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ETHICS IN DENTISTRY PAST, PRESENT, AND FUTURE *

By Russell A. Dixon, D.D.S., M.S.D.

IN CONSIDERING ethics in its general sense, as a formal systematic *study of human conduct*, it suggests many and varied angles. It may embrace, in its broad scope, the behavior of lower animals, under given conditions; it may be approached from the standpoint of psychology as to the natural processes which precede or accompany certain behavior; and, again, it may reach out into the realm of biology, sociology, and anthropology by guiding us into a fuller realization of the relationships of man to his physical and social environment. True enough, these and other related subjects contribute much to the scientific insight into a world of social complexities and reactions for which we as human beings are held directly responsible.

But on this occasion, we are not as concerned with the study of ethics as a science as we are with the practical ethical problems and ethical truths, which we have inherited from the past, which we are forced to confront in the present, and for which we are laying the groundwork for future adherents to our profession. Neither are we as concerned, primarily, with the acts, themselves, as we are with the ideals that prompted those acts. At this time, ours is not so much a concern as to what human conduct is as to what it should be. It short, ethics, as a moral philosophy of life, is far more vital to us than its countless theories. Therefore, our thought will be directed to the evolution of approved ethical or moral standards which have sprung from the rich and often harrowing experiences of men, who all but sacrificed their lives that we might enjoy the professional benefits which are now ours in dentistry.

Fundamentally, there is no line of demarcation in moral conduct as it affects the dental profession which renders it a separate and distinct entity from that of any other activity in one's life span. Man, from his creation as a free moral agent, has shown *natural inclinations which are not strictly moral*. Hence, a consciousness of constraint, or external pressure, has been closely allied to his performances of duty and right. Consequently, the eternal and inevitable question of the ages has been,

* Read before the Annual Meeting of the National Dental Association in session at Atlantic City, July 10-13, 1933.

“How can an individual be brought to conform to moral dictates in spite of his natural inclinations?” In answer to this problem, society has been confronted with the direct responsibility of defining and weighing acts in terms of definite ideals of right and wrong set up as a guide. And it was, no doubt, man’s own blind speculations and inconsistencies which occasioned the presentation to the world of the first and most stable formal Code of Ethics of all times by way of the Mosaic writing of the Decalogue. The Ten Commandments have proved the only abiding principles of ethical ideals which have withstood the test of the evolutionary developments of civilization without themselves undergoing any change. From their truths have emanated the basic principles of man in his relation to man and to God, which have influenced the sphere of man’s work. Therefore, it is utterly impossible to isolate completely Ethics as it concerns Dentistry from that Code of Ethics which has served as a measuring rod for man’s relationship to his fellows from the earliest period in the history of the world.

Overwhelmed by the complex problems and increasing demands of a rapidly developing society in what was then the center of civilization, Greece, the minds of men were thrown into general confusion as to what constituted the *supreme good* of human conduct which should be attained. The Sophist propounded the philosophy that enjoyment and pleasure and the avoidance of pain were one’s only duty, while the Greek conception of society was that a citizen’s duty was to the state without thought of individual excellence or virtue. The truth is that there were no systems of ethics constructed and no common moral opinions acceptable to all. Only through the concentration of the philosophical intellect of the great scholars, Socrates, Plato, Aristotle, and other contemporaries, were propounded positive and practical universal laws of conduct dealing with problems of daily practice. Though these sages voiced diverging theories of a controversial nature, they were “of one mind” in their teachings: first, that an ardent inquiry for knowledge, undiscovered, would perfect human conduct; second, that man should act as far as possible on some consistent theory; third, that one should adhere strictly to the commonly received view of good and should show a readiness to maintain harmony in so doing; and finally, that personal firmness should be exhibited in carrying out consistently such practical convictions as he has attained.

Undisputedly, these principles, however rudimentary they may seem, form the basic conceptions which have directly instilled a paramount interest in conduct and an ardent desire for knowledge. To this his-

torical evolution of these conceptions of moral law, we owe our fundamental concepts of all that Dentistry has to offer by way of Ethics.

