind of close attention to the details of the procedure that you still had to employ in your first years of independent practice) with the "thoughtless" ease with which you perform the same task today. And, note how much more carefully, efficiently, and effectively you currently perform this task "without thinking" about many of the details, as compared to those early days when you had to think carefully about every detail.

Of course, it is not true that you are actually "thoughtless" or "not thinking" when performing restorations today. It is, rather, that all the minute details that required specific close attention when you were a novice or a beginning practitioner now have been absorbed into habitual patterns of practice—dependable patterns of perception, evaluation, and judgment, as well as dependable patterns of physical dexterity, the use of instruments, and so forth. Now you don't even notice the aspects of each procedure that once required close focused attention. You do notice them in one sense, of course, but without having to direct close focused attention to them. Your thoughtfulness, while you are doing a restoration "thoughtlessly," is now, rather, available to watch all of the details together—including many you did not have enough attention to attend to as a novice.

At the same time, you now watch for what is atypical in the tooth, or its environment, or in how it is responding to your intervention. You also watch for ways in which the patient may need special support or some other assistance during the procedure. You even attend, furthermore, to the myriad of other factors that might somehow compromise the effectiveness of this procedure or the overall treatment plan.

We could try to list all the specific skills of perception, evaluation, and judgment; all of the skills of physical dexterity; and all of the most effective uses of instruments, etc. We also would need to enumerate, with these, all the skills of perception, evaluation, judgment, and communication needed to interact properly with patients. A young dentist learns and eventually habituates (and *must* habituate) all of these in order to be permitted to practice without close supervision. This list would make a sizeable book, however, that would look much like the compilation of all the syllabi of all the basic courses in dental school—and still we would probably have only an incomplete account of all that a young dentist needs to habituate in order to practice dentistry dependably and professionally. Yet, in the daily life of the experienced practitioner, the only items in this "book" that are likely to be explicitly attended to or mentioned in conversation in the office or among dental colleagues are the items about which

something atypical has happened or is expected to happen. All the rest goes unsaid; it does not need to be said. This is because it has been thoroughly and dependably habituated.

In the same way, much of what goes into living an ethical professional life is left unsaid. And, because there is more than enough, typically, that is important to talk about carefully, the rest is rarely carefully articulated at all. Add to this the strong focus on individuals—a central cultural feature of contemporary American society—rather than a focus on groups or our relationships to one another in these groups and in the society at large. It is not surprising that the complexities of a profession's—and its members' relationships to the larger society—are not routinely discussed. This does not mean that we think the majority of dentists are living unethically in regard to these complexities. Far from it!

Our view, rather, is that most dentists have developed considerable sophistication about these matters. But that sophistication has not ordinarily been gained from having discussed these matters explicitly. And, since dental schools do not stress these broader aspects of professional ethics very much, they are not ordinarily learned in any detail in school either. Instead, as in most professions, the social aspects of dentistry's ethics have been habituated by means of a process of observing admirable practitioners already on the scene. And then, perhaps without explicitly even noting that one is doing so, a person comes to imitate the patterns of social ethical life evidenced by these admirable practitioners already.

But this process of social ethical learning, important though it is, does not automatically produce *articulate* understanding of what has been learned and this makes it much harder to explicitly address ethically difficult situations in which these rarely stated, but still important social-ethical components of the profession's ethics, are at stake. Our efforts in these essays to direct our readers' attention beyond the ethics of chairside practice are aimed at making these aspects of dentistry's ethics more explicit. This is to facilitate careful ethical discussion when circumstances arise in which they are at stake. It is equally in the hope that, by making them more explicit, our readers will be able to see more clearly certain situations in which they are at stake in their own practices and also what exactly is admirable about those admirable practitioners whose social-ethical professional ways they judge worthy of imitation.

What follows, therefore, will be a set of nine questions about the nine general kinds of obligations that this (and any) profession and its members undertake in accepting the society's designation of it as a profession. Or, to put the point more abstractly, here are nine categories of professional obligation whose contents deserve careful study and reflection if we hope to understand the whole breadth of this profession's and its members' commitments to the larger society. Some of these obviously focus on chairside ethics and others on the social-ethical aspects of professional practice that we have just been discussing. But in fact, all of them impact both components of a professional's ethical life.

