

Is Dentistry a Profession?

Part 1. Professionalism Defined

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A b s t r a c t

Individual dentists and organized dentistry alike invariably claim to be (members of) a profession. This label is cherished because it suggests special social, moral and political status. However, almost every self-respecting occupation nowadays claims to be a profession. Hence, the question arises as to what exactly is meant when dentists claim to be professionals and, more important, whether they can justifiably lay claim to this label. Rather than reviewing the manifold and divergent discussions in the literature about professionalism, the author proposes — in this first of 3 consecutive articles — a definition of the term “profession” that is based on the literal origins of the word. Next, it is argued that a profession arises out of a social contract between the public and a service occupation that professes to give priority to the existential needs of the people served. In the second article, the author deduces several professional responsibilities. The third and final article examines whether and to what extent dentistry fulfills these responsibilities and outlines some future challenges.

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Individual dentists and organized dentistry alike invariably claim to be (members of) a profession. This label is cherished because it suggests special social, moral and political status. It has a nice ring to it and is likely to instill trust among the public at large and a dentist's clientele in particular. However, almost all self-respecting occupations nowadays claim to be professions, issuing “statements of core values” or even “codes of ethics.” Codes have been drafted by such diverse occupations as advertising, chiropractic, computing, direct marketing, fund-raising, law enforcement, lobbying, mining, the ministry, newspaper editing, organ playing, pharmacy, realty, social work, trial law and, of course, dentistry.^{1,2} Is the label “professional” simply synonymous with other, less eloquent adjectives such as “competent,” “reliable” or “decent”? Is any person who does what he or she has agreed to do, and does it well, a professional? Is any occupation that issues a list of do's and don'ts a profession? In this series of 3 consecutive articles, we will attempt to answer these questions. Doing so first requires a conceptual analysis of the term “profession,” which is the main objective of this first article.

Professionalism Defined

Consultation of contemporary dictionaries such as the *American Heritage Dictionary*, the *Concise Oxford*

Dictionary and the *Oxford American Dictionary of Current English* will yield 1 of the following 3 rather diverse definitions of a professional:

- (1) A person who, unlike a volunteer, gets paid for work performed.
- (2) A person who, unlike an amateur, has the training or expertise to do the job competently.
- (3) A person who, unlike a lay person, has been initiated or ordained into the fellowship or guild that holds an exclusive monopoly on the particular line of work.

Given the large number of paid occupations that demand several years of advanced education and some kind of certification or licensing, today's liberal use of the labels “profession” and “professional” is understandable. But as these labels are claimed by ever more people to cover ever more occupations, their discriminative force will begin to decrease. At some point in the future, they may lose their cachet altogether, and people will begin to look for new, more distinctive attributes.

At present, however, these labels still carry special significance. They are popular precisely because they are loaded terms. They suggest unusually high levels of expertise and skillfulness, virtuousness and trustworthiness, as well as social status, class and market value. The question thus arises whether the claim to be a profession(al) is always warranted.

The answer to this question lies in responses to a few more specific queries. First, by what criterion or criteria can we judge whether a particular occupation (such as dentistry) qualifies as a profession? Typically, half a dozen hallmarks are listed, and occupations meeting all or at least most of them are considered professions. Frequently identified hallmarks include a skill based on theoretical knowledge obtained through extended and standardized education, demonstrated competence, high level of organization, codification of behaviour and altruism.^{3,4} But why these particular traits? What is the common denominator among these characteristics that sets them apart from, say, indoor location, creativity, wearing of a uniform, use of high levels of communication, and restriction to women? The particular choice of hallmarks is often defended by reference to some occupation that is assumed to be a profession, typically medicine. But this defence invokes a circular argument, for why is medicine considered a profession? To characterize medicine as a profession, a definition of a profession and the criteria of professionalism must already be in place.

Instead of relying on the common and arbitrary use of the term “professional,” this article proposes a definition of the term “profession” that goes back to the literal origins of the term. In conjunction with this more restrictive definition, a much more stringent set of criteria will be developed in the next article that significantly limits the number of occupations that can claim to be professions proper. In fact, it will be argued that occupations that have traditionally been considered professions could lose that label. As will become clear in the third article, dentistry is among those at risk.

