# Professional ethics and esthetic dentistry

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*Dentistry traditionally has been concerned with the physical health of the mouth, but contemporary oral health means not only freedom from pathological conditions, but a concern for the esthetic appearance of the dentition as well. Ethics is a branch of philosophy dealing with morality, and the system that codifies people relating to each other in a responsible way using rationality. This paper discusses the principles of ethics and how they relate to the practitioners' professional duties in esthetic dentistry.*

In the past, it has been common to state the goal of dentistry as the maintenance of the dentition in health, comfort, and function for life. Current reality suggests the narrowness of this definition. Increasingly, dentistry is being appropriately understood in a broader context. Our concern as a profession is for the health of the mouth, its structural components, and associated functions. As the theme of this special issue of *The Journal* suggests, contemporary oral health means not only freedom from pathological conditions, but also concern for esthetic dentistry.

Goals for oral health must be mutually agreed on between practitioner and patient. It is for the good of patients that dentistry exists as a profession. Ethics concerns itself with goods and methods of achieving them. As a consequence, it must be a consideration in the provision of oral health care. As the profession intensifies its interest in the esthetic dimensions of oral health, it is appropriate that the question of ethics—of ends and means—be addressed.

The increased concern about esthetic dentistry is the result of a variety of factors. The profession's success in preventing dental caries has resulted in the preservation of the dentition. Techniques developed from advances in biomaterials allow the profession to more significantly address the issue of esthetics. Changes in societal values emphasize personal appearance. Increases in affluence have made esthetic dentistry more accessible. No longer is the profession or society satisfied with the prevention or removal of pathological conditions. The opportunity exists to be concerned with esthetic dentistry. While esthetically restoring damage caused to the dentition by pathological conditions, dentists are also creating dentitions and orofacial structures more esthetically pleasing in the absence of pathological conditions. Using tooth-colored restorations, correcting malocclusions, bonding restorations to enamel and dentition, fabricating esthetic prostheses, and recontouring teeth are increasingly significant aspects of the practice of dentistry.

## Esthetics

Esthetics derives from the Greek word "perception." It is, along with ethics, a branch of philosophy. Esthetics deals with beauty and the beautiful, especially as art. Two dimensions of beauty have bearing on our discussion of esthetic dentistry and professional ethics: the subjective and objective. (The author is indebted to Mortimer Adler's explication of this issue in *Six Great Ideas*, New York, Macmillan Publishing, 1981.)

Subjectively, the beautiful is that which pleases us on being seen. An object is beautiful to a person to the extent it brings pleasure by looking on or contemplating it. This dimension of beauty, enjoyable beauty, is value-laden and relative to the taste of the person.

The second sense in which an object may be beautiful, the objective, is the consideration of the object itself and not the object in relationship to a person. We call the object beautiful as it has properties that make it admirable. Aristotle wrote, "to be beautiful, a living creature . . . must not only present a certain order in the arrangements of its parts, but also be of a certain definite magnitude. Beauty is a matter of size and order . . . ."[1] Aquinas said the beautiful object is one that has integrity, since those things that are impaired are by the very fact ugly; due proportion or harmony; and last, clarity.[2] Objects so constructed can be considered to have objective beauty. They are admirable for their intrinsic perfection.

Dentistry has been characterized as having two dimensions, art and science. The notion of the art of dentistry derives from the Greek "techne," the production of an object by use of a guiding set of principles or a rational method: thus our word technique. The careful performance of technique in dentistry leads to the production of an object of admirable beauty with proper unity, form, balance, color, structure, and function. Increasingly, our patients are asking us to be artists not only in the objective sense of "techne," but also in the sense of creating enjoyable beauty—beauty that brings pleasure to their senses. It is in this subjective sense that the

expression cosmetic dentistry can be understood. Cosmetic dentistry is enhancing the appearance, or beautifying, by adding something unessential. It is cosmetic in its root sense of "adorning." The challenge of esthetic dentistry is to bring about both admirable (objective) and enjoyable (subjective) art to the orofacial complex.

## Ethics

Ethics is that branch of philosophy that deals with morality. Morality is the domain of understanding and action that relates individuals responsibly to others. Ethical behaviors are those actions that can be evaluated as good or evil, right or wrong, using rational, objective criteria. Many ethical standards become agreed on by society as helpful in relating humans responsibly to one another and are codified in law. Law is the binding of rules of conduct or action on society by a recognized authority with enforcement by that authority. Law is public consensus on morality and not infrequently a temporary one. Law approximates ethics.

