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Being a Physician Means More Than Satisfying Patient Demands: An Ethical Review of Esthetic Treatment in Dentistry



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A beautiful smile, more success in your career, better opportunities in your private life—dentistry promises all of these things, more or less explicitly, when advertising esthetic treatments. On the surface, it would seem almost absurd for patients not to accept these grand “medical” promises. What could be wrong with medicine helping people not only cure or prevent their diseases, but also be more successful in their professional and private lives? Furthermore, in recent years it has been emphasized that clinicians must respect their patients’ autonomy and avoid deciding what is best for each patient. In many areas of medicine, the patient is perceived and presented mainly as a client, and in turn the patient shows a client-like behavior with his or her perception of entitlement. From an ethical perspective, however, a question must be raised: Is this reorientation of the patient-clinician relationship acceptable? In the realm of dentistry, particularly the esthetic promises of modern dentistry, the ethical limits of such a shift in identity become evident.

Esthetic treatment: helpful or harmful?

As an example, let us look at bleaching, a procedure that is labeled “medical” but is at its core a marketing instrument, perhaps even more a part of the beauty industry than dentistry. Of course, the “clients” can decide for themselves whether they want to have brighter teeth, but in granting this request, medicine is acting immorally, no matter how vehement the patient’s wish may be. Why is this an immoral act? First, a steep price is paid for bleaching the teeth—not only financially, but also and more importantly because the tooth itself suffers damage to its physiologic function. Of course, one might argue that most clinicians will explain these risks to the patient; therefore, if the patient wants to accept these consequences, they have every right to do so. From a legal point of view there can indeed be no objection to this argument. However, an act permitted by law can still be ethically questionable. In this



case, there are still serious ethical concerns. Can it truly be a physician's function or purpose to consciously harm patients? Can it truly be a physician's function or purpose to jeopardize physiologically immaculate teeth simply because his or her patients want brighter teeth?

The creed "*I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice*" is at the core of the Hippocratic Oath. How can a dental clinician today take the *moral* responsibility for not keeping their patients from harm?

Increased well-being or increased sales volume?

Many dental clinicians justify esthetic interventions by arguing that a medically created "beauty" will contribute to the client's well-being. The World Health Organization (WHO) has defined health as a state of complete physical, mental, and social well-being. Thus, it seems justifiable to consider purely esthetic interventions in dentistry as medical treatments, since they serve the purpose of "health" as defined in this way. It must be considered, however, that this WHO definition is not necessarily a sound basis. For if mental well-being was the aim of medicine, then debt counseling, for example, would be a medical intervention, since it leads to greater well-being and alleviates suffering for heavily indebted people. Thus, "well-being" as such is not sufficient to characterize a medical intervention. Above all, this example highlights that if we categorize these measures as medicine, it will lead to an illegitimate pathologization of normal conditions. This is precisely what occurs on a regular basis

when esthetic dentistry poses as medicine and purports to solve problems that are not by their nature medical problems. After all, what is the basic problem behind a person's request to have healthy dentition esthetically modified? If a person is suffering as a result of the appearance of their teeth, it is not the teeth themselves that cause the suffering; rather, the person is suffering from a lack of self-confidence. If a physician really wanted to help, he or she would refrain from such purely cosmetic interventions, and attempt to determine—as a physician—the underlying cause for the patient's condition of suffering. A physician who simply treats the patient's teeth is ignoring the underlying problem.

In these cases, the problems treated with the help of medical technology are not medical but distinctly social in nature. They are social because the underlying cause for such requests is our highly competitive society, not the patient's appearance as such. One could argue, of course, that to change society is not easy; however, this does not justify harmful medical procedures. Dentists would be true physicians if they told their clients that there is a more effective and, most importantly, longer-lasting treatment option: to work on themselves and their personality. Clinicians who believe they can solve a lack of self-confidence with medical technology, and who pretend to do so, cannot seriously be interested in their patients' well-being. More likely, they are interested in their revenues. When an economic objective supersedes the objective of the patients' well-being, the treatment cannot be considered as a true medical procedure—only as a business transaction offered by a service provider who is more or less unconcerned about the welfare of the consumer.



Exploiting patients' insecurities

Physicians may fail to recognize medical ethics in another serious way. While many physicians feel that offering cosmetic measures is merely reacting to a patient's needs, we must remember that a physician performing cosmetic treatment is still acting as a physician, and this fact has far-reaching consequences. What makes a physician a physician? The character of a physician is determined less by the choice of treatment methods and more by the fact that all physicians know they are subject to a certain set of ethics. A physician acting as a physician would never carry out any treatment known to be harmful. A physician acting as a physician would only carry out treatments that have a chance of success and will presumably help the patient. When physicians perform cosmetic interventions under the guise of medical treatment, this has considerable consequences—people will begin to assume, “if this intervention is carried out by a physician, it must make sense in some way to bleach teeth or to place jacket crowns.” In other words, a physician's actions can make patients believe that it is worth changing geometrically imperfect dentition. The more cosmetic interventions clinicians offer, the more deficient their untreated patients will feel.¹ If the explicit goal of dentistry becomes to enhance the appearance of teeth, jaws, and dental restorations, this will ultimately lead many people to feel more inferior than ever, as these measures become increasingly widespread.

