Beginning the Discussion of Commercialism in Dentistry

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ABSTRACT There is increasing concern over commercialism in dentistry. Multiple factors contribute to this trend, which has the potential for fragmenting the profession, exacerbating the access issue, and eroding the public's confidence in dentistry. There are both positive and negative aspects of commercialism. Positive approaches for promoting oral health in the face of commercialism hold the greatest promise. The core theme in the recommendations from Ethics Summit on Commercialism is that competent, comprehensive, and continuous oral health care is appropriate and should be promoted to the American public.

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The things we don't understand are often frightening; and frightening things can be dangerous. So it is with commercialism in dentistry. There is a growing sense that a desire for excessive profit may be leading, in some cases, to unnecessary dental care, to provision of substandard care, or to lack of comprehensive treatment.[1-3] It is possible that commercial orientations could be exacerbating the access problem. There are concerns over inflated claims made to practitioners in advertisements and in the literature, and that some in the profession portray — to their colleagues and the public as well — an image of dentistry that seems to value fragmentation of care and too heavy an emphasis on procedures that have potential for large financial gain rather than oral health.[4-6]

Perhaps at no other time since the turn of the last century when dentistry fought to become a scientifically based profession has there been greater tension between financial and patient motivation. These tensions and the various views regarding how they should be addressed, are causing segmentation within dentistry, both among practitioners who have increasingly divergent values and among Americans who are served, unserved, or misserved by a system that is becoming fragmented.[7]

We can, and we probably should, move the conversation beyond editorials. We are able, and it would likely be beneficial, to distinguish our perceptions of good commercialism from bad commercialism, because there are certainly healthy sides

