On ethics in the profession of dentistry and dental education*

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Introduction

Professional education in dentistry exists to educate good dentists, dentists equipped and committed to helping society gain the benefits of oral health. In achieving this intention, dental educators acknowledge that student dentists must acquire the complex knowledge base and the sophisticated perceptual-motor skills of dentistry. The graduation of knowledgeable and skilled clinicians in dentistry is a necessary, but not sufficient, condition for ensuring quality oral health care. The further requirement is the commitment of graduates to applying their abilities with integrity, that is, providing quality care in their patients’ interest. Ultimately, good dentistry depends on individuals committed to treating society and their patients fairly, that is, ethically. Thus the justification for teaching professional ethics in dentistry is to facilitate the personal and professional development of aspiring dentists into socially and professionally responsible human beings.

This article will discuss ethics in the broad context of life, and seek to apply the concepts of ethics to the profession of dentistry and to teaching ethics in dental education. In doing so, it will define ethics and differentiate it from two related but different concepts, religion and law. Ethics will be explained in both the sense of life’s aspirations and life’s obligations, and an argument advanced for why one should be ethical. In seeking to understand ethics in the profession of dentistry, the concept of profession will be defined, and the historical notion of what it means to be a profession will be considered. Contrasts will be drawn between dentistry as profession and dentistry as a business. A professional ethics for dentistry will then be advanced. The essay will conclude with suggestions as to what goals are reasonable for teaching professional ethics in dentistry.

Defining ethics

The distinguished French philosopher Francois Marie Arouet, ‘Voltaire,’ wisely observed, ‘If you wish to converse with me [first] define your terms’ (1). Ethics is a branch of the intellectual and academic discipline of philosophy. Philosophy literally means ‘love of wisdom’ (2). Philosophy is pondering, wondering, reflecting, questioning, reasoning and speculating about life. The contemporary philosopher, Mortimer Adler, expressed its relevance: ‘Philosophy is everybody’s business. The human being is endowed with the proclivity to philosophize’ (3).

Ethics is that branch of the discipline of philosophy that studies morality. It is the ‘science’ of the moral (4). Ethics is intellectual reflection on issues of morality. Morality is about behaviour – how humans relate to one another. Moral behaviours are those actions that can be evaluated as good or right using reasoned, objective criteria. The distinction between ethics and morality is the distinction between the object of study – morality and the study itself – ethics. Ethics seeks to answer the questions of: How should I live my life? How should I behave? Therefore, ethics is about goodness and badness, right and wrong, virtue and vice, oughts and ought nots, and

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ends and means. Ethics raises two major questions: What is the good life? that is, what should I value; what is important; what matters; what is meaningful; what is worthwhile. These questions are generally considered the ‘ethics of aspiration’. The second major question of ethics is What is right? that is, what duty do I have to others; what is good and virtuous behaviour? These questions are considered the ‘ethics of obligation’. Before considering these questions in the context of life and dentistry, it is important to distinguish ethics from two closely related notions – law and religion.

Differentiating ethics from law and religion

Laws are made by society as binding rules of conduct on individuals in society’s belief that obeying such rules of conduct are imperatives for the society to function in a fair manner. Conceptually, laws are an attempt to ensure that the relationships among individuals in society, as well as the appropriation of society’s resources, are fair, that is, just. Justice is the basic and foundational principle of ethics. It is important to acknowledge two issues in distinguishing ethics and law. First, society does not deal with all issues of morality by legislation, only those moral issues that have a significant impact on societal functioning. Thus while it is morally wrong for one to fail to keep a promise to a friend; in general, failing to do so does violate a law. Second, laws are temporary consensus – always to be critiqued (and revised) by referencing the ethical principle of justice. All legislation is to be understood as an attempt to create a perfectly just or fair society; such a society as Plato attempted to describe in his ancient classic, The Republic (5).

Religion literally means a ‘reconnecting’ or ‘reuniting’; a ‘binding together’. The etymology of the word is the Latin re – again, and ligare – to bind or connect (6). Thus religion is a reconnecting; an attempt at overcoming the estrangement or separation humanity feels from God (in supernatural religions) or from Nature (in naturalistic religions). Plato, in the Euthyphro, has his spokesman, Socrates, raise a question that has become one of the profound questions in intellectual history: ‘Is conduct right because the gods command it, or do the gods command it because it is right?’ (7). Approximately 1600 years later, the Christian theologian/philosopher, Thomas Aquinas, attempted to answer the question, and in so doing helped set the stage for understanding ethics as a human endeavour rather than a uniquely religious one (8). His argument follows: God commands us to do right, then: 1) the actions are right because God commands them, or 2) God commands them because they are right. If 1) from a moral perspective, God’s commands are arbitrary and the doctrine of the goodness of God is meaningless. If 2) one must admit a standard of right and wrong independent of God. From a religious perspective, it is undesirable to regard God’s commands as arbitrary, or to give up on the goodness of God. Therefore, Aquinas concluded, a standard or right and wrong independent of God must be accepted. Ethics is about the basic moral standards inherent in the structure of social living, incumbent on all human beings regardless of the presence or absence of any religious convictions.

