

## A PRIMER ON DENTAL ETHICS: PART I

### KNOWING ABOUT ETHICS

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#### ABSTRACT

The field of dental ethics has matured to the point where it is worthwhile to summarize it. An overview is presented of the methods commonly used to present ethics in dental schools. The three most popular approaches to ethical theory are normative principles (good rules), virtue ethics (good people), and utilitarian views (good outcomes). Each of these approaches has advantages, and each is incomplete. The general problem of converting ethical knowledge to moral conduct will be presented in a subsequent essay.

Dental ethics is a large field. It would be a shame to get excited by part of it without at least surveying the whole field. Any map of the territory will be necessarily a bit arbitrary and reflect an individual frame of reference. So here is my individual and arbitrary structure.

In both dental schools and in practice there are six doors to open to get a good look at the subject. The first three doors concern ethics proper, or the study of right and wrong. Those who are comfortable in these realms sound knowledgeable, can advise others how to behave, and have every reason to know the most appropriate courses of action, even if they fail to act ethically. The other three doors concern moral conduct. This is the domain of practicing good work and the creation and leadership of moral communities.

Dentistry, accounting, teaching school, and selling insurance can be engaged in without opening all of the doors and having a satisfying look around. You have probably been offended or know of cases where lives have been damaged by individuals who lack a working knowledge of ethics and moral conduct. The purpose of this essay is to place a label on each of the first three doors so it is clear what is inside. Signage for the remaining three doors will be provided in a subsequent essay.

#### TEACHING DENTAL ETHICS

It is customary in American dental schools to cover ethical theory pretty well. Certainly, more curricular hours are devoted to this topic than was customary in previous decades or will be done during the years of practice. The principle focus includes learning about ethical theory and professional codes of conduct. This is covered by lectures from faculty members trained in the field, by guest lecturers, and through reading. This is the most passive of ethical activities; it is often tested by multiple-choice tests, as on so-called "ethics tests" that state boards administer to candidates seeking a license.

A more active engagement, also prevalent in American and Canadian schools, engages students in discussions, usually around ethical dilemma. These are cases that have built-in internal inconsistencies in values. The personal give-and-take of explaining and listening to alternative points of view helps build awareness of the complexity of some ethical situations and lets students "try on" different ethical perspectives and moral roles. In dental school, these are short written descriptions of dental situations, and the environment is a safe simulation of real experience. Any dentist who has served on a peer review committee or as an insurance consultant understands that real dilemma are just as complex.

The immersion version of ethics in school and practice is essentially ceremonial. This is not a deprecating remark; the clear voice of leaders, the dignity of

due process, and the oft-repeated stories of the hero who did it “because it was the right thing to do” celebrate high standards and create professional expectations. Where they are neglected, it is noticed. White coat ceremonies, reciting professional oaths, sermons from the dean or a significant dignitary, or a hall conversation that begins “What do you think about that guy who had his license suspended for...” may be more formative than anything that can be read in an ethics text.

### STUDYING RIGHT AND WRONG

The three doors to be introduced in this essay are in the wing of the building devoted to the “individual understanding of right and wrong.” This section gets its name from the Greek term *εθος*, which we translate “ethos” or habit; eventually the term, when applied to specific applications, became *εθικός* (ethics), and took on the meaning of guiding action by general habits or principles.

The big program for ethics is to find the first principles or generalizations and teach them to others. There are five important assumptions in this description of ethics: 1) sufficient ethical principles exist and need to be discovered (or rediscovered rather than created); 2) the work of revealing ethical principles is rational and normally performed by specially trained academics; 3) knowledge of these first principles or generalizations is a necessary precondition, perhaps a sufficient one, for doing good; 4) ethical behavior is learned from contact with individuals who know the principles or generalizations; and 5) the ethical unit is an individual, not a group.

Too often this conception has led to agreements to disagree while secretly harboring a conviction that the other guy is unethical and his or her failure to see it your way is proof sufficient. The

prospect of leaving others to figure out ethics without the benefit of ordained experts is just too scary to serve as a useful approach. Ethics may not be for everyone (only folks like us). Aristotle was clear on this point: ethics was beyond the *hoi polloi* (the common man), certainly not suitable for women, and entirely too sophisticated for young men. But we cling firmly to the belief that knowing what is right will lead to right conduct. At least if this connection doesn't hold, we are not to blame since we told them what to do. And if they don't act accordingly, it is on their head. This is the “bad apple” approach to ethics.

