Issues in Dental Ethics

Professional Ethics in Dentistry Network

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An Expanded Role for Care Ethics within United States Dentistry

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Abstract

Care ethics is an alternative to the better known approaches based on normative principles or virtue. The care ethic is grounded in relationships intended to build others' potential. Five suggestions are offered for applying care ethics in the practice context.

Dental professionals face decisions that are of ethical significance each day of their professional lives. Every recommendation and treatment procedure has ethical substance and consequence. Each action and decision made by the dental practitioner has the potential to affect the well-being of their patients in important ways. In recognition of these ethical dilemmas, dental professionals have developed a variety of approaches to promote high standards of moral reasoning in relating to patient care.

Although dentistry is grounded in the Hippocratic tradition, its best known code of ethics, the American Dental Association's Principles of Ethics and Code of Professional Conduct, is formulated in juridical language and is based on a principled rather than a virtue-based form of reasoning. In recent years, the field of dental hygiene has established itself as an advocate for care ethics. This paper aims to identify what "care ethics" is and how it can be applied effectively in the field of oral health care.

In general terms, care ethics emphasizes that each person is part of an interdependent relationship that affects how ethical decisions are best made. Within this theory the specific situation and context in which the person is embedded becomes a part of the decision-making process. Moreover, every ethical decision may affect more than just one person. Whole families, other patients, and healthcare practitioners may also be affected. Instead of considering the consequences of our actions or our duties in the abstract, an ethic of care considers the concrete situation and its relationships, which may well involve a vulnerable, dependent, and weak person who needs the support of the community.

How would dentistry apply an ethic of care in the framework of dental practice? At the very least, this would mean integrating language within the American Dental Association's Code that better incorporates the language of care. It may also call for a restructuring of the inner framework of practice to allow

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for more time to develop and nurture relationships between patients and caregivers. An ethic of care relies on time to develop and nurture relationships. An ethic of care also focuses strongly on outreach that extends to those that are underserved. Finally, the care ethic embodies a moral and spiritual element that is continually strengthened by providing for and caring for others.

Philosophical Sources of Care Ethics

Care ethics has roots as old as the theories of virtue first proposed by Socrates and Plato. The next great Greek philosopher, Aristotle, also emphasized the development of virtues, such as friendship, prudence, wisdom, temperance, and courage—all of them viewed not only as characteristics of individuals, but also as involving important social relationships. Building on his ancient mentors, the medieval philosopher and theologian, Thomas Aquinas, formulated an ethic of altruism, a love-based ethics derived within theological virtues—faith, hope, and love.

This ancient tradition has been significantly preserved in the ethical commitments of the health professions, most notably through the influence of the Hippocratic School, whose authors wrote, in addition to the famous Oath, approximately seventy essays on health care, many of which discussed relevant character traits and virtues.

While many elements of a care ethic are in this tradition, it was not until more recent times that a care ethic came to be explicitly defined. As issues of patients' rights surfaced within American health care in the latter half of the 20th century, it became apparent the emphasis was shifting to a focus on justice, rights, and the law's focus on individual autonomy while placing less of an emphasis upon virtues and the place of each person in relation to a community, especially in regard to the powerless and vulnerable.

This shift in emphasis was particularly clear in the empirical research of Lawrence Kohlberg in the 1980s. His theory of ethical reasoning and development focused narrowly on cognitive (male) reasoning versus emotional (female) reasoning. Kohlberg's emphasis on gender and contrasting styles of ethical thinking ignited a heated debate about the relation of gender to moral reasoning.

Carol Gilligan (1982), once a student of Kohlberg's at Harvard University and now a noted psychologist in gender studies, argued that women were misrepresented within Kohlberg's research and that ethical reasoning conceived solely in terms of justice and abstract categories of duty misrepresented the moral enterprise. Gilligan offered the first explicit contemporary formulation of a care ethic in her book, *A Different Voice* (1982). According to Gilligan, women develop "an 'ethic of care' whose underlying logic...is psychological logic of relationships, which contrasts with the (generally male) formal logic of fairness that informs the justice approach."