Ethics of aspiration

Many have written about what constitutes the ‘good life’. The ethics of aspiration will be considered briefly, primarily to add a needed balance in subsequently considering the ethics of obligation. To what should human aspire? Only Aristotle’s ancient answer will be considered. He said, ‘eudomania;’ literally meaning to have ‘a good spirit’, which is traditionally translated into English as ‘happiness’, or ‘well being’. Aristotle went on to describe a life of eudomania (happiness) as a ‘complete life, lived in accordance with virtue and attended by a moderate supply of external goods’ (9).

For Aristotle, the happiness of one’s life could not be assessed at a point in time as life is unfolding, but only as one nears life’s end – in reflection. A happy life, for Aristotle, was to be distinguished from day-to-day joy or contentment. He believed that it could not be said one had lived a happy life if one’s life was cut short by premature death. One needs to have lived ‘a complete life’, a life lasting long enough to experience the many and varied aspects of life (with resulting development of understanding and wisdom) that only comes from living to a normal life expectancy.

The second element of Aristotle’s description of a happy life was one ‘…lived in accordance with virtue’. The ancient Greeks understood virtues to be those characteristics of an individual’s personality (character) that enables an individual to fulfil the function of being human. For Aristotle this meant rationally control one’s behaviour by abiding the rules of morality, and realizing one’s full human potential.
Aristotle understood those virtues (characteristics) that contribute to a life of happiness to exist as a ‘mean’, for him, a ‘golden mean’ between qualities he judged as excesses and qualities of deficiency. Thus, courage, the strength to venture, is in the mean between cowardice (excess fear) and rashness (deficient fear). He also emphasised the virtues of liberality – being generous (existing in the mean between frugality and prodigality), temperance – self-restraint (existing in the mean between abstinence and gluttony), and pride – self-respect (existing in the mean between self-deprecation and arrogance). Certainly, courage, liberality, temperance and self-respect are all personal qualities considered important to living a life of excellence – and therefore, for Aristotle, a life of happiness. Socrates said, ‘Virtues are conditions for personal success within a social fabric’ (5).

However, Aristotle also believed the truly unique function of a human being was that of rationality, the ability to self-consciously reflect on one’s life and its direction; and to make thoughtful decisions based on knowledge and experience. This led him to conclude that the intellect is the noblest part of human nature. Therefore, to truly fulfil the function of being human – of being virtuous; one must cultivate one’s intellectual – continually growing and developing intellectually through learning. He said, ‘All men by nature desire to know’ (10). We are learning beings, and continued learning is a key element of human happiness. He expressed it:

If happiness consists of virtuous activity, it must be the activity of the highest virtue, or in other words, of the best part of our nature...We conclude then that happiness reaches as far as the power of thought does, and that the greater a person’s power of thought, the greater will be his happiness, not as something accidental, but in virtue of his thinking, for that is noble itself. Hence happiness must be a form of contemplation (9).

The third and final ingredient of Aristotle’s understanding of happiness is: ‘...attended by a moderate supply of external goods’. Aristotle did not believe one had to be wealthy to have a happy life. However, he also did not believe one could live in poverty and achieve a happy existence – a ‘moderate’ supply of resources are essential to happiness.

Throughout intellectual history there have been many thoughts on that to which a human should aspire. Most all acknowledge the importance of the difficult-to-define notion of ‘happiness’. However, not an insignificant number of contemporary thinkers believe little of substance has been added to the subject since Aristotle’s thinking.

**Ethics of obligation**

What duties does one owe to one’s fellow beings in order to live in a civil society where it is possible for all to realise their aspirations for the good or happy life. Aristotle reminds us that ‘Man is by nature a political animal’ (11). His use of the word ‘political’ is synonymous with our word ‘social’. We are not hermits. By nature we live in groups, cooperating with one another to survive. Humans are social beings.

Morality, that discipline that relates us to our world and to other individuals in our world, evolved when our early hominid ancestors came to understand that ‘rules’ were necessary for social living (12–14). Rules of cooperation among members of our species were imperatives for survival in a hostile world. Biological evolution has created in homo sapiens the capacity for empathy – the ability to understand another’s position and perspective – and based on empathy, to develop a sense of fairness and a capacity for conflict resolution, the essential requisites of a system of morality. Francis Hutcheson and David Hume, English philosophers, writing before Charles Darwin, understood that humans are endowed with what they called a ‘moral sense’ that is innate – an evolved constituent of our nature as humans (15, 16).