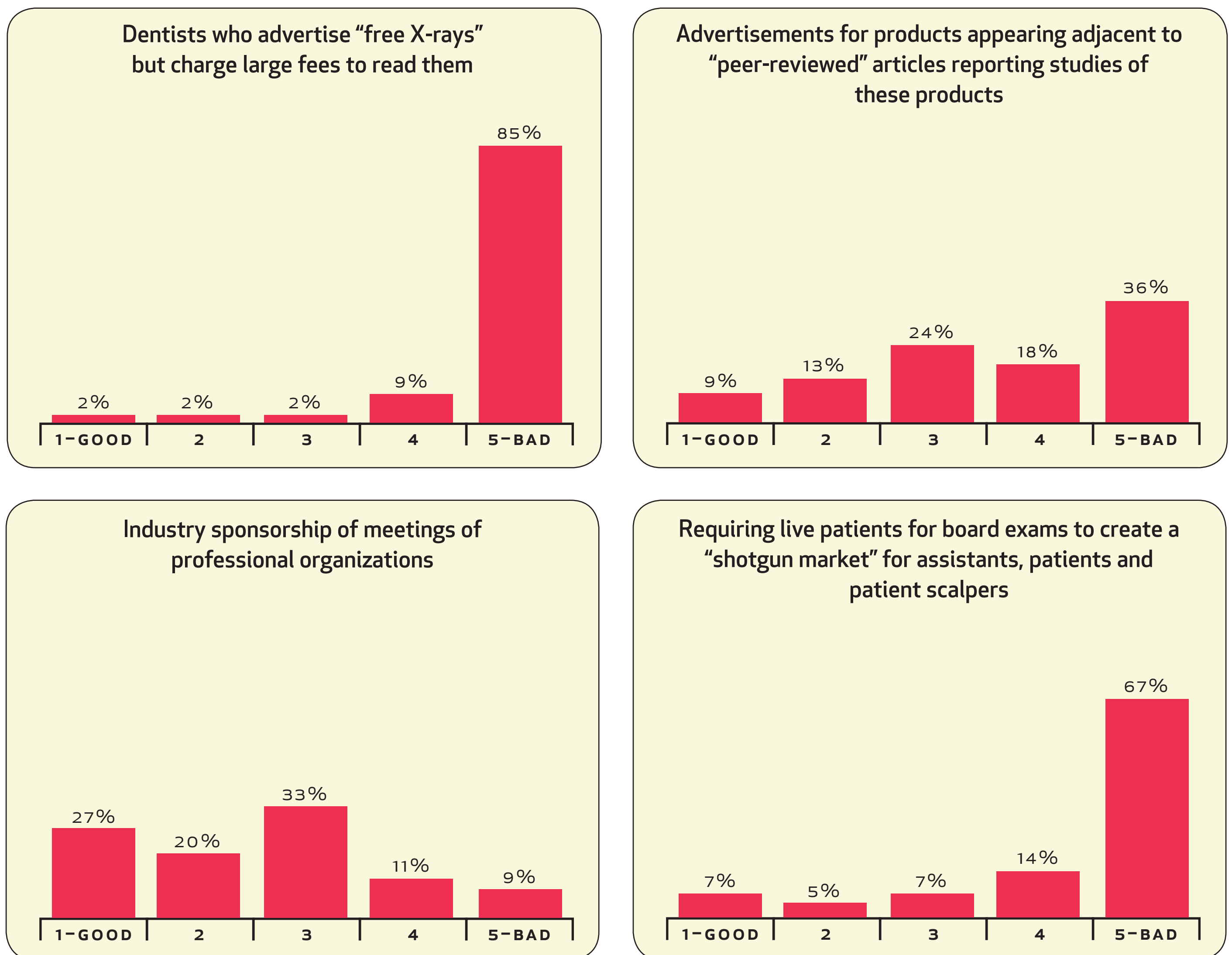


FIGURE 1. Examples of the range of opinion regarding various dental practices, as rated by participants in Ethics Summit on Commercialism. *(Good commercialism is defined as exchanges that benefit both parties because they are based on trust and sharing adequate information; bad commercialism is defined as subordination of trust and information to achieve excessive profits.)*

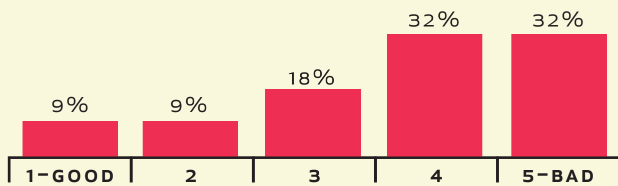
to commerce that need to be separated from the potentially damaging elements. It is time to engage in direct, open, and serious discussion about the effects of rising commercialism on dentistry.

It is in this spirit that the American College of Dentists and the American Dental Association invited approximately 60 representatives from organized dentistry, education, specialties, insurance, research, professional development, and journalism communities to participate in Ethics Summit on Commercialism, a two-day conference at the ADA headquarters building in Chicago on Feb. 28 and March 1, 2006. This is a report of that meeting.

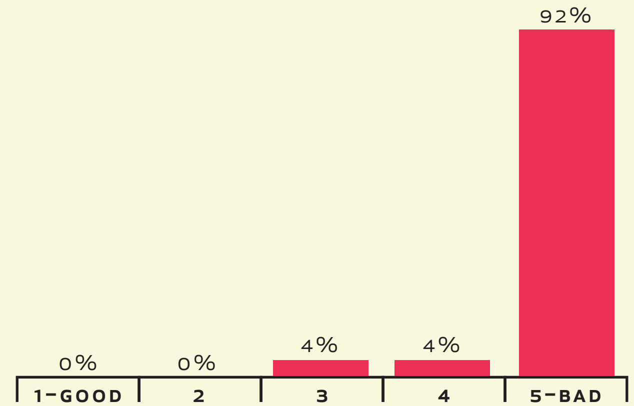
Chief Complaint — Wrestling with the Devil

Dr. Gordon Christensen provided an overview of the extent and nature of the problem. Reflecting on a set of specific examples, it is possible to identify patterns among the concerns over commercial claims made by dentists, advertisers, industry, and those providing continuing education to the profession. These patterns include: (1) claims in which the commercial intent out shouts professional or patient-health concerns; (2) claims that come from many sources; (3) claims that make no pretense at scientific or professional evidence (they play to both patient and dentist short-term needs); and (4) claims that are increasing in both frequency and boldness. Both the public and the profession are being told that, for a price, they can have what makes

