

The Concept of Profession and Professional Ethics

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The Concept of Profession

In addressing the question of a dentist's moral obligations as a dentist, the issue of the dentist as a professional emerges. Does the dentist have unique duties as a result of being a "member of a profession?" What is a profession? Do any unique duties derive from the notion of profession?

The concept of "profession" and "professional" is a sociological notion. Attempts to define and characterize the concept of profession occupy the thinking of sociologists. It is a complex notion, and its complete explication is beyond the scope of this course. However, we will use the concept of profession as explicated by the famous Kentuckian Abraham Flexner in the early part of this century. Flexner's work on the subject has proven to be influential in understanding the concept of profession in the twenty-first century. In 1915, he published an article in the journal *School and Society*, entitled "Is Social Work a Profession?". It was a speech he had given before the National Conference of Charities and Corrections. In it, Flexner characterized professions as groups whose:

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- Work is primarily intellectual.
- Work is based in science and learning.
- Work can be taught/learned.
- Work is practical.
- Exist to achieve societally-defined goals, rather than self-interest of members.
- Democratically-organized collegial units.

Flexner distinguished between the general notion of professional, that is, anyone who has expertise in doing a specific job and can do it well; and the traditional concept of the "learned professions." His characterization is associated with the specific use of the term professional and relates to the learned professions. These have classically and historically been defined as medicine (including dentistry), law, clergy, and, in some models, military officers.

Flexner's characteristics of profes-

sionals can be summarized under three major headings, as is done in the American Dental Association's Principles of Ethics. These are:

- Moral Component ... Service to Humanity
- Intellectual Component ... Education beyond the Usual or Customary Level
- Organization Component ... Self-Regulation

Characteristically health professionals profess (avow, promise) a technical competence in medicine based on a tradition of advanced learning, for which they will be morally accountable, in placing this expertise at the service of humanity.

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Professional ethics is based or founded on the moral rule, "do your duty." The ethics of profession in dentistry derives from the role dentists assume in agreeing to enter into relationships with other humans to do good for them with regard to their oral health. The professional duties of dentists are rooted in their role

relationship to society.

The Nature of the Professional Relationship

Before proceeding to elaborate on the specific duties of dentists as professionals, it is helpful to examine the nature of the "role relationship" professionals, such as dentists, participate in. Metaphors are figures of speech in which one word or phrase denoting a specific idea is used to suggest an analogy to another idea. We will use the metaphors of "covenant" and "contract" to further understand the nature of the relationship between professionals and society.

William F. May in his book, *The Covenant of the Physician* (1983), uses the metaphor of covenant to conceptualize the relationship between physicians (dentists) and society. He says in its ancient and most influential form, a covenant included:

- A Pledge or Promise
- An Exchange of Gifts
- A Change of Being

Marriage is an example of a covenantal relationship which permeates our society. There is a pledge or promise, the vows; a gift to symbolize the promises made, the rings; and a change of being, the man and woman become husband and wife.

May argues that the granting by society of the status of "profession" is the establishment of a covenant. In the context of dentistry, society *promises* the profession a monopoly to practice with significant gain. No one else can practice dentistry except individuals who have successfully completed courses of study at accredited universities, and are licensed by the state to practice. The profession in turn promises to serve society faithfully and fairly. The *gift* of society to the profession is a state-supported and subsidized education (in Kentucky this amounts to approximately \$150,000 per student), and the opportunity for self-regulation. The profession in turn gives society the benefit of its skills and talents in administering to oral health needs.

May finally argues that as a result of these promises and these gifts there is a *change of being*. Ordinary individuals become "dentists" and other individuals become their "patients."

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The covenant of the profession with society is reaffirmed on an individual basis each time two individuals meet in which one agrees to be the dentist, or healer, and the other agrees to be the healed, or patient. The duty of "doing good" for the patient's oral health is rooted in the prior covenant of the profession with society. Dentists acknowledge the full reciprocity of the relationship. The patient gives of self to the dentist and the dentist gives of self to the patient. Without the dentist giving to the patient, the patient would be unable to gain the benefits of oral health. Without the patient giving to the dentist, the dentist would be unable to be a dentist. This understanding of mutual benefit and reciprocity is essential to a reasonable professional ethic, and an appropriate humility.