In the 17th century, the English philosopher Thomas Hobbes considered what life would be like in a ‘state of nature’. He imagined a state where there were no acknowledged rules of morality, no laws, no police, no courts and no government. In such a circumstance he said there would be an equality of need, scarcity of resources, essential equality of human power, and all would be self-interested – attempting to survive. The conclusion of his analysis constitutes a famous sentence in intellectual history. He said that such a state would result in ‘...a constant state of war, of one with all...where life is solitary, poor, nasty, brutish, and short’ (17).

Cooperation is essential to escape this ‘state of nature’ and to live in an ordered society, one that is safe, stable, predictable, where each person can pursue the realisation of their potential – their life’s goals and aspirations. Morality, and the so-called moral rules, are the basis for such cooperation. Morality is fundamentally about rules of cooperation among humans.

Gert has offered a defense of 10 basic moral rules: do not cheat, do not cause pain, do not disable, do not deceive, do not deprive of freedom or opportunity, do not deprive of pleasure, do not kill, do not break your promises, obey the law, do your duty (18, 19). His ten moral rules can be summarised as ‘don’t cause others evil or harm’. Moral rules, such as these, are rules that
no rational person would want violated with regard to
to themselves, or anyone for whom they cared – without
reason. Moral rules protect individuals from suffering
evil or harm at the hands of another. The English
philosopher John Locke expressed it: ‘The law of
nature...which obliges everyone, and reason which is
law, teaches all mankind who will but consult it, that
being all equal and independent, no one ought to
harm another in his life, health, or liberty of posses-
sions’ (20).

Our duty, to gain the benefits of an ordered society,
requires that we set aside short-term self-interested
inclinations in favour of general rules that impartially
promote the welfare of everyone, including ourselves –
ultimately. We can do this because others in society
have agreed to do the same thing as it is in their
ultimate self-interest as well. Thus, we have the
so-called ‘social contract’; an implied contract that
permits us to escape the ‘state of nature’ with its
anarchy, and create an ordered society.

Ethics is a fairly ‘blunt’ instrument. It is not a
‘scalpel’ that cuts sharply, enabling one to definitively
separate good from harm, and therefore right from
wrong. Although precise and rigorous, ethical analysis
does not enable one to determine that in every
situation there is only one action that is moral. While
certain alternatives may be ruled out, not infrequently
a range of actions exist that are morally acceptable.
Sometimes situations are so complex that all possible
actions infringe on one moral rule or another. It is a
matter of determining which actions would result in
the least amount of harm or the greatest degree of
good; which moral rule deserves receiving the greater
weight in decision-making.

All of this is to suggest that moral rules are to be
understood as universal, but not absolute (18). Moral
absolutism is the claim that a moral rule should
never be violated for any reason. Universality means
that the moral rules are to be followed by all rational
human beings, regardless of their religion, culture,
ethnicity or nationality. Everyone is always to obey
the moral rules except when rational, impartial
people advocate that a violation be allowed by
anyone in a comparable situation (19). It is possible
that the absolute adherence to a moral rule could
result in more harm that good – and morality is
about avoiding harm and promoting good. As has
been suggested, all of the options available in a
situation could result in violating a moral rule.
Consider the following constructed example: Nazi
storm troopers are at the door of the Dutch business
were Anne Frank and her family are hiding in the
upstairs quarters. Does one lie to the storm troopers,
and violate the moral rule, ‘do not deceive’, or tell
the truth revealing the hiding place of the Frank
family and violate the moral rule, do not deprive of
freedom or opportunity’. The moral life is ambiguous
and frequently requires thoughtful reflection and
justification for the choices made. Immanuel Kant,
the 19th century German philosopher, helps further
characterise moral justification with his famous
dictum, the categorical imperative: ‘Act only on
that maxim that you would will it as a universal law’ (21).

The moral rules that identify our duties to others
correspond to individual rights: I have a right to
honesty, therefore you have a duty not to deceive me; I
have a right to fairness, therefore you have a duty not
to cheat me; I have a right to freedom, therefore you
have a duty not to restrict my freedom; I have a right
to life, therefore you have a duty not to kill me; I have
a right to possessions, therefore you have a duty not to
steal from me. And, you have all of the same rights,
therefore I have all the comparable duties.