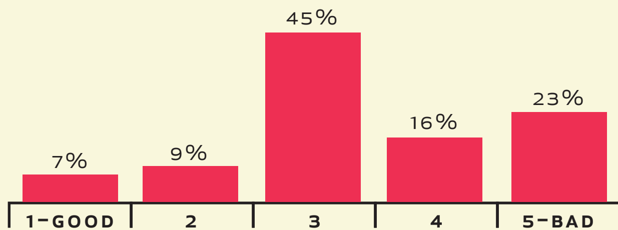
Extreme makeovers, spa dentistry, and other nonhealth dental business



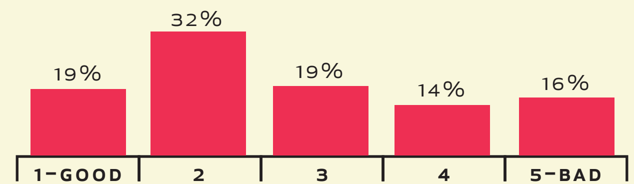
Upcoding insurance claims because reimbursement rates are so low



Failure to disclose to a patient that this is the first time a dentist is trying a big procedure learned recently at a C.E. program



Restriction of patients to those who can pay cash, value high-end dentistry, and attend regularly



money or makes them look good, while the traditional professional values of comprehensive health based on science and realistic expectations are not finding the same level of general expression.[8-10]

But the devil is indeed in the details. What is needed is a definition of commercialism that captures the complex nature of the concept and invites open discussion. There is an inescapable financial element in dentistry. The origins of professions such as medicine can be traced to the 17th and 18th centuries when only gentlemen were welcomed. Each had independent means, making contamination of practice by money interests a rare thing. Those conditions no longer exist, although society continues to expect that professionals will place treatment considerations above financial concern.

Some of the positive aspects of commercialism include exchange of value, building bonds and relationships, and receiving a fair compensation. Commercialism stimulates innovation and support services for the profession. On the other hand, the temptation of money over patient or the public good, working at the level of commodities (lowest common denominator for quality), large-scale operations that fail to respond to individual needs, advertising that is misleading, and making profit a standard for colleagues are negative aspects of commercialism.

Participants in the Summit accepted the definition that commercialism (in the negative sense) consists of “attitudes or methods that excessively emphasize profit or business success.”

TABLE 1

Sources of Commercialism as Rated for Potential Damage by Participants in the Ethics Summit on Commercialism

	8, 9, 10	Avg	St Dev
Practice management courses overemphasize profit and business success	28	7.36	2.76
Society stresses financial success and a "me-first" attitude	27	7.32	2.07
Professionalism is inadequately emphasized in dental schools	24	6.64	3.08
Traditional professional ideals are insufficiently emphasized	23	7.00	2.45
Students model commercial orientation of young faculty and recent grads	23	6.68	2.56
Traditional professional ideas of service are no longer relevant	22	6.07	3.22
States can do little about commercialism because of laws and regulations	22	6.20	3.05
Dental organizations do not provide adequate guidance through codes, etc.	22	6.42	2.84
Dentists ignore organizational guidelines	21	6.47	2.41
Dental school debt adversely affects professionalism of young practitioners	20	6.95	2.39
Dental education is apathetic to commercialism; not considered a problem	20	5.66	3.13
Continuing education courses depict dentistry as a commercial endeavor	19	6.91	2.45
Dental leadership avoids addressing commercialism for legal fears	19	6.34	2.58
Enforcement of organizational guidelines is inadequate	19	6.42	2.42
Dental publications depict dentistry as a commercial endeavor	18	6.32	2.30
Professionalism has been re-defined to encompass commercial qualities	17	6.64	2.33
The "climate" of dentistry conditions dentists to think of it as a business	17	6.36	2.29
Dentists are apathetic to the commercialism issue; not considered a problem	16	6.09	2.41
Dentists believe dentistry is a job and practices are businesses	16	6.30	2.44
Industry emphasizes financial advantage of products over patient benefit	16	6.11	3.07
Dental leadership avoids addressing commercialism for fear of losing members	16	6.12	2.49
Dental meetings depict dentistry as a commercial endeavor	15	6.32	2.35
Dental leadership is apathetic to commercialism; not considered a problem	11	5.32	2.59
Society accepts dentistry as primarily a commercial endeavor	9	4.69	2.77

