

# Dental Professionalism

## The Message of the Marketplace

A dentist's ethical commitments rarely need to be detailed. The conscientious professional has habitual ways of perceiving, judging, and acting, which are summarized with the word "professionalism." This "professionalism" usually leads the dentist to act ethically without having to explicitly focus on doing so. There are important reasons, however, for making the details of professionalism explicit in articles like this; spelling it out enriches those habits, helps us to examine the ethical reasons for supporting them, and makes dentistry's commitment to professionalism more articulate.

There is another set of habits, though, that also impact a dentist's decisions in his or her professional life. In our society, with very few exceptions, the provision of oral health care is embedded in the competitive marketplace. The reasons why oral health care (and most health care) are provided in this way are many and complex, and so are the arguments that criticize this choice. The reasons on both sides of this question, however, are beyond the scope of this article. We simply acknowledge, here, that living out the idea of a civic democratic-republic that is "of, by, and for the people" requires great faith in the processes a society uses to address the complex market and bureaucratic issues on which we must reach common decisions.

Our goals here are to:

- Call attention to the message of the marketplace that is often and sometimes unavoidably blended with dentistry's message of professionalism toward those whom it serves;
- Suggest that the marketplace message has been growing louder and more insistent within the dental community in recent years;
- Propose that this increase in volume has made the market message more capable of drowning out both the voice and the message of professionalism—specifically, the message that dentistry is a profession and that, since the mid-1800s in the U.S., dentistry has considered, and still struggles to keep, professionalism as its principal and core vision and message to our society.

But we are not saying that dentistry's message was ever a message only of professionalism. Oral health has never attained the kind of priority in our society that would permit its practitioners to

pretend that market factors have no influence on how dentistry is practiced; it would be Pollyannish to think this was ever the case. With a few exceptions (e.g., the military and public health), the vast majority of dentists have always provided professional care to their patients while running a small business. For most dentists, the main day-to-day ethical challenge is to live up to the highest standards of professional ethics while still making their small businesses flourish by market standards. (And, dentists who practice wholly or partially outside the free enterprise marketplace must live up to the same standards of professional ethics while meeting the competitive demands of changing political/bureaucratic requirements.)

### A new view

The fact that a dentist must deal with market pressures (and/or bureaucratic demands) while striving to maintain his or her professionalism is therefore not in itself something new. And these facts impact dentistry in another way, because market forces and bureaucratic demands, both in our society and within the profession, can overshadow the role of the collaborative trust among the members of the profession as well.

A number of things, however, have enhanced the impact of the marketplace in recent decades. The first was the change in dentistry's view of advertising. It was imposed on dentistry at the time, and now has clearly become the common, if not the official, view of most of our society's dentists. But dentists practicing in the private sector have always, somehow, marketed their services like all business persons. The appropriate ethical question was never "Should dentists market their services or not?" The appropriate question about professionalism and advertising remains what it was before the 1979 consent agreement with the Federal Trade Commission (FTC), and that is: "Which kinds of dental advertising are ethical and which kinds are not?"

There is no short answer to this question. For now, a good question to propose is: Which aspects of a dentist's advertising notice will members of the public see as the main determinants of that dentist's practice? Will it be professionalism or will the market message be so loud that the public will believe the habits of the marketplace to be the main drivers of a particular dentist, or for that matter, all dentists' practices?

## Public perception

The public, in general, has little detailed understanding of what goes into habitually practicing in accordance with dentistry's ethics. They do, however, understand the market message very well; it speaks loud and clear from almost every corner of our society. Realistically then, the public will hear the market message in a dentist's advertising very clearly; the voice of a dentist's professionalism (unless the dentist's market message is deliberately moderated) will be heard less clearly. If being noticed and supported as a committed and ethical professional is important, then the question becomes: "Is the message about one's professionalism still being clearly heard in one's marketing efforts over the din of the market message?"