This issue becomes even more serious if a dental clinician not only carries out cosmetic interventions at the patient's re-

quest, but also begins advertising these interventions. Advertising has the purpose of creating a need; through advertising, a physician has no other aim but to give people the feeling that they could not possibly be happy without this cosmetic intervention. People who used to feel good about themselves may lose their self-confidence, and believe that only through cosmetic intervention can their positive self-image be restored. Thus, it is obvious how seriously advertising thwarts the physician's purpose to help patients. If the patient's well-being really was the true motive and underlying aim of a physician's actions, advertising would not be the appropriate means to achieve this goal. Esthetic advertising serves only to unsettle clients' self-confidence; it does nothing to help build it.

Promoting a superficial culture

Physicians who provide treatment based solely on their patients' demands—without critically analyzing these demands—risk confirming certain beliefs that are in themselves worth criticizing. For example, we must ask: What does it say about human beings if we assume that it is only possible to lead a life worth living if we have a certain physical appearance? How can we make personal acceptance contingent upon the color or shape of someone's teeth? It used to be that paying excessive attention to outer appearance was seen as a depraved expression of vanity and selfishness. But even if we wanted to legitimate the wish to be beautiful, it should be considered that some ancient philosophers defined beauty only in association with



virtue. In certain ancient traditions, beauty and virtue were seen as two sides of the same coin. Plato saw manifestation of virtue in the truly beautiful. Prior to that, Demokrit distinguished between genuine beauty and a purely visual appeal. In the Middle Ages and in early modern history, there was a distinction between ideal beauty—embodying virtue—and a sensual beauty that was merely depraved. To which kind of beauty will dentistry respond?

Today, beauty has been reduced entirely to physical appearance. Consequently, the search for beauty is no longer the search for holistic integrity. In fact, today's concept of beauty is reflective of a society geared toward performance and functionality. If we examine this idea further, we cannot help but recognize that medicine's attention to pure cosmetics is partially responsible for the societal primacy of vanity, youthfulness, and superficiality devoid of meaning. Dentistry may not be the originator of this problem, but by making esthetics officially and often unscrupulously one of its central functions, it both confirms and promotes these modern perspectives. Medicine that commits itself to pure esthetics is an accomplice of a society guided by inanity and vanity.² The obsession with physical appearance represents part of a lamentable entanglement of medicine. This kind of medicine has dismissed its quintessential purpose to help people who have fallen ill and has stooped to become an accessory of an ideology-driven consumer society.

Conclusions

It cannot be concluded that all cosmetic interventions in dentistry raise ethical issues.

For there are many physicians who are guided by noble ideals—not by profit—when performing esthetic procedures. Moreover, there are some issues regarding outer appearance that can cause suffering. In these cases, esthetic intervention can indeed be a medical remedy. Nevertheless, there is a fine line between service to people and immoral marketing of “medical” promises. The issues discussed in this article are meant to illustrate that esthetic dentistry can only maintain its credibility and identity as a medical discipline if it acts responsibly in selecting indications. Physicians who act only to satisfy the demands of their “clients” risk being relegated to a mere auxiliary. Such a physician might as well be a craftsman. It is the critical evaluation of a patient's wish—this implementation of responsibility—that makes a physician a physician. In practical terms, this means that a good physician will always reflect on the patient's wish for an esthetic intervention. A good physician will not treat patients according to their wishes until he or she can be sure that a patient's request is not based on exaggerated fantasies or difficult anthropologic preconceptions. In these cases, further conversations with the patients are of particular importance, and if doubt about the request for treatment remains, the request would have to be rejected.

If esthetic dentists see themselves as physicians, they should propagate unbiased ideas of beauty that view it as the overall impression of a person, not just his or her physical appearance. The philosopher Gernot Böhme defined beauty as a way of being and not as a rating attached to a person.³ In this way, beauty cannot be achieved through medical technology; instead, it must be obtained by working on



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the inner self, and examining and improving one's charisma, behavior, communication, and attitude. Esthetic dentistry should advocate a concept of beauty that does not imply the standardization of all people through technology, but rather attributes positive connotations to the diversity of human features. Dental clinicians would often be of better service to patients with an effort of counseling and persuasion than with invasive procedures.

It may be the case that "better" looks are associated with a competitive advantage; however, this advantage—be it in private or professional life—has two pitfalls. First, what kind of people form a positive attitude toward someone based solely on appearance? Such an opinion will likely be short lived. In addition, we must consider that

such an advantage could just as well be achieved through improved charisma and social behaviors, not only through the outer appearance. If a physician takes helping his or her patients seriously, he or she would help patients to acquire more social confidence, as this would likely achieve the same competitive advantages at a much lower cost.

An esthetic dentist who, acting as a physician, "helps" patients in a way that is risky, expensive, and less effective than other measures of acquiring social or personal success does not do justice to the purpose of a physician. Therefore, esthetic dentistry as a medical discipline can only have a future if it recovers what has been lost: people's trust in its moral integrity.

References

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