Commercialism is commonly understood to mean a mutually beneficial method of exchange — essentially a neutral term. It takes on negative overtones, especially in professions such as dentistry, when fiduciary relationship involving trust among patients, peer professionals, related institutions and organizations, and society as a whole are eroded. Because these interactions are sophisticated and claims often are not subject to direct verification, the information contained in informed consent, advertising and research claims, conflict of interest statements, professional contracts, and so forth must be sufficiently complete and accurate that they would not lead to later remorse. Commercialism in a positive sense, or better "good professional business practices," preserves the criteria of fiduciary relationships and valid information.

This bi-directional definition of commercialism can be illustrated by the range of opinions on specific instances in dentistry (**FIGURE 1**).

History — Who Caused This Mess?

The factors contributing to the status of commercialism in dentistry are complex. One way to explore patterns underlying multifactorial issues is experts' ratings that are then subjected to statistical analysis. This was done by participants in the Ethics Summit. A set of 24 potential factors was considered. These are displayed in **TABLE 1**, and as originally presented, they were grouped into four sets: (1) general (society and individual practitioners), (2) education, (3) leadership in organized dentistry, and (4) regulatory. Participants expressed their views of the relative power of each of the 24 factors to make commercialism in dentistry a cause for concern.

This exercise revealed the complexity of the issue. Average ratings for the top 22 factors differed by a single point or less on an 11-point scale. This means that general agreement or disagreement masks differences at a deeper level of

TABLE 2

Statistical Analysis for Clusters of Commercial Factors Rated by Participants in the Ethics Summit on Commercialism

	Factor I	Factor II	Factor III	Factor IV	Factor V
	34%	11%	8%	7%	7%
Practice management courses overemphasize profit & business success	0.499	0.479	-0.318		
Society stresses financial success and a "me-first" attitude				0.447	0.602
Professionalism is inadequately emphasized in dental schools	0.575	-0.442			
Traditional professional ideals are insufficiently emphasized	0.626			0.444	
Students model commercial orientation of young faculty & recent grads	0.579	-0.514			
Traditional professional ideas of service are no longer relevant	0.515		0.409		
States can do little about commercialism because of laws & regulations	0.665				
Dental organizations do not provide adequate guidance through codes, etc.	0.504		0.542		
Dentists ignore organizational guidelines	0.526				
Dental school debt adversely affects professionalism of young practitioners	0.595				
Dental education is apathetic to commercialism; not considered a problem	0.696				
Continuing education courses depict dentistry as a commercial endeavor	0.578	0.408			
Dental leadership avoids addressing commercialism for legal fears	0.702				
Enforcement of organizational guidelines is inadequate	0.576	0.417	0.447		
Dental publications depict dentistry as a commercial endeavor	0.669	0.411			
Professionalism has been re-defined to encompass commercial qualities	0.600	-0.592			
The "climate" of dentistry conditions dentists to think of it as a business	0.570	-0.425			0.444
Dentists are apathetic to the commercialism issue; not considered a problem	0.478			-0.554	
Dentists believe dentistry is a job and practices are businesses	0.615				
Industry emphasizes financial advantage of products over patient benefit	0.684		-0.409		
Dental leadership avoids addressing commercialism for fear of losing members	0.730	-0.431		0.549	
Dental meetings depict dentistry as a commercial endeavor	0.577	0.592	-0.431		0.513
Dental leadership is apathetic to commercialism; not considered a problem	0.549				-0.425
Society accepts dentistry as primarily a commercial endeavor	0.513			-0.587	

Factor I	Global factor — commercialism is a large, multifactorial issue
Factor II	Near professional commercial drivers (practice management courses, C.E. courses, publications, meetings, and lack of enforcement; values taught in schools, modeling and mentoring, and professional ideas as antidotes to this driver)
Factor III	Professional driver (service ideal enforced through codes and enforcement; practice management courses, industry, and meetings seen as detracting forces)
Factor IV	Fragmentation of values (traditional professional values need to be stresses in the face of social narcissism and a collaboration of (some) patients with (some) dentists to favor commercial redefinition of practice)
Factor V	Public perception (leadership in organized dentistry fighting general societal trend toward commercialism)