In the 16th century, B.C.E., in response to the
question: ‘Is there a single word that one could
practice throughout life?’ Confucius responded: ‘Reci-
procity – do not inflict on others what you yourself
would not wish done to you’ (22). Plato, in the 4th
century, B.C.E., put it this way: ‘May I do to others as I
would that they should do to me’ (23). Jesus of
Nazareth in the first century phrased it: ‘Whatsoever
you would that men should do to you, do you even so
to them’ (24). John Rawls, the late Harvard University
philosophy professor, in his widely influential book, A
Theory of Justice, stated that this obligation of recipro-
city is basic to the concept of justice. ‘...When a
number of persons engage in a mutually advanta-
geous cooperative venture according to rules, and thus
restrict their liberty in ways necessary to yield advan-
tages for all, those who have submitted to these rules
have a right to similar acquiescence on the part of
those who have benefited from their submission’ (25).
This orientation to social living is referred to as the
‘ethics of reciprocity’.

It becomes obvious as to why individuals should be
moral. If we do not live by these rules of social
cooperation, treating others fairly, we cannot expect
others to keep the rules with regard to us. If we make a
habit of doing harm to others, others will not be
reluctant to do harm to us. This acknowledgment of
the value to ourselves of abiding by these moral rules
of the social contract is traditionally referred to as
‘enlightened self-interest’.

Ethics is about how to live. As a discipline within
the field of philosophy it concerns itself with the good
life – that to which one should aspire. However, it also concerns itself with how one relates to others, the moral obligations one incurs by living in society. At its core, ethics is about rules of cooperation. As cooperation, it focuses on the idea of treating others fairly, as one would want to be treated by others. Morality has evolved as a result of the evolution of a 'moral sense' in *homo sapiens*; a moral sense that was necessary for cooperation among our hominid ancestors in order to survive. Ethics is ultimately about justice, that is, fairness in the social contract; fairness in both our individual relationships and fairness in the distribution of societal resources.

**Defining profession**

The concept of profession, as employed historically by sociologists, must be distinguished from some uses of the term in contemporary usage. It is common to designate as a professional anyone who is skilful at what they do, is not an amateur in doing it, and is paid for their work. Thus we have professional sports stars, professional artists and actors, and professional mechanics. Classically, sociologists have understood the traditional learned professions as law, medicine (including dentistry as a specialty thereof) and the clergy. Unique and common characteristics of these three groups have been identified as their work is primarily intellectual; their work is based in science and learning; their work is practical, their work can be taught and learned through education beyond the usual level; they are organised into democratic collegial units; and they exist to achieve societally defined goals rather than the self interest of their members (26).

These learned professionals have traditionally been assigned extraordinary moral duties based on the power differential existent between the individual professional and the person served. The Dutch philosopher, Baruch Spinoza, affirmed: ‘Knowledge is power’ (27). Professionals hold power over those they serve; power based on the knowledge gained through advanced study and learning. They know when their client, patient, or parishioner does not. The attorney holds power over ‘property/possessions’, through the ability to draft legally binding documents; the physician (dentist) holds power over ‘personhood’, through the ability to prevent pathology, heal disease, and/or alleviate suffering; the clergyman holds power over ‘providence’, though presumed knowledge of God’s will and expectations.

Learned professionals are in a fiduciary relationship with others because of the power they have over the lives of others. This power makes those they serve vulnerable. To be in a fiduciary relationship means to stand in a special relationship of trust, confidence or responsibility to another. Professionals must be able to be trusted that they will always place the welfare of those they serve above their own personal interests or agenda. Historically, professionals have ‘professed’ (promised/vowed) a competency based on advanced learning for which they will be morally accountable in placing this expertise in service to society. The concept of profession is deeply rooted in the notion of making a promise to society and to individual members thereof (28).

**Differentiating a profession from a business**

The concept of profession has strong cultural overtones. ‘Culture is the collective mutually shaping patterns of norms, values, assumptions, beliefs, standards, and attitudes that guide the behaviour of individuals and groups, whether those groups be families, religions, races, geographic regions, nations, businesses, or professions’ (29–31). Norms are what the culture understands as normal; that which should occur naturally; the culture’s guiding rules or principles. Values are what the culture desires; desires create purpose; purpose provides meaning. Assumptions are what the culture takes for granted; what it presupposes. Beliefs are those notions in which the culture places its trust and confidence. Standards are the uniform referents of the culture; the touchstones used in measuring and evaluating. Attitudes are the emotional intentions of the culture, what it feels and wills.

To describe differences among cultures is not necessarily to draw moral conclusions or judgements; only to characterise differences. Of course, one can prefer one culture over another. Preferences are not necessarily moral statements. There are differences between the culture of France and that of Spain; between the culture of Europeans and Americans; between the culture of Jews and Muslims; between the culture of a predominately socialist country and a predominately capitalist one. And, to the point in this discussion, there is a difference between the culture of a profession and the culture of a business.