It is, therefore, evident that, in the mind of every individual who has or will enter a specific pursuit, whether it be a trade, or, whether it be a profession, has, at some time, set before him a standard, a definite or ultimate end which he hopes to accomplish by entering into this field. This paramount motive which prompts his life's work may be egotistic in nature in that he has but one objective in mind,—purely that of serving selfish ends, of making money that he might surround himself with the luxuries of life, of becoming powerful or prominent in his field, or of satisfying one's own hobby. Another may be prompted by what may be called the universalistic motive, the motive which impels one to contribute to the development of community interests. Still another may be prompted by an altruistic motive which leads to make a supreme sacrifice of himself and even of his family for the great cause of humanity. Whether the ideal be branded by others as ethical or unethical, it is the propelling force which drives him to his endeavor. Then, has it not been the duty of those pioneers in every sphere of activity, to glorify the work in which they were engaged by determining what should be the "summum bonum" or "highest good" in their pursuits that those who follow after them might be enlightened and inspired to attain that end? Dentistry, not unlike other professions, has been confronted, from its beginning, with the setting up of ideals or ethical standards suitable to the dignity and development of this important healing art.

The question before us, then, is, "What is the 'summum bonum' or highest aim of dentistry and what agencies of the past have influenced these ideals of ethics in the profession?"

Little is to be found which sheds light on any code of dental practice in the early periods before Christ except, according to Weinburger, that Herodotus, in the fifth century B. C., tells us that, "There is an individual healer for each individual ailment, hence the whole country is filled with healers, some taking charge of the diseases of the head, others of the eye, others of the teeth."* We may, therefore, see that an attempt to develop perfection in the healing art by dividing the practice into what may be considered logical divisions or specialties is not a product of our development over the past few centuries, but it was conceived and practiced at least several hundred years before Christ. This statement, nevertheless, must not be construed to infer that any scientific

* *Dental Cosmos*, 1929, Vol. 71, p. 517.

approach had been made to dentistry at this early period. As a matter of history, there was no sign of a renaissance in the field until many centuries later. And, in the absence of any suggestion of ethical standards as such, one is led to conclude that whatever may have been developed in this regard was a matter of individual choice and not an instrument by which the conduct of the group was guided.

An awakening to the need of higher standards of ethics in the practice of dentistry took form in France early in the sixteenth century. During this period and for another century later, there was a constant struggle between the barbers and surgeons for the control of the practice of dentistry. The Faculty of Medicine, having control of the license to practice any phase of the healing art, which included Dentistry, did much to aggravate the situation. The outlook for dental advancement seemed destined to become very grave, for it was in 1505 that a treaty was formed with the barbers by which, under certain provisions, they were given membership in the Faculty of Medicine and were granted the title *Tonsores Chirurgici* instead of *Barbitonsores*, which title they formerly bore. The underlying motive behind this movement was not that of interest in expanding the scope of dental service and progress, but it was a direct thrust by the physicians in order to retard or circumscribe the field of the practice of surgery in so far as it pertained to dentistry. Therefore, we can ascribe a motive of an attempt to avenge the ambitions of surgeons in this regard by encouraging barbers and charlatans to be licensed on a level with them. On the other hand, the stubborn opposition of these highly skilled men in the field of surgery to submit to the indignities of this act of classifying them with the unlettered is the preservation of an ideal for which dentistry of today is very much indebted.

This staggering blow to dental progress, dealt by the Faculty of Medicine, required more than a century to heal. Ten years after the treaty, through a direct appeal to the University of Paris, without consulting the Faculty of Medicine, the College of Surgeons was granted the privilege of conferring its own degrees, and toward the end of the century was able to require the barbers to call a surgeon into consultation on any case of major importance. However, it was not until the latter part of the seventeenth century that a subdivision was created in the surgeon's guild for the admission of the surgeon dentist, and through a decree, the surgeons were enabled to force the barbers to confine their practice to minor operations.

These historic facts are interesting in that they reveal, not only a new type of preparation which was to characterize the future trends in dental education and practice, but they show, also, the confusion that existed in the minds of both dentist and physician as to what should constitute an ethical basis for proper professional relationships. It might be said, however, that through these chaotic conditions, there was evolved a need for a system of ethics to control dental activities.

Part and parcel of this move on the part of the surgeons to abolish quackery and to elevate the *status quo* of dentistry was the pioneer work of Fauchard in defining and enunciating uniform requirements for the practice of dentistry; and of his early contribution to the theoretical side as well as the practical branches of this art. His ability to assemble and collate for the text published by him, all of the existing theories of the day, together with his natural inventive genius in the field of prosthesis, gained for him the title of "*First* in the development of Scientific *Dentistry*." These brief passages which I shall quote from his text, *Le Chirurgien Dentiste*, not only give us a rather vivid view of the general unsound and unethical practices during that period, but they show Fauchard's clear and scientific insight into a dental ailment not well understood, then, and, which is often poorly handled today:

"Some pretend to cure toothache with an elixir or some special essence; others with plasters; others by means of prayers and signing with the cross; others with specifics for killing the worms that are supposed to gnaw the tooth and so cause pain; others pretend to be so clever that they can cure the most inveterate toothache by merely touching the tooth with a finger dipped into or washed with some rare and mysterious liquid; others finally promise to cure every kind of toothache by scarafying the ears with the lancet or cauterizing them with a red hot iron.

