

Business, the Profession, and Ethics

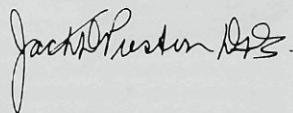
I recently received a dental journal reprint from a friend who knew that the article would irritate me and probably be grist for the editorial mill. The author, whom I shall not cite, contended that the current economic status has changed the rules under which most dental business is conducted in the United States. This is patently true. However, the author used this factual base to establish the premise that the new business climate demanded a change in professional ethics. This concept, that ethics are adaptable to the exigencies of business, is a dangerous deviation from what most of us consider "ethical practice." Anyone who has taken an ethics course understands that the application of ethical principles is anything but simplistic. As much as we would like such matters to be inherently right or wrong with no gray area, the application of ethical principles can be quite complex. However, to hold that professional ethics is a sapling that bends in the wind of business is to say that a compass needle can be bent to allow the traveler to take a more enticing route to the wrong destination instead of the correct one.

I have no doubt that inasmuch as this journal is read internationally, the concept of professional ethics may mean something different within the context of a particular environment. Nonetheless, some basic tenets of professional ethics are, in my experience, accepted internationally. Probably one of the most widely accepted is "first, do no harm," but even that is subject to discussion. Nonmaleficence in itself is an incomplete basis for ethical practice. Even the counterpart of nonmaleficence—beneficence—gives a great deal of leeway, for doing good has many degrees of interpretation. However, these are a good beginning for a consideration of ethics.

Professional ethics, as opposed to ethos, must attempt to define for the group what the duty and intention of the professional practice should be. The complexities of encoding such a doctrine are beyond the scope of this comment, but suffice it to say that they are great, and not without controversy. However, if we may assume that professional practitioners working within such an ethical creed are well-intentioned, competent, both altruistic and realistic, and that they

practice with the good of the patient in mind, perhaps the basis for development can be established. Given these characteristics, it is difficult to accept the contention that the business climate is going to alter the guiding professional ethics. When one remembers that the practitioner not only serves with beneficence and nonmaleficence, but also allows the patient *autonomy*, then the business constraints may be put into context. Once a diagnosis is established, it is the obligation of the practitioner to present to the patient the possible treatment plans, along with the risks and benefits of each, and to allow the patient to select the course of treatment. When the first choice of treatment is restricted by finances, whether imposed by a third party or by the patient, then a secondary *acceptable* course of treatment may be necessary. This does *not* mean that the practitioner performs the chosen care with any less diligence.

No, if we are to maintain the tenets of a profession we must avoid succumbing to the forces that would restrict our efficacy and confine our abilities. When third parties refuse adequate payment for adequate service, patients must be informed of their needs, optimal therapy, alternatives, the risks and benefits of any course of care, and made to understand that the withholding of resources for more desirable alternatives is still the patient's option—even though the origin of that problem is perceived as being the third-party payer. When patients as individuals and groups demand more of their insurer and are willing to accept responsibility for their own dental health they will be the beneficiaries. However, regardless of the service rendered, the practitioner must ensure that same guiding ethical principles are invoked—independent of the "business climate." If we are unwilling to do so, we may as well return to bloodletting and hawking snake oil.



Jack D. Preston, DDS
Editor-in-Chief