



Care Versus Commerce: A Challenge to Professional Integrity?

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Integrity is never a given, but always a quest that must be renewed and reshaped over time. — William Sullivan

Integrity is an ethical posture that leads an individual to adhere to his or her values. The process that leads to integrity is one of reflecting on and acting in such a way that acknowledges the duty and responsibility of a human being living in a complex society. However, health care professionals have even a more stringent duty than merely following their personal values. The health care provider's pact with society requires that professional values must be followed regardless of personal interests. Professional integrity and a commitment to adhere to the ethical standards of the profession are the foundation of our contract with society and the resulting public trust that dentistry enjoys.¹ Integrity is tested on a consistent basis by the tensions and challenges inherent in the practice of dentistry.

Today, there are many factors that a patient will weigh when seeking and choosing dental care. Fee-for-service, employer-based insurance as well as various public health options are all available to the dental consumer. Massive billboards, shiny flyers in the mail and full-page inserts in local newspapers present

options for the dental consumer. The priorities of these consumers will often be confused by a lack of understanding of their dental needs, the vagaries of dealing with complex dental situations and assumptions that dental care can be "shopped" like other goods and services. For the patient with no dental insurance, the need to make critical treatment decisions based upon finances rather than ideal procedures can be the most important factor in consenting to a treatment plan. At the same time, the patient with generous insurance and limitless funds will also have treatment plan options that must be presented in the process of obtaining informed consent. Both of these situations call upon the ethical integrity of the dentist to objectively present treatment options without regard to the potential financial gain to the dentist personally. Absent this ethical integrity, the potential for financial conflicts of interest to enter into the discussion will present itself.

Financial conflicts of interest in medical practice are well described in professional journals and addressed in codes of ethics. Some physicians have generated unfortunate headlines for being on the payroll of drug companies, paid speakers for device makers, referring to

laboratories they own, being invested in companies that make the drugs they prescribe and similar arrangements where competing interests exist. Some drug manufacturers supposedly even paid doctors to criticize and demean the competitors' products. Dentists have not been free of the taint of such financial relationships. Several recent exposés of commercial dental practices have called into question dentists' motives in their practices and in the doctor-patient relationship. While these newsworthy cases cannot be presumed to reflect the values of an entire profession, they do raise doubt in the minds of dental consumers who may question whether a dentist's recommendation is based upon the patient's best oral health interests or the dentist's financial best interests.

Each day a dentist makes myriad decisions that can influence the type of care patients choose. Is the best restorative choice an amalgam, composite or cast gold restoration? Is it better to fill a space with a fixed bridge or an implant or is it acceptable to simply leave the space? Will a single appointment, CAD/CAM-generated crown work or is a cast crown more appropriate? A part of that decision process is how the patient will pay for or arrange purchase of the dental care. However, the financial considerations in treatment plan selection are the province of the patient, not the dentist. Patients who have more generous insurance coverage may or may not be influenced to make treatment decisions that are different from patients who pay for their care out of pocket. It is not safe to routinely presume that the wealthier patient will opt for the more expensive treatment plan. Similarly, the working poor patient who places a high value on oral health may very well make the financial arrangements needed

to complete the treatment plan of first choice. Many dentists will report dentistry is the easy part of practice and that the business aspects provide the greater challenge and one that they did not receive adequate training for in dental school.

Of course, when faced with the presentation of several treatment plan options that range from expensive to relatively low cost, the simple answer is also easy — the care of the patient comes first and the ideal treatment plan is the one that best serves the ethical goal of

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beneficence. In the first section of the American Dental Association Principles of Ethics and Code of Professional Conduct, the concept of honoring the patient's "needs, desires and abilities" is addressed and dentists are cautioned that the patient must be involved in a "meaningful way."² This clearly honors the ethical principle of respect for autonomy. Patient autonomy is an ethical principle that gives the patient very broad discretion in determining what treatments will and will not be done. What is not so easy is the balancing of the business side of dentistry with the professional responsibility to place the needs and autonomy of the patient uppermost. The tension between care and commerce exists and must be acknowledged and dealt with by the dental practitioner. Indeed, in both

dentistry and medicine, this tension is increased when the doctor is practicing in a fee-for-service system versus a capitated payment system. Does this challenge the professional integrity of the dentist? Does this challenge the doctor-patient relationship?

