Dentists vs Auto Mechanics: Are There Ethical Differences? A Reflective Analysis

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Prior to entering dental school, I had my own perceptions about the dental profession. I viewed dentists as upstanding members of society, whose goal was to maintain the oral health of all society’s members. What I never considered, however, was the ethical characteristics that actually differentiated dentistry from other careers, such as auto maintenance. When comparing the advertisements of certain dentists to the advertisements of auto maintenance shops, like those seen below, I had difficulty seeing the differences between the two ‘professions.

![Eldorado Family Dentistry](http://www.380guide.com/images/Eldorado_Dentistry_Coupon.jpg)

![NEBRASKA’S ONLY 24 Hour Auto Repair Facility](http://www.24hourauto.com/)

In my short time enrolled in the Schulich School of Dentistry, the characteristics that separate these two vocations have become evident through my observation of fellow students, and more importantly, my reactions to these observations. Although we are not dentists yet, our actions now are an indication of our future actions as dental professionals. In the essay that follows, I will be discussing my personal experiences that have lead to my understanding of the ethical qualities of the dental profession, and how these qualities differentiate us from auto mechanics.

The first of my observations occurred early in the school year during our class’ first anatomy practical exam. While the class was waiting for the last few students to enter the room, the individual
next to me said that if I told him what structure was at my station, he would tell me the structure at his. When I replied no, he seemed shocked at my unwillingness to cheat and tried to coerce me into it. From my perspective, this individual’s actions were unethical, in that cheating is dishonest, unjust, and morally wrong.

In encountering this situation, I was quite shocked that an individual would want to partake in something that is clearly wrong; cheating is unjust and should not be condoned by anyone at anytime, especially not by anyone aspiring to receive the title of professional. This individual may think that cheating to obtain a good grade is harmless, and that it will not impact his future. This thought process is incorrect, however. Besides the obvious effect of not learning the information required to be a competent dentist, cheating to obtain a grade may internalize cheating as a solution for any situation that the individual may encounter. With this in mind, what would stop this individual from cheating insurance companies by submitting false claim forms later on in his career? Even worse, what would stop him from cheating his patients by talking them into unnecessary dental work in order to make a larger profit, or to fill an open patient slot? Even if this individual’s cheating stops with the completion of his dental degree, his prior cheating would prevent him from fulfilling the third and fifth principle of the RCDSO Code of Ethics. These principles state that a dentist should commit to the highest level of professionalism by maintaining current competency and should provide competent care (RCDSO, 2004). By obtaining his degree by the means of cheating, he is not acting in a professional manner nor would he possess the knowledge required to provide competent care upon graduation. Overall, this individual was ignoring dentistry’s core ethical values of justice, beneficence, and non-maleficence.

This attempt to cheat also made me question the individual’s integrity, since such an act does not demonstrate veracity, honour, nor decency, which underscores the standards of the profession. In
seeing one of my fellow classmates act without the integrity that I associate with the dental profession, I was filled with disappointment.

This individual’s request also annoyed me, since he was essentially trying to take credit for my hard work in the course. On a similar note, I feel that my fellow classmates would have also been annoyed, as well as angered, had I agreed to cheat. They too put a lot of time and effort into studying for the exam. As a result, it would have been unjust for me to provide him with the answers that he clearly did not deserve, for he did not put in the required effort. In knowing that I would have wronged others, I would have felt very guilty and unable to respect myself.

In thinking about this situation at a later date, not only did my feelings of shock and disbelief grow, but I also began to feel personally offended and ashamed by his act. Although I was not the one who acted without integrity, his act does affect me, as well as the entire dental profession. Society’s image of the dental profession tends to be based on the unprofessional acts committed by a few individuals, as opposed to the integrity and commitment displayed by the majority of the profession. Therefore, if the public were to become aware of an incidence of cheating at a dental school, like that at UNLV where students fraudulently used a professor’s password to alter their academic records (The Chronicle of Higher Education, 2006), they may start to question the qualifications of their own dentist and the meaning of a dental degree. It would also add credence to the belief that dentists are self-serving. As a result, a simple act of cheating amongst dental student could lead to the tarnishing of the entire dental profession, and is thus something that all dentists should be offended by.