Health professionals (dentists) consistently proclaim their dedication to the service of mankind. This is elaborated upon by the ADA's "Principles of Ethics and Code of Professional Responsibility." However, this idea of service succumbs to what May calls the conceit of philanthropy when the professionals' relationship to patients is assumed to be gratuitous ... rather than reciprocal, flowing out of the mutuality of the relationship that exists in the "Covenant!" Failure to acknowledge the practitioner's prior indebtedness, based in the gifts society has given to the profession, May argues is condescension.

Somewhat less mystical and with fewer religious overtones is Veatch's metaphor of contract as a means of understanding the role-relationship of professionals with society. In his book, *A Theory of Medical Ethics* (1981), Robert Veatch argues for understanding the relationship as being a triple contract. On the first level there is a contract between every professional as an ordinary human being with other human beings, the so-called "social contract." As previously reviewed, this contract involves keeping the moral rules.

At a second level, there is a contract between society and the profession as a profession. Society has certain expectations of the profession of dentistry and dentistry has certain expectations of society, therefore, an implied contract.

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Finally, there is a third level at which contracts exist: the individual relationship between a professional (dentist) and a patient. This is the translation of the public contract between the profession and society to the interpersonal of the office setting.

The Moral Component of Profession

Primary to the notion of profession is benefiting society. The moral component of the profession of dentistry is "doing good" for our patients. The moral rule of not causing evil becomes the moral ideal of preventing evil by promoting the good of patients in the area of dentistry's avowed expertise, oral health.

The concept of promoting good is generally specified as the moral principle of beneficence. The goal of the relationship in which one assumes the role of health care practitioner and the other patient is the benefiting of the patient. This benefiting of the patient is accomplished specifically by the dentist by providing the highest quality of care possible contingent to the clinical circumstances, the professions current scientific understanding, and the patient's desires.

In providing goods or benefits, clinicians in dentistry acknowledge there are inherent risks of harms which will vary from one circumstance to another. Professionals have the duty, not only to be beneficial to the patient, but also to weigh possible benefits against possible harms in order to maximize the benefit.

and minimize the risk of harms. Example: In extracting a third molar there is the potential harm of damaging the alveolar nerve with a resulting paresthesia. Additionally, in philosophical terms, it must also be acknowledged that the fee paid to the dentist for the service must be viewed as a harm ... something that must be given up to gain the benefit.

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The dentist sometimes has conceptions of benefits and risks which may be different from the patients. Dentists typically will assign a much higher value to oral health than the typical individual. Whose values should prevail? This question introduces a companion principle to that of beneficence, that of autonomy.

Autonomy is derived from the Greek and literally means "self-rule." The more general idea of self-rule is that of self-governance, being one's own person. The autonomous person determines his or her own course of action in accordance with a self-chosen plan. The moral rule, "do not deprive of freedom or opportunity," means it is moral or right to grant self-governance to others. This basic moral right is not abandoned in the practitioner's reception area. Moral dentists will generally not constrain the action or choices of their patients.

Respecting the patient's autonomy means dentists provide patients full participation in the decision-making process. The patient requires instruction in the problems associated with oral health, the various goals possible, the risk and benefits of alternative modes of treatment in achieving the desired goals. An additional factor to be considered is the cost of care weighed against the value to be derived. This balancing of the principle of beneficence with the principle of autonomy has come to be

known as *informed consent*. The patient's consent to therapy is gained after the opportunity to freely and intelligently consider the options.

It is important to affirm that whereas informed consent is typically and popularly used as a legal notion, it is basically and primarily a moral one. There are three ingredients to an informed or valid consent:

- Adequate Information. The concept of adequate information can deteriorate into a mechanical rehearsal of data to legally protect the dentist unless it is tempered with the idea of comprehension. Dentists are obligated to disclose all of the information a *reasonable* person would desire to have in arriving at a rational decision and to do so in such a manner that ensures comprehension. This is done by processing the information in a reciprocal fashion; that is, by asking the patient for validation of understanding and requesting and responding to questions. Adequate information does not require that the patient be told everything there is to know, an impossible task, but information adequate to make an informed decision; information that a reasonable person would want to have.
- Lack of Coercion. The second ingredient of gaining informed consent is lack of coercion. Education and persuasion are permissible for use by the dentist, but manipulation goes beyond the bounds of morality as do psychological coercion and disabling the patient either therapeutically or physically.

Progressing beyond education and persuasion, by using coercive techniques to gain patient agreement and compliance demonstrates a disrespect for the patient's autonomy and is "paternalistic." Etymologically, paternalism is "relating like a father." 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 his children. Paternalism raises moral questions as it involves the claim that beneficence

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should take precedence over autonomy; literally, doing good for others in spite of their wishes to the contrary. It may be possible in instances to justify paternalism on the grounds that the harms prevented far outweigh the loss of freedom suffered by the patient. However, as with the moral rules, the moral attitude must be adopted and an individual be willing to *publicly* justify their actions and gain the support of other rational, impartial individuals.