The moral responsibility of dentists in relating to patients derives from dentists assuming unique duties relative to their patients. Dentistry's social contract is such that the profession, and its individual members, holds itself out as being able to benefit the public's health. In doing so, the profession acknowledges that it desires to take on itself an extraordinary duty—the duty of being positively beneficial to the oral health of others. Dentists seek to promote the good, relative to oral health, for patients seeking their care. Although a complete discussion of professional ethics is beyond the scope of this paper, three principles fundamental to dentistry's professional duty are reviewed.

The concept of promoting good is generally specified as the moral principle of beneficence. The goal of the relationship in which one person assumes the role of dentist and the other, patient, is the benefiting of the patient. This benefiting of the patient is accomplished by the clinician in dentistry by providing the highest quality of oral health care possible, contingent on clinical circumstances, the profession's current understanding, and the patient's desires. The principle of beneficence can be understood as involving a continuum of actions. At one extreme is "do not cause evil or harm" (nonmaleficence), extending through the prevention of evil or harm, the removal of evil or harm, and finally at the other extreme, the highest conception of beneficence, doing or promoting good.[3] The Hippocratic Oath expresses the duty of nonmaleficence together with the duty of beneficence: "I will use treatment to *help* the sick according to my ability and judgment, but I will never use it to *injure or wrong* them" (emphases added).[4]

In providing benefits, clinicians acknowledge inherent risks of harm, which will vary in magnitude from one circumstance to another. Professionals not only have a duty to be positively beneficial as well as nonmaleficent, but also have a moral obligation to weigh possible benefits against possible harms, to maximize benefits and minimize risks of harm. Dentists sometimes have conceptions of benefits and risks that may be different from patients. Whose conception of the requirements of beneficence and nonmaleficence should prevail? This question introduces a companion principle to that of beneficence, the principle of autonomy.

"Autonomy" is derived from the Greek and means "self-rule."[5] The most general idea of self-rule is self-government, being one's own person. The autonomous person determines his or her own course of action in accordance with a self-chosen plan. Basic to the notion of morality is not depriving others of their liberty or freedom of opportunity. It is moral to grant the right of self-governance to others. This basic moral right is not abandoned in health care. Moral dentists generally will not constrain the actions and choices of their patients.

To respect patients' autonomy, dentists must gain patients' full participation in the decision-making process. Patients require instruction in the problems associated with their oral health, the various goals possible including the benefits of each, and the risks or harms of the modes of treatment in achieving the desired goals. In philosophical terms, harms include not only potential physical harm, but also financial harms—costs. Thus an additional factor to be considered is the cost of care weighed against the value to be derived. The acknowledgment of patients' autonomy by working with them to analyze the benefits or value in relation to the costs, both physical and financial, is the concept of informed consent. (For a complete discussion of informed consent, see "The ethical and legal implications of informed consent in the patient-practitioners relationship." *Making Health Care Decisions,* vol 1. Report, President's Commission for the Study of Ethical Problems in Medicine, US Government Printing Office, 1982.) Patients' consent to therapy is gained after the opportunity to freely and intelligently consider the options. Although the term informed consent is generally used in the legal context, it is imperative to understand that it is foremost a concept of ethics deriving from a balancing of the principles of beneficence and autonomy.

Culver and Gert[6] have specified three ingredients of an informed consent. First, the patient must be provided with adequate information. Faden[7] has emphasized the concept that adequate information can deteriorate into a mechanical rehearsal of data to legally protect the doctor unless it is tempered with the idea of comprehension. The dentist is obligated to disclose all the information a rational person would desire in arriving at a decision, but to do so in a manner that ensures patient comprehension. This is done by processing the information in a reciprocal manner, that is, by asking for the patient's validation of understanding and by requesting and responding to questions. It is important to note that informed consent does not require that the patient be told everything there is to know, an impossible goal, but rather that information be adequate and reasonable to making an informed decision.

The second ingredient of informed consent is lack of coercion by the practitioner. Certainly education and persuasion by the dentist are permissible, but manipulation is obviously coercive and morally inappropriate.[8] Coercion, psychologically or physically, to gain control in determining what is best for the patient disrespects the patient's autonomy and is paternalistic. It is the claim or attempt to supply the needs or regulate the conduct of a person, in an authoritative manner, as a father might for his children. Paternalism poses moral questions as it involves the claim that beneficence should take precedence over autonomy: literally doing what is perceived to be good for others in spite of their wishes to the contrary. Occasionally this may be necessary, and paternalism is sometimes justified. The practitioner might seek to justify paternalistic behavior if the harm prevented or the benefits provided outweigh the loss of freedom suffered.[5]

For one reason or another, all patients are not always able to act autonomously; the third and last ingredient of informed consent, competence, is not present. The patient is incapable of deliberating rationally concerning the benefits and harms of the options available in care. This state, which may be temporary or permanent, is specified as one of incompetence. Patients may be immature children, or psychotic, or generally incapacitated. Parents must make

decisions for minors and the family must make decisions for incompetent adults. Because of the anxiety not infrequently associated with dental therapy, some individuals have a "reduced" autonomy, so that they can be easily exploited. The dentist's duty in this regard is to attempt to "restore" as much autonomy to the patient as possible by explaining treatment as carefully as possible at a level that can be understood. In the case of extremely apprehensive patients, reassuring and calming in the process of informing can enhance autonomy and facilitate a rational decision.

