What Did We Just Agree To?: Analysis and Rewriting of The Dentist’s Pledge

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The first time I understood the gravity of my ethical obligations as a dental professional was when I read out aloud the words of The Dentist’s Pledge. Fortunately, this was one of the first activities I took part in with my fellow students. It was during my White Coat Ceremony earlier this year. I certainly did not understand exactly what I was saying, but I knew I was making an ethical obligation of some sort that I would be accountable for someday. This ambiguity is the biggest shortcoming of the current ADA accepted Dentist’s Pledge, and results in an ethical issue for dental professionals.

The medical community’s Modern Hippocratic Oath has been used in some schools as early as 1964 and nearly all schools now. This oath, much like The Dentist’s Pledge, does not use specific language to mention ethical principles, but instead focuses more on “bring[ing]... sweeping obligations to a personal level” (Curtis, 1998). Since our medical counterparts have popularly regarded dentists as being less ethical, dentists may benefit from having a more specifically ethical oath in place. Similarly, Dr. Schwartz in his paper “Under Oath: Content Analysis of Oaths Administered in ADA-Accredited Dental Schools ...” says being explicit in oaths by adding focused values could greatly increase the effectiveness of an oath.

Oaths are in place to declare intentions of the reader, and in dentistry, these intentions go back to professionalism and ethics. I believe an oath can have a more specific ethical impact on the reader if values were clearly stated. This is why I took on the challenge to rewrite The Dentist’s Pledge with specific values, mainly based on the five principles of ethics in dentistry (Principles, 2012).

Many of my decisions made on this new oath go back to Dr. Schwartz’s study on dentist pledges used throughout the country. Five percent of the schools in the study had no formal pledge. On top of that, only 30% of schools used the ADA’s official Dentist’s Pledge. The remaining schools used their own original pledge or some other form. Out of all the oaths, unique or not, 59% use three or less of ADA’s five principles of ethics. This disparity in dental oaths is ethically disturbing. My goal is to implement uniformly a new oath with all five ethical principles and additions of contemporary issues as well.

On the following page, my new pledge is stacked up next to the current ADA Dentist’s Pledge. Following that, is my editorial on why I added what I did.
The New Dentist’s Pledge (Zach Smith)

I, (name), as a dental student or professional shall follow these principles and values,

1. It is my duty to dedicate myself to the knowledge and skill required to treat oral health as a part of whole body physical and mental health. As a part of this knowledge acquisition, I must have the utmost of academic integrity and maintain acquiring current knowledge throughout my career.

2. It is my calling to act for the benefit of the community, dental professionals, and society at large.

3. It is my responsibility to strive for complete respect and trust for my treatment of oral health. This also includes following a rigorous code of conduct in and out of practice.

4. It is my obligation to align with the patient in their oral health treatment and provide sufficient oral education to the patient.

5. It is my onus to deliver dental care to patients without prejudice and be mindful of discrepancies of access to care.

I will hold these principles and values for my dental peers, my patients, the public as a whole, and myself.

The Dentist’s Pledge (ADA Current Policies, 2014)

I, (dentist’s name), as a member of the dental profession, shall keep this pledge and these stipulations.

I understand and accept that my primary responsibility is to my patients, and I shall dedicate myself to render, to the best of my ability, the highest standard of oral health care and to maintain a relationship of respect and confidence. Therefore, let all come to me safe in the knowledge that their total health and well-being are my first considerations.

I shall accept the responsibility that, as a professional, my competence rests on continuing the attainment of knowledge and skill in the arts and sciences of dentistry.

I acknowledge my obligation to support and sustain the honor and integrity of the profession and to conduct myself in all endeavors such that I shall merit the respect of patients, colleagues and my community. I further commit myself to the betterment of my community for the benefit of all of society.

I shall faithfully observe the Principles of Ethics and Code of Professional Conduct set forth by the profession.

All this I pledge with pride in my commitment to the profession and the public it serves.

Introduction

The intro to my rewritten Dentist’s Pledge begins similarly to the original by introducing the reader. The new pledge begins its deviation by being explicit in applying to the dental student or professional. One of the main differences in this pledge is it speaks to the dental student as being equivalent to dental professionals when it comes to the procedures outlined in the pledge. The wording of “dental professional” is ambiguous and that is the intention. The dental professional could theoretically include dentists, researchers, and instructors that may or may not be practicing
dentists. The body of the pledge follows the five dental ethics principles closely in the following order: nonmaleficence, beneficence, veracity, autonomy, and justice.

1. Nonmaleficence

In the original pledge, the bit about having a primary responsibility for the patient to “render the highest standard of oral care” is excellent and is an example of nonmaleficence but leaves much to be desired. I added the words “knowledge” and “skill” in the new version to distinguish the two. In addition, I added a statement about continuing education. Many dentists by my personal account are very skillful in what they do but lack the knowledge and specifically the maintenance of current knowledge in the field. Dentistry is sometimes explosive in the new knowledge that is discovered over time. Dentists need to keep up.

