

Is Dentistry a Profession? Part 2. The Hallmarks of Professionalism

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A b s t r a c t

In this second in a series of 3 articles, the author builds on the definition of professionalism developed in the first article, arguing that the social contract between the profession and the public entails a collective responsibility of the members of the profession to serve the public good. Several specific professional duties are deduced, such as the duties to attain and maintain competence, to review one's peers, and to serve all in need of expert care. The third and final article will examine whether and to what extent dentistry fulfills these responsibilities and outlines some future challenges.

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In the first article¹ in this series considering the status of dentistry as a profession, a profession was defined as “a collective of expert service providers who have jointly and publicly committed to always give priority to the existential needs and interests of the public they serve above their own and who in turn are trusted by the public to do so.” This second article in the series discusses the moral obligations that arise when a certain career is considered a profession and its practitioners “professionals.”

Collective Responsibility

The definition of a profession developed in the previous article in this series¹ (quoted above) includes 2 related terms that have yet to be analyzed: “collective” and “jointly.” Many individual expert service providers are committed to serving others and may even have promised publicly to do so. But the social phenomenon of a profession always refers to a collective. It does not make sense to claim the status of a professional if there is no profession to which one can belong. Indeed, society's trust in professionals is not vested in the individual service providers but in the profession at large.² For example, patients trust their physicians because they are members of the profession of medicine. Even before becoming acquainted with a physician, the patient can trust the physician because he or she is a member of the medical profession. It may happen of course that the physician turns out to behave unprofessionally, for example, by selling the patient medical services that are not really

needed. This can shake the patient's trust in the medical profession. But as long as this physician remains the exception to the rule and, if found out, is promptly defrocked by the profession, the trust that the patient vests in physicians can be maintained.

In contrast, car buyers do not expect car dealers to behave altruistically. If one such salesperson happens to do so, the buyer will be appreciative, but will not expect the same behaviour of the next car dealer he or she encounters. Conversely, if the buyer regrets being swayed by a car dealer into buying a more expensive car than originally planned, the blame rests solely with the buyer. The car dealer who manages to talk clients into buying the most expensive cars is not behaving “unprofessionally,” because there is no profession of car dealers that has professed to always give priority to the driving needs of car buyers over and above the business interests of car dealers.

A Public Good

The profession's profession to be jointly committed to the interests of those it serves is directed at the public at large, not at individual patients or clients. Thus, a social contract arises between the collective of expert service providers and the public at large. After all, why would the public enter into such a contract if the promise to behave altruistically, that is, to collectively give priority to the existential needs of others, holds true only for that part of the

public that the service providers elect to assist? Hence, the collective of expert service providers in the dental profession is jointly responsible to relieve the needs of *all* people with dental problems, not just the patients that each individual dentist elects to treat. Each individual dentist shares in this collective responsibility.

This responsibility may strike many an individual care giver as excessive. Surely each dentist is not responsible for the needs of *all* dental patients but rather only those of his or her “own” patients. Indeed, health care providers are frequently confronted with situations in which the duty to one’s own patients appears to take precedence over the interests of other patients. For example, the duty to protect an individual patient’s confidentiality can properly be phrased in terms of the *individual* patient’s *right* to confidentiality. However, this right to confidentiality is actually a vital *public* good. For if patients in general cannot trust that their private information will be treated confidentially, they will stop visiting health care providers. Thus, maintaining the confidentiality of a single AIDS patient who appears to be endangering others through unprotected sexual contact may harm those third persons in the short run but is actually in their own interests in the long run. If they, or any other members of the public, acquire AIDS, they must be able to entrust private information to their own care givers. Public trust in the profession is essential if the social contract between the profession and the public is to be sustained. In other words, trust trumps other competing interests.

We can therefore conclude that professions always serve a public good, that is to say, an interest that all members of the public share. This good need not be a communal good, necessarily and only enjoyed together. For example, one person’s gold crown, unlike clean air or national safety, is not a benefit that society at large enjoys along with the patient. The same can be said for the legal defence of a terrorist. However, the assurance that each member of society — the terrorist or the person charged with a lesser crime — has the right to professional legal counsel to protect his or her basic human rights is a benefit that all of us hold in common. This argument applies analogously to such seemingly individual interests as health care and education. Although enjoyed first and foremost by the individual patient and student respectively, they are at the same time public goods because they are warp threads in the fabric of society. If they are cut, the fabric is likely to fray and disintegrate.

Specific Professional Responsibilities

As pointed out in the first article in this series,¹ professions are often defined in terms of seemingly arbitrary lists of responsibilities. However, on the basis of the foregoing analysis we are now in a position to deduce specific responsibilities. A profession has been defined in

terms of its collective promise to apply its expertise — and hence power — for the good of the public and not to capitalize on the vulnerability of its patients or clients in an attempt to maximize its own interests. In turn, the public entrusts the task of relieving its existential needs to the profession, that is, the collective of service providers, and trusts that the profession will live up to this promise. The starting point for any professional ethic is therefore the obligation to be deserving of the trust that the public at large and each and every individual patient or client vests in the profession at large and in each and every member of the profession. What specific responsibilities can be deduced from this starting point? Without pretense of exhaustiveness, 3 categories of professional responsibilities can be distinguished.

Who Serves?

Competence of Providers

First, the profession must ensure that all of its members are competent to provide the services they have pledged to render. The exact levels of knowledge, skill and experience to be achieved can be determined only in the context of available human and financial resources, public needs and other such factors. The levels may differ by country and will certainly change over the course of history. The point here is that each professional must at least attain and maintain the set level in effect at the time and place he or she is practising.

