

Are Courses on Ethics Worth the Expense?

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The simplest way to respond to Dr. Barry Schwartz's article¹ is: "Spoken like a true academic." The answer to ethics is having a course on ethics.

Firstly, most — if not all — psychologists will agree that core values, the basis for ethics, are developed by the early- to mid-teens. Therefore, how do you propose to teach ethics to dentists and students — people who are driven, independent thinkers? Secondly, even if this is not fact, we are talking about a small percentage of dentists in the business. I would argue less than 10%.

Referencing the *Reader's Digest* article, if I remember correctly, this is the article that describes how different dentists, when seeing the same patient, have different treatment plans. Remember that dentists are like economists: put 2 or more in a room, ask the same question and you will get as many different answers.

With regard to the CBC show on Dental Boot Kamp, I am not sure if Dr. Schwartz and I were watching the same program. My recollection is that the show's host wanted the result that Dr. Schwartz references — that Dental Boot Kamp is all about high-pressure sales techniques. Unfortunately, the dentist he put on the program to spy on Dental Boot Kamp actually liked it and signed up for the next session! This dentist was the host's own dentist and one (I would think) he considered of sterling character.

There are probably better ways to address the ethical issue involving such a small percentage of dentists other than with imposed ethics courses. Most likely, the dentists who would attend these courses would be those more interested in acquiring the continuing education requirements than in any value the course might offer.

I believe the ethical problems, if already inherent in the person, are exacerbated by their experience in dental school. The overemphasis on requirements and academic success are a breeding ground for questionable ethical practices when one is in an 'end-justifies-the-means' institution. How students are treated in dental school may have a far greater and lasting effect when they are practitioners than a course on ethics headed something like *How to Play Nice 101*.

My belief about ethical issues is this; it is a busy-ness factor for dentists, a frustration with patients not accepting treatment for what would be an obvious problem or being dictated to by insurance constraints on treatment decisions. In short, if a dentist is concerned about paying the bills at the end of the month, he or she will look for help. If it is not forthcoming from their associations, this help will come from other sources, such as the "boot camps" willing to fill the void. Obviously, if there is pressure to pay the bills and feed one's family, Maslow's Hierarchy of Needs will prevail, and ethics and morals will be compromised.

Most dentists are too proud to admit they are struggling and need help, so organizations with courses on how to bring in more business are very popular, especially since most associations do not enhance the presence of dentistry in the public's eye. The public knows the importance of good oral care; it just doesn't see the value in actually getting the work done. Money may be an issue for some people, but most would rather buy a carton of cigarettes or a big screen TV or go on a holiday than get the dental care they need.

The profession has to promote dentistry, not from a logic-based approach but from an emotional viewpoint. If logic dictated, why are there not more commercials for floss instead of tooth whiteners? Plastic surgeons market to the emotional wants of prospective patients. What are cosmetic surgeons doing to promote health in a person by placing breast implants or performing a facelift? Yet these surgeons are busy. Dentistry is making people healthy, but it's not "sexy" to change a filling or improve a person's periodontal health. So guess what, the holiday or the laser hair removal trumps a visit to the dental office.

Do not downplay the relevance some courses or programs have in the marketing of dentistry. Teach students and practitioners to approach these marketing programs in the same way that they read a scientific paper. Have them remember the purpose of the course is ultimately for the dentist to take more courses so that business may flourish. Therefore, go in with a critical (yet open) mind. Learn and use what is relevant.

Finally, I would submit that having clinicians with private practice experience teaching ethics is a good idea. The flaw is — who are these clinicians? Could they be part of the 10% of the ethically challenged? How do you propose to decide who will or will not make up these committees? Would members be clinicians who are politically connected or with a strong paradigm belief in one or another methodology of dentistry, trying to impose that belief on the rest of us? Would they be dentists who have a good reputation, with their peers *and* with suppliers, labs and temporary employment agencies? All of these groups deal with dentists on different levels and most likely have a very good idea who they would consider ethical, given that they do business with them regularly.

With respect, I would argue that Dr. Schwartz's reasoning for having committees and courses on ethics would probably serve his career and best interests far more than

the interests of the average dental practitioner. Rather than spending money on committees of dentists in boardrooms discussing how dentistry should be, why not spend the money on taking the profession of dentistry to where it ought to be? ♦



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The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

Reference

1. Schwartz B. Dental ethics: our future lies in education and ethics committees. *J Can Dent Assoc* 2004; 70(2):85–6.

Response to Dr. James Trofimuk's Article

With over 25 years of full-time practice in dentistry, I bring more than an academic perspective to ethics. I agree that core values are developed early on, just as motor skills are. The reason dentists spend so much time refining their motor skills is because the tasks at hand are complex and only learned through repeated training. Likewise, an ethical understanding of dental situations and decision-making require similar development and refinement.

There is a great deal of difference between a moral person and one who exercises ethically correct judgment. Ethics training has nothing to do with impeding “driven, independent thinkers,” but with opening their eyes to obstacles on the road ahead. The point that I tried to make with the press reports (*Reader's Digest*, CBC's *Dental Boot Kamp* show) is that public trust is at stake when negative stories appear that cause the public to question the ethics of dentists. If dentists can raise the ethical bar and reflect values that are beyond reproach or conflict of interest, the public's trust in them will flourish.

My personal experience with the current educational system in dentistry is that it emphasizes ideal treatment and placing the needs of patients above those of dentists, thus setting us on the right course. Dr. Trofimuk's observations appear to be based on communication difficulties in motivating and guiding patients to value and accept what is in their best interest. I would recommend a communications course over a marketing seminar, to differentiate clearly what is in the patient's versus the dentist's best interest.

Financial pressures can often serve as weak rationalizations to forgo ethical principles. This is precisely why more ethics undergraduate education *is* necessary. I question the accuracy of statements indicating that only 10% of dentists are “ethically challenged.” One has only to read the proceedings from the complaints and discipline committees of the regulatory bodies to realize that serious problems exist out there. Although, even if that percentage is accurate, does not every person deserve the best treatment? Should 10% of our population suffer from the poor judgment of their dentists? By assuming that I have a conflict of interest in suggesting that we, as dentists, need to tackle this problem in a defined and organized manner, only highlights the necessity to have a forum for working through the ethical challenges that dentistry faces, and sharing that information with those who want to learn from it. Ethics committees are not a threat to dentists. They will not tell them what to do or how to do it, but would be available to offer guidance on difficult questions, when asked. Dentists should not be resigned to learning only by their mistakes. We owe it to our patients to learn from the mistakes of others, so as to better ourselves and be able to make the correct decisions for our patients.

With regard to who should serve on these committees, if higher education in dental ethics were more available, these ethics course graduates would be ideal members. ♦

Dr. Barry Schwartz