We have twenty-five hundred years of work in this tradition—in the oriental, occidental, and aboriginal cultures. The evidence of success has not been piling up at anything like a notable rate. In the second essay, I will insinuate that our slow progress is at least partially due to having taken the wrong road. In the mean time, the path to understanding moral conduct seems to pass through the ethics wing

### DOOR #1: PERSONAL AND UNIVERSAL ORIENTATIONS TOWARD ETHICS

A general assumption behind the first three doors to dental ethics is that there is a perspective or orientation that constitutes the moral high ground. There are better and worse ways to look at ethical situations, and those who have already achieved the superior position have a duty to help the others up. Those with substantial experience in teaching ethics realize that there are alternative orientations that seem to work as well as others, and they generally offer one or a combination of such orientations as approaches that might be considered. The situation resembles, to a certain extent, the practice of optometrists prescribing various lenses to patients based on what makes the view clear for the prescriber.

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## NORMATIVE PRINCIPLES OF ETHICS (THE “GEORGETOWN MANTRA”)

Autonomy is the right of a competent individual to choose free from coercion. Informed consent is the quintessential example of autonomy in dentistry. Many feel autonomy applies to dentists as well as to patients and to relations to insurance companies or the freedom to decline care to a patient if the dentist believes it is not in the patient's best interests (hence would damage the dentist's and the profession's reputation).

Justice is the fair distribution of resources. Who gets into dental schools, access to care, and fair quality for price paid are issues of justice. Several dental schools, most notably those which religious affiliations specifically recognize, have the principle of justice in their mission statements.

Veracity is telling the truth, or more properly, acting so as to justify continued trust. (Remaining silent when one should speak out—as when gross or continuous negligence in a colleague's work is recognized—is not lying, but it is an example of a breach of veracity. By far the majority of items in the ADA Code speak to veracity.

Beneficence is an obligation to do good. Associations with beneficent individuals leave others better for the interaction. [ADA example] It is sometimes stated that society grants a monopoly to professions in exchange for members of the profession benefiting others. That would certainly not be an ethical argument; it is a straightforward business deal. One might just as well argue that patients have an ethical obligation to benefit dentists by paying their fees.

Nonmaleficence is an obligation to avoid harm. Although similar in appearance to beneficence, the constructs are logically separate. An ethical person must be both—we cannot choose which we would like to emphasize in a particular situation. [ADA] It is often incorrectly stated that the Hippocratic Oath contains the admonition *primum non nocere* (Latin for “first, do no harm”). The Oath appears in a side bar, and readers can satisfy themselves that the phrase does not appear. Rather, there are two instances (one general and one specific) where both beneficence (first) and then nonmaleficence are enjoined on the professional.

## NORMATIVE PRINCIPLES

This is the most common approach to grounding dentistry in ethics. The leading notion is that appropriate behavior can be deduced from a small set of general principles. Other things being equal, the world would be better to the extent that individuals act in ways that conform to such principles. For example, patients' health history information should not be revealed publicly or patients' oral health should not be worse when they leave the dentist than it was when they come. Both of these points have been codified in law, but each is also an example of a normative ethical principle (autonomy and non-maleficence).

The so-called “Georgetown Mantra” contains the four normative principles of autonomy, justice, beneficence, and nonmaleficence; and a fifth (veracity) is commonly groups with the set as well. The ADA Principles of Ethics and Code of Professional Conduct is organized around these principles. For example, 1.A: “Patient Involvement: The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions” (autonomy). In addition to specific examples under each principle, there are advisory opinions in the Code that explain the application of principles in specific situations. Twenty of the twenty-eight advisory opinion concern veracity and address such concerns as dental amalgam, fee determination, marketing, unearned degrees, dentists leaving the practice, and announcement of unrecognized specializations.

It would be surprising to find a dental student or practitioner who does not recognize or would not accept the five normative principles in the Georgetown Mantra as ethical touchstones in dentistry. Most could match the correct principle

or principles to a concrete example in practice after five minutes of explanation, and three minutes is enough to get a conversation started (spelling “non-maleficence” takes longer). In learning to name ethical principles, dentists and future dentists acquire a common language for discussing ethical issues, expand their perspective on the ethical implications of practice, become familiar with some of the tender concerns in the profession, and begin forming a rationale for various actions they may take.