Note also that in listing categories of a profession's obligations, we are presuming something that is not in the list. At the foundation of dentistry's and its members' professional

obligations, there is a process of dialogue between the profession and the larger society by which the profession's status as a profession is established. The dental profession and its members have the obligations they do because our society continues to: (a) affirm that there are important values (oral health being the most obvious) that are centrally important in dental practice (see our essay "At the Core," in the June 2008 issue of *AGD Impact*) that can be secured and protected for the people of this society only by means of dentists' collective expertise; (b) designate and establish the community of dentists as the only group that can make authoritative (i.e., socially accepted as determining the matter) judgments about questions in this area of expertise; and (c) depend on the community of dentists and its members to use this authority—and the social power it includes—in appropriate ways (i.e., in accord with the ethical standards for this profession that are the product of an ongoing dialogue between the society and the community of dentists).

It is the combination of these three continuing acts on the part of the larger society that enables us to say not only that dentistry is a profession and its members professionals, but that the nine kinds of obligations identified in the following nine questions are indeed obligations of this profession and its members within our society.

### **Nine questions to ask about a profession's ethics**

*(Adapted from Dental Ethics at Chairside: Professional Principles and Practical Applications, 2nd edition, chapter three, used with permission.)*

#### **Question 1: Who are the profession's chief clients?**

Every profession has a chief client or clients (i.e., the persons or the sets of persons identified by the society as the ones whose well-being this profession and its members are chiefly committed to serving). The short answer to this question for dentistry is "patients." But besides the patient in the chair, there are other patients in the waiting room, appointed for later, arriving with an emergency need, needing paperwork for insurance purposes, etc., and potential patients of several sorts as well, to whom obligations are owed.

And then there is the public who need oral health education and public health protection. Moreover, if there are several categories of chief clients, as the foregoing indicates is the case for dentistry, then this theme includes asking not only who they are, but also how they are ranked when simultaneously serving all of their relevant needs and well-being is not possible.

#### **Question 2: What are the Central Practice Values of the profession?**

What are the central values that this profession is socially designated to focus on protecting and producing for its clients through the practice of its distinctive expertise? No profession is committed to securing for its clients everything that is valuable to them. Rather, there is a certain set of values which are the focus of each profession's expertise and which it is the job and obligation of that profession to work to secure for its clients through its practice. Moreover, when

simultaneously achieving all of dentistry's Central Practice Values for a given patient is impossible, as is often the case, this theme includes asking how the profession's Central Practice Values are to be priority-ranked.

#### **Question 3: What is the ideal relationship between professional and client?**

What is the ideal relationship between a member of this profession and the person(s) who the profession serves? The point of the relationship between a professional and a client is to bring about certain values for the client. But bringing about these values requires both the professional and the client to make judgments and choices about the professional's interventions. What are the proper roles of the dentist and the patient, particularly in regard to these judgments and choices? (See previous issues of *AGD Impact* for the following articles: "Achieving the Ideal," August 2008; "The Ideal Patient," April 2009; and "Trust," July 2009). In addition, since some of dentistry's patients are not capable of judgment and choice, what is the ideal relationship for dentists to strive for regarding clients who are incapable of judgment and choice, and what criteria ought the members of the profession use to determine which of their clients has sufficient capacity for judgment and choice so that collaborative decision-making is appropriate with them?

#### **Question 4: What counts as competence in this profession and what are the obligations of competence?**

What are the norms of competence for this profession? Every professional is obligated both to acquire and to maintain the expertise needed for his or her professional tasks. Every professional also is obligated to undertake only those tasks that are within his or her competence and to assist clients whose needs exceed his or her expertise by locating another who can assist. Each profession is obligated to determine the necessary elements of expertise for competent practice. Components of this obligation are fairly obvious. But this theme also includes important aspects of the ethics of what are commonly called "conflicts of interest." The key to evaluating whether a "conflict of interest" is harmful or not is whether the conflict inhibits the professional from offering practice judgments specifically based on professional expertise rather than other considerations.