Based on the concept of profession, the culture of dentistry can be described (32). The norm of dentistry is that oral health is a primary good; an end in itself. The values of dentistry are care and concern for all...
people and their oral health. The assumption of
dentistry is societal good. The belief of dentistry is
that cooperation and reciprocity with society can
result in good for all. The standard for dentistry is
justice/fairness in all dealings with patients and
society. The attitude of dentistry is egalitarianism.
Dentistry has historically understood itself to be a
profession, to have the culture of a profession, and
thus has laid claim to professional privileges.

Understanding dentistry and its culture as a pro-
fession is in tension with understanding dentistry and
its culture as a business. Yet many dentists today seem
to be adopting the culture of business. In the culture of
business, the norm of dentistry is that oral health is a
means to a private end, that of the dentist, with
patients being a means to that end. The values of
dentistry in the culture of business are entrepreneur-
ial; building a successful enterprise – profits. The
assumption of dentistry as a business is that the
private, personal good is to be maximised. The belief
system of dentistry as a business is dentistry is a
component of the free enterprise system. The standard
of dentistry as a business is the marketplace. The
attitude of dentistry is social Darwinism.

The late Talcott Parsons, of Harvard University,
considered to have been the ‘dean’ of American
sociologists, defined a profession by contrasting pro-
fessions with businesses. ‘The core criterion of a full
fledged profession is that it must have means of
ensuring that its competencies are put to socially
responsible uses...professionals are not capitalists,
and they are certainly not independent proprietors
or members of proprietary groups’ (33).

Traditionally, dentistry as a profession has focused
on serving the oral health needs of patients and
society, with the financial gain derived from such
being a natural and appropriate consequence of the
service provided. Today, increasing numbers of den-
tists understand themselves to be practicing in the
marketplace of health care, competing for patients,
treating patients with the primary motivation of
earning a significant profit for their services. In short,
operating within the culture of a business.

Rashi Fein, the distinguished health economist,
expresses distress regarding the seeming transforma-
tions occurring: ‘A new language has infected the
culture of health care. It is a language of the market-
place, of the tradesman, and of the cost accountant. It is
a language that depersonalises both patients and health
professionals, and treats health care as just another
commodity. It is a language that is dangerous’ (34).

In the Republic, Plato presents a dialogue between
Thrasymachus and Socrates with Socrates responding
to Thrasymachus: ‘But tell me, your physician [den-
tist] in the precise sense of whom you were just
speaking, is he a moneymaker, an earner of fees or a
healer of the sick? And remember to speak of the
physician [dentist] who really is such...Can we deny
then, said I, that neither does any physician [dentist],
insofar as he is a physician [dentist], enjoin the
advantage of the physician [dentist] but that of the
patient’ (5).

Finally, in contrasting the nature of dentistry as a
profession vs. dentistry as a business, it is necessary to
draw a distinction between social and consumable
goods, a distinction drawn by the intellectual father of
market economics, the Scotsman, Adam Smith. In his
1776 work, An Inquiry into the Nature and Cause of the
Wealth of Nations, Smith argued for such a distinction
(35). He affirmed that there are basic ‘social goods’
upon which the free market for ‘consumable goods’ is
dependent. The marketplace cannot function absent
safe, secure, healthy, informed customers. Ensuring
such should not be considered commodities of the
marketplace. Basic oral health care is, or should be, a
social good comparable in nature to police protection,
public safety, fire protection, public education, and
basic general health care. Basic oral health care is not,
or should not be, a consumable product of the market-
place similar in nature to purchasing furniture, elec-
trons, sporting equipment, travel or entertainment.

The practice of dentistry is, or should be, the
practice of a profession. Dentistry is only a business
in the sense that good business practices must exist in
support professional practice.

Professional ethics in dentistry

Professional ethics in dentistry is based in the moral
rule previously advanced, ‘do your duty’. Ethics in
dentistry derives from the role dentists assume in
agreeing to enter into a relationship with society.
In this relationship, dentists profess/vow/promise to
‘do good’ for society by employing their knowledge
and skills in the pursuit of oral health for all. Doing
one’s duty now requires the promoting of good, not
just following the moral rules that help keep from
causing harm. This raises the question of what
constitutes the moral duties of dentistry as a profes-
sion, and of individual members of the profession.

In explicating the moral duties of dentistry and
dentists, it is necessary to return to the foundation of
all ethics, that of justice. Rawls, in the previously
referenced Theory of Justice, understands justice to exist
in two senses. In both senses he understands justice as

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fairness (25). Distributive justice, frequently referred to as social justice, deals with how the benefits and burdens of a society are to be fairly distributed. In the second sense, justice is a concern for the nature of inter-personal relationships. What constitutes justice/fairness in the relationship of the profession of dentistry with society at large? What constitutes justice/fairness in the relationship of individual dentists in their clinical encounters with patients?