Principal components factor analysis, no rotation. Cronbach's alpha, a measure of consistency among the ratings, is a modest .691.

understanding. Certainly, participants were not indifferent. Sixteen of the 24 factors had both ratings of 0 and 10. The factors are arranged in **TABLE 1** in descending order based on the number of 8, 9, and 10 ratings received.

Both discussion at the workshop and the statistical analysis shown in **TABLE 2** tended to point in the same direction.[11] There were no "camps" among the participants. Industry, education, and practitioners did not band together in clumps and point to others as the problem, nor was society at large fingered for blame. This is an optimistic finding since it was felt by participants in the workshop that a solution to the problem could be found that incorporates the interests of

all parties in oral health care. This was confirmed by the very large common factor in the statistical analysis — accounting for one-third of the total variance.

A second pattern to emerge in the statistical analysis, and confirmed in the subsequent work of the group, concerns "near professional." A powerful force, for good or not, includes practice management courses emphasizing profit and success, the continuing education industry when it stresses profit as an outcome, publications with a commercial tone, professional meetings with their heavy emphasis on commercial exhibitors, and lack of enforcement of professional codes. As part of this pattern, the professional values taught in dental schools, modeling and mentoring, and the influence of senior professionals on young colleagues, and articulation of professional ideals generally were recognized as a balancing force to the "near professional" commercial interests.

A third pattern might be labeled "professional participation." It includes positive elements of organized dentistry articulating and enforcing standards of professional conduct in the face of countervailing pressures from industry, continuing education, and meetings of organized dentistry. The final two factors to emerge appear to be very similar. Both include a tension between societal values that appear to be drifting in the direction of short-term personal concerns balanced against clear definitions of comprehensive professional responsibility coming from the profession.

One factor seems to reside at the practice interface between individual dentists and patients; it involves a segmentation of the profession into dentists who are ready to respond to consumerism and those who favor a traditional health-based approach. The final factor raises this tension in values to the level of dentistry as an entire profession and all of society.

It is believed that generational differences play a role in the multiple perspectives on commercialism. Writers on the topic point to the historical pattern of older generations complaining that their juniors are poor at following the rules while the younger generations complain that the rules need to be changed.[12,13] (Currently senior dentists should refer to Douglas More's extensive study of dental students in the 1960s to see what their elders thought of them at the time.[14]) Because this generation of leadership in dentistry must inevitably pass the profession to its juniors, it is imperative to work with them rather than blame them. There is some evidence in both dentistry and other professions that the critical time for the creation of professional values is the first few years of practice — not education.

OLDER GENERATIONS complain that their juniors are poor at following the rules while the younger generations complain that the rules need to be changed.

A multiyear project out of the Harvard School of Education demonstrated a pattern among those in journalism, molecular biological research, and acting, where the successful veterans in each field underestimated the difficulties and pressures on young professionals (after all, they had succeeded).[15] Those in school learned role-played professional values in protected environments. The greatest danger occurred during the first years of independent practice and some number in each group chose a strategy of temporarily suspending the professional values they had learned in school "just until they get established."

There is research showing that educational debt in dentistry has remained roughly constant when compared with dentists' incomes over the past two dozen years. It is also the case that the debt impact of starting a practice is greater than educational borrowing. At one expensive private school, practice debt averages 1.4 times educational debt, with both higher interests rates and shorter pay-back periods. A research study at that school found that there was no correlation between amount of educational debt and reported "unconventional" profiles of procedures performed; there was, however, a slight trend for "unconventional" practice profiles related to debt in establishing a practice.[16]

Diagnosis — What Needs to Be Fixed?