"I am well aware that it can be alleged in favor of this last prejudice that the celebrated Italian doctor Valsava indicates with great precision the point in which the actual cauterization is to be applied to the ear, in order to calm toothache. He also determines the size of the iron and the manner of applying it. The authority of so celebrated an author, whose opinion is certainly worthy of respect, should induce me to believe that there may perhaps be some cases in which it is possible to use the remedy with success; nevertheless, I cannot persuade myself that such treatment can be useful in common cases of toothache.

"At Nantes, a city of Brittany, I knew a Turk, a watchmaker by profession, who was renowned for this mode of curing toothache. But I also know that, in spite of the pretended cures, the greatest number of those who put themselves into his hands were obliged finally to have recourse to me, in order to find relief for their sufferings. . . .

"There are besides an infinity of other remedies vaunted as efficacious against toothache, but the greater number of them are so ridiculous and extravagant that it would be both tiresome and useless to speak of them."*

Dr. Fauchard's sound attitude, with regard to "remedies" over two hundred years ago, reminds me of the modern concept of one of my recent professors who once said, with regard to the wholesale use of "magic drugs", that, "the mystery of life to me is the marvelous ability of the human organism to survive the therapeutic attack of doctors." Such homely expressions of higher ideals for a swinging away from empiricism in the pursuit of our health program and for fuller knowledge of rational procedure through an understanding of the biological factors involved, form the very background of Dental Ethics as a specialized code of human conduct. Such ideals in teachers and in teaching have characterized every age in which improvement in professional conduct has been accomplished.

One of the most important and far-reaching factors in the dissemination, as well as the moulding of ideals, has been literature. No enlargement need be made upon this fact, except to say, that as far as we know, dental literature made its first appearance in Germany in 1530, with the anonymous publication, *Zene Arzney*. Its purpose was to educate the laity in a higher appreciation for mouth hygiene. While the indications are that its professional standing was questionable at the time, this publication served to bring the public to regard dentistry more as a profession for health service than had hitherto been the case. Above all, it set the pace for what is now one of our "strongholds", dental publications. This passing mention of the part which the literature played in advancing dental ethics does not suggest that its contribution was not effective, but, rather that the important place which it held in this regard is so well known to each of you that repetition here is obviated.

Toward the middle of the nineteenth century in the United States, there were realized two significant accomplishments which have set our present day principles of government in the dental profession. In answer to a long felt need, as had been expressed by many individuals in the past, a number of dentists came together (1834) in the city and state of New York to form the first society, exclusively, for dentists. While it is true that many of the outstanding dentists of the past had been members of various medical organizations, nowhere in the world

* *History of Dentistry*—Guerini, Vincenzo, p. 271.

had they banded themselves together for the concerted uplift of a common cause. This new departure on the part of dentists to work out, independently, their own future laid the foundation for our dental organizations as they are today, and the following extracts from the Constitution and By-Laws of this Society reveal this similarity of purpose:

TRANSACTIONS
OF THE
SOCIETY OF SURGEON DENTISTS
OF THE
CITY AND STATE OF NEW YORK.

Established, 1834.

CONSTITUTION AND BY-LAWS.

Preamble.

WHEREAS, the practice of Dental Surgery in this City, and the United States generally, has been hitherto conducted by private and individual enterprise, without any public legislative regulation or systematic co-operation on the part of practitioners of the art, and . . .

Resolved, That we will associate together for the purpose of improving the character and increasing the usefulness of our profession; and for the accomplishment of these objects, we will petition the legislature of the State of New York for a charter, conferring the privilege of holding real estate and personal estate as a corporate body, to an amount not exceeding twenty-five thousand dollars; of instituting a Dental Library and Lyceum in the City of New York; of granting diplomas, and of doing and performing such other acts as may be expressed in said charter. . . .

* * * * *

ARTICLE V.

Of the Objects of the Society.

SECTION 1. It shall be the privilege of any member of the Society to consult and advise with any other member in relation to his professional pursuits.

SEC. 3. In order more effectually to promote the honor as well as to preserve good feeling and harmony among its members, it shall not be deemed honorable for any member, by means of advertisements, hand-bills, circulars, or in conversation with his patrons, to claim to be the

exclusive manufacturer or possessor of good incorruptible or other teeth; or to claim any superiority over any other member, either as to his mode of performing any operation, in the quality or kind of teeth, or other material or instrument used by him.