Recall that the social contract requires competence to benefit all in need. For example, if children with learning disabilities are not given the necessary education because teachers are trained to educate only the ablest and brightest students, the collective of teachers is not living up to the standards of a genuine profession.

Peer Review

Because of the expertise required to provide needed services effectively, patients or clients are by definition unable to objectively assess the work of their professional service providers. The profession is thus required to assess itself, which means that individual professionals must be willing to review their peers and to submit themselves to peer review. Such peer review is not primarily intended to eradicate “rotten apples” or to appease disgruntled patients, but is undertaken to prevent such problems in the first place. Professionals are only human and can therefore be expected to make mistakes. On the other hand, each professional acquires tremendous practice experience in the course of his or her career from which peers can surely benefit.

Internal Discipline

Unfortunately, some apples will rot in spite of constructive peer review. One of the most unpleasant obligations of

professionals is to blow the whistle on peers who have harmed or are likely to harm their patients, so that the profession can protect the public from these members by revoking their licences. This is a painful process, but the profession's profession to collectively foster the interests of patients, even if doing so entails harm to the self, demands such internal disciplining. If the public suspects that the profession is actually closing instead of disciplining its ranks, it will conclude that the profession has breached the social contract.

Noncompetition

In spite of rigorous educational and licensing standards, there will always be differences in knowledge, skill and experience between different professionals. This is exactly why constructive peer review makes sense: peers have an opportunity to learn from peers. But these differences should not be exploited by professionals to boost their private interests, endangering the public's trust in the profession along the way. When professionals begin to publicly compete with one another, each advertising himself or herself as a better service provider than his or her peers, patients may infer that not all professionals are trustworthy or at least that not all of them are equally trustworthy.

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What Kind of Service Is Provided?

Services That Are Beneficial by Objective Standards

The profession's profession to serve the public and to do so well would be meaningless if there were no standard by which this service could be assessed. The standard cannot be purely subjective, for such a standard is no standard at all. An objective standard is needed by which to assess the services rendered. Although the ultimate goal — relieving the public's needs — can only be defined by listening carefully to those in need, only the profession can determine the best way to reach that goal. This is exactly what makes professionals powerful experts. Empirical science, statistical analysis, and, more recently, outcomes research can help the profession attain objectivity.

Standardization of Treatment

Nobody would disagree that all professionals must be competent. But competence does not necessarily translate into practice. Different professionals may have attained the same level of knowledge, skill and experience, yet they may approach the same problem differently with different results. The public will likely and understandably interpret such differences as a violation of the social contract. The profession is thus obligated to continuously assess different

service modalities in terms of their effectiveness and efficiency and to develop treatment protocols. Only these approaches will ensure that patients and clients receive the same high-quality services regardless of which professional renders them.

Who Is Served?

Guarding Against Conflicts of Interest

If the primary objective of professional services is to foster the interests of those served, professionals must guard against conflicts between the interests of those they serve and some other set of interests. The most obvious of such conflicting interests are personal interests. Depending on the nature of the profession, different personal interests may be prominent. Within the military, the personal interest is life itself. For a physician it may be his or her own health.

For all professionals who earn an income, that income becomes a conflict of interest. Depending on the reimbursement system, a health care professional may be tempted to overtreat (in a fee-for-service system) or to undertreat (in a capitated system). But as the American College of Dentists has rightly pointed out, regardless of the reimbursement system, this conflict of interest is inevitable whenever professionals generate income from their professional services.³

In addition to personal interests, professionals may be (and frequently are) pressured to give priority to the interests of other third parties over those of the patients or clients. For health care professionals, such competing third parties are biomedical researchers, educators, insurance companies, and legal authorities. Although these conflicts of interests cannot always be avoided, the profession and its members must always be on guard, must try to prevent them and, if inevitable, must acknowledge them publicly while seeking to minimize their impact.

Preventing Discrimination

The social contract requires that professionals not negatively discriminate by refusing to treat certain patients on the basis of factors unrelated to the service provided, such as sex, race, religion or nationality. Likewise, professionals should not positively discriminate by favouring certain patients. Indeed, patients should not have to worry about the possibility of negative or positive discrimination. Hence, professionals should not accept tips, gifts or other favours from patients, nor should they enter into romantic relationships with them. Even if the professional can resist the temptation to favour patients who bring gifts or "come on" to the professional, it is important that other patients do not think that they too have to bring gifts or

be amenable to romances in order to obtain prompt, optimal care.

Fostering Access

A profession professes (i.e., promises) to provide a service so as to relieve a serious need that renders each individual frail and vulnerable and that threatens the social fabric. Professionals do so without discriminating, either positively or negatively, so that all in need may benefit. However, this laudable objective may be frustrated and even undermined if those in need cannot access a professional service provider. The legal system of a country may be fair and just, and the attorneys operating the system may be genuine professionals, but if some citizens are prevented from accessing professional legal counsel, the system falters. Justice will not be served, individuals will be harmed, and the social fabric will be at risk. To the extent that the factors restricting access are caused by the profession itself, the profession is responsible and must strive to end them.

Conclusions

Once upon a time the professions were populated by aristocratic sons who had the misfortune of being born second or third in line. Unable to inherit the noble title and family estate, the next best option was to become a professional. Today, the professions continue to lure young people seeking social status and wealth. However, as the analysis in this article makes clear, being a professional is

not, nor should it be, about privileges and rights. Through their voluntary commitment to serve the public, those joining a profession assume a variety of demanding duties and responsibilities. The next and final article in this series will examine how the profession of dentistry is living up to this ideal and will define the challenges that lie ahead. ♦

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