My declination to cheat on the exam illuminates a key role of the dentist in the dentist - patient relationship. Society has granted dentists the title ‘professional’ as a result of their unwritten
social contract (Welie, 2004a). This contract places society’s well-being as the profession’s primary concern. Society’s entrance into this contract, confirms their trust in dentists for they lack the expertise required to verify that dentists are in fact doing what is in their best interest. To truly fulfil this contract, dentists and dental students need to continually strive to gain knowledge pertaining to the ever-progressing advances dentistry. With this in mind, I do not want to passively obtain my degree by taking short cuts; I want to earn it by working hard and absorbing as much knowledge as possible. As a result, I will be able to consider myself a true professional upon graduation, and thus be able to demonstrate to my patients the highest levels of integrity.

A second experience, which enlightened me on the differentiating ethical characteristics of the dental profession, involves the relationship found between colleagues. One night, the Alpha Omega Dental Fraternity arranged for the upper year dental students to come to the simulation clinic and help the first year students with their cavity preparations. During this time, they outlined the key aspects of a perfect cavity preparation, provided tips for what the professor looks for when marking, and mentored everyone on an individual basis. These students were clearly exemplifying the positive collegial traits that one associates with an ethical professional.

In having encountered this situation, I was filled with a variety of emotions. My most prominent feelings were that of gratefulness and happiness. Up until that day I had been struggling with certain aspects of my Class I and Class II cavity preparations. However, by having my senior colleagues sit down and work on different strategies to solve my individual problems, I was able to find a technique that worked for me. For this I was grateful, because without their help I probably would have continued to make the same the errors, and thus would have become both frustrated and discouraged. The help provided by the upper years therefore enabled my fellow classmates and I to
come closer to fulfilling the fifth principle of the RCDSO code of ethics: “Provide timely and competent care that is consistent with the standards of the profession” (RCDSO, 2004).

The advice provided by the upper years also gave me, and I am sure others, hope and a feeling of confidence. Over the weeks prior to the fraternity members’ help, a number of classmates had been discussing how their operative skills did not seem to be improving and how they felt discouraged. In having talked to the upper years however, these feelings of inadequacy and discouragement were alleviated, at least for me. This was due to the upper years reinforcing the fact that they were just like us at this point in their education, and that everyone improves at their own pace.

In seeing the upper years’ commitment and enthusiasm towards the dental profession, I was also filled with great pride in being able to consider myself one of their colleagues. When I was young and thought of a dentist, I thought of someone who was kind, compassionate, and dedicated to looking after my teeth. In taking time out of their busy schedules to help the first year class develop their operative skills, these upper year students showed that their primary concern is in fact society’s well-being, and thus were exemplifying the first principle of the RCDSO code of ethics (A dentist’s primary concern is for the patient’s health and well-being.) (RCDSO, 2004). This is evident, for if their primary concern was something else, such as financial gain, they would not care about their colleagues’ skills. However, in caring for society’s well-being, one must strive to have all members of the profession perform at the highest level possible, for a single individual cannot care for all members of society. Since I have joined the dental profession in order to help society, it makes me proud to see fellow colleagues who have joined for the same reasons and will work with me to benefit those that we serve.
This encounter with the upper years also made me realize that for the dental profession to provide society with the highest level of care possible, dentists ought not compete with each other. Although competition is what landed myself and fellow classmates into dental school, we must now move beyond competition and help each other as much as possible. The reasoning for the majority of the class joining the dental profession, hopefully, was to benefit society. As a result, there is no reason for one dentist to strive to be superior. For society to be served, all dentists need to be competent, and as such we should work together to ensure that everyone is working to their full potential. The upper year students in this encounter were clearly trying to ensure that we all attain our full potential by reaching out and helping us, and thus were acting as positive role models and professionals.

This situation has also showed me that the elimination of competition means that my fellow colleagues will always be there to lend a helping hand in times of need. This will be crucial later in my professional career when I am confronted by changes in the dental profession. In knowing that I can always turn to my colleagues for support, help, and guidance when tackling these changes, I, as well as others, will be better able to provide society with the care they deserve and thus honouring the core values of beneficence and non-maleficence.

