Our last column focused on the ethics of esthetic dentistry from the viewpoint of daily dental practice. Few dentists would deliberately put the ethical integrity of the dentist-patient relationship at risk simply to make another "sale" of esthetic services. For that reason, the discussion in that column drew on familiar ethical themes like properly informing patients of the benefits and risks of available treatments, not manipulating patients' decisions in favor of more profitable services, and helping vulnerable patients to weigh alternatives carefully and make decisions that are truly in accordance with their own values and their best interest.

However, there is another, much subtler set of ethical issues that the oral health community needs to consider as public interest in esthetic dentistry grows and as dentistry's response (and sometimes contributions) to that interest grows accordingly. There is a difference between dental services principally aimed at preserving or restoring a patient's health—that is, responding to a patient's needs—and dental services principally aimed at fulfilling a patient's esthetic judgments, or desires. These issues are best understood as social-professional ethical issues, rather than ethical issues of daily practice, because they concern the kinds of benefits that the larger society sees its members deriving from the expertise of oral health professionals and how the larger society understands oral health professionals' expertise, and therefore respects and depends on it.

If esthetic dentistry is pursued energetically without careful consideration of the results, there is a serious risk that the set of values held by oral health professionals in professional practice will be significantly blurred in the minds of the public. In the worst-case scenario, the public could wholly lose its conviction that oral health professionals have any important expertise at all in health matters. These concerns are not unique to the dental profession. They arise just as significantly in every situation in which health care professionals provide services that are enhancement-oriented rather than directed towards the cure of disease, treatment of trauma, or the prevention of future morbidities or mortalities. This column will try to explain why dentists and dental hygienists should pay serious attention to the social impact of the growing interest in esthetic dentistry.

First, we must explore the two ways of viewing the provision of various services within contemporary American society. As mentioned earlier, one way is to view services as responding to human needs and another is to view services as responding to human desires. This theme is developed more fully in the article "Ethics, Access, and Care" which appeared in the Journal of Dental Education (November 2006). This special issue on ethics and access to care is available on the Web at www.jdentaled.org/cgi/content/abstract/70/11/1139.

Historically, the professions in our society have viewed themselves as responding to the needs of the people they serve, particularly needs that cannot be correctly identified or properly addressed without the special expertise that is possessed only by members of the relevant profession. For the most part, the larger community has shared this view of each of the professions and has held this view of the oral health professions in particular. The notion that a person could provide adequate oral health care, beyond ordinary hygiene and related forms of self-care, without
having acquired the special expertise of a dental professional is a notion that few people in our society would accept.

As a consequence, in our society, a patient’s judgment that the needs of a person served by an oral health professional have been properly met is not considered sufficient by itself. To be sure, because of the prominence of the value of autonomy in our society, the judgment of the person being served also is very important. But because the larger society considers the special expertise of the oral health professional to be necessary for proper identification and treatment of oral health needs, in most respects the expertise of the professional is alone considered sufficient to determine if an oral health need has been met successfully. The sufficiency of the expertise and the standards of the professional have been questioned in recent years and have sometimes been successfully challenged by current commercial tort practices and liability insurance structures. But in normal daily practice, the dentist’s expertise still determines need and successful treatment.

On the other hand, there are many occupations in our society in which the practitioners respond to the desires of the people they serve. For some of these, the public expects the practitioner to have significant expertise to stay in business. But even if the practice of such an occupation depends on expertise, the criterion by which successful practice is measured is always and exclusively based on the desires of the person served. This individual, especially if he or she judges the practitioner to have significant expertise, may allow the practitioner to influence the perception of whether his or her desires have been met. But it is the judgment of the person served that is necessary and sufficient for determining success in these occupations, not the judgment of the practitioner, because the focus of these occupations is on the desires of the person served.

It is certainly true (as noted in the previous column) that one aspect of appropriate oral health care is that the professional’s work conforms to the oral health care professions’ ethical standards—teeth must be properly shaped and colored within a complete dentition and properly balanced with gingival and facial features. Every oral health professional learns these standards and makes a commitment to them as part of his or her professional training. But these professional standards of care currently do not determine the successful provision of esthetic services to patients. Instead, the standards that are relevant are the patients’ particular judgments of esthetic taste, whatever they happen to be. The dental professional works to assure that the esthetic treatments are safe for the patient’s oral and general health, and the dental professional may offer the patient advice about the esthetic judgments and choices that need to be made to achieve the desired results. However, the aim of esthetic dentistry is not to apply professional expertise to meet a patient’s oral health needs, but to satisfy the patient’s esthetic desires, which alone can determine what counts as a successful intervention for the patient. This is why in esthetic dentistry it is the patient’s judgment—not the oral health professional’s judgment—which alone is sufficient to determine whether the result is appropriate.

