In late 2004, 2 opinion pieces in JCDA\textsuperscript{1,2} alluded to the profession of dentistry as somewhat tarnished by a for-profit orientation, suggesting that because of this, it is less of a profession today than it was. Is this a bad thing?

Both pieces were written by ethicists who work for university dental schools that have very strong practice-management programs. They make the point that financial gain compromises, or is at least at odds with, professionalism and that for-profit dentistry erodes the entire trust-based profession. Ironically, this position handicaps our nation’s dental students.

Let me explain. The code of ethics of most professional dental associations is a broad guide for decisions pertaining to professional responsibility and goes something like: “The public’s needs come first, over the doctor’s needs.” The code also serves as a basis for self-evaluation. So why is there the perception that dentists who are earning a “good” living have ignored these guidelines? Are dentists really ignoring the code of ethics? Are they not more effective practitioners because their own needs are being met first?

L.D. Pankey of the Pankey Institute once said, “Your attention should be focused on your patient’s dental needs, not your own financial problems. The dentist’s ‘fiscal fitness,’ therefore, is an important prerequisite for delivering high quality care.”\textsuperscript{3} Thought-provoking, isn’t it? Why does professionalism have to be at odds with making money? Can’t a dentist have the power to earn a good living and be a caring and generous professional at the same time?

Moral education comes from exposure to moral value systems displayed in society’s institutions. The dental school is the appropriate place to set the standard for moral education. However, although dental schools may publish codes of ethics, they seem to be losing their impact. Why? Because another ethos pervades the dental school: competition. Competition is what people see around them in our consumer-based society, while they are receiving their moral education. But competition and consumerism do not have to be viewed only from the moral high ground of an ethicist. How about from my perspective as a rational private practitioner, who is actually in the competitive marketplace of a consumer-based society?

The ethos of competition is at the heart of the matter, and the best that can be hoped for would be for the codes of ethics and professionalism to coexist as guideposts as dentists journey down their career paths. Perhaps dentistry should not own the moral responsibility of professionalism all by itself, out of context of a growing, changing society.

In the real world, society’s norms are changing to ensure survival. Although capitalism is not necessarily a good thing, it has
out-survived competing ideologies of communism, fascism and socialism precisely because it is the only system that can afford to pay for its social contract, i.e. services to its citizens such as health and education.

Shall I leave it for the ethicists to signal our apparent ebb from the high watermark of professionalism and to infer what this might mean for society? No, precisely because it is the ethicists who keep the "code" of professionalism as the moral high ground and, in doing so, are also guilty of perpetuating the pervasive mythos that surfaces frequently around the subject of practice management, namely that it is self-serving.

Like for-profit dentistry, practice management receives a cool welcome in many of our nation's dental schools. Yet, what is the point of dental education if not to produce dentists educated to succeed in today's competitive workplace environment?

The real world is competitive. Following a code of ethics is essential, but it doesn't change the difficult and competitive work environment that dentists, as professionals, have to deal with to survive.

I maintain that our society's changing norms are not a problem for most of us. We do what we can for those we care for and we aspire to provide our patients with our very best service — to care for them. We also need to take care of ourselves, ostensibly so we can take better care of others; that is our mandate for "survival" as professionals. How can one do that without adequate practice-management instruction that includes ethics, as well as business management and administration?

Canadian dental schools understand this responsibility differently, as evidenced by the number of hours they dedicate to practice-management education. The results of my own straw poll indicate that students graduating from English-speaking Canadian dental schools receive anywhere from 15 to 90 hours of practice-management instruction in their 4-year curriculum, or an average of 46 hours. In the same 4 years, U.S. dental schools averaged 70 hours in 1998.4

Does 15 hours over 4 years equip a dental student with what he or she needs to know to survive in the "real world"? When asked why there is so little practice-management education, one Canadian dental school said it couldn't afford to budget more time because of the other "competing" needs of their students to complete their education.

Competing needs, maybe. Competing ideologies, most certainly — between what professionalism is and what practice management is or is perceived to be. Be careful not to think that what the dental schools are doing, by allocating curriculum hours away from practice management, is the right thing, because almost every survey will tell you that new graduates wish they had more practice-management instruction.

Helping dental students acquire some meaningful business acumen should not be "discounted" by the forces of professionalism within our institutions. There are, in fact, new Association of Canadian Faculties of Dentistry global competencies5-6 or guidelines to speak to this need, one in particular: “Apply basic principles of practice administration, financial and personnel management to a dental practice.”5

Not that it really matters, because dental schools everywhere do not have the resources to keep up with this practice-management guideline, precisely because it is just one of 47 “competencies” for these institutions to subscribe to. My point is, however, that the other 46 are not as "tainted."

Frankly, dental schools can't keep up with all the new responsibilities that have been added to their slate in the past 15 years — infection control, HIV/AIDS, mercury toxicity, workplace hazardous materials information systems, expanding regulations, proliferating technology, all at a time of rising educational costs and increasing student indebtedness.

So, let’s see what the Americans are doing. “In 1998, the American Dental Association (ADA) revised their accreditation standards to include competencies. Eight of their 15 skill/content competencies… relate to practice management”; 3 of these 8 are ethics and professionalism. Isn't it interesting how the ADA includes professionalism in practice management? To be fair, this is not a clear analogy because the U.S. competencies are used as something to measure against, while the Canadian ones are used to create a national profile.

However imperfect this reference, it seems to me that for us, combining practice management and professionalism is a problem largely because there are not enough hours in the curriculum devoted to either, let alone both. Might the apparent dichotomy between professionalism and for-profit dentistry in Canadian dental schools compared with U.S. schools be because Canadian schools place a low priority on practice-management education?

At worst, I could be accused of iconoclastic thinking; at best I could be an accelerant of "change." I am talking about survival here, not the virtues of making money or whether dentistry is less a profession than it was.

What are dental students concerned with? Survival too, but for them survival means graduation. And for some, graduation into the real world of a dental practice will be a hard transition because they are unprepared for the real-life "business" of dentistry. And guess what? They wish they had had more practice-management education in dental school. Is anybody listening? ✠
Dr. Kingsbury is a financial analyst and CEO of Advanced Business Management for Dentists Inc., a company specializing in online practice management continuing education (www.abmdds.com).

Correspondence to: Dr. Dan Kingsbury, Box 154, Roberts Creek BC V0N 2W0.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

References

Got an opinion? Discuss this article in the CDA Members’ Forum at www.cda-adc.ca/forum. Not sure how to log in? It’s as easy as . . .

1. Go to the Web address provided above
2. Type in your password
3. Choose a topic and start “chatting”.

Don’t know your password? Forgot your password?

Online instructions are provided to help you retrieve that information. Or contact CDA at 1-800-267-6354, between 8 a.m. and 4 p.m. EST, email: reception@cda-adc.ca.