Justice in the relationship of dentistry with society

Rawls, in explicating the nature of justice, uses what has become a famous hypothetical. He asks one to stand behind a ‘veil of ignorance’ and envision a world into which one will be born; but not knowing into what circumstance he or she will be born, that is, to a rich or poor family, intelligent or dull, male or female, European or Asian. He argues that given such a condition, people will design a world with some degree of risk aversion. In such a rationally designed world of self-interest the following three conditions would exist: 1) each person will have an equal right to the most extensive system of liberties comparable with a system of equal liberties for all; 2) persons with similar skills and abilities will have equal access to offices and positions of society; and 3) social and economic institutions will be so arranged as to maximally benefit the worst off. This last condition is the one most directly relevant in considering the responsibility of dentistry to society. Rawls affirms that in such a world, differences in status will ultimately result due to the range of differences among individuals in native talent and ability. However, he states that while these resulting status differences may be unfortunate, they are not unfair. Given a Rawlsian view of justice as fairness, the profession of dentistry – as a ‘social and economic institution’, and one granted a virtual monopoly to practice by society, has an obligation to work for a health care scheme that permits the ‘worst off’ in society to gain the benefits of oral health. To what extent do the socially underprivileged in Europe have maximum access to the profession’s resources in assisting them in gaining and maintaining the benefits of oral health. In the USA, the socially and economically disadvantaged have the worst oral health and the poorest access to care (36). Such is clearly an issue of social justice. A lack of definitive action on the part of society’s disadvantaged calls into question the reciprocity of the profession of dentistry with society, creating the question of fairness in the relationship; an issue of justice of ethics.

Justice in the individual clinical encounter

What does justice as fairness demand in the individual dentist-patient encounter. What are the moral duties of the dentist in caring for patients. Six such duties can be delineated: beneficence, respect for autonomy, veracity, quality care, continued learning, fidelity (37).

The goal of the relationship in which one assumes the role of health professional and the other that of patient is the benefitting of the patient. In the language of professional ethics it is the principle of beneficence. In seeking the care of dentists, patients seek to gain the benefits of oral health. Benefiting the patient by the dentist is accomplished by providing the highest quality of care possible contingent on the profession’s current scientific understanding, the clinical circumstance, and the patient’s desires. The Hippocratic Oath states it: ‘I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or harm them’ (38).

In providing oral health care, clinicians acknowledge there are frequently alternative therapies available in providing a benefit, and that all have inherent risks or harms. In this regard, it is important to acknowledge that, philosophically, the professional fee required for care is a ‘harm’ the patient must incur. Dentists have a duty to consider the alternative therapies available in providing quality care to a patient, and to weigh potential benefits against potential harms or risks. However, the dentist’s conception of potential benefits vs. the harms may differ from the patient’s. Whose values should determine the ultimate course of action. This introduces a companion principle of professional ethics to beneficence, respect for autonomy. Autonomy derives from the Greek and literally means self-rule or self-governance. Humans are their own persons; the author of their own lives. The moral rule of ‘do not deprive of freedom or opportunity’ means that it is morally correct to acknowledge and affirm the right of self-determination of patients.

Caring for patients by providing them with oral health benefits while also affirming and respecting their autonomy requires that a dentist gain a morally (and in most jurisdictions, a legally) valid informed consent. Gaining an informed consent is the method by which dentists honour the commitment to benefit patients while respecting their autonomy in doing so.
An informed consent has three requisites: adequate information provided to a patient with adequate understanding by the patient; consent is gained without coercion; and the patient is competent to give a rationally informed consent.

The adequate information a patient requires to make an informed decision regarding their care typically includes: the nature of the problem (diagnosis); goals of treatment; alternatives in treatment; advantages and disadvantages of various alternatives; benefits and risks of alternatives; recommended treatment; prognosis; and professional fee required (cost). Adequate information/understanding does not require that the patient be told everything there is to know about the problem/treatment, but only the information adequate to make an informed decision; information that a ‘reasonable person’ would want to know (39). The ‘reasonable person’ standard is the basis for determining adequacy. The concept of adequate information can deteriorate into a mechanical rehearsal of data to legally protect the dentist unless tempered with the idea of patient comprehension. Comprehension is ensured by processing information reciprocally – asking the patient to validate their understanding of the information provided (40). Such reciprocal processing of information with patients has been referred to as the ‘deliberative’ model of the doctor–patient relationship (41). Gaining an informed consent is at its foundation a teaching/learning encounter, with the dentist being the teacher and the patient the learner. Interestingly, this encounter, more than any other in dentistry, emphasizes the role of the dentist as a doctor. The etymological root of the word doctor is ‘teacher’ (42).