#### **Question 5: What criteria determine the relative priority of the client's well-being over other ethical considerations for the professional?**

Which sacrifices of personal interest are required of members of this profession and in which respects do the obligations of this profession take priority over other ethically relevant considerations affecting its members and their lives? Professionals are regularly characterized as being committed to the service and to the best interest of their clients. But these expressions have many different interpretations with significantly different implications for actual practice. What is the proper measure of sacrifice of personal interest and of the professional's other commitments in this profession, and in which situations are such sacrifices required?

**Question 6: What are the ideal relationships between co-professionals and other partners in practice?**

What is the ideal relationship between the members of this profession and various categories of co-professionals (i.e., people from the same or other professions who are providing services for the same persons or collaborating in other respects)? What is the ideal relationship between the members of this profession and other parties who are collaborating with the professional in providing professional services? Each profession has norms—usually mostly implicit and unexamined—concerning the proper relationship between members of the same profession in various matters and also between members of different professions when they are serving the same clients from their different professional standpoints or collaborating in other ways. And similarly, there are norms (also mostly not formally articulated) about the proper relationships with other parties who collaborate with the members of the profession. (See previous issues of *AGD Impact* for the following articles: "The Names on the Door," November 2010; and "Conquering Conflict, Part One: Agreeing to Disagree," December 2009.)

**Question 7: What is the ideal relationship between the profession and the larger community?**

What is the ideal relationship between the members of this profession and the larger community, both collectively and individually? Besides relationships of professionals to those they serve and of professionals with one another and relationships with other collaborators in practice, the activities of every profession also involve relationships between the profession as a group, as well as various sub-groups within the profession—formally organized or not—and also between its individual members and the larger community as a whole, as well as significant sub-groups of the larger community and various categories of individuals who are neither co-professionals nor collaborators in practice nor clients. What are the norms, frequently not explicit or formally articulated, for these relationships?

**Question 8: What are the obligations of the profession and its members regarding the availability of services for those who need them or might benefit from them?**

What ought the members of this profession do, collectively and individually, so that access to the profession's services is available to all those who need them or might benefit from them? Although implicitly covered in other categories, the ethical question of designing social systems that justly and properly distribute the profession's services to those who need them deserves special notice and explicit attention in the articulation of the profession's ethic. Unmet needs for a profession's service are necessarily an ethical concern for every member of the profession and for the profession as a whole. (See previous issues of *AGD Impact* for the following article: "Sacrifice and Access to Care: Chairside Issues," October 2007).

**Question 9: What are the profession's obligations regarding integrity and education?**

What are the members of this profession obligated to do, individually and collectively, to preserve the integrity of their commitment to its Central Practice Values and other ethical standards and to educate others about them? There is that very subtle component of conduct by which a professional and a whole profession and its publicly visible sub-groups communicates to others about what the profession stands for (especially the Central Practice Values), not only in observable actions but also in how these ways of acting are chosen. It also shows in how the person or group presents himself or herself to the larger community and to individuals within it in carrying them out. To what extent, and in what ways, ought a dentist live dentistry's values and professionalism in the rest of his or her life?

No one has all of the answers to all of these questions about dentistry's professional obligations, even though most dentists in fact practice ethically in relation to each of these categories. As stated earlier, one cannot be an effective professional if the vast majority of what it takes is not deeply habituated so that it can shape one's actions dependably. This is true whether the practitioner has the time and attention to think about that particular set of details or not. The training of new dentists, the dental profession's dialogue with the larger community about its ethical commitments, and the ordinary discussion among dentists about the ethical challenges that they face in practice, however, will all be benefited if more and more potential answers to these questions can be formulated in clear language. Otherwise, a great deal of our teaching of ethics, our communication about ethical conduct with our patients and the whole larger community, and our own efforts to resolve complex ethical issues in dialogue with dental colleagues will be operating in the dark. This column, as it goes forward, will continue to try to illuminate not only the fairly obvious ethical issues of chairside practice, but the whole broad range of ethical questions that arise in the life of this dynamic profession. ♦



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