However, this “risk” is not moral in nature. Precisely because the term “profession” is being defined very narrowly, *not* being a profession or a professional does not equate with being incompetent or immoral. For example, it will be argued that the ethos of business is incompatible with that of a profession. Hence, being a businessperson precludes a person from being a professional. But the ethos of business leads to ethical principles and rules that a businessperson must abide by in order to act morally in the business context. It does not matter whether the businessperson violates professional ethical rules, because those rules do not bind him or her. Conversely, a person cannot enter a profession and retain the expanded moral freedom of a businessperson.

The Profession’s Profession

The term “profession” literally means a “public avowal.” The term does not specify what it is that those professing profess to, what it is they promise and commit (not) to be or do. However, it is generally assumed that professionals profess to protect and foster “the benefit of the public.” Granted, there is ample historical evidence that occupations

claiming to be professions did so first and foremost to protect their *own* interests, specifically financial ones.⁴ In a recent article, Bertolami⁵ bluntly admits that “physicians and dentists do not place the patient’s welfare before their own.” Indeed, when their interests conflict, patients and dentists alike “can be reliably counted on to place themselves first.” In short, the ethical principle that “the patient’s needs must come before the needs of the practitioner . . . is a noble sentiment; it is also untrue.”⁵ These words, coming from the dean of a U.S. dental school, underscore Kultgen’s⁶ warning that the alleged service to humanity is the “Urmythos” from which all of the myths about professions spring. However, the present series of articles does not strive to provide a historically correct overview of the development of professions; rather, it aims to outline an ideal worth striving toward.

The profession’s profession is an unusual commitment. Human beings are by their very nature tempted to act for their own good, giving preference to their own interests over those of others. This egoistic trait is rooted so deeply that most legal systems excuse people who harm or kill others in self-defence. Capitalist free market economies are built on this human trait, and some philosophers have

argued that selfishness is actually a virtue.⁷ It therefore behooves any occupation that defines itself as essentially altruistic, rather than egoistic, to demand from its members that they publicly commit to this ideal. For, unlike charity, professional altruism is not an option but an obligation that binds each and every member, individually and collectively.

The public, having been promised altruism rather than egoism, enters into a kind of mutual agreement, also called a “social contract,” with the profession, granting it such perks as a monopoly, above-average income and social status. But why is such a “deal” of interest to the public? Of course, it is always nice to be treated altruistically, but if the price is too high it may not be worth it. For example, granting a monopoly means there is no competition, which could lead to reduced quality of service and higher fees. Most Western societies abhor monopolies and have created governmental watchdogs (such as the U.S. Federal Trade Commission) that protect the public against their dangers. How then does a particular collective of service providers, professing to act for the good of the public, convince the public to enter into such an exclusive social contract?

Human Frailty and Vulnerability

An occupation cannot simply claim professional status. That status must be granted by the public, and the public will enter into the necessary social contract only if the service offered is of vital importance. For example, if the product or service offered is much desired but not really needed, if it can always be postponed or even forgone, there is no reason to

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enter into a social contract with those professing to provide the service. The same is true if the good or service can easily be obtained without relying on the service providers. However, a good reason for the public to enter into a social contract — maybe the only good reason — is existential vulnerability. Existential vulnerability arises out of the combination of a significant human need that must be relieved and complete dependency on experts for that relief.

We like to think that we have control over our own lives, determine its course, fashion a style, plan a career, shape our bodies, advance our minds, choose a faith. But in reality we have very little freedom. We do not choose to be born, nor do we choose when or where our births take place. We have no say in our parents, our naming or our raising, and little say in our subsequent education. Although as adults we are free to convert, it is always conversion from the faith of our parents and the religious convictions prevalent in the culture with which we grew up. Even in a democracy we have little impact on our government, yet are fully dependent on it for protection against violence from within and abroad. We are surrounded by dangers to our health that can strike at any moment. And we must all die at some point.

Not all of the needs listed above render us vulnerable and dependent on others. For example, as adults, we can take charge of our own learning, but during childhood, we depend on the educational expertise of teachers. We can generally overcome the sorrow and emptiness that follow the death of a beloved partner, but the loss of all of one's family in a single terrorist attack may be too much to bear and may necessitate psychological and spiritual help from experts. We can ourselves arrange for clothing to protect against the elements, but if a toothache strikes or we break a limb, we have to rely on expert dental and medical care, trusting that our health care providers will not abuse their power in their own interests. This trust is warranted by the profession, i.e., the public promise by the service provider always to give priority to the interests of those served over self-interest.⁸

We can thus define a profession as a collective of expert service providers who have jointly and publicly committed to always give priority to the existential needs and interests of the public they serve above their own and who in turn are trusted by the public to do so.