SEC. 4. It shall be an object of the Society to publish, from time to time, in books, pamphlets, lectures or periodical papers, the general doctrines of Dental Surgery, in order to enlighten the public mind on the subject of the management of the teeth, their disorders and remedies. The Society may also occasionally offer premiums for the best essays for improvements in instruments, or other matters appertaining to the Art, which shall tend to render it more useful and perfect.

ARTICLE VI.

Of Fines.

SECTION 2. Neglect or failure to present an Essay or Dissertation on some subject connected with the profession, when appointed to that office by the Society, not oftener than once a year, shall incur the penalty of five dollars.

ARTICLE VII.

Expulsion of Members.

SECTION 1. Any member may be expelled from the Society at any regular meeting, but at no other time, for misconduct in his profession, or for moral delinquency in his private character, by the concurring votes of at least three-fourths of the members then present.*

According to Dr. Lawrence Parmly Brown,† the organization "continued in successful existence until the organization of the American Society in August 1840". . . . Thus, we have a "bird's-eye view" of the aims of the first dental society in the world. It is apparent that these objectives are strictly ethical in purpose.

In the short space of six years after the formation of this first dental society, and as a direct result of their initial endeavors and aims, the first dental school in the world was organized. This realization of a noble purpose marks, perhaps, the most important epoch in the evolution of our particular scientific art. Before the advent of the dental school there was no such thing as a minimum standard requirement for the education of dentists. On the contrary, any dental practitioner was qualified to teach his subject, and, with no form of constraint, by way of definite regulation, it was only natural that the calibre of instruction would be

* *Dental Cosmos*, 1920, Vol. 62, p. 939-40.

† *Dental Cosmos*, 1929, Vol. 71, p. 942.

very loose and haphazard to say the least. In turn, it was to be expected that the general level of conduct and practice would not rise much above that of the training. It is obvious then, that the school had an important part to play in the general uplift of dentistry.

But sailing was not altogether smooth. Almost immediately after the creation of our first dental school, proprietary dental schools everywhere began to put in their appearance, and the evil of the proprietary school is well known to you, I am sure. While some, though operating for profit, contributed much to the advancement of dental science, the commercial interests of most of them were not at all in harmony with the ideals of the profession. In 1867, Harvard University, Boston, set a new pace for dental education. Shortly afterwards other universities established dental schools. The tendency of these schools to develop laboratory courses, particularly in the preclinical biological sciences, proved an expensive project, so that, by the natural law of the survival of the fittest, the proprietary schools soon began to close their doors. Today, there is not one proprietary dental school left. With this far-reaching change in the entire scope of the field of dental education, the improved habits of practice, which we enjoy, are naturally to be expected.

It is impossible to leave the subject of our present day standards without making mention of the contribution of regulating bodies. While as far back as Louis XIV, of France and Queen Elizabeth of England, we have mention of edicts given for the regulation of dental practice, and in this country as far back as 1798, Maryland created an examining board for the licensing of both physicians and dentists, it was not until the latter part of the nineteenth century that dental laws have had any force. (At least, this was so in the United States.) Because the ethical and well-prepared dentists, themselves, became "threadbare" with having to compete with those of inferior preparation and morals, they were enabled, through organized effort, to bring about their wishes in this respect. This conformity to the regulations of State Examining Boards has eliminated an unwholesome rivalry which in itself was unethical.

From this background, we may, in speculation, say that, in the past, there is no evidence of any generally accepted code of ethics for dentistry, but, through a combination of fundamental developments, our ethics of the present day were evolved. Permit me, at this point, to present, in abridged form, a compilation of a few of the ethical standards set up and approved by the American Dental Association as the ideals

and principles which are established as a basis for guiding us, as dentists, in our every day practice and professional relationships.

"In order that the dignity and honor of the dental profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of dental science promoted, and that the members of the American Dental Association may understand more clearly their duties and obligations to the dental profession, to their patients, and to the community at large, the following Code of Ethics is prescribed:

"The Golden Rule should be consistently applied by every member of this Association.

"As an inducement to patronage in the practice of dentistry, it is unethical and unprofessional for a dentist to employ any kind of printed or written publications or any other device or means for the purpose of advertising.

"It is unethical for dentists to pay or accept commissions in any form or manner on fees for professional services.

"One dentist should not disparage the service of another to patients. If he finds indisputable evidence that a patient is suffering from previous faulty treatment, it is his duty to institute correct treatment at once, doing it with as little comment as possible and in such a manner as to avoid reflection on his predecessor.