It should be obvious that this difference—between services aimed at applying expertise in response to patients’ needs and services aimed at fulfilling patients’ esthetic desires—has great potential for significantly changing the professional-patient relationship. It could, for instance, move it from the realm of health care to the realm of commercial service, like so many other entrepreneurial relationships in our society. Most dentists would consider it inappropriate if a patient with a consumerist mindset tried to turn the professional-patient relationship into a commercial relationship of this sort when the patient’s oral health needs are the focus. Such patients, it is often said, do not understand what is supposed to be going on when they are in the chair. But it is much harder to justify such a criticism when the standard of successful esthetic dentistry (apart from not harming the patient’s oral and general health) is meeting the patient’s esthetic desires.

However, the chief concern of this column is not the potential impact of esthetic dentistry on chairside relationships, but the impact of the spreading practice of esthetic dentistry, along with its larger-than-life marketing promotions, on the larger society’s understanding of the benefits that the expertise of oral health professionals offers and the public’s understanding of the nature of this expertise—and, therefore, its consequent willingness to continue to respect and depend on it. Our proposal is that there are two ways in which the widespread growth of oral health services that are focused on meeting patients’ esthetic desires could have a serious negative impact on the relationship between the larger society and the oral health professions.

The oral health professions, like all professions, are focused on certain kinds of values that their expertise enables them to provide to people who need them. The argument has been made that for dentistry these “Central Values of Dental Practice” are: 1. The patient’s life and general health; 2. The
Because the subtle, internalized standards of ethical professional practice are rarely discussed in detail, it is through their observations that patients and the public learn what depends on expertise and what does not.
claims her pain is so severe that she wants to have the area numbed before she will permit a proper examination. The brief examination, however, yields no evidence of infection or inflammation, and Mary soon proves extremely knowledgeable about the kind of pain medication she believes she needs because "it has always helped me in the past." Questions about her symptoms during those past episodes, and how she obtained medication on those previous occasions, are not directly answered, although she is not antagonistic either.

Before a conversation about the absence of indications for pain medication can take place, however, Mary volunteers that she is in cosmetology school. She comments that you are nice looking, that she has good products that can help you grow hair and get rid of that mole on your face. Then she proposes that you and she could do business together. She can send clients for teeth whitening and you can let them know about her hair products and skin toning. Later, when she is denied drugs for uncertain pain, she says she is going to go to another dentist and leaves without paying the bill.

Many aspects of such a case are familiar in the general practice of dentistry. But what is striking is the assumption that oral health professionals are in the appearance business, and that they can go into partnerships with any other appearance business. Oral health professionals need to find out where such impressions are coming from, how likely they are to harm the oral health professions, and what might be done—both by individual professionals and by their professional societies—to intervene.

Determining the effectiveness of such interventions is beyond the scope of this essay, but a few commonsense suggestions for the general dentist may be useful. The dentist should clearly emphasize that the esthetic procedures offered have been carefully evaluated from the point of view of the patient’s oral health and general health, which are the dentist’s highest priorities in patient care. The primacy of the patient’s general and oral health over the long term also should be stressed, and the patient should be provided the information needed to make a careful decision about esthetic treatment. The dentist also is obligated to inform patients that veneers and other esthetic materials with limited longevity must be regularly evaluated and replaced as needed. When dentists discuss esthetic treatments with patients whose teeth do, in fact, conform to the profession’s standards of color, shape, placement, and so forth, the dentists should make this clear. Patients should be cautioned that what he or she desires is not remediation for a deficit from the dentist’s point of view.

Every oral health professional should reflect on the important difference between oral health needs and the desires that are the focus of patients’ interest in esthetic procedures. Dentists must recognize the message that the oral health community sends if it suggests that the latter are of equal or even greater concern from its point of view.

*Some details are changed to protect the privacy of the patient.