Based on a sense of the challenges of the problem that commercialism poses for the dental profession and an analysis of the multifactorial nature of the situation, it is possible to address the specific paths this trend will take — and ultimately how the perceived bad forms of commercialism can be addressed. There are three interrelated tasks: (1) define the consequences in terms that link specific factors to potential damage for the oral health care of America or to the dental profession; (2) prioritize these consequences in terms of their likely impact, weighing both the damage and the possibility of such damage occurring; and (3) prioritize the potential for mitigating these consequences through appropriate and timely action by the profession. Expert judgment rather than scientific data are

TABLE 3

Concern Over Negative Impact of Commercialism, Priorities by Importance and Potential for Management

	Importance	Management	Concern
Consumerism promoting cosmetic care, decreased health care, altered delivery models	67	64	4247
Segmentation in delivery causing decreased oral health, more regulation	60	63	3774
Erosion of codes opening profession to outside intervention	64	45	2870
Change in public perceptions leading to decreased oral health and loss of status	53	50	2691
Pressures on young practitioners distorting their values	40	62	2500
Questionable C.E., other claims causing decrease in science and care	52	47	2436
Not valuing profession leading to loss of monopoly status	44	55	2432
Lose of participation in organized dentistry diminishing its voice	43	44	1862
Schools not modeling professionalism causing unprofessional young practitioners	37	48	1794
Loss of profession's credibility as oral health experts causing decline in health	45	38	1706
Loss of scientific foundation causing loss of status as professionals	44	35	1532

the appropriate basis for this analysis because the problems are ill-defined and quantitative data are not available.

A first approach to this analysis was made at the workshop. Alternating between small teams and the plenary group, an initial list of 11 factors that could be perceived as threats was generated. These are shown in **TABLE 3**. Each factor is expressed as a connection between a factor and the damage it would cause if left unchecked. These factors were discussed and then prioritized by the entire group. The top three factors to emerge were (1) a commercial orientation in the public would drive demand for "cosmetic" or other oral services that are unrelated to comprehensive oral health — this could have the effect of decreasing the availability of true oral health care, exacerbating access issues and driving inappropriate changes in delivery models; (2) segmentation in the oral health care delivery system would erode quality of care and increase regulation; and (3) weakened ethics and professionalism — or their incomplete implementation — would open the door for outside intervention that may be less responsive to the true oral health needs of the public. There was also concern over (4) emerging unrealistic public perceptions about what constitutes appropriate oral health care fueled by inaccurate or incomplete public information; (5) questionable continuing education and other claims from within the profession; (6) dentistry's loss of credibility as the authoritative source of oral health care information; (7) maintaining the scientific base of the profession; and (8) not valuing professional behavior or participating in professional activities.

Participants also prioritized these 11 factors based on the ease with which they might be averted or ameliorated. It was felt that efforts to respond to public demand for noncomprehensive care, segmentation of the delivery system, and relieving pressures on young practitioners were especially likely to be fruitful. By contrast, stemming possible losses of the profession's credibility in oral health and preventing the erosion of the scientific base of the profession would present more demanding challenges.

Logic dictates that limited resources should first be allocated to circumstances that are serious and manageable. In order to identify the best candidates, the priorities for significance were multiplied by the priorities for manageability to give an attractiveness score to potential initiatives. The factors identified by attendees as contributing to commercialism in its negative sense are presented in order of their attractiveness for action in **TABLE 3**. Participants were reluctant to leave any part of the problem unaddressed, so several factors were combined into the "codes" category and several groups spontaneously added mentoring young practitioners to their assignment.

Treatment Plan — What Should Be Done?

Positive steps can be taken to head off and address the consequences posed by the negative aspects of commercialism in dentistry. At the workshop, five teams worked with recombined definitions of the most attractive initiatives that various parts of the profession, and particularly the American Dental Association, can take. They developed the 17 recommendations contained in **TABLE 4**. Participants prioritized the recommendations within each of the five sets but not across sets.

