

# Perspectives

## ETHICS IN THE DENTAL PROFESSION—2006

There have been many changes in the behavior of US dentists during the past several years relative to what has been historically considered to be professional ethics. The changes have been obvious and significant.<sup>1</sup> Early in my career, opinions about professional ethics were far more conservative than today. As an example, the size of the letters showing the dentist's name on an office window or door were limited to a small size. On a broader scope, any advertising by professional practitioners was considered to be unacceptable, and professionals 30 or 40 years ago who advertised were considered to be "unethical" practitioners. This conservative characterization of professional ethics appears to be a part of the distant past. Today, you can observe dental advertisements in every conceivable form of public communication. What stimulated these obvious changes? The 1977 Supreme Court ruling for *Bates v. The State Bar of Arizona*<sup>2</sup> motivated the Federal Trade Commission to state that all professionals were allowed to advertise, and this has caused a flood of advertising by professionals—legal, medical, dental, etc. Concomitantly, overt commercial endorsement of dental

products, techniques, and courses by professionals has become commonplace. Some continuing education (CE) speakers think nothing of speaking for a specific company and adjusting their comments favorably toward the products of that company. Journals, even some of the more respected "peer-reviewed" ones, often carry research articles reporting projects that were funded by companies included in the reports.

What is "ethical behavior" in 2006? Can it be defined? Are there practitioners, manufacturers, retailers, journals, CE organizations, or others agencies in dentistry engaged in what can be considered as unethical activities by today's ethical standards? More importantly, what are these standards?

*I will discuss observable types of commercial behavior by dentists, dental specialists, manufacturers, retailers, education providers, and journal editors that could be considered to be ethical or unethical, depending on the definition of ethical behavior. I intend to stimulate readers to make their own decisions about ethical professional behavior in their respective area of dentistry*

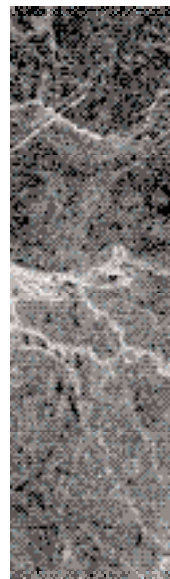
*and to institute any needed changes, as well as to deliver their opinions on ethics to their leadership representatives.*

### DESCRIBED ETHICAL CHARACTERISTICS

The following selected phrases from the American Dental Association's Principles of Ethics and Code of Professional Conduct (ADA Code)<sup>3</sup> are intended to stimulate thought about the following characteristics of members of the dental profession and more broadly, the entire dental team. The American College of Dentists also has a booklet describing ethical professional behavior.<sup>4</sup> These are representative concepts and are not all-inclusive.

As stated in the ADA Code, to be ethical, the person, group, etc.:

- respects the patient
- does good and right
- informs the patient about all aspects of treatment



- seeks consultation with other professionals
- protects the patient's health
- treats patients fairly
- provides emergency care
- does not state disparaging words about other practitioners
- has no misleading advertisements
- is not involved with rebates
- is truthful
- does not mislead patients
- does not perform unnecessary services
- does not use or promote misleading devices
- does not sell products in a manner that will violate the trust of the patient
- states correctly the nature of his/her specialty or general practice orientation

The following sections include observable actions or activities of professionals and those in the dental industry relative to ethics. *The statements are not intended to be critical, but to provide visibility of them. Readers are encouraged to make their own conclusions about ethical behavior, and to motivate those persons and organizations that have ability and authority to form guidelines for ethical behavior in the profession.*

#### DENTISTS

The following situations concerning dentists can be readily observed in most US cities:

- Small to extremely large signs on dental offices stating the name of the dentist and various words describing approved specialty status, general dentists limiting their practices to specific areas, and many self-made designations of practice orientation not recognized by organized dentistry.
- Advertisements for dental services in newspapers, magazines, hotel/motel guide booklets, and local and national sales promotions mailed to the public.
- Telephone "yellow page" directories packed with dentist advertisements ranging from one-line conservative designations to two-page ads stating almost anything, truth or nonsense, about practices and the dentists involved.
- Billboards advertising dentists, special offers by dentists, discounts, free bleaching and examinations, and other services.
- Printed flyers on car windshields, in mail boxes, and at doorsteps of homes.

#### MANUFACTURERS AND RETAILERS OF DENTAL SUPPLIES AND EQUIPMENT

Manufacturers and retailers are a major and important part of the dental team. Often, they provide the financial resources for dentists, dental students, researchers, dental missionary efforts, and special projects to progress in situations where

they could not survive without their aid. The following are actions of dental manufacturers and retailers, ranging from service-only orientation to overt commercialism:

- funding research projects
- funding local and national dental society-sponsored CE
- funding cocktail parties and dinners for dental societies
- funding dental conventions and study clubs
- providing grants to local and national dental organizations for various projects
- funding independent for-profit CE "institutes"
- paying independent for-profit organizations for "evaluations" of products to be used as advertisements in publications and presentations
- paying CE speakers for supporting products in lectures or endorsing them in advertisements
- providing "gratis" products to speakers, schools, "institutes," and influential individuals
- publishing overtly misleading or "half-truth" advertisements
- special promotions of products using the names of nationally known dentists for recognition