The Social Contract

As mentioned earlier, an agreement between the professing profession and the entrusting public can be characterized as a social contract. This is a somewhat confounding term because there is no piece of paper or any other tangible evidence of the existence of this contract. There is certainly no document specifying the terms of the agreement. "Social contract" is merely philosophical jargon, an attempt to explain certain structures in society by analogy to legal contracts between individuals. Codes of ethics and public pledges do not automatically result in the kind of

social contract that establishes a profession proper. Conversely, the absence of a written declaration or oath specifying the responsibilities of the profession and the rights of the public does not nullify the social contract. Such documents can support the social contract, but they do not constitute it. Thus, the fact that physicians, but not dentists, typically swear an oath at graduation does not prove that physicians are professionals and dentists are not.

Not only is there no piece of paper clearly specifying the terms of the social contract, but there are no clearly identifiable parties to the contract. "The public" is not an entity that can, as such, make agreements. At most, the public can enter into contracts via its representative government, specifically the legislative branch of government. Conversely, there is no specific entity that can claim to be a profession. The collective of all dentists does not act as such. Even within a single country, there may be many associations claiming to represent dentists. For example, the United States is home to the American Dental Association, the National Dental Association and the American College of Dentists, to mention only 3 national associations. None of these organizations has real representative power. At most, they can speak on behalf of the dentists who voluntarily joined or were selectively admitted. Furthermore, if a particular dentist violates the terms of the social contract, these organizations have virtually no power to rectify the situation. That power lies with the dental board in each state. However, these boards do little other than license dentists. They do not organize dental education, develop treatment protocols or optimize access to oral health care, to mention only 3 responsibilities that the profession of dentistry is charged to fulfill by virtue of its status as a profession. (This topic will be discussed in more detail in the next article in this series.)

The absence of clearly identifiable parties to the social contract and the absence of a written agreement specifying the terms mean that the social contract between profession and society is dynamic. It continuously changes, grows, matures and adjusts to the circumstances of time and location. It is always open for discussion and new interpretations by the members of the profession itself, as well as by members of the public. Hence, a professional code of ethics that has not changed for 50 years has little merit, and a pledge made at graduation but never again reflected upon has little relevance. The profession as a whole and each individual professional must continually revisit their own "profession" and reinterpret the terms of the resulting social contract with the public lest the contract slowly petrify.

Conclusions

Recognizing the ever more liberal use of the label "profession" and hence the ever less discriminative force of the term, this article began by proposing a definition of "profession" that goes back to the literal origins of the term: a profession is a collective of expert service providers who have jointly and publicly committed to always give priority

to the existential needs and interests of the public they serve above their own interests, and in turn are trusted by the public to do so. This agreement between service providers and the public can be characterized as a social contract, the terms of which will be outlined in a subsequent article. However, it is important to remember that, in final analysis, the ethical foundation of a profession is the profession, the voluntary promise to care for those fellow humans who are vulnerable and in need. No dentist was forced to embark on a dental education. No dental graduate was forced to profess his or her commitment to the public. Each chose to do so voluntarily. ♦

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References

1. Gorlin RA. Codes of professional responsibility: ethics standards in business, health, and law. 4th ed. Washington: Bureau of National Affairs; 1999.
2. For an extensive listing of codes online, organized by 24 occupational categories, see Center for the Study of Ethics in the Professions. Illinois Institute of Technology. Codes of ethics online. Available from: URL: <http://www.iit.edu/departments/csep/PublicWWW/codes/codes.html>.
3. Millerson G. The qualifying associations: a study in professionalization. London: Routledge and Kegan Paul; 1964.
4. Freidson E. Profession of medicine: a study of the sociology of applied knowledge. Chicago: University of Chicago Press; 1988.
5. Bertolami CN. Why our ethics curricula don't work. *J Dent Educ* 2003; 68(4):414–25.
6. Kultgen J. Ethics and professionalism. Philadelphia: University of Pennsylvania Press, 1988.
7. Rand A. The virtue of selfishness: a new concept of egoism. New York: Signet; 1964.
8. Swick HM. Toward a normative definition of medical professionalism. *Acad Med* 2000; 75(6):612–6.