Nell Noddings (1984) added to our understanding of the care ethic, holding that ethics is principally about particular relationships between two parties, the one "caring" and the one "cared for." Caring, she argued, is not simply a matter of feeling favorably about someone, but is about having a concrete connection with someone, an actual encounter with a specific individual. Regarding the association of caring with the feminine gender, she writes, "This does not imply that all women will accept it or that most men will reject it; indeed there is no reason why men should not embrace it. It is feminine in the deep classical sense-rooted in receptivity, relatedness, and responsiveness. It does not imply either that logic is to be discarded or that logic is alien to women. It represents an alternative to present views, one that begins with the moral attitude or longing for goodness and not with moral reasoning."

Even though the literature on care ethics has tended to conceptually stress the feminine approach, it has increasingly moved towards viewing caring not as a feminine characteristic, but as part of the human condition. Thus James Rest (1979) and Muriel Bebeau (1984), have argued that the care ethic is not something narrowly gender-related. For example, James Rest's Defining Issues Test (DIT), which measures moral reasoning and the comprehension of moral concepts, has not found a significant difference between men and women (Bebeau & Thoma, 1994). Similarly, a study conducted by Casada, Willis, and Butters (1998) found no significant difference in value decision-making between men and women dental students.

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The Meaning of Care

Milton Mayerhoff (1971), who greatly influenced the writings of Noddings, describes care in these words: "To care for another person, in the most significant sense, is to help him grow and actualize himself." Applying this to ethics, Rita Manning (1992) makes a distinction between a caring moral response and a more rigid moral attitude: "An ethic of care involves a morality grounded in relationship and response... In responding, we do not appeal to abstract principles, though they may appeal to rules of thumb; rather we pay attention to the concrete other in his or her real situation. We also pay attention to the effect of our response on the networks of care that sustain us both."

Our current climate in health care tends to be increasingly pressured and limited in the development of personal relationships. Multiple environmental factors such as consumer awareness, high production costs, legalities, and time constraints add a heightened stress to the dental practice. Stress places strain upon relationships.

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Dental professionals must remember not to base their care solely upon extraneous variables but to develop a connection with the patient that allows for a deeper level of caring. A form of caring is needed that allows the dental professional to listen to the concerns of the patient and enables the dental professional in turn to honestly convey his or her concerns and desires for that patient. A commitment to care must be established for each individual and caregivers should strive to know each patient past the mouth and into the mind and heart.

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Moreover, "caring for" that focuses only on the individual is too narrow. Chiodo and Tolle (2001) have stated that many authors within dental ethics focus upon the individual encounter or relationship between a specific doctor or caregiver. While Chiodo and Tolle find this to be appropriate in one respect, they also stress that issues such as distributive justice may benefit from a broader social awareness. Care must also attend to the societal issues and be inclusive of these in the definition of the ethic of care. Both aspects of the healthcare professional's service to humanity are part of a care ethic.

Applying the Ethic of Care

How does one apply the ethic of care to dentistry? On a conceptual level it seems inspirational but is it reasonable? Does an ethic of care based upon human relations lend itself to submissiveness and ambiguity? An ethic of care based in relationships is applied within the framework of principles. Principles remain concrete and logical but they are understood on a level deep within human emotion. Principles such as beneficence, nonmaleficence, justice, autonomy, and veracity remain the pillars of ethics. These principles define what the profession deems central to the practice of dentistry. What is gained by incorporating the language of care ethics within principles is character and value.

The American Dental Association code serves to set a standard of patient care based upon principles. Current ADA guidelines use a juridical language based upon a justice theory of ethics. The code format and language is concrete and pragmatic, which serves to "assist in harmonious living and facilitation of achievement of individual aims and desires in a socially acceptable manner." Underrepresented within the current code is a language of care, one that focuses more upon the concrete individual rather than on the abstract categories of good.

Nuala Kenny (1998), a dental ethics educator, states "rather than addressing itself to the principled resolution of moral quandaries, the perspective of care highlights the rudimentary moral skills, skills such as kindness, sensitivity, attentiveness, tact, honesty, patience, reliability, etc, that guide us in our relationships with particular others." By incorporating a language that encourages these traits and values, a more holistic approach to patient care is created.