- Competence. All patients are not able to act autonomously because they are not competent. Competence is the third ingredient in an informed consent. People who are incompetent are people who are incapable of deliberating rationally concerning the risks and benefits of the proposed procedure. Their competence may be temporary or permanent. Groups of individuals who are incompetent or have "reduced autonomy" are children, people who are incapacitated, psychotics, people who are scared, and people who are easily exploited. Dentists have the obligation to gain as much autonomy for the patient as possible; and in instances where autonomy cannot be gained to consult with competent members of the patient's family.

The Intellectual Component of Profession

Quality oral health care presumes technical competence. Competence is initially certified by graduation from a

college of dentistry and validated by state boards of dentistry. It is the ethical duty of a dentist to remain current in accepted dental therapeutics through a program of continuing learning and education. The dentist has the moral obligation to always provide his patients with the greatest good in oral health that the profession is able to offer. Practitioners not committed to life-long learning and changing practice strategies have difficulty practicing ethically.

The Organization Component of Profession

The final category of profession, using the Flexnerian model, is organizational. Flexner said:

"Professional groups view themselves as organizations contrived for achievement of social ends, rather than bodies formed to stand together for the protection of rights, or the protection of self-interest and privileges. The organizational component of profession is explicitly meant to emphasize the advancement of common social interests through the professional organization."

There are those who would cynically suggest that whereas Flexner's assessment in 1915 of the purpose of professionals in organizing was *social good*; that purpose has increasingly become secondary to self-interest in recent years. George Bernard Shaw once said, "All professions are conspiracies against the public."

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From the organizational component of profession is derived the duty of dentists to participate in the professional community and its decision making. This obligation exists for two reasons, to ensure justice.

In his book, *The Theory of Justice*, John Rawls argues that there are two facets of justice:

- "Each person is to have an equal right to the most extensive liberty compatible with a similar liberty for others, that is, giving

to each his or her fair share."

- Social and economic inequities are to be arranged so that they are both reasonably expected to be to everyone's advantage, and attached to positions and offices open to all; so called "distributive justice."

Dentists are obligated to work in organizations to ensure societal justice. Some goods of oral health are societal and not individual. An example is the most positive benefit the profession can provide to society, water fluoridation. The profession of dentistry also has an obligation to redress the injustices in society such as children of the wealthy having good oral health and access to appropriate levels of oral health care, while children of the poor do not.

Addressing the social and economic inequities which prove to be barriers to oral health is dentistry's response to Rawls' notion of justice in the second sense.

Be sure each patient is treated fairly by the profession, Rawls' first facet of justice, introduces the idea of professional self-regulation. Professional self-regulation is an onerous obligation, and difficult to achieve. The duty to colleagues seems at least superficially, to take precedence over the obligation to patients in the matter of documenting professional incompetence. William F. May articulates well the requirement of self-regulation:

"In order to guarantee to the public that certain standards shall be maintained, the state limits the license to practice to those who have completed a course of professional education. Professionals as a group profit from this state-created monopoly. They fall short of their responsibilities for the maintenance of standards if they merely practice competently and ethically as individuals. The individuals license to practice depends on the prior to license to license, which the state has to all intents and purposes, bestowed upon the guild or profession. If the license to practice carries with it the obligation to practice well, then the license to license carries with it the obligation to judge and monitor well. Not only the indi-

vidual, but also the collectively (profession) itself is accountable for standards."

To the extent that concern for other dentists prevails over concern for clinical mismanagement of patients, professional ethics reduces itself to "courtesy within a guild." With that a cautionary note is advised. It is a violation of the autonomy of colleagues, that is, a limiting of their freedom or opportunity if comments are made to patients which could be taken to reflect in a disparaging manner on the care provided by another practitioner without surety of the complete facts.

Documentation of specific and repeated breaches of professional behavior by colleagues, violation of professional duties, morally demands that "the whistle be blown." The profession's covenant or contract with society requires the community of professionals to act vigorously in maintaining its moral integrity. Evidence that it is failing to do so will result in a breakdown of credibility with society and a loss of trust with subsequent damage to the covenant or implied contract. The privilege of self-government is jeopardized as well as the status of "profession".

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