The same kind of question should be asked in relation to another more recent change. Our society is growing in conviction that a socially attractive smile requires whiter teeth. To be sure, this trend was greatly enhanced, and perhaps even created, by advertising—including advertising that many dentists themselves have disseminated. Regardless of the social causes, this trend is now simply a fact of American culture and a fact that brings many patients—and thus many paying customers—to dentists' offices in search of whiter teeth.

There are reasons to worry that going along with this trend without reservation will weaken the public's appreciation of dentistry's professionalism. We have discussed these reasons in several previous articles and will briefly mention them again below. But there are at least two ways of responding positively to this trend that are consistent with dentists' commitment to professionalism. They both require, however, proper messaging and accurate communication to the public. And, as we will explain, this will not be easy.

First, patients who come to today's dental office in search of whiter teeth include some who might otherwise not be there at all—for example, people who have not experienced oral pain or functional problems and have not personally learned through experience about the importance of prevention. However, once the patient is in the chair, sensitive education about prevention and follow-up services may help bring the patient back for non-esthetic, genuinely oral health-related care, as well. (The role of education in actually producing effective and efficient disease reduction in oral health care is very complex. But dental care from which it is absent certainly falls short of the professional ideal.)

However, the person in search of whiter teeth is there as a market consumer; he or she wants to purchase a product—whiter teeth. Therefore, the process of educating the patient to attend to his or her oral health will need to be subtly and

expertly done. Otherwise, this "consumer" could easily hear only the market message: The dentist only wants this customer back for more business. The difference, to oversimplify, is the difference between marketing and patient education. Marketing cannot avoid conveying mostly a marketing message to someone who views himself or herself primarily as a consumer. Patient education, however, is precisely the work of a professional—it is part of an integrated health care process that involves and impacts diagnoses, treatment, and evaluation. If the message of professionalism can be communicated successfully (with the market message left aside—even though this person's return will be good for the business), it could impact the patient's expectations significantly about this dentist as a professional, dentistry as a profession, and the professions being something different from businesses.

A second way that offering esthetic services can be consistent with dental professionalism turns on the numerous ways offered in today's marketplace for whitening teeth. One reason a patient might visit a dentist in search of whiter teeth, rather than use some other method, is the conviction that dentists are more efficient at achieving the particular patient's desired result. A better reason, of course, is that receiving these services from a dentist is safer than other available methods.

For, as is obvious to dentists but not necessarily to patients, dentists understand the oral cavity, the structure of teeth, and the behavior, potential benefits, and cautions of various whitening agents and procedures. In other words, the professionalism, specifically the technical professionalism, of the dentist is the patient's best protection against harm. This is another reason why offering esthetic services is not necessarily contrary to dental professionalism.

Relatively few patients, however, will have thought about this carefully. As consumers first of all, it is for the sake of efficiency that most are there since efficiency is the primary reason a consumer selects one provider of services in the marketplace over another. That is, insofar as the person seeking whiter teeth does so to improve the chances of fulfilling his or her desires (i.e., to get a "better deal" rather than to benefit from the dentist specifically as a healthcare professional), the dentist remains, for that person, a marketplace provider of services.

Again, the person seeking whiter teeth may need more sensitive education. Those potential patients need to realize the risks involved (financial and physical), and that getting whiter teeth may involve more, and often much more, than what a bleaching ad claims or a friend says about how easily it can be done. Ultimately, the education point is that the dentist's expertise, specifically as a health professional, is the

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proper protector of the patient's oral health in the process. But this means that the dentist needs to find a way to move the patient from being a consumer to being a patient, and to move his or her own efforts from being perceived as merely providing a product (whiter teeth) to providing the full range of professional care (i.e., preventing harm, providing patient education, and ideally, the full range of oral health care services that dentistry's professional expertise makes possible). Doing this is not marketing or a sales pitch aimed at closing the deal, and the goal is for the patient to realize this, as well.

### **Different perspectives**

But there are risks here. As we have discussed in previous articles, the decision-making relationship between the dentist and the person seeking whiter teeth is not automatically the same as the decision-making relationship between the dentist and the person who is seeking oral health care. For when health care is the goal, the judgments must be about: a) the patient's need for treatment (diagnosis); b) the likelihood of various outcomes as a consequence of possible interventions and no intervention at all (prognosis); and c) how to carry out the chosen intervention (one kind of therapeutic judgment) and what counts as the proper health outcome of that intervention (another kind of therapeutic judgment).