In analyzing my reactions and opinions of the two professional situations that I have encountered upon entering dental school, I am now able to clearly see what differentiates dentists from auto mechanics. The primary source of these differences is the ethical obligations of each vocation. In the next portion of my reflective analysis, I will compare and contrast eight ethical aspects of the two ‘professions’.
One of the major differences between dentists and auto mechanics is their primary concern and how it influences the distribution of their services. In being professionals, dentists have entered into a social contract with society (J. Welie, 2004a). Consequently, the primary concern of dentists is the heath and well-being of society (J. Welie, 2004a). Therefore, when dentists plan and recommend treatment options for their patients, they ought not look at what is in their best interest, but rather what is best for their patients. To do this, dentists must work with their patients when developing the treatment plan and is why dentists use the interactive model of the dentist-patient relationship. As a result of this primary concern, dentists should alleviate the discomfort of all individuals, regardless of their ability to pay. Without a social conscience, dentists would be putting their interests above society’s and would be allowing others to suffer. These are not the qualities of an ethical professional.

Conversely, auto mechanics are not professionals in the same sense, in that they do not have a social contract. Many mechanics focus on protecting their own interests, which usually revolves around their finances. This egocentric focus encourages auto mechanics to recommend repairs that produce larger profits over cheaper repairs that would work just as well. For example, a mechanic may recommend replacing an individual’s transmission instead of fixing the current one (H. Karp, n.d.). This monetary drive of auto mechanics also prevents them from servicing the car of those individuals without the means to pay for the repairs. Although not fixing an individual’s car does not cause physical suffering like an untreated dental ailment would, this practice may cause mental anguish and economical distress to individuals who depend on their car for work, so that they can support their family. In looking at the primary concern of an auto mechanic, one clearly sees how the mechanic-client relationship resembles the commercial model, and how this differentiates auto mechanics from dentists.
A second difference between dentists and auto mechanics is their billing procedures. If a
dentist practises in Ontario, he or she is obligated by the RCDSO to charge all individuals, whether
they have dental insurance or not, the same fee for a given treatment, except in the case of financial
hardship (D. Banting, Sept. 27, 2007). Ontario dentists are also provided with a fee guide to assist
them with their billings. Although this is a guide, the RCDSO prevents dentist from charging patients
significantly more than the guide outlines without providing proper justification and patient
acceptance (D. Banting, Sept. 27, 2007). This billing method provides two benefits for patients: it
enables all individuals to be treated as equals and allows patients to openly trust their dentist for they
do not have to worry about being taken advantage of.

Auto mechanics, on the other hand, do not have regulations for their billings. They are able to
set their fees on a case-by-case basis (H. Karp, n.d.). Mechanics do not try to hide this, as they will
often provide clients with two separate prices if the client is unsure if their insurance is paying or not.
In trying to gain a client by showing them that they are willing to help them out by giving a discount,
mechanics are inadvertently decreasing society’s trust.

A third difference found between dentists and auto mechanics is their ability to advertise.
Dentists are unable to claim superiority over other dentists through their advertising, as patients are
unable to weigh the validity of such claims since they lack the expertise required. As such, the
RCDSO has prohibited slogans such as “There is a difference and you have a choice” (D. Scanlon,
2008), thus eliminating this sense of superiority. In doing so, society is able to view all dentists as
competent. Since all dentists have met the high standards for providing care, patients are able to visit
their dentist without the apprehension of whether or not their dentist is the best. Other restrictions
that the RCDSO has placed on advertising, in order to maintain the profession’s integrity, include,
but are not limited to, (a) all claims must be supported by facts, (b) no testimonials or coupons may
be used, and (c) all advertisements must project a professional image (RCDSO, 1998).
The only limitations placed on the advertising of auto mechanics are those outlined in the Government of Canada’s Competition Act. This act states that one cannot make false or misleading statements to the public, nor is it acceptable to make warranties or guarantees without adequate support (Department of Justice Canada, 1985). As a result, auto mechanic are able to use statements such as “Fast, friendly, courteous service” or “quality work” (Canpages, 2007). These statements imply that other mechanics may not display these attributes, thus giving the advertiser a competitive edge, which will increase his or her profit, which is to be expected in the commercial model. Although this competition is beneficial to some, on a whole, it decreases society’s trust in auto mechanics because it causes society to question the claims made and possibly the skills, honesty, and integrity of all mechanics.

