



Exploring Preventive Ethics in Dentistry

Viewing Colleagues in a Competitive World

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“Preventive ethics” is a procedural idea—when followed both in the dental office and when two (or more) dentists are caring for the same patient—that can significantly lessen unplanned and/or bad outcomes. We discussed these ideas in two previous *AGD Impact* articles (“How to Limit Unintended Outcomes,” January 2014, and “Putting Premortem Ethics Into Practice,” August 2014), but both articles left one important question about preventive ethics still unanswered: Are there lessons for how dentists might view and interact with each other when they are not caring for the same patient—when they are simply conducting their respective practices in the same community?

We’ll explore this question first in the local setting. However, this question also is relevant for dentists to consider in relation to their interactions with all those who practice in the dental profession, whether it’s locally or worldwide.

Viewing the current marketplace

Asking and answering this preventive ethics question will require some imagination—even a bit of vision. For if dentist-to-dentist interactions about caring for the same patient are set aside, it might seem that there are many ways to view other dentists in the same community, and that the preventive ethics concept is simply one of many acceptable and reasonable views.

Some dentist-to-dentist interactions—not a large number—will be relationships among close personal friends or trusted acquaintances (trusted by reason

of successful referral and covering relationships or other kinds of shared responsibilities in the community). The rest, well, how should we think of them? These relationships might be viewed as actual or potential competitors, depending on how successful your practice is as a business.

How should one view other dentists with whom one does not have a direct personal or trust-based relationship? The answer that the public culture of contemporary America offers to this question is often the one already mentioned. This view maintains that every other dentist is first and foremost your competitor—unless you have good reasons based on, for example, genuine friendship or earned trustworthiness, to think otherwise. It’s nothing personal, of course, it’s just good business.

When economist Adam Smith described the “invisible hand” of the marketplace, and how it would maximize everyone’s well-being in the 18th century, he was presuming an established virtue of sympathy in each player in the marketplace. However, the “dog-eat-dog” mentality is likely a more accurate representation of our current marketplace.

A dentist doesn’t have to follow that message, of course, and many try not to in their own practices and in their direct relationships with other dentists. But unless one asks very carefully how one views other dentists in the community with whom one has no friendships or relationships of earned trust, it is very hard to avoid thinking that “a lot of them, maybe even most of them” practice

dentistry in accord with the competitive, dog-eat-dog model.

Is this the right way to think of other dentists whom we don't know well? If it isn't, how else might one view them? The answer, of course, is easy to say: "We should view them as fellow professionals." But what does that mean when we are talking about people whom we hardly know or don't know at all, but who are simply people who happen to also practice dentistry—who, perhaps, weren't educated in the same way, or with the same level of knowledge or experiences, or who do not belong to the same organizations that we belong to or are professionally committed to? To answer this question, we should start with a brief statement about what we claim a profession truly is.

Defining the profession

A profession is, first of all, a group of people with distinctive expertise; that is, a body of knowledge and the skills needed to apply that knowledge to do certain kinds of good and prevent or rectify certain kinds of harm for those in need. Second, it is a group whose expertise has been acknowledged by the larger society as valuable and dependable, and that also has been given the social authority to make socially final judgments about matters in which they are expert. Third, a profession receives this authority on condition that, in exercising it, both the profession as a group and each of its members conform their conduct to ethical standards that the larger society and the profession develop collaboratively in an ongoing dialogue with each other.

It is easy to forget, in the press of everyday practice, that the expertise of the dental profession is not possessed in its entirety by any member of the profession. This is easily evidenced in each dentist's limits of competence and the fact of referrals, as well as in the continuing need for research and education.

Dentists, and scientists who specialize in dental issues, explore and develop, in every new generation, distinctive ways of mastering the expertise handed on to them in many and various ways. That means that every dentist whom one does not know *could* be viewed as a fellow participant in the ongoing effort to master and grow the profession's expertise, and as a colleague in the now-centuries-old-but-still-growing process of discovery and its application to effective oral care for patients. This process of continual learning and handing on is—when understood from within the profession—quite an amazing achievement.

Understanding social authority

It also is easy, in the pressure of day-to-day practice, to take the social authority given collectively to the dental profession for granted. This is not to say that thoughtful dentists arrogantly think they personally deserve all of the social power they have received. Those who exercise this social power with an awareness of their own fallibility are more likely to see this as a mark of being personally realistic rather than as evidence of the bond between themselves and all our society's dentists as a professional community. Given the challenges of properly and expertly exercising the social power that goes with this grant of social authority, there is, in

fact, considerable wisdom in our society's having entrusted the care of its oral health to the whole profession of dentistry rather than to a group of unconnected individuals.

