Editorial

It's all in the sequence: Professionalism

In March, we considered a patient-centered, comprehensive, sequential philosophy of dental practice. Over the next few months we will look more closely at each of the seven competencies of dentistry as outlined in that issue.

1. Professionalism
2. Patient Assessment
3. Management of Disease
4. Maintenance of Health
5. Definitive Restoration of Form, Function, Health, and Esthetics
6. Community Health, Education, and Communications
7. Practice Management

Professionalism

Given that life evolves sequentially, it is appropriate to embrace sequential approaches to both personal and professional growth. Therefore, let us re-examine some basics of the professional life. Entire texts have been written on this topic, but a brief review of basic components of such a life would include a personal philosophy of beneficence and an active outward focus on the needs of others rather than self. This concept is fundamental to a profession, and for our brief purposes we will consider three aspects of that concept: *(1)* ethics, *(2)* self-assessment, and *(3)* human behavior.

Ethics

Ethics are simply the rules of conduct recognized in respect to a particular class of human actions or a particular group. In this instance, dentists are the group, and the basic rules of conduct focus on the welfare of our patients. The foundational premise of health care delivery is the principle of beneficence: "First, do no harm." Is that idea still applicable to the modern world? Is the "golden rule" still valid? Are we, indeed, better in all respects if we "do unto others . . . ?" More learned people than this writer may debate pro or con, but for me, the answer is a loud "yes!" That means I need to think carefully about any treatment I may propose to a patient.

For example, what constitutes undertreatment, and is it right to engage in it? What is overtreatment, and is it right to engage in that? What is incomplete treatment? Inept treatment? Incompetent treatment?

The necessity of thinking these things through before undertaking treatment proposals for our patients seems obvious. Not only must we establish our various ethical parameters ahead of time, but we must constantly rethink and reshape those parameters. A good example is that when I attended dental school in the early 60s, we were taught that it was generally wrong to restore a tooth unless pathology was present. Now, in the mid-90s, I bond healthy teeth nearly every day for purely cosmetic reasons.

Am I less ethical or more immoral now than when I graduated from dental school? I don't think so, and my patients don't believe it either. Mutual informed consent, patient education, altered societal norms, improved materials and technology—these are some of the ingredients of redefined principles.

So what are the ethical limits in the mid-90s? For me, a basic rule is that my treatment plans should offer the simplest interventions that will adequately and predictably meet the needs, wants, and abilities of the informed patient to whom I am proposing the plan.

In a subsequent editorial, we will deal with self-assessment, which helps me decide whether I know enough to carry out those treatment proposals alone or whether I need intradisciplinary help from my dental colleagues.

Bill Wathen, DMD

William F. Wathen, DMD
Editor-in-Chief