#### CE PROVIDERS

CE in dentistry is exemplary among professions and provides the resources for dental teams to remain updated in all areas of

professional activity. In recent years, the increase in independent CE providers and the varying levels of mild to aggressive advertising by both academic and independent CE organizations have been constantly increasing. A typical practitioner often receives several CE advertisements in the mail each day. The following methods of advertising for CE are observable:

- advertisements by mail, email, and fax
- advertisements in journals that range from informational listings in conservative organizational journals to elaborate multipage ads in commercially sponsored and funded magazines
- telephone solicitation

#### THE DENTAL LITERATURE

One of the most changed modes of dental communication I have observed in my career is the movement from professionally oriented “peer-reviewed” journals to the unbelievable, ever-expanding quantity of dental magazines that come almost daily to practitioners. In the dental journals and magazines, the level of commercialism varies from almost none to overt for-profit promotion of products, courses, etc.

I have served as an editor, section editor, consultant, reviewer, and author for many dental publications. The following situations

represent my observations concerning the varying levels of commercialism in the dental literature:

- articles written by “ghost-writers” but carrying the name of the person hiring the ghostwriter
- “infomercials” written by commercial groups to promote a product, concept, technique, device, or equipment for a company, acknowledging an author identifiable to readers who lends credibility to the article
- articles supporting a commercially available product written by authors paid by the owners of the company involved
- product advertisements that immediately follow articles promoting the product
- articles in “peer-reviewed” journals that have been stimulated by, paid for, and edited by companies manufacturing the products supported in the articles

#### COMMERCIALISM—WHAT IS ETHICAL AND WHAT IS QUESTIONABLE IN 2006?

In every area of life and in every age range, some people are inherently honest, truthful, moral, and ethical, while others are not. Unfortunately, many of the rules and regulations about ethics formulated by professional organizations are made for those who are **not** honest, truthful, moral, and ethical. Rules and regulations from organizations are expected to be formed, tried,

revised, and/or eliminated. What is considered to be relatively ethical in 2006 might have been appalling to professionals even 40 years ago.

*My own feeling about the rampant increase in commercialism in dentistry is that commercialism can be defined in many ways, and that commercialism can be good or bad. When commercialism in any form is intended to deceive, misstate, and/or exaggerate, or it is directed primarily toward increased profit, it would probably be classified by most people as unethical. When commercialism is intended to educate, and it is truthful and unbiased, it is often not only good but also necessary to provide professional information about new concepts to an otherwise unknowing lay public.*

In spite of the suggestions, rules, and requirements on ethics that are made for a profession, some individuals will not respect them or adhere to them. Unfortunately, rules often have to be made for that group, and the vast majority of practitioners and others on the dental team need only suggestions about ethics, to which they are pleased to conform. Ethical standards in dentistry are changing so fast that organizational groups with the responsibility and the authority to make ethics guidelines need to devise state-of-the-art guidelines that can be revised constantly and easily.

As you read this article and ponder the many types of current dental commercialism, undoubtedly, you may have concluded that some of the described commercial involvements were unethical, and others were acceptable and ethical. *That was the purpose of this article.* Now, what are you going to do about it? I suggest that you express your views to your leadership representative in your respective organization, and that you follow up to see that your opinions have been presented to the proper overall leadership group. Commercialism in dentistry is not going away. In my opinion, it will continue to increase as the trend toward more elective procedures offered by dentists increases.

When analyzing the ADA Code of Ethics, most of the concepts can be universally applied across all individuals in the dental team and can be applied to the previously stated ethical or unethical situations. Observe the following statements and see if you agree:

- We must respect the patient and his/her health, make patient service—not financial gain—our first priority, and treat patients fairly as we would want ourselves to be treated. Patients do not know much about what we do. This concept also applies to proper, honest manufacturing practices, excellent products,

and honest advertising by manufacturers, which ultimately serves patients better.

- We must be truthful, honest, not misleading, and do the good and right thing in all matters and by all members of the dental team. In my opinion, this includes providing to patients complete informed consent relative to the preventive and treatment options available to them.
- Although not specifically noted in the ADA Code, my own observation about ethics in the profession can be simply stated by saying that **money or personal gain should not dominate our motivation**, whether it is for the sale of a product or the delivery of dental services. It is my observation after several decades of evaluating dental products and providing clinical oral services that a good-to-excellent product or service practically sells itself. I have seen excellent, useful products come from companies that do not advertise aggressively, and they rapidly take over the entire market because of word-of-mouth information passed from dentist to dentist. Conversely, I have seen highly advertised only-fair products fail to sell. I have seen excellent, service-oriented dentists who do not promote themselves at all develop phenomenal busy practices, while dentists with the largest

ads in the newspaper or phone-book or expensive billboard advertisements are not busy.

#### SUMMARY

Ethics in the dental profession have changed rapidly and significantly in recent years. The ADA, the American College of Dentists, and other organizations have guided the profession in identifying what actions are ethical and which ones are not. In this time of ethical changes in all of society, dental practitioners, manufacturers and retailers, dental education providers, editors, and others must analyze their activities to determine if they are in line with the ethical standards essential in a profession. Additionally, all forms of organized dentistry need to form or revise guidelines for ethical standards and develop methods to police these standards. It is obvious that many areas of commercialism in dentistry could use improvement, revision, or elimination.

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