A fourth difference between dentists and auto mechanics is their approach to handling emergencies. Since the primary concern of dentists is the well-being of society, dentists will attend to the dental emergency of any individual at any time. If the individual is a patient of a fellow colleague, the dentist will alleviate the discomfort and then refer the patient to his or her regular dentist for further treatment. Such practices uphold the integrity of the dental profession, as it shows a respect for patient autonomy and that the profession puts society’s well-being first.

An auto mechanic, on the other hand, has no obligation to immediately fix a car, or accommodate the owner, upon the sudden appearance of mechanical problems, even if the problem poses a considerable inconvenience for the owner. Although this difference may partially stem from the fact that sudden car problems do not run the risk of health complications, it is influenced by an auto mechanics egocentric interests outweighing the needs of others. In order for society to function properly, however, everyone should strive to put the emergent needs of others first. The handling of ‘emergency care’ also differs in that if a person with a sudden car problem comes in, the auto mechanic doesn’t have the obligation to temporally fix the problem so that the individual can return
to his or her usual mechanic. The mechanic can take advantage of the situation, and the client, and fix the entire problem. This is the result of the auto mechanic-client relationship resembling the commercial model, as this behaviour increases the mechanic’s customer base and thus profit.

Dentists and auto mechanics also differ in respect to the amount of autonomy they provide their patients/clients. In the interactive model of the dentist-patient relationship, dentists provide their patients with the risks, benefits, and predicted outcomes of all treatment options available to them prior to treatment. As a result, patients are given complete autonomy, as they are able to consider all of the information and use it provide their informed consent to all decisions pertaining to their oral and systemic health.

Conversely, auto mechanics provide their clients with minimal autonomy. This is the result of their relationship with their clients being a combination of the guild and commercial model. Since the majority of individuals have minimal mechanical knowledge, most auto mechanics will simply tell their client the ‘best’ way to solve the problem. Although some mechanics may provide their clients with different options for solving the problem, they often do not spend an adequate amount of time explaining the options for their client to fully understand them. Again, through the commercial model, time spent explaining options reduces the amount of time that the mechanic has for billable procedures. As a result, the client is not given full autonomy.

A sixth difference between dentists and auto mechanics is the amount of disclosure that they give their patients/clients. In order to maintain the trust that society has given the dental profession, dentists are required to disclose any affiliation that they may have with a dental product or company when making recommendations to their patients. With adequate disclosure, the patient can consider this possible conflict of interest when making their decision.

In contrast, auto mechanics do not have to tell their clients about their affiliations. When a
mechanic recommends a given brand, the client is unaware that the mechanic may be receiving reimbursement from the company or is obtaining the product at a discounted price, which would increase his or her profit. This type of practice, when discovered by customers, reduces the amount of trust that the public has in auto mechanics in general.

A seventh difference found between dentists and auto mechanics is their propensity to make judgemental comments. In order to maintain society’s trust, as well as fairness and integrity within the dental profession, dentist are required by the RCDSO to refrain from commenting on the work of other dentists. If a dentist were to comment negatively on a colleagues work, he or she would harm the trust that previously may have existed between the patient and his or her dentist. Such comments would also be unfair, as the commenting dentist would be unaware of the conditions at the time of the procedure, and any comments made by a dentist on another colleague’s work may be self-serving, inaccurate, and thus unethical.

Conversely, there are no regulations preventing auto mechanics from commenting on the work of others. It is not uncommon to hear stories of individuals getting their car repaired or inspected, only to have a related problem soon after. If the individual brings his or her car to a second mechanic, the mechanic is usually quick to judge the work of the first mechanic. Such comments are unethical as the second mechanic is not aware of the symptoms that the car presented upon its previous inspection, nor can they be 100% certain of what happened to the car since. It is also possible that the first mechanic made an honest oversight, which he or she would have rectified if given the chance (H. Karp, n.d.). Although these comments harm society’s image of auto mechanics, mechanics still make these comments to benefit their personal interests in order to gain a prospective client.
The final difference between dentists and auto mechanics, which will be discussed in this paper, is their ability to pursue romantic relationships with their patients/clients. As a result of the social contract that dentists enter upon joining the dental profession, dentists are unable to date their patients (J. Welie, 2004b). If a dentist were to pursue a relationship with a patient, the patient may feel pressured into the relationship in order to receive quality care or a discount from the dentist. Alternatively, other patients may feel that they should pursue a relationship with their dentist in order to receive top-notch care. This manipulation of society, whether intentional or not, would be unethical and would cause the dental profession to lose the trust of society. As such, the RCDSO code of ethics requires dentists to maintain appropriate relationships with their patients (RCDSO, 2004).