The second ingredient of gaining an informed consent is that it be accomplished without coercion. Providing basic, accurate information is required, and persuasion is permissible. However, moving beyond persuasion by manipulating information to have the patient pursue the course of therapy the dentist believes most desirable is morally inappropriate. Manipulation, by its nature, is deceptive and violates the moral rule ‘do not deceive’. Veracity, truthfulness, is a moral duty in all aspects of the dentist/patient relationship.

The final ingredient of an informed consent is competence. A patient must be able to rationally deliberate on the information being provided. Some patients lack competence, or decisional capacity, and therefore cannot consider the reasonableness of various courses of action. Groups of individuals who may be unable to provide a valid informed consent include those who are mentally ill, mentally disabled/retarded, demented, or under the influence of drugs or alcohol. Although it is possible for some adolescents to rationally consider identified problems and potential courses of therapy – and thus provide a morally valid informed consent; in most jurisdictions individuals below the age of eighteen cannot legally provide an informed consent. It should also be noted that anxiety reduces an individual’s rational deliberating powers. It is not unusual for individuals seeking dental care to be in a heightened state of anxiety. It is important for the dentist to recognise such and do whatever necessary to reduce the patient’s anxiety in order that their decisional capacity is not compromised. Gaining an informed consent permits the dentist to affirm and comply with both the professional ethical principles of beneficience and respect for the autonomy of the patient. However, there are additional principles of professional ethics inherent in the dentist–patient relationship.

In benefiting the patients, providing quality care based on the profession’s current scientific evidence and understanding is a prima facie duty of dentists. Quality in health care has been defined as ‘the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge’ (43). Professional standards of care in two dimensions must be met. The therapy provided must be appropriate care for the specific problem being addressed. And, when the appropriate treatment is provided, it must be provided in a quality manner – that is, meeting established technical standards for the treatment. For example, quality care is provided when a cast crown is appropriately recommended for a badly mutilated tooth, and when the cast crown is fabricated and placed in such a manner that it meets the profession’s recognised clinical criteria for a cast crown. The rapidly changing knowledge base of the profession – changes occurring through advances in research – forces the professional in dentistry to be a lifelong learner. One cannot provide quality care, care consistent with the profession’s knowledge base, if one is not familiar with that knowledge base. Thus continued learning is a further professional moral duty for the dentist (44).

Dentists have a professional duty to fidelity. Fidelity is faithfulness. As has been indicated, the root meaning of profession is ‘to profess’, to ‘make a promise’. Inherent in the promise of the dentist to patients is to be there for them; to place their interests as primary; to do for them the best that can be done with regard to oral health, and to not abandon them in a time of their need. One noted bio-ethicist, acknowledging the variability and uncertainty of the individual biological
response to therapy, has encouraged health professionals to never guarantee or promise a patient anything, save fidelity. ‘I will always be there with you – for you; no matter the outcome of therapy. I will not abandon you’ (45).

Teaching professional ethics in dentistry

Some argue that the moral conscience is developed early in life, and if student dentists are not morally virtuous upon matriculation, instruction in ethics is futile. Early moral education is an important determinant of one’s commitment to the moral life. Moral virtue is the habit of making good and right choices. Through repeated behaviours in the formative years, habits of action are developed, some supportive of living the moral life, others potentially not. Intelligent reflection, with disciplined substitution of alternative behaviours, is necessary to break bad habits and replace them with good ones.

Education is a reflective experience that can lead to behavioural change. To suggest that education cannot alter behaviour, including behaviour with moral consequences, is to adopt an intolerable cynicism about education. No doubt the inherent virtue of student dentists varies, with some finding it easier than others to do the good and right thing. While acknowledging variations among individuals, the intention of teaching professional ethics is to facilitate all student dentists becoming ‘good’ dentists. Teaching must work to dispel the idea that morality is optional; that it is only for those wanting to be either altruistic or religious; and to help student dentists understand that morality is essential to cooperation among people living in a civil society, where each person can achieve the greatest good and suffer the least evil or harm.

While teaching professional ethics seeks to elicit a sense of moral obligation, changing behaviour directly is not the intention, as such could be considered indoctrination. Rather, teaching professional ethics should provide a framework for student dentists to sense and consider the moral obligations they incur in society, both as individuals and as dentists. Such intelligent reflection can serve as a basis for determining whether or not changes are required in their moral habits and behaviour. Ultimately, the goal of teaching professional ethics is to encourage student dentists to develop and rely on a moral compass they have made their own; one that is based on sound principles of fair cooperation among human beings.