The problem is that being able to name principles is not the same as using them to guide behavior. Questions involving normative principles appear on the National Dental Board Examinations and on “ethics tests” administered by various state licensing jurisdictions, but the word on the street is that dentists exhibit more moral weakness since such testing began. Naming a problem and solving it are distinct matters. This can become an issue of some importance if it is assumed that recognition of normative principles is the sum and substance of ethical training or that the profession has done its duty because it tests for such knowledge.

A second concern with basing ethics on normative principles is their indeterminate relationship to moral action. That is a fancy way of saying that alternative, and even contradictory, actions can be justified by selecting accepted normative principles. Dentist autonomy counsels for selecting only high-income compliant patients; justice argues for greater access. Beneficence can be evoked to justify an implant as the treatment of choice; veracity requires disclosure of the fact that the dentist who makes this recommendation has never done one like this before, while patient autonomy seems to leave an out for the patient to go with a flipper.

The problem of indeterminate relations between principles and actions is deeply rooted in philosophy (not

### EXAMPLE OF AN ETHICS TEACHING DILEMMA: HEINZ

In Europe a woman was near death from a special kind of cancer. There was one drug that doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost to make. He paid \$200 for the radium and charged \$2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about \$1,000, which is half of what it cost. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said, “No, I discovered the drug and I'm going to make money from it.” So Heinz got desperate and began to think about breaking into the man's store to steal the drug for his wife.

dentistry); there is no way around it. But the tradition in teaching ethics has been to exaggerate the problem by placing the use of dilemma in the central role in ethics education. Dilemma (literally, two assumptions) are specific cases designed to evoke a conflict within an individual because contradictory courses of action are justifiable based on principles the individual holds. They are instances of built-in ethical conflict in principles. (Note that ethical conflict—situations where different individuals hold differing principles—is generally avoided in ethics education.) Further messiness is supplied because teaching dilemma are hypothetical (rather than real) simulations (rather than concrete) descriptions that allow great flexibility in interpretation independent of ethical matters. Having used cases for teaching, I regularly encounter the protective hypothetical stance that begins “He should” rather than the personally responsible one of “I would...”

The dilemma of Heinz is perhaps the most famous in ethics education. It appears in an accompanying side bar. Readers are invited to spend a few minutes analyzing Heinz. Notice that all five normative principles can be

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identified and that they justify contradictory courses of action. Note as well that the dilemma changes as the reader assumes the role of different individuals in the case. The case can be dramatically altered by adding one or two assumptions (facts the analyst may not have been aware of). There are no solutions to the Heinz dilemma. Those who teach with dilemma assume that students learn depth of analysis and the capacity to understand multiple ethical perspectives by working with such cases. Some people who teach ethics like to use dilemma because there are so many right answers.

#### DUTY ETHICS

The technical name for this orientation, also an example of normative universals or "should" language, is deontological ethics. The quest is to ground behavior in some principle that applies equally to all. There have been attempts to survey diverse cultures in hopes of finding standards that apply in all situations for all people. So far, we can come close with taboos against incest and reciprocity, but there always seem to be exceptions.

The most famous approach along these lines is Immanuel Kant's categorical imperative: "Act only on that maxim which you can at the same time will that it should become a universal law." This is sometimes characterized as the Golden Rule. I have heard some dentists say, "Treat all patients as though they were members of your family." (Kant intended his principle to be categorical, meaning that it always applies for everyone, regardless of the situation. The feeble opposite of categorical is *prima facie* ethical standards. These are rules or rights that always and everywhere apply unless one can think of something else that might be better.)

There is much to like about this approach. One rule and you get to be the ultimate standard of ethical behavior. Kant was a harmless academic raised in a Pietistic German family in the last half of the eighteenth century. For the most part, one could do worse than living by his rules. But what about the dentist whose personal values place aesthetics above function, or vice versa? Is that really the universal standard for dental care? Could we let a well-meaning sociopath use the categorical imperative to disrupt society? Whenever a single individual sets himself or herself up as the standard for ethics, we run up against paternalism or often worse. Saying that others are welcome to play by those rules does not help much. Being forced into a position of having to decide what is right for others should be resisted. What is easy is not the same thing as what is right. (Look again at ADA Code statement 1.A. and ask whether allowing patients to "participate" in treatment decisions captures the full meaning of autonomy.) When two paternalistic people get into an argument, ethics is usually shot as an innocent bystander within the first few minutes.