"If a dentist is consulted in an emergency by the patient of another practitioner who is temporarily absent from his office, or by a patient who is away from home, the duty of the dentist so consulted is to relieve the patient of any immediate disability by temporary service only, and then refer the patient again to the regular dentist. To urge upon the patient any other treatment is unethical.

"When a dentist is called in consultation by a fellow practitioner, he shall hold the discussion in the consultation as confidential.

"It is the duty of dentists, without fear or favor, to call the attention of the proper dental or legal authorities to illegal, corrupt, or dishonest conduct on the part of any member of the dental profession.

"Dentists should be good citizens and, as such, should bear their full part in sustaining institutions that advance the interests of humanity. Thus, it is imperative that the dentist in all his relations with his patients, conduct himself as becomes a member of a *profession whose prime purpose is service to humanity.*"

Upon the basis of such regulations as these, together with our present trends in the dental profession will be decided our Code of Ethics in the future.

At the time, the greatest question that concerns practice is, "How may the doctor extend the scope of his practice so that every individual will be able to receive medical care while, at the same time, the doctor may be adequately rewarded for his service and not deprived of the

benefits which are now his under the existing plan?" Whatever the outcome may be in working out a solution for this problem, it is clear that Dentistry will be just as much affected as any other unit in the whole plan under consideration. And, as we have seen how dental education has proved one of the most essential determining factors in shaping the mode of dental practice, it may be inferred that any factor which affects dental practice will, conversely, affect dental education. Because of this inter-relationship, dental education has accepted its share in working with the profession, at least, toward an understanding of the problem. In the prosecution thereof, there have been discussed such projects as group practice of various types, health insurance, voluntary and compulsory, supervision by the state and private control. These questions have, by no means, reached a point of satisfactory settlement, and no attempt will be made here to predict the answers. However, from it all, one fact has been made manifest and that is *that the scope of dental practice needs to be expanded considerably so that a much higher ratio of the population may be able to receive adequate dental care.* To me, this suggests one thing, namely, that some form of group practice is inevitable. Its form, character, and mode of control are matters which will require much consideration.

That dental education has taken cognizance of these practical problems and attempted to aid in preparing the profession to meet them is manifested by the trends which we see developing at present. On the one hand, there is the "Level-Technicianist" group who feels that, since a large part of a dentist's practice involves technical procedure, he should devote his time to the direction of well trained assistants. It has been estimated that a dentist could direct twenty such; and, in this instance, he would simply write prescriptions and supervise. On the other hand, there are the "Stomatologists", who by a change of name hope to change the character of the profession and "lift it to a level with medicine." Seriously, their purpose is to bring dentistry to a level with medicine, by adapting the dental curriculum to include all of the basic medical courses. Over against these are the "Autonomists", who believe that, under its own leadership and supervision, dentistry will solve its problems within its own ranks and receive its greatest growth. Each of these movements had its growth outside of the pale of an organization of schools. Since Dr. Gies' survey of "Dental Education in the United States and Canada", the several sectional organizations, which existed for the advancement of dental education, in their respective areas, followed Dr. Gies' recommendation to form what is now the American Asso-

ciation of Dental Schools. The function of this body in the past few years has been to combine the resources of all of the smaller branches and thus encourage a uniform development. One of the major projects of the Association (begun three years ago) was to create a committee to make a survey and to recommend a dental curriculum. I regret that in a paper such as this, space does not permit of a full discussion of the Committee's work which has in it so much promise of epoch-making possibilities by way of influence in ethics. However, the sum total of the work of this committee is not merely that of analyzing our present "set-up" with a view to giving expert opinion or advice as to how it may be improved. Its task is to study and ascertain our educational needs independent of any preconceived ideals or precedents in dental education. When this diagnosis is complete, a full report, with recommendations for improvement in the curriculum, will be made. From the progress made already, it appears that this survey will have a far-reaching effect upon our future educational developments, which will in turn be registered in practice.

Finally, what, in conclusion, may we say is the "Summum Bonum" for dentistry? Those of us who constitute the ranks are charged with the responsibility of exhibiting that professional ability and loyalty which will create and sustain the reputation in our profession which will reflect its dignity and honor. There is no more effective force in maintaining a definite code of ethics than that which is exerted by the individual dentist himself. This can be done by a strict adherence to the simple teaching of Kant in his philosophy to "Act only in accordance with that which thou canst at the same time will to become a universal law."

"Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are of good report, think on these things."—*The Bible*.