But this means that dentists we do not know as friends or trusted collaborators are nevertheless colleagues in the collective receipt of our society's trust and in the exercise of our professional authority. Each one of us acts as expertly and responsibly as possible, but also fallibly, so that each of us also depends on all of us to make up our shortfalls. Successfully fulfilling the task that our society has entrusted to our profession requires that we not forget the "I need them and they need me" mentality, and that this could be a dentist's preferred way of thinking of other dentists.

Practicing ethically

An important characteristic of a profession is its ethics. Practicing ethically, as well as expertly and with social authority, is not something that can be summarized in an algorithm, even though statements in published dental codes—and other documents and one's own ethical rules of thumb—are obviously valuable reminders of the dental profession's ethical commitments to the larger society. Practicing ethically only can be done dependably if one has developed well-established habits of proper conduct. Personal experience and reflection, and openness to regular self-evaluation and self-correction, are obvious and essential contributors to the development of such habits. There are, however, at least two ways in which other dentists (and not only those whom we know personally) can be important contributors to our ethical growth.

First is what we can learn from observing other dentists, from keeping our eyes open for dentists we see as being worth admiration in a particular aspect of ethical (as well as competent) dental practice. From time to time, we may encounter a dentist who is a model of many aspects of professionalism. The goal is to use the admirable conduct observed as something that can help us become better by imitating it. This should not be unquestionable obedience, of course; instead, it involves replicating what we observe in our own conduct in a constructive way.

Some of the dentists we do not know, then, are well worth observing when the opportunity arises—perhaps learning a little from this one, a little from that one. This is how much adult learning happens. It's a silent curriculum that helps each of us build up the habits of professional conduct that constitute the ideals of professionalism in ourselves that society and we expect from all of us.

The second assist to our ethical growth concerns our knee-jerk responses to dentists whom we do not know personally. It will be very hard to focus on conducting ourselves in an ideal ethical manner if we view other dentists generally as "simply out there grubbing for patients in the dog-eat-dog marketplace." Dentists—like the members of every other profession—need all of their fellow dentists to be regularly acting professionally in order to maintain their own ethical resolve when figuring out how to act in difficult or burdensome matters.

It is hard to think one is going it alone in such situations and it is easier to keep one's resolve to do the right thing when one views other professional colleagues as doing their part as well. Just as each member of our dental profession needs all of us, then, in order to practice expertly and to fulfill the social responsibility entrusted to our profession, so too each of us dentists needs each other's *modeling of professionalism* in our daily practices to help us continue to carry it out in ourselves.

But what about those "bad apples" out there? We know some exist. You may have heard stories about them, seen their ads, or even suffered at their hands. Why should a dentist take a positive, even visionary, view of even these dentists? Shouldn't one take the view that is so often expressed as being practically realistic when "we know they are out there?" How can we prevent ourselves from assuming that any particular dentist whom we don't know is one of those bad apples?

This is the heart of the matter and where preventive ethics comes in. The preventive ethics steps, described in the two previous articles, depend first on *all* trusting *all* with whom one is collaborating. In the office, then, we depend on trusting first that our office staff are as committed as we are to providing the ideal care for patients and, therefore, are working to prevent unplanned and bad outcomes, and second that all have the knowledge and skills needed, each according to his or her own role, to make this happen. In sharing care with other dentists for particular patients, the same kinds of trust are obviously prerequisites when we refer or ask other dentists to care for patients in our absence. But, in both of these situations, this kind of trust is a choice.

Making the choice to trust

So the proposal we are making here is that we dentists have a choice in how we think of all the dentists in our communities and beyond. We can choose to believe that every dentist whom we don't know is a bad apple, or we can choose to trust that dentists we don't know are working as hard as we are to practice expertly and ethically, and thus, choose to affirm in our thoughts and in our actions the reality that our society also entrusted them as much as it has entrusted ourselves, as members of the dental profession, with the care of the public's oral health.

Choosing to trust, however, depends in important ways on what might be called evidence—previous experience that supports, for example, one's trust in the commitment, knowledge, and skill of one's staff and one's covering and referral dentists. So what about the bad apples out there?

There is, in fact, good reason to think that the vast majority of unknown dentists out there are knowledgeable, skilled, and professionally committed. There is good reason to believe that only a small minority of dentists in our society are bad apples. Taking the next step, however, choosing to set aside the assumption that each of them is possibly a bad apple and choosing to trust that they are as knowledgeable, skilled, and professionally committed as oneself—that is a choice.

The second of these choices, though—to hold and nurture the ideal of a community of professionals practicing together, and

then building our professional systems based on that choice—is the only way for dentistry and for dentists to preempt the pressure of our society's popular culture, a culture that claims, without giving reasons, to treat all human interactions as commercial transactions based on maximized self-interest.

Even as the voices of markets and civil systems grow louder, it is this reasoned, deliberated, and shared preventive ethics step that can enable dentistry and dentists to keep the vision alive that dentistry is a genuine profession and that professionalism is the gold standard for daily practice. ♦

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