

# Ethics, Trust, and Image

**T**raditionally, dentistry has been the beneficiary of a strong public image. Much of that reputation was attributed to the influence of a strong Code of Ethics.

Twice in the past decade, we commented in this column on results of public opinion polls conducted by the Gallup Organization that showed dentistry placing in the top five professions based upon public perceptions of trust and respect. Based solely upon memory, the most recent of those polls that we personally reviewed placed dentistry between second and fourth out of all professions surveyed.

In recent years, many events have contributed to an assault on that image. It is easy to identify media activity that has negatively affected the profession's image. Legal matters involving use of amalgam and Proposition 65, and the ongoing efforts of the anti-fluoridationists to undermine dentistry's preventive efforts are just a few of the specific issues the media has communicated to the public.

There have been some recent reports and events that offer a reality check for the profession. They provide an opportunity to reflect on our current and future efforts to improve dentistry's image.

*Item: A recent Gallup poll shows dentistry falling from No. 2 to No. 8 in public opinion when evaluating all professions with regard to honesty, integrity, and trustworthiness.*

*Item: A different Gallup poll dated Aug. 18, measuring the image of 25 business and industry sectors, found the health care industry, of which dentistry is a small part, next to last in terms of positive image.*

*Item: On Aug. 20, it was announced that the American Dental Association and Aetna*

*reached an agreement that seeks to improve communication and collaboration that will lessen the complexity in the payment of dental claims, ultimately enabling more-effective service to patients.*

*Item: On June 29, the CDA Board of Trustees adopted a plan that will help to revitalize the role and importance of the Code of Ethics in the future of the California Dental Association.*

We believe that each of these reports and actions is interrelated in explaining where dentistry's image might presently be and where we might move it in the future.

The reference to a Gallup poll survey that measured dentistry's image in comparison with other professions, appeared in a midyear dental newsletter. While we were not able to either confirm the date of the poll or validate its accuracy, we were not surprised by this ranking and believe that it shows that dentistry's public image is probably not as strong as it was a few years ago. We have already listed some of the public issues that probably have negatively influenced public opinion. There are also the individual surveys by journalists such as one commented on here in July 2002 titled "A Profession in Decay — Dentists' Business Practices Increasingly Suspect" that not only damage the public image of the profession but, realistically, point to abuses that have been occurring in some dental practices.

In an effort to validate the preceding Gallup poll results, we encountered the results of a different Gallup poll that evaluated the public image of 25 business and



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industry sectors in the United States. The health care industry sector rankings were alarming. Out of 25 sectors, the only one with a lesser image was the oil and gas industry. You name it — automobile industry, banking, legal, education, sports, etc. — they all have had a better reputation than the health care industry in each of the past three years, according to this public survey.

Admittedly, dentistry is a very small segment of the health care industry, which includes medicine and hospitals as the major players. However, we believe that some key factors related to all members of this sector — namely rising costs and the relationships of dentists and other health care providers with the insurance carriers and benefit plans, may explain this group's unenviable position in the eyes of the public.

Some business practices of insurance carriers resulted in the recent ADA legal action against some major carriers and are part of a problem that has often alienated patients from their dentists. Also, the failure of many practitioners to educate their patients about the benefits of their plan and to properly manage the claims for treatment they render, further strains relationships with patients who believe that their benefit plan will cover all of their needed dental treatment. When insufficient communication between dentist and patient occurs, and patients receive an unexpected billing for services or less than anticipated benefits, the result is mistrust and resentment — not necessarily with their employer or dental plan, but with the dental practitioner or staff who failed to properly inform them of what their financial responsibility would be. Many colleagues fail to recognize that it is their responsibility to educate patients about benefit plans. No one else has that responsibility today.

Another potential cause of patient dissatisfaction and distrust arises out of the marketing of cosmetic dentistry. Unlike reparative restorative dentistry, periodontal therapy, or endodontic therapy that may resolve discomfort and restore function, cosmetic procedures such as bleaching are elective. Elective procedures, particularly if they bring only short-term satisfaction, are far more likely to bring about dissatisfaction and distrust. This will occur if patients believe that the treatment was neither a need nor want, that they were pressured by the dentist to “purchase” the treatment in the first place, and the treatment is evaluated by another dentist a relatively short term later with a recommendation to replace or repeat (i.e., bleaching). Therefore, our opinion is that some of the less traditional, newer forms of therapy “marketed” in dental offices today, if they fail, or fail to live up to the expectation of the patient, are more likely to result in a lack of trust, thus reducing the image of the profession in general.

The ADA agreement reached with Aetna provides hope that in the future, greater communication, education, and understanding can guide the relationships between dentist, patient, and third parties. With time and education, there should be much less opportunity for patients to lose trust in their dentists as a result of a misunderstanding of their insurance benefit programs.

Finally, we look forward to seeing a renewed focus on ethics within the profession. The CDA board has taken a very small step forward. The task force appointed to carry out this review has a large responsibility. Bringing ethical principles and values back into the forefront of dental practice decision-making in the 21st century will be a major factor in helping to restore the public image of the dental profession to previous levels.

CDA