INAPPROPRIATE CONSUMERISM

In the case of inappropriate consumerism, it was felt that dentistry must take the initiative. Currently, a variety of voices is clamoring about access issues. This is a complex matter, and certainly one that must be framed in terms of overall oral health rather than any of

TABLE 4

Initiatives to Address the Perceived Negative Effects of Commercialism in Dentistry

A. Inappropriate consumerism	The profession must take the lead in addressing the access issue A significant campaign should be mounted to promote comprehensive oral health Public relations activities should continue to draw attention to dentistry's positive role
B. Segmentation within the delivery system	Increase incentives for practice in underserved communities Increase reimbursement levels for underserved populations Develop guidelines for non-specialty practice areas Increase dental office productivity Bring young practitioners into professional relations early
C. Codes	Create a Patient Bill of Rights and Responsibilities Mentorship and early involvement of young professionals Engage components in education and enforcement
D. Public perceptions	Create realistic expectations for patients — informed consent, comprehensive, continual care, etc. Reinforce message that oral health is part of overall health Create media for patients
E. Information	Educate the public about what comprehensive oral health care means Develop standards for commercialism, e.g., disclosure, and publicize them Increase expectations that dentistry is based scientifically grounded claims

several narrow and competing perspectives. Dentistry is in the best position to lead efforts to address this problem. Public relations are important to maintain positive connections with the diverse constituencies served by dentistry, and patient education is a desirable action that was developed in some detail by three of the five working groups. All of the initiatives proposed by the first team are ones where the American Dental Association should take the lead.

SEGMENTATION OF THE PROFESSION

The team working with the consequences of segmentation to the profession that commercialism is now driving developed five recommendations. These involve incentives for practice in underserved areas, more realistic reimbursement for underserved populations, guidelines for representation of services provided by nonspecialty practitioners who make claims beyond those of general dentistry, increasing office productivity for ethical practice, and bringing young practitioners into dentistry quickly and effectively.

What is noticeable about the recommendations from this team is that they generally involve collaboration between organized dentistry and other partners. Education and the government would be logical partners for reaching underserved communities. Private payers and states are a natural pairing for reimbursement. Nonspecialty groups will need to sit down with the ADA to work through the nature of appropriate claims regarding qualifications. Industry has great experience and interest in dental office productivity. The dental honoraries such as the American College of Dentists would be an obvious partner in mentoring young professionals.

The American Dental Association and its tripartite structure is the appropriate home for education, enforcement of the ADA Principles of Ethics and Code of Professional Conduce, and for a creation of a Patient Bill of Rights and Responsibilities. It is likely that such a bill would include the concerns identified by the team working on inappropriate consumerism that realistic expectations need to be developed and broadly communicated.

REALISTIC PUBLIC PERCEPTIONS OF ORAL HEALTH

The team addressing public perceptions explicitly identified the need to inform patients about the value of sound oral health and to create realistic expectations, including access to competent, comprehensive, and continual oral health care, and to informed consent that discloses and discusses all treatment options.

INFORMING THE PUBLIC

Educating the public about comprehensive oral health care was also the predominant theme in the team working with issues of information. They also reintroduced the notion that "good commercialism" includes information that is complete and accurate. This applies equally to the relationship between dentists and patients, dentists and continuing education providers and industry, and between these groups and the research community. Obviously, this group would expect to see collaborations between organized dentistry and these groups in order to develop appropriate standards for full and meaningful exchange of information.

Conclusion

Although commercialism in dentistry has multiple facets — some healthy and others dangerous — it is possible to identify the basic patterns in the concept. The effect of these on oral health and the den-

tal profession can be understood, at least in broad terms. Based on this understanding, there are concrete steps the American Dental Association and its partners can take to tip the balance strongly in favor of good professional business practices.

The recommendations developed in the Ethics Summit on Commercialism workshop involving leaders from across the dental profession hold realistic promise for addressing the growing concern posed by negative commercialism. Perhaps what is most remarkable about the recommendations, aside from the fact that they are collaborative and doable, is their positive tone. Participants from the Ethics Summit on Commercialism quickly came together around the point that there is no wisdom in complaining and little to be gained in trying to stop others from doing what they think is in their best interests — even if mistaken. The core theme in the recommendations from Ethics Summit on Commercialism is that competent, comprehensive, and continuous oral health care is appropriate and should be promoted to the American public. It is believed that that message is more powerful than the message of commercialism. ■■■■

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