

Harboring Some Ethical Dilemmas

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ith changing times, some of our more important traditional professional institutions acquire and harbor some rather nagging

challenges that must be overcome if the profession is to retain its self-respect. Such an institution is the Dental Board of California clinical examination.

We have seen Dental Boards over the years make many changes in the mechanics of the examination to better reflect the environment of dental practice. However, there have been, and will continue to be, criticisms of aspects of the examination process, such as lack of appropriate protocols for specialists. Our purpose here is neither to criticize nor to examine the structure of the clinical examination itself. As long as the clinical examination continues, the board and its staff will undoubtedly make efforts to improve it. Rather, our major concern comes from an entirely different direction.

Through the board clinical examination, new dental graduates and dentists from outside California seeking to establish practice here are being exposed to an unpleasant and unprofessional snapshot of the dental profession. From our perspective, board applicants “compete” to secure the best examination circumstances they can financially afford to ensure a successful result. The best circumstances include having a dental assistant with good board examination experience who can direct a candidate through the “minefield” that is the examination. These assistants usually require (or demand) significant compensation in the hundreds of dollars. We have heard confirmed reports of \$800 being paid

to dental assistants. Eyewitnesses have also described a “circus” atmosphere at some examination locations involving dental assistants actively marketing themselves.

A tooth or teeth with the condition or conditions that best meet the criteria for the clinical examination are essential for a candidate to feel confident and less stressed. Candidates will exhaust countless efforts and a good deal of money to identify appropriate patients for the exam. We have heard horror stories in which a candidate’s patient has appeared in the waiting area only to be whisked away moments before the exam starts by another candidate who offers more money. We have also received reports of prospective patients standing outside the examination site with signs and placards announcing their availability and price.

Resources to screen and prepare patients — such as facilities, X-rays, and restorative materials — can present a major obstacle for dentists who have not recently graduated from a California school. Some licensed dentists allow these candidates access to their practice to screen and prepare patients so that they will meet the examination criteria. This can lead to a form of unlicensed practice in the absence of the practice owner if the candidate prepares the patient by providing any form of restorative care.

Some of the unethical or unprofessional activities heretofore mentioned can be avoided by “purchasing” a patient from one of at least two companies that provide prescreened patients who suppos-



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edly will meet the examination qualifications. Such a service can multiply the cost of finding patients. We have heard of fees ranging from \$700 to \$1,000 or more per prescreened patient. It is our understanding that one candidate from Southern California has arranged to have one service supply three patients for \$3,500. Add to this sum the cost of a dental assistant and travel expense to take the board exam in San Francisco, and the candidate will spend between \$4,000 and \$5,000 to take the exam. If the candidate fails in his attempt, there is a potential to repeat much of that expense. We understand that some candidates believe that removal of the significant stress that they must undergo to find and screen a qualified patient makes these services well worth the money.

If we put these facts and descriptions of the decisions faced by an examination candidate together, an unpleasant scenario unfolds. In addition to the actual board examination fees, some candidates may spend several thousand dollars or more to take the examination. Many of the candidates (if not a majority) already carry significant educational debt. In many cases, it is more than \$200,000. Most of these dentists need a job immediately after the board exams so they can start earning a living and making their loan payments. They need to pass the examination the first time! The fear of a delay either because they cannot find a proper patient or because they attempt to take the exam with a less than "ideal" patient condition and fail are strong incentives for them to pay exorbitant fees to dental assistants, patients, or other agents who offer them services. Other behaviors that the process encourages include unlicensed dental practice and outright theft or purchase of patients by the highest bidder. All parties may be guilty of unethical or unprofessional actions, including the dental assistant and patients, as well as the exam candidates.

Ultimately, there is also the aftermath of the process to face. Some patients may

become victims of the process. Patients who receive treatment that is substandard or who are left in discomfort are usually without arrangements for follow-up care by the candidate. The institution where the examination was held may be contacted to provide follow-up care, usually by individuals who are patients of record at the institution. In some cases, however, the candidate escapes any responsibility, leaving resolution of the problem for an unhappy patient to negotiate. The unsuccessful candidate is unable to practice without a license, so the problem is not entirely a reflection of neglecting individual professional responsibility to the patient. However, patients abused by the examination process are not likely to develop positive attitudes about the dental profession.

The bottom line is one that should be of great concern to the profession. Newly trained dentists, or those transferring from other locales, either observe or are directly forced into making decisions that involve an ethical dilemma. Their decisions make these colleagues-to-be victims not only of the process, but also of future colleagues (who are guilty of taking unethical or unprofessional actions in their effort to succeed) and of dental assistants, patients, and even agencies interested in making rapid dollars.

Continuing the exposure of prospective licentiates to these behaviors — whether observed, experienced as a victim, or committed — will create a very harmful message about the future of the dental profession unless some of the problems can be prevented or eliminated. The newer and emerging generations of licentiates in California will become conditioned to accept unfair monetary demands from patients or others who provide support for their examination efforts. Or some of their colleagues will take unfair advantage of them by outbidding them for dental auxiliaries or better patient cases for the exam. As a result of these initial "professional" experiences, many will not be able to build a level of trust with some of their colleagues — a characteristic

that historically has been important to the dental profession. Colleagues who take advantage of their peers to obtain better patients or gain other advantages during the examination process may very well get used to these behaviors, believing that securing a competitive advantage over their peers at any cost is OK. They will become conditioned to conduct their business in a similar competitive fashion.

We do not believe that there is a single practical solution to the dilemma (such as elimination of the clinical examination). Preventive measures aimed at eliminating some of the ethical dilemmas must be considered. Such measures will require the unified efforts of not only the Dental Board, but also the California Dental Association and the dental schools.

For example, could CDA members and the schools together establish a pool of patients that could be earmarked for clinical examination? Should the board contract with some of these companies to furnish every candidate a patient as part of a regulated application/examination fee? Or could the board place and enforce "caps" on fees for patients or assisting personnel? Such options could reduce or eliminate patient theft or bartering by patients or candidates for higher fees. And can the board establish enforceable guidelines that would prevent the destructive behaviors of some participants? All possibilities and options must be considered.

We believe that contemporary times and economics have created some significant ethical and professional dilemmas in the examination process that confront licensure candidates. Some of these challenges force behaviors that cross the boundary of professional ethics. We believe that the time has come for the organized profession, the Dental Board, and dental school faculty and administrators to collectively study and offer solutions

to this serious problem.

The licensing examination is intended to assess competence. The outrageous expense potential must be controlled. Finally, the process should

not continue to harbor the dilemmas that allow some participants, while engaged in a stressful examination experience, to act in an unprofessional or unethical manner. **CDA**