Kant recognized the untenability of his categorical imperative and retracted it (although the announcement hasn't gotten around much to philosophers and practitioners yet). His reformulation states: "Act so that you always use humanity, in your own person as well as in the person of every other, never merely as a means, but at the same time as an end." This is a powerful version of the normative principle of autonomy.

#### RIGHTS LANGUAGE

On rare occasions, dentists encounter orientations to ethics that are couched in "rights" language. "All Americans have a right to oral health" is a public policy version of this position. "Everyone deserves a bright smile" is an advertising

slogan that has pretty much the same status. A right is something one is due by virtue of who they are, not how they behave. Civil rights are due citizens, but not aliens. Parental rights concern relationships with children. Human rights are due all. Rights imply corresponding obligations on someone else's part to supply these rights.

Most rights are negative—freedom from religious oppression, freedom of speech, etc. There are very few positive rights—none pop into my mind at present. Rights cannot be surrendered or sold. Discussions on these themes are often frustrating because rights are self-evident to those who want them and just as obviously inapplicable to those who oppose them, and rhetoric builds very rapidly while reasoning dives for cover.

There is no professional ethicist in medicine or dentistry who holds that health care or oral health is a right. (Some policy makers do hold these views, but the conversation tends to skirt the corollary obligation that someone has to pay for these rights.) Often the introduction of rights in debates about ethics signals that an impasse has been reached in an ethical conflict and there is nothing left to say except “I want it; it's my right.”

## DOOR #2: CHARACTER ETHICS

Perhaps it is wrong (it is certainly unclear) to seek to base ethics on universal principles. Perhaps ethics is something more personal. Perhaps ethics is essentially grounded in the way ethical people behave. The approach that ties ethics to personal habits of behavior is called character ethics. Three common forms will be considered: 1) virtue ethics, 2) aspirational ethics, and 3) care ethics.

## VIRTUE

Among the oldest conceptions of ethics are those based on the nature of people, or gods, thought to embody the good. The Taoists and Confucians of China emphasized perfecting the soul of the “good man” or prince, a legacy further developed in Buddhism. The Judeo-Christian tradition places great emphasis on right action and development of talents. In the Sermon on the Mount, Christ admonishes his hearers to “be perfect, even as your father which is in heaven.” The word “perfect” is the Greek term *telos*, which means one's inborn nature. Christians are called to fulfill the purpose for which they were created—not have straight teeth. But virtue ethics is most strongly associated with the Greek philosopher Aristotle and his *Nicomachean Ethics*. (Nicomachus was Aristotle's bastard son who, authorities believe, compiled his father's notes on the subject.)

The work of character development is to perfect right patterns of conduct to the point where they become human nature. As we build character, it is increasingly likely that our actions will be ethical. In former times the actions of a “gentleman,” a “knight of chivalry,” a “saint,” or perhaps a “professional,” sprang from deep traits that defined who one was and what one's place was in life. A gentleman's veracity was never in question (unless one was prepared to duel) and it was assumed that one lived to advance noble causes rather than make big bucks. The concept is a bit strange to modern ears since we are more accustomed to the superficial notion of “personality,” and its veneer-thin portrayal in the pop media. The modern word “integrity” comes close to the meaning of virtue in its double sense of honesty and harmonious wholeness. Virtue ethics emphasizes moral education and patterning one's life after

worthy examples. It also places weight on public appearance in general; one's reputation matters. Virtuous people will do the right thing.

As charming as this notion seems, the flaws are easy to discover. We only know which of the dueling gentleman was killed; we don't know which the virtuous one was. When are religious wars just and denominational squabbles proper? Who is to decide among them—lawyers? It is becoming nearly impossible these days to distinguish between a virtuous individual and a self-promoting humbug. Of course, history will always reveal the truth, but most of us can't wait that long. Aristotle's syllogism, “Virtuous men act ethically; Nicomachus is virtuous; therefore Nicomachus acts ethically,” seems to be unclear with regard to which is the major premise. I would rather have it that “Individuals who act ethically are virtuous; Nicomachus acts ethically, therefore Nicomachus is virtuous.” But, I confess, there is no independent way to verify the major premise in either syllogism. And it has already been noted that virtue was reserved as a possibility for only a tiny minority of well-born men. We also have this troubling problem that ethical people act ethically out of habit and that one becomes virtuous by first acting ethically to build habit.