The principle of justice is the third ethical principle relevant to professional ethics. In the current context, it can be defined as giving to each his or her fair share.[9] In the setting of dentistry, dentists have a moral obligation to execute the agreed-on therapy competently. This is fairness. Professional standards of care must be maintained.

## From concepts to practice

If the foregoing discussion of esthetics and ethics is to be useful, it must be translated to the practical arena of caring for patients during diagnosis, treatment planning, patient consultation, and therapy.

The examination of patients results in findings that suggest problems, potential problems, or unrealized potential relative to oral health. In the context of the current discussion, there must be a concern on the part of practitioners for esthetics in the examination process. This concern must be for admirable beauty; the beauty dentists are most sensitive to: the integrity, size, morphological structure, harmony, color, and clarity of the dentition and associated structures. The data collection process also includes interviewing patients regarding their reason for seeking care. Such interviewing may disclose significant concerns about esthetic dimensions or oral health. Although the concerns may relate to the objective issue of admirable beauty, it is further possible that patients may have concern for beauty in the cosmetic sense that must be addressed for esthetics associated with their oral structures to be enjoyable.

After examination and interviewing, the dentist has an obligation to the patient to develop a plan of treatment that achieves the profession's sense of objective esthetics, as well as addresses the cosmetic or subjective desires of the patient to the extent that these do not compromise the objective beauty being sought. When a patient's cosmetic preferences do compromise professional standards, a moral dilemma exists for the dentist. In these instances, the dentist must decide whose autonomy is to be given preference. Obviously, it is desirable if such potential conflict can be identified before therapy.

Consultation with the patient should cast the dentist in the role of an educator. The goal of consultation is to educate the patient regarding the various goals of therapy possible, the alternative means available of achieving the possible goals, the prognosis that can be expected, and the cost of possible therapies, both in tangible and intangible terms. This education acknowledges the autonomy of patients and permits them to become full partners in determining the course of therapy. Esthetic dentistry poses significant patient education problems because of patients' subjective impression of beauty. As a consequence, dentists must bring all appropriate educational methods available to the consultation process. Pre- and posttreatment photographs or slides of patients who have previously had the recommended therapy can be helpful. Models, demonstrating changes, can be expected to improve understanding. Tangible items such as fabricated esthetic restorations demonstrating color, form, and function can enhance the appreciation and understanding of patients.

Dentists must also address the issue of prognosis. What can reasonably be expected for the future? What are the risks of failure? What are the odds of relapse in case of tooth movement? What is the potential need for replacement of restorations? Will esthetic interventions compromise other aspects of oral health? In instances in which no sound scientific data are available for developing reliable prognoses, dentists should indicate uncertainty. The human organism is subject to biological variation in response. It is morally inappropriate to offer guarantees of success where none exists. Only by addressing issues such as these can the morally necessary informed consent be gained.

Execution of the agreed-on plan of therapy must be attended by professional standards of care. The patient has the right to technically competent care. Objective esthetics (admirable beauty) cannot be gained by morphologically incorrect contours; lack of harmony in color, balance, or symmetry; imperfection in structure; or dysfunction.

## Summary

Esthetic dentistry has assumed an integral position in the provision of oral health care for society. Esthetics is a branch of philosophy dealing with beauty. Beauty is both enjoyable (subjective and cosmetic), and admirable (objective and definable). Ethics is a branch of philosophy dealing with morality. Morality relates humans to one another in a responsible way using rationality. Dentists assume unique moral duties in presenting themselves to society as being uniquely qualified to care for their oral health.

Three principles of ethics relate directly to professional duties in esthetic dentistry: beneficence, autonomy, and justice. These principles have moral force in committing dentists to gain informed consent and to execute therapy in keeping with professional standards of care. Practical application of issues deriving from esthetics and ethics suggests that dentists must be sensitive to esthetics in their diagnosis and treatment planning and that a structured, formal consultation with a patient must be conducted to educate the patient regarding the goals of treatment, alternative therapies, prognosis, and costs. Only through such an effort can dentists gain informed consent. The goal of esthetic dentistry is the achievement of admirable (objective) and enjoyable (subjective) beauty, which is possible only through patient participation in decision making and excellence in technical performance.

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