The next part of great importance in the new version of the pledge is the addition of academic integrity. A dismal 7% of dental school pledges refer to academic conduct (Schwartz, 2009). Of course, this is yet another example of the point of emphasis in dental students in my pledge. Generally, cheating in dental school is a problem. 74.7% of dental students admitted to cheating in a study published in 2007 (Andrews, 2007). Many, including an ethics lecturer of mine, use the phrase “Once a cheater, always a cheater”. Put into action, this phrase says cheating students will be cheating dentists. That is a scary statement regarding the percentage of dental student cheaters found.

2. Beneficence

Beneficence is also a point of emphasis in the new pledge. It is imperative that that we make an effort to do what we do for not just ourselves. The current pledge does a great job of including beneficence to the community and society, but leaves out a large party, fellow dental professionals. Respecting other dental professionals (again including dentists, researchers, instructors, etc.) is more of a code of conduct in dentistry (Principles, 2014), but should find a comfortable place in ethics as well. Dentists must work together, because with the power of numbers, the ultimate goal of beneficence for the community and society is potentially increased exponentially.

3. Veracity

Veracity is the first principle not mentioned in the original pledge. This is unsettling considering how important it is. In my version, not only does the dental professional strive for respect, but also trust. Trust and respect are not just two different ways to spell the same word. For example, a patient may respect dentists due to the awe they hold in the work it took to get that expertise. That does not necessarily mean they trust you. Trust is much deeper in that the patient holds the greatest confidence in the dentist's actions. Another way to look at it is dentists gain respect, but earn trust.

In addition, I mentioned a code of conduct concerning “in and out” of office. Yes, the code of conduct by the ADA covers in and out of the office, but when considering the still very new concept of social media in dentistry, “out of office” must be explicitly added. In fact, social media outlets have created some staggering statistics found in Marcio von Muhlen's study, “Reviewing social media use by clinicians”. In students, 60% were found in exhibiting unprofessional conduct online, and 13% of students were violating patient confidentiality. Another study found in one month that 4% of physicians’ tweets were potentially unprofessional, including 38 potential patient privacy
violations. Social media has created a current conduct issue, and again, that is why it is in the new pledge.

4. Autonomy

Also missing in the current pledge is any discussion of autonomy. The pledge could even be misconstrued as to saying what the dentist says must be right. In fact, it may be, but according to the ethical principle of autonomy, the patient must make the educated final choice of treatment plans. This can only occur ethically if the patient has had sufficient oral education to make a decision. This is the dentist’s job, and many dentists fail on this aspect. The word “sufficient” is a vague word, but I placed it with intention. It should be up to the ethical dentist’s discretion on what sufficient education is for a patient.

5. Justice

The Dentist’s Pledge also omitted this final ethical principle. It is crucial to dental professionals that they not have prejudice and understand the access to care current issues. To be clear, prejudice covers many bases like financial, racial, and even location prejudices. Therefore, it is a powerful statement. Access to care is a missing topic in 72% of dental school oaths, and it is becoming an increasing problem these days (Schwartz, 2009). For example, what you will find in Houston, TX is the most health-care disadvantaged areas separated by no more than the width of a street from the most health-care advantaged populations (Fig. 1).

Figure 1. Houston downtown and surrounding areas colored by health care disadvantage (Health, 2011).
Conclusion

In closing to the rewritten pledge, benevolence is brought back to the forefront. Here, we are reminded why we are pursuing a dental career. This time, not only is there dental peers, patients, and the public, but also the dentist themselves. When all these affected groups are listed together, it can be rather shocking how many people dentistry can touch.

Discussion

My resolution to this ethically lacking pledge was to add five clearly organized ethical principles that are clearly organized in the new dentist’s pledge. Not only that, but new points of emphasis on current issues are present now. Overtly adding dental students to the intro of the pledge allows a responsibility to dental students earlier than what may be clear in the old pledge. Previously, it may have seemed to dental students that “this pledge is for dentists. I’m not a dentist yet, this pledge will be more significant later when I have that diploma”.

The addition of students to the pledge also allows discussion on the topics of academic integrity and continuing education. If there is truth to “once a cheater, always a cheater”, forcing all students to pledge against so may have an impact in their academics. I hope that it translates to dentists not cheating themselves out of continuing education (CE) as well. CE is essential for the safe treatment of patients with every day there being new knowledge discovered.

A few other timely issues appear in the new pledge, and they all are an effect of growth. Cooperation among dentists comes from the increase in “competing” dentists. We dentists need to realize we are all on the same team. Also, conduct outside of the office (namely online) results from an increased influx of social technologies. Awareness of the internet being an extension of our professional environment is critical. The last emphasizing point in my pledge is also on the rise of access to care problems. The more the population increases, it seems the more stratified the population becomes in regards to healthcare inequalities.

I hope that with this new pledge, dental professionals and students alike can build upon the five principles of dental ethics and these contemporary discussions throughout their professional careers.
References