Virtue ethics fairs poorly in a pluralistic world. There are perspectives from which the Ayatollah Khomeini was virtuous, or Mao, or Malcolm X. What is even more troublesome is the research evidence that we are not of a piece in our moral behavior. Classical studies by

## ASPIRATIONAL STATEMENTS OF THE CORE VALUES OF THE AMERICAN COLLEGE OF DENTISTS

The central aspiration of the American College of Dentists is that all members practice their profession in an ethical manner. The American College of Dentists identifies the following as aspirational statements of the core values: (stated in alphabetical order)

**Autonomy:** A Fellow of the ACD recognizes the dignity and intrinsic worth of individuals and their right to make personal choices.

**Beneficence:** A Fellow of the ACD acts in the best interests of patients and society, even when there is conflict with the dentist's personal self-interest.

**Compassion:** A Fellow of the ACD is sensitive to, and empathizes with, individual and societal needs for comfort and help.

**Competence:** A Fellow of the ACD strives to achieve the highest level of knowledge, skill, and ability within his or her capacity.

**Integrity:** A Fellow of the ACD incorporates the core values as the basis for ethical practice and the foundation for honorable character.

**Justice:** A Fellow of the ACD treats all individuals and groups in a fair and equitable manner and promotes justice in society.

**Professionalism:** A Fellow of the ACD is committed to involvement in professional endeavors that enhance knowledge, skill, judgment, and intellectual development for the benefit of society.

**Tolerance:** A Fellow of the ACD respects the rights of individuals to hold disparate views in ethics discourse and dialogue and recognizes these views may arise from diverse personal, ethnic, or cultural norms.

**Veracity:** A Fellow of the ACD values truthfulness as the basis for trust in personal and professional relationships.

Hartshorne and May in the 1930s demonstrate that individuals behave morally in one area and questionably in others at the same time. For example, we may be circumspect in our reputation for honesty but not stumble over scruples when it comes to income taxes or up-coding insurance claims. Certainly Aristotle had a different understanding regarding wedlock than is held high today.

I work hard to develop my integrity, character, and reputation and I certainly hope you do as well. But I can't break

free of the doubts that some people are on the wrong track in their virtue development and that parts of my development are lagging way behind others and I am thus a fraud when taken only at my best.

### ASPIRATIONAL CODES

The ADA Code is based on normative principles; the Ethics Code of the American College of Dentists is based on character ethics. It is aspirational in the sense of identifying characteristics of dentists that Fellows are expected to continuously strive to develop. These aspirational values are presented in the side bar.

The function of aspirational codes is slightly different from the role of normative principles. Core virtues may be touchstones for choosing actions in specific situations, as normative principles are. They are also intended as useful daily exercises for becoming a better dentist. In this sense they resemble the queries used by Quakers in their religious life. On a regular basis, the aspirational values of the College should be reviewed and one should ask, "Is there anything I need to be doing today to bring me closer to this ideal?" If the answer is yes, there is an obligation to take appropriate action.

### CARE ETHICS

A modern form of character ethics is the notion that just behavior requires an authentic bond between those involved in ethical actions. Those who hold this view would be concerned in a special way over sound advice from a physician to the caregivers of an invalid who is, for example, a Christian Scientist. An advocate of care ethics would be troubled by efforts to improve the oral health of indigenous Alaskans that did not place their values on an equal footing with the values of the care givers, the corporations that are paying for the care, and socially

conscious advocacy groups that have no direct role in the care. One cannot care for someone we do not understand and who has not given us permission to do so.

Care ethics is most clearly associated with Carol Gilligan, a Harvard School of Education professor who gained fame for attacking, not prevailing ethical theories, but those people who were putting them forward. Her argument goes something like this: Ethical theories have been of limited value because they were mostly developed by dead white men. What do they know of the world I live in? We need to build new theories of ethics that are inclusive of those who are expected to participate in them.