These are all judgments that depend on the dentist's professional expertise, and they are, therefore, made by the dentist. Of course there are matters on which the capable patient and the dentist collaborate, especially in choosing which of the possible interventions (or none) will be undertaken. And the patient will afterwards determine for himself or herself whether this whole process fulfilled his or her goals in seeking care. But this fact about the patient's role in no way sets aside that, when the goal is oral health, it is the dentist's expert judgments that are determining in matters of diagnosis, prognosis, and therapy (including the final therapeutic judgment— whether the intervention achieved the intended therapeutic goal).

Yet, in almost all tooth whitening in contemporary dental practice, it is the patient who determines his or her need (i.e., how white he or she wants his or her teeth to be). And it is the patient who determines whether the intervention achieved the intended goal. The dentist is at most an adviser on these matters. (Some dentists have become very skilled in advising on oral-esthetic matters. And the word professional has enough diverse meanings today that it is often applied to dependable advisers; for example, to beauty advisers at the cosmetic counters. But this does not mean that such advisers are professionals in the sense of this word that we intend when we call dentists "professionals" and speak of the importance of their professionalism.)

In other words, in almost all office tooth-whitening situations, two central elements of the dentist's expert professional judgment—determining what is needed and whether or not it has been provided—are not present. These judgments are made by the patient. And, more importantly, when these judgments are made by the patient rather than the dentist, their relationship resembles a market transaction more than

a professional one. In a market transaction, the consumer determines a) what is needed and b) whether that need has been fulfilled by the service provided.

So, even though there are important ways that tooth whitening (and other esthetic services) can be consistent with dental professionalism, we remain very concerned about the impact that the prominence of esthetic services, in both dental practice and dental advertising, has had on the messages that patients and the general public hear. It will not be easy to provide the message of professionalism in the form of careful, sensitive, health-related patient education when the patient's perspective is focused on getting a product that meets his or her personally identified needs—especially when these needs are not matters on which there is currently any body of professional expertise.

### **Patients' views of themselves**

In the matters of both esthetic dentistry and dental advertising, then, there is good reason to be concerned that the public is predisposed—because they already view themselves more as consumers of services than as patients of a health professional—to primarily or even exclusively hear the market message about dentistry rather than the message of professionalism. There is also reason to be concerned that this predisposition is being reinforced by the actions of dentists, including some who may have this same disposition—that is, a disposition of assuming that the main habits of dentists are the habits of the marketplace, not the habits of ethical professionalism.

Of course, a significant proportion of the population visits dentists only in emergency situations. This group's view of dentistry has probably not changed under the impact of dental advertising or the social importance now placed upon whiter teeth. For their awareness that a dentist's professionalism is important to them is typically lost in their concern for urgent action. For the issues being discussed here, this group's influence on the public's views of dental professionalism is minimal.

A third change, longer in coming and now affecting at least two generations in our society, is fluoridation. Not so many years ago, few children escaped the pain of dental caries, and most adults expected prostheses to replace lost teeth around age 50 or soon after. In spite of the discomforts of dental treatment at the time and the anxiety of most patients about going to the dentist, dentists were viewed as people whose professional expertise enabled them to limit or prevent pain, delay loss of function, and restore function when lost. Thanks to dentistry's commitment first to the very notion of prevention and its hard-fought efforts to bring about water fluoridation (a profound demonstration of dentists' professionalism, but one that few members of the public understand to be such), dental visits have come, as a consequence, to be viewed by most patients as principally preventive. Dentists prevent harm that most younger and middle-aged people have rarely experienced. (Unfortunately, because of the segmentation that is essential for markets and ads to be successful, there is also a growing group of children and elderly, with specific

demographic profiles, who are not receiving the benefits of this part of dental professionalism. And, the severity of harm to them can be measured in mortality, not just morbidity.)