Since auto mechanics do not have a social contract with society, or similar regulations, there is nothing preventing them from dating their clients. Although all mechanics may not abuse their power in this manner, those who do are being unethical.

Overall, one can see that, when analyzed from an ethical perspective, there are many differences between dentists and auto mechanics. These differences include their primary concern, billing procedures, advertising, emergency care, the level of autonomy granted to their patients/clients, the amount of disclosure given to their patients/clients, their ability to judge the work of others, and their ability to pursue romantic relationships with their patients/clients. In analyzing these differences, one finds dentists to have much greater ethical obligations than auto mechanics.

Should there really be this ethical difference between dentists and auto mechanics though? When the two vocations are compared, one initially thinks that dentists should have higher ethical standards for they are directly working on human beings and thus may cause more harm. However, although the errors made by dentists have the potential to cause the individual some discomfort, very
few, when properly handled, lead to a fatality. The errors committed by auto mechanics, although not
preformed directly on the individual, can lead to fatalities. Faulty brake repairs, tire rotations, and
even engine repairs could all lead to fatal car accidents. With this revelation, it is this author’s
opinion that auto mechanics should adopt the same ethical approach to their daily work as dentists
use.

The first step that auto mechanics must take in order to become ethically equivalent to a
dentist could include adopting a code of ethics that all auto mechanics must abide by. The
establishment of such a code would have numerous implications. Firstly, this code would enable
society to trust auto mechanics in the same manner that they trust dentists. This is possible for the
code, much like the RCDSO code of ethics, would put the primary goal of auto mechanics to be
customer service. In doing so, society would know that the auto mechanic is working towards the
customer’s best interest. This change in primary goal could also improve the work of auto
mechanics. Since the RCDSO code of ethics requires dentist’s primary goal to be patient beneficence
and prohibits them from elevating themselves from other dentists, dentists must rely on word of
mouth in order to build their practice and make a living.

Having a code of ethics alone, however, will not solve all of the ethical problems that plague
the public’s trust in auto mechanics. In order for the code to be effective, auto mechanics require a
regulatory body that will enforce regulations. A code of ethics without a regulatory body is like a
community with laws but no police force. The code of ethics, which is followed by all dentists in
Ontario, is enforced by the Royal College of Dental Surgeons of Ontario. The RCDSO is effective in
enforcing the code, since its purpose is not to protect dentists, but to protect societal interests.
After thoroughly analyzing my professional encounters in the past months, as well as the ethical aspects which separate dentists from auto mechanics, I am now able to clearly envision the type of professional a dentist should be. Unlike my fellow classmate who tried to cheat, a dentist should display veracity and integrity as this allows society to trust the opinions of dentists on the basis that they have their patient’s best interest at heart, and have no underlying motives to their actions. A dentist, like my fellow fraternity members, should also be someone who others can turn to in times of need. This help should not be limited to individuals experiencing dental emergencies, but be extended to include fellow colleagues who may be challenged by a difficult case or ethical situation, or a dental student who feels lost in a new environment. Most importantly, a dentist should be someone who is constantly aware of how his or her actions will impact society and the dental profession, and uses such information to guide their choices. ‘A chain is only as strong as its weakest link’ and as such, the unethical actions of a few, have a potential to tarnish the entire profession. It is the responsibility of each and every dental professional to consider the effects of their actions on the individual patient, society, the dental profession, and then finally themselves.

I am aware that I alone cannot convert all members of the dental profession to fit my ideal mould of a dentist. I can, however, ensure that I fit this mould and therefore act as a role model for my fellow colleagues. In doing so, perhaps one day more dentists will fit the ethical ideal for the betterment of society.
Works Cited


D. Banting (Sept. 27, 2007). General and specialty dental practice in Canada lecture. UWO.


http://www.penetangdental.com/