While there is much that is fresh and right about Gilligan's approach, we should recognize that a valid approach to the good cannot be built on attacking others—no matter how valid the attack may be. Gilligan has been subsequently challenged by African-American women who wonder how she (Gilligan, a white woman) can presume to speak for all women. And that has been followed by the voice from the rural, the poor, and others in a dandy reduction ad absurdum.

There is something very grating to me about care ethics, its sister “feminist ethics,” and the whole family of writing that is called “critical theory.” In critical theory, one assumes that all pronouncements, including ethical ones, come from a specific position. Those who are allowed to speak, especially those who speak officially, enjoy the power of privileged position. Honest discussion can only be achieved by equalizing or neutralizing the power that hides behind institutions and public media. On this view, I start all ethical discussion in a one-down defensive position just because I am an old, white guy. I can't do anything about that, but I don't want who I

am to predetermine what I can say about ethics any more than I intend to prejudice others because of who they are. Saying that my intentions are beside the point because my prejudices are subconscious, as some critical theorists do, is pretty much of a conversation stopper. Nor do I want to pretend I am not who I am (the technical term is “bracket”) as a precondition for having a conversation about what is good in dentistry. And those who know me say it would be useless to attempt that one.

### DOOR #3: CONSEQUENTIAL ETHICS

We have tried to find a firm place to take our ethical stance based on good intentions and based on who is taking the stand. But the ground is still shaky. Perhaps the right approach is to look to the outcomes of actions to determine whether they are ethical.

#### UTILITARIANISM

Plato was first with the idea that the public good is a useful guide to ethics. In the Republic, a fifth century BC utopia, he declared “Our aim in founding the state is not the disproportionate happiness of any one class, but the greatest happiness of the whole.” The early eighteenth century Scottish philosopher Francis Hutchinson revived the notion and passed it on to the Englishmen, Jeremy Bentham and John Steward Mill who worked out the details in the modern scheme known as utilitarianism. The idea is something like our monetary system, but instead of cash, we maximize “utils,” imaginary units of utility or happiness. The right thing to do is behave in such a fashion that the sum of utility, taken across an entire group, is maximized—the greatest good for the greatest number. If we didn't count the dentist, utilitarian thinking would point toward fillings and simple prostheses on many poor people rather than large

cosmetic cases for a few. Prevention makes much more sense ethically than it does economically.

In practice, the utilitarian approach is a helpful heuristic in approaching ethical problems. (Heuristics are general techniques that often advance the issue without guaranteeing an optimal solution.) Ethicists of this persuasion ask questions like, “Let me make certain I understand all who are involved in or affected by this decision; let me know what their interests are and what they stand to gain or lose; let us generate alternatives that satisfy many of these concerns.” It often happens that there is a course of action that is mutually satisfactory, even though it does not maximize the benefits to one party or another. When that is not the case, at least all the cards are face up.

The problems with this approach have been known for centuries. First off, we are very inexact at the calculation of “utils.” There are too many involved, they are poorly defined, they don't stay put (one minute a man is satisfied, the next he is hungry). Often we let the free market or the political system stand in for us in doing this messy work or sorting out whose interests count. We also are notoriously biased in comparing others' values with our own. Voltaire is supposed to have noted that one of the easiest pains in the world to put up with is someone else's toothache. Further, there is the issue of whether everyone's utilities should count, or should count



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equally. Is it fair, for example, to care for patients who neglect their oral condition at the same level as those who are dedicated to it? Do we really want to count psychopaths and prostitutes into the equation for determining the greatest good, let alone politicians? At the same time, as a nation we have clearly stated that some folk's utilities count more than others because there are protected groups who can sue for discrimination while others are denied access to the courts for the same purposes because they are not protected. Affirmative action is an example of double-counting in totaling up the greatest good.

#### THE SOCIAL GOOD

Sometimes the rhetoric over rights is really meant to be a debate concerning social benefits. Many philosophers and writers on public health policy, and the recent *Surgeon General's Report* in particular, hold that oral health is a social good. Societies that invest in oral health reap benefits such as fewer days of school or work lost to poor oral health. As a social good, oral health competes with education, security, publicly funded pro football stadiums, and other distributions of the common good. The consequences of pro-health behavior are favorable generally, and they can often be used as an ethical loadstone.