The oral health community has rightly welcomed the resulting decrease in cavities and has worked hard, in accord with its professional commitments, to get the preventive message out to the public. At the same time, the reduction in caries within those populations having higher economic demographics has also meant far fewer patients for restorative treatment; this is a clear challenge to the dentist as a small business person and, potentially, a strong motivation to enhance one's marketing efforts. That is, to increase the volume of dentistry's market message.

Adding to these factors are the sizeable debts incurred by dental students; the tendency of people with dental insurance to manage their care based on the limitations in their policies; the increasing overhead costs, especially health benefits for full-time staff; and the impact on income for general dentists as the workload of the dental specialties has grown. And, there are many other business-based motivations for dentists to increase the variety of their marketing strategies, as well as the volume of the marketing message within those strategies, even if doing so might continue to lessen the public's ability to hear dentistry's message of professionalism.

Our society is also much more cynical and arguably less trusting of professionals in general than several generations ago. The reasons are many and include the general increase in the level of education over several generations; the recent explosion of information (whether dependable or not); and the media's inherent penchant for reporting on competition and conflict, which leads to a focus on a few bad apples in the professions rather than the vast majority who faithfully live their professionalism. And, for whichever complex set of reasons, more people seem to view health care simply as a commercial activity from the start.

All of these factors, in various ways, make it harder for the public to hear dentistry's message of professionalism. More notable, though, is the realization that identifying these and other factors actually increases the importance of moderating the volume of the unavoidable market message, lest dentistry's message about professional ethics and professionalism be drowned out entirely.

Yet, some members of the dental community, especially among the numerous dental business consultants, don't see any sharp contrast between dentistry as a business and dentistry as a profession. Some simply state, without further support, that dentistry is a business. Methods for building systematic business structures that minimize, or no longer include, the professional ethics components within these frameworks are then offered. Instead, remaining professional is relegated to the level of cautionary advice. What is preached as professional ethics education, when presented in this systematic business structure, comes across only as lip service to professionalism. So, it is worth asking whether these two messages really are that different.

## The market relationship

What are the essential characteristics of the market relationship from the side of the producer/seller? First of all, it is a relationship in which the goal of the producer/seller is to maximize the outcome of the relationship most often measured in dollars. There is no ethical commitment to give any priority to the well-being of the consumer as an outcome of the relationship. If the outcome of a particular market relationship leaves the consumer in a worse position than before, it still can be called a successful market relationship from the producer/seller's point of view, because it does maximize the producer/seller's interests.

There are some minimal ethical standards, though, that our society takes for granted in such relationships. If one makes a voluntary agreement in such a relationship, one is obligated to carry it out, and in general one may not ethically lie to a consumer about the product or service to be provided. Even the briefest look at marketplace advertising in our society, however, makes it clear that misleading messages—lost short of outright lies—and true information provided too quickly or in print too small to be legible, etc., are practices not widely considered violations of this standard. And, finally the producer/seller may not coerce or otherwise threaten harm to a consumer in order to produce a deal. That is all there is to the ethics of the marketplace.

However, one cornerstone of dental professionalism is obviously far from the standard expected in the marketplace. That is, the well-being of the patient is to be given a very high priority. Indeed, some measure of sacrifice of the professional's own interests, for the sake of the patient, is also expected. This is because the patient/dentist relationship is inherently equal, only in an asymmetrical sense; that is, the patient does not have the level of knowledge, skills, and experience needed to practice dentistry professionally and because the disease itself weakens the patient's position in the relationship. (This weakness presents major concerns even in the narrow ethics of producer/seller; the desire to get rid of a disease makes the patient vulnerable and susceptible to manipulation and coercion).

The ability to distinguish between what-is-a-disease and what-is-a-socially-constructed-defect, furthermore, is in itself already a highly complex notion; most clinical physicians and dentists (who are aware of this difference because of their professionalism) turn to other professionals, then, to help clarify these notions about what should count as definitions and priorities when it comes to health and disease. Ethics is only one, if not the central professional set of skills that can help unravel what most professionals now sense, but rarely articulate, is a critical, if not the most critical, health care need simply because of increased marketing.