The apparent answer to those questions is, probably not. Dentistry as a profession enjoys an enviable level of trust from the public. Patients trust the dentist and dental team to recommend and deliver the best quality treatment. When multiple treatment options are presented to the dental patient, many will ask the dentist, "What would you do if it were your tooth?" or some variation of that hypothetical question. This level of trust is admirable, very impressive and worth protecting. The doctor-patient relationship is special because of the professional knowledge and skill of the doctor. This also is why doctors are afforded a privileged position in society. In dental schools, we spend a good deal of time instilling the foundations and standards of the profession with the developing dentist-learners. We also devote time and energy teaching about ethical reflection and decision-making and the need for the practitioner to be able to manage the conflicts inherent in dentistry as a business and a healing service. The goal of this curricular time is to instill how the future dentist will balance the benefits versus the burdens of a dental professional person. This tension and balancing is introduced in dental school where patient experiences are the commodity for the student as he or she gains competency. There is an inherent conflict between the dental student's need to meet requirements and demonstrate competencies and the patient's ideal treatment options. For the student who needs one more cast crown

to graduate, the patient who needs a large amalgam restoration replaced may very well look like the ideal crown candidate, even though some other, less expensive treatment option might better meet the patient's goals. This tension certainly does not decrease when that student graduates with a large student loan debt burden and begins a practice that must generate large overhead costs before a profit is shown.

Peltier and Giusti in 2008 examined the essential elements of conflict between doctors and patients by comparing selling and caring.³ Their premise was not limited to dentists but generalized to all doctors and characterized as an “irreconcilable tension.” Beginning with the basic measurement of commerce, they described the primary outcome of commerce as monetary profit and the customer as the means by which the profit goal is attained. Whereas for the dentist, the care of the patient is a fiduciary relationship and the money earned is a derivative of the interaction. The dentist is not expected to be unaware of the profits generated in his/her practice; however, he/she is ethically required to not let a profit motive drive treatment plans. Indeed, the tension of commerce is present whether one practices in a fee-for-service system, where more profit is generated for performing more treatment, or a managed care system, where the doctor's pay is greater if fewer services are delivered. Either system connects personal remuneration with procedures delivered. Thus, in practice, this ethical requirement is no different than it is for the dental student described above, who needs just one more crown to move on. While the care versus commerce tension will always be present, we believe that it is better described as unavoidable rather than an “irreconcilable tension.” Dentists and physicians reconcile it every day by relying upon their professional ethics and integrity.

Nonetheless, competition and a market-driven economy is the mainstay of American business and are considered to be healthy, functioning aspects of our daily business decisions. Doctors tend not to think in terms of competition. Rather, the culture among professional health care providers is one of cooperation. Assisting each other with advice and counsel is commonplace and collegial and helping each other with difficult cases is a normal part of the landscape. This is all done with the goal of ideal patient care in mind.

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Generally, this professional camaraderie is beneficial for patients and dentists, as patients receive the best possible care and dentists enjoy robust and rewarding practices. In this model, patients benefit from improved health outcomes and the community benefits when financially successful dental practices continue to be available to provide care — a healthy interdependence. Successful practices honor the ethical principle of justice in that they provide access to care for people within the community. The commercially unsuccessful dental practice will cease to exist and that could result in a substantial disadvantage for a community. Presuming the practice employs others, there would be further harms if the practice were not economically viable.

One final note should be mentioned regarding the care versus commerce dilemma in dental practice. Whereas, in the not too distant past, almost all dental care was delivered via the private practice, solo doctor model, new delivery models and large, commercial practices are becoming more common. While the advertising and promotion that go with some of these new models can appear, to the general public at least, to have moved the dental profession into more of a commercial endeavor, it would be incorrect to presume this is always or even generally the case. Large, conglomerate dental practices have certainly changed the options for dentists entering practice and patients seeking care. However, at the end of the day, the practice model cannot change the individual dentist's ethical obligations and integrity. It is in each individual doctor-patient interaction that those ethical obligations are lived. Dentists who maintain this ethical compass will manage the care versus commerce tension regardless of the type of practice they enter.

Thus, the dentist's ethical obligations to respect patient autonomy and strive to benefit patients and minimize harms need not conflict with the commercial interests of the practice. While a potential moral tension will always exist in any system where a service is provided for money, the ethical provider knows how to place the patient's interests first and adhere to the basic ethical principles of the profession. Moreover, in a self-policing profession, such as dentistry, providers enjoy the continual oversight and wisdom of colleagues. While it will always be possible that a few members of a profession will place commercial interests above ethical duties, ethics awareness education and professional codes of ethics help to establish and maintain acceptable standards.