#### WHAT HAVE WE FOUND?

We have opened three of the six doors to ethics, the three in the section of the building labeled ethical theory. What we have found as we look into each room is either somebody else telling us what we should do or a reflection of ourselves as the standard for all ethics. Sometimes these individual preferences are intended to be passed off as universal truths, but they don't seem up to doing that work on anything like a regular basis. There is a lot of wobble in the system, with some principles or standards serving as rationale for inconsistent or even contradictory behaviors. There are enough theories to keep us engaged in debate for another two and a half millennia with no hope of reaching agreement on either theory or action. Look on the bright side: guaranteed employment for philosophers and inexhaustible topics for editorials!

This is an appeal for more work and not a council of despair. It is wrong-headed to assume we should give up on ethics because we have no prospect of getting it perfect. Some principles are better than others and most are better than none. I would rather lose an argument over what is the best way to precede than to ignore the question. But I much prefer to proceed than to argue.

That points us in the right direction. We must pass to the next section of the building and open the next three doors, since that is where moral action is found. We will do so soon. ■

## RECOMMENDED READING



*Summaries are available for the three recommended readings marked by asterisks. Each is about eight pages long and conveys both the tone and content of the original source through extensive quotations. These summaries are designed for busy readers who want the essence of these references in fifteen minutes rather than five hours. Summaries are available from the ACD Executive Offices in Gaithersburg. A donation to the ACD Foundation of \$15 is suggested for the set of summaries on generations; a donation of \$50 would bring you summaries for all the 2006 leadership topics.*

**American College of Dentists**  
<http://acd.org/acdetethics.htm>

American College of Dentists resources such as *Core Values and Code of Ethics*, *Ethics Handbook*, reports from four Ethics Summits, position paper on Fraud and Quackery, and an online course in ethics. Start here; bookmark it!

American Dental Association  
***Principles of Ethics and Code of Professional Conduct***  
<http://www.ada.org/prof/prac/law/code/index.asp>

American College of Dentists (1996).  
***Journal of the American College of Dentists***

Volume 63, number 4 of the 1996 *Journal* is devoted to the analysis of issues in managed care from multiple ethical perspectives. The positions represented include: principles, virtue theory, casuistry, rational self-interest, discursive ethics, moral problem solving, and ethical development

Aristotle.  
***Nicomachean Ethics***.  
 From *Wheelwright's Aristotle*.  
 New York: The Odyssey Press.

Ethics is identified with the character of virtuous men, very narrowly defined as a small elite who have been endowed with gifts from the gods and trained themselves through right living to the point where good conduct is a habit. The aim in life is happiness, characterized as virtuous living (not pleasure), and its highest form is intellectual contemplation and its highest expression is politics.

Foucault, Michel (1973).  
***The Birth of the Clinic: An Archaeology of Medical Perception***.<sup>\*</sup>

A. M. S. Smith (Trans.). New York: Vintage Books. ISBN-679-75334-6; 215 pages; about \$10.

Traces the origins of modern medicine to the end of eighteenth century when physicians first connected what was given to perception to its underlying foundations. Foucault is a leading expo-

nent of critical theory, the belief that all statements of what is or ought to be are confounded by the position and privilege of the speaker. For authentic dialogue to begin, the privilege of perspective must be bracketed off—a mysterious process that is certainly political in its own right.

Kane, Robert (1994).  
***Through the Moral Maze: Searching for Absolute Values in a Pluralistic World***.<sup>\*</sup>  
 New York: Paragon House. ISBN: 1-55778-601-1; 249 pages; cost unknown.

This philosophy professor from Texas attempts to escape relativism through noting that individuals aspire to objective worth—value as ends, not means, from any perspective. The concept of the moral sphere, the realm where people are treated as ends, is a useful suggestion. A guide to ethical behavior is to attempt to preserve the moral sphere, and action (the least necessary) can be taken against any who damage it.

Ozar, David T. & Sokol, David J. (1994).  
***Dental Ethics at Chairside: Professional Principles and Practical Applications***.  
 Washington, DC: Georgetown University Press.

This is widely regarded as the standard reference text for dental ethics. It is practical and eclectic and covers such topics as approaches to ethics, professionalism, codes, relations between patients and professionals, central values in practice, ethical decision making, bad outcomes, social justice, and patients with special relationships arising from their needs and status. There are numerous cases.