The American Dental Hygienists Association Code of Ethics (2001) has placed patient advocacy as central to their cause. Principles such as, but not

limited to veracity, patient autonomy, and beneficence use language and formatting that relates to both clinician and patient. Core values such as patient respect, societal trust, equality, and mutuality are central elements of their code. Relationships and continued care are strongly encouraged. Dentistry would benefit by reviewing their holistic and relational language and formatting for their codes. Applying the language of care to its ethical guidelines would strengthen the ADA code.

Why change? The codes reflect the internal character and self-governing standards that dentistry adheres to. It seems that by restructuring the codes we affirm our commitment to a shared ethic of care within the dental team. We can also better equip ourselves to face ethical conflicts, thereby committing ourselves to serve the underserved, and develop our professionalism more fully together.

As ethicists Hasegawa and Welie (2001) state, codes are first and foremost aspirational. We should not limit ourselves to a language and format that does not incorporate the values of care ethics. Through expanding our ethical consciousness to include the language of care ethics, dentistry will maintain and continue to develop a higher social integrity while seeking to strengthen its team ethic of care.

Applying Care Ethics to Private Practice

Dentistry is about establishing relationships. As ethicist Ozar (1996) puts it, "dental professionals are, in fact, formed into a set of values, virtues, and attitudes. These have a definite place in practice." How do we apply it to our daily routine?

First, internal value motives must be examined and continually evaluated. If we are unwilling to determine our motives, desires, fears, and share with our co-workers and even patients, we will be unable to be genuinely honest, caring, ethical, and flexible with the needs of the patient. Authentic caring is connected to the heart and we must be able to examine our own motives honestly. In doing so, we must be willing to tell the truth and seek help from others if our ability to care is lacking. The dental practice is unique in that we are able to create team ethics and support one another in a continued pursuit for patient-centered care.

Second, develop a team care ethic within the office. Office meetings should develop and incorporate team reflection upon the needs of the patient. For instance, morning meetings could serve as a time to reflect on team goals and focus upon each patient's perceived needs. I have found that sharing personal experiences of the day gives support to the team and serves to provide specific case scenarios within the office that can be used as an educational tool.

Third, we must structure our office practices to facilitate connecting with our patients. An ethic of care is time consuming. It takes time to nurture a relationship. At the very least, we must maintain patient care based upon the needs of the patient rather than increased production. Offices may need to increase time with patients to better facilitate personal interaction. Many offices today have decreased time spent with their patients to keep up with increased office expenses. The office must establish a commitment to the patient and follow through with his/her needs.

The layout of the office should be conducive to a private setting. Many patients state that offices do not have a comfortable and secure feel. By developing a layout that is inviting and allows for private interaction, more meaningful relationships can be established.

Fourth, commitment to the community calls for dentistry to provide care for the underserved. Each community has its unique needs. In some areas it may be children that are underserved; in others, it may be the elderly. An ethic of care considers the vulnerable, weak, dependent person and seeks to provide them care. By becoming involved in community projects and expanding ethical values into daily living, dentistry will maintain and develop a higher social integrity.

Finally, by living our lives involved with and valuing others, we continue to foster our own moral and spiritual development. Dental practitioners sometimes complain of workplace burnout. Caring for ourselves, as oral healthcare providers, and others can strengthen our commitment to our patients. Many who have experienced burnout have disconnected themselves from their patients. By re-connecting and valuing what our patients provide us, we limit the possibility of workplace burnout. By caring for others, we ourselves are cared for. Spiritual and moral experience manifests itself within human interaction. By valuing our relationships and emotions, dental professionals enrich

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their personal lives and the lives of the people they interact with on a daily basis.

While many of us strive to work and live according to many of the core values stated above, we continue to benefit by reevaluating and consistently seeking a higher level and standard of care we provide for our patients and ourselves.

Conclusion

The interdisciplinary and interactive nature of dental practice provides an environment conducive to the ethic of care. By interacting with our patients on an ongoing, long-term basis we are able to establish a relationship embedded in an ethic of care. Patients today seek mutuality and respect. A more holistic approach to care is one that fosters relationships, communication, commitment, and honesty. Care "about" and "for" the patient is paramount within the daily workings of a dental practice. Change must be sought from within our professional associations and private offices. Without a strong commitment to care, our practice is no longer centered upon the patients' total well being. Care may then become defined by rudimentary routines and is no longer in the hands of the oral healthcare provider. ■

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