This brings us to a second cornerstone of professionalism. It is the heart of this article and our claim; dentistry stands for certain values. We have called these its "Central Practice Values." These values articulate the kinds of

good that characterize dentists' expertise. And, practicing these characteristics of dentistry's professional expertise makes dentists able to dependably bring about goods for patients; it is because of these specific goods (and to avoid the corresponding harms) that patients need the diagnostic, prognostic, and therapeutic expertise of the dentist. The importance of these values in human life, and their centrality in the practice of dentistry, means that the dentist-patient relationship revolves around them.

Yet, there are no specific values that are central to the market relationship. Rather, when the market relationship is idealized (truly equal participants communicating with full transparency and making fully voluntary agreements on matters about which both have complete and accurate information), it is thought to dependably produce efficiency—the so-called “invisible hand.” But such ideal transactions rarely happen in the real world. And, even if they did so routinely, efficiency itself is not a value worth pursuing. For it is always only a means to a good or result; it is always necessary, in order to understand a claim of efficiency, to ask, “Efficiency in achieving what?”

Efficiency is, of course, not a bad thing. But a social system—like marketplace transactions that have no guiding value—is only efficient in achieving, at best, whichever values the participants bring to the transaction. This is profoundly different from a community of experts committed to bringing about oral health and dentistry's other Central Practice Values for those it serves. For the market relationship is not a relationship about any specific values—except perhaps money as a symbol of value and/or a measure of efficiency. Therefore, if dentistry's message of professionalism is drowned out by the market message, its commitment to the values it aims to achieve for patients will become less clear in everyone's eyes.

The dentist-author recently learned from a patient how strongly the market message about dentistry is being noticed by many in our society. In the first moment of an initial exam he said, “You dentists are all alike, just out for the money. When are you going to do something about it?” Many readers have surely heard the same tone, if not these precise words, from their patients. A similar message came from a state legislature in a reply to a question about supporting state funding for dental access to care: “Access obviously isn't a manpower supply problem—just look at all the dental ads.”

A third difference is the following: If the two characteristics of the market relationship just described impact patients', and the public's, perceptions of the habits that shape dentists' practice (that is, if they shape how the patient expects the dentist-patient relationship to go, or how society expects the dentist-society relationship to go), they will quite understandably cause the patient to become defensive. (And, consequently, also place the entire dentist/patient encounter in a defensive-competitive frame). With few exceptions, patients know they cannot dependably diagnose, offer prognoses, intervene therapeutically, or make therapeutic judgments about outcomes regarding their

own oral health needs. And, even those who have accessed the Web and act as if they were experts, are arguably doing so out of an excess of defensiveness rather than from having achieved dependable expertise on their own. That is, they are still dependent on the expertise of the dentist. And, if they could count on the dentist to give priority to their oral health, and the other values dentistry stands for rather than the dentist's self-interest, they would not need to be defensive. (Of course, dentists still need to address, with sensitivity, the fears and other anxieties that are so often also part of this relationship.) They would simply trust the dentist.

The increasing volume of the market message about dentistry—that dentists (and others) have communicated to individual patients and to the public in general in various ways—has lessened the ability of people to hear and respond with trust to dentistry's message of professionalism. It is this pattern that makes it so important to keep articulating the details of dentistry's ethical commitments in articles like this and in as many other venues as possible.

Dental professionalism cannot remain only a matter of habitual practice. It also needs to become more a matter of careful individual reflection and self-examination, and explicit conversation and as a continuous focus for honest discussion among colleagues in professional gatherings and associations. If not, it will remain too inarticulate and too muted in its expression to compete with the volume of market messages currently competing with the very need for professionalism and the core services for society that dentistry must provide in collaboration with other health professionals. And, if being ethical professionals is as important to dentists in this era as it has been up until now, then the members of the profession also need to ask if they can significantly lessen the volume of market messaging about dentistry in their interactions with their patients and in their communications to the public. ♦



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COMMENT