Appropriate goals for teaching professional ethics have been identified (46, 47).

To sensitise student dentists to the moral dimensions of professional life and practice

Students should be assisted in learning/understanding that human beings live in a complex matrix of relationships, relationships that have potential for good and bad consequences. Not infrequently, ethical problems are embedded and unidentified in life’s circumstances. Considering and evaluating situations arising in the practice of dentistry, in the context of their potential for good and bad consequences, sensitises student dentists to the idea that there is a moral perspective. Professing dentistry as a life’s calling intensifies the moral dimension of life as patients seek relationships with dentists in order for dentists to positively do good for them with regard to their oral health.

To develop in student dentists skills of ethical analysis

Critically and reflectively considering alternative courses of action and their consequences requires the cognitive tools of ethics. Skills of analysis must be developed in using the concepts, principles and rules of ethics. Development and exercise of problem-solving abilities in ethics has real practical value. Critical thinking in ethics assists student dentists as human beings and as health professionals in discriminating between good and bad consequences and therefore, right and wrong behaviour.

To foster in student dentists respect for disagreement and toleration of ambiguity

Although precise and rigorous, ethics does not necessarily enable one to determine that one and only one action is moral; sometimes choices must be made between conflicting goods, and other times choices made among alternatives all with potentially negative consequences. Equally virtuous people may disagree on courses of action. However, care must be taken to ensure that the grounds for their disagreement are reasonable and logical. Dentists, as all humans, must learn to be tolerant of the views of others, to the extent these views comport with human rationality. A goal of teaching ethics is to enable student dentists to acknowledge that much of human life is ambiguous, and to learn to tolerate ambiguity. Tolerance for ambiguity acknowledges that there are dimensions of existence in which no definitive behaviour is ideal or conclusive.
To assist student dentists in explicating the moral responsibilities incurred in becoming a member of the profession of dentistry

The relationship of the profession of dentistry with society is best understood as a cooperative relationship with mutual benefits and burdens. The professed nature of dentistry as a life’s work is a promise to society to care for its oral health, and to bring the art and science of the profession to bear in preventing and curing oral disease. The relationship is complex, circumstances emerge in which harms can occur. Teaching professional ethics should seek to explicate concepts, principles and rules to be considered in forging cooperative relationships that ensure all parties obtain the greatest good possible in the relationship; and that all are treated fairly. Teaching should explore the terms of cooperation when patients seek the care of dentists in helping prevent or cure oral disease, as well as the terms of cooperation between the profession of dentistry and society in allocating the resources of society to ensure all have access to a decent, basic minimum of oral health care.

To motivate student dentists’ continued learning in the field of professional ethics

Authentic education is education that prepares for and promotes further learning. A real and substantive goal of teaching professional ethics in dentistry should be developed in student dentists a positive attitude toward the subject of professional ethics so that subsequent to graduation they will seek opportunities to further their knowledge and understanding of the subject, in the context of their lifelong learning. As one educator has quipped, a good education should leave much to be desired.

A variety of instructional methods are available and appropriate for teaching professional ethics in dentistry including: lectures, readings from the literature, books, case scenarios, literature reviews, portfolios, role plays, debates, general discussion and cinema. Venues for instruction include the classroom, website, clinic and the community. Methodologies utilised for engaging students with the topic are limited only by the creativity of the teacher. While some institutions have engaged professional philosophers/ethicists/behavioural scientists to teach ethics to student dentists, it is preferable that the content of courses be taught by clinical dentists who are knowledgeable in the field of ethics. Instruction by a dentist enhances the relevance and validity of the subject matter to a student who aspires to become a dentist. While didactic instruction is necessary, it is not sufficient for the learning of professional ethics in dentistry. Among the most powerful instruction existent in our faculties is that which is modelled by the behaviour of members of the faculty. As a consequence, ethical behaviour, both in treating patients and treating students, must be modelled by all members of the faculty. Classroom and clinic protocols must be established which promote basic concepts of morality, as well as promote and reinforce the specific principles of ethics that relate to the practice of dentistry.

Conclusion

Among the most important learning that occurs in faculties of dentistry is that of learning to be a professional. While knowledge, perceptual-motor skills, and problem-solving abilities are basic to becoming a dentist, and demand major time and attention in our curricula, helping aspiring colleagues learn to apply their newly developing skills with integrity must be a fundamental concern. The profession of dentistry is a profession because of its commitment to serving the public in gaining the benefits of oral health. The caring behaviour of previous generations of dentists, and their commitment to ethical conduct, has earned the profession the trust and confidence of society. If this professional relationship is to be sustained, each new generation of dentists must come to understand the nature of a profession, and the ethical obligations incurred in becoming a member of the profession of dentistry.

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