



A comparison of expectations and impressions of ethical characteristics of dentists

Results of a community primary care survey

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The ethical culture in dentistry has undergone many transformations over time.^{1,2} High indebtedness for dental education,³ general economic decline,^{4,5} competition among dentists, and seemingly unrestricted advertisement⁶ have given rise to conflict of interest in practitioners⁷ and may shape public impressions of the ethical culture of dentistry in the 21st century. The profession of dentistry eventually might relinquish its status as a health care profession, as defined by traditional health care ethics, and assume a for-profit business identity.⁸⁻¹⁰ In a hypothetical dentistry-as-business model, treatments would be products or commodities sold in a marketplace driven by competition and profit. Under these conditions, the ethical foundations of health care—altruism, sacrifice, trustworthiness and commitment to the primacy of patient welfare—become relics. The profit motive would subjugate scientific integrity in favor of products (formerly called “treatments”) that yield the greatest financial benefit. Such changes would mark a divergence from historical norms regarding health care professionals.^{11,12} The American

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ABSTRACT

Background. To better define potential challenges in dental professional ethics, the authors gathered data regarding patients’ characterizations of an ideal dentist and compared them with their impressions of dentists in general.

Methods. The authors invited 500 consecutively seen primary care patients at an academic medical center to participate in the study. Participants completed a 32-item survey assessing key domains of ethical characteristics of health care professionals: trustworthiness, honesty, beneficence, nonmaleficence, respect for autonomy, empathy, compassion, patience, courage, humility and dedication. The authors used the McNemar paired *t* test to compare respondents’ ratings of ideal dentists with their ratings of dentists in general.

Results. Two hundred eight-five patients returned completed surveys, for a response rate of 57 percent. The authors found statistically significant differences between ideal and perceived characteristics in all but one domain. The area of greatest difference related to the domain of trustworthiness (that is, dentists should not “propose unnecessary treatments just so they can make money”). For this survey item, 98 percent of patients reported that it was very or extremely important, but only 57 percent of respondents moderately or strongly agreed that dentists in general were engaging in this practice ($P < .0001$).

Conclusions and Practical Implications. These data reveal gaps between patients’ expectations of the dental profession and their actual impressions of dentists in general. Addressing these discrepancies may be crucial if dentistry is to continue to enjoy the public’s trust.

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TABLE 1

Characteristics of 285 survey respondents.	
CHARACTERISTIC	NO. (%) OF RESPONDENTS*†
Male	99 (35)
Mean (SD)† Age, in Years	56 (17)
Race	
White, Non-Hispanic	258 (92)
White, Hispanic	8 (3)
Asian	7 (3)
African American	4 (1)
Other	2 (1)
Highest Educational Level	
Grades 9-11	5 (2)
Grade 12 or GED§	42 (15)
College, one to three years	94 (34)
College, four or more years	76 (27)
Postgraduate or professional	62 (22)
Mean (SD) No. of Dentists Seen in Adulthood	5 (3)
* Unless otherwise specified.	
† Percentages are based on the number of respondents for each characteristic; not all 285 respondents answered all questions.	
‡ SD: Standard deviation.	
§ GED: General educational development.	

Dental Association¹³ and the American College of Dentists¹⁴ make reference to an implied contract between dentistry and society based, in part, on patient vulnerability that gives rise to professional moral obligations on the part of dentists.¹⁵

Data are sparse regarding the public's perceptions of the moral commitments and behaviors of dentists. In 2006 and again in 2012, Gallup queried more than 1,000 adults about their impressions of the "honesty and ethical standards of people" engaged in dentistry.¹⁶ Results from both years revealed that only 62 percent of respondents rated the honesty and ethical standards of dentists as "high" or "very high."

To better define potential challenges in dental professional ethics, we surveyed adult primary care patients regarding their expectations of a dentist's ethical behavior, as well as their impressions of dentists' actual behavior.

METHODS

In January 2013, we distributed a paper survey, a small thank-you gift and a return envelope to 500 consecutively seen patients 18 years or older attending an employee and community health outpatient medical clinic at Mayo Clinic, Rochester, Minn. We developed 32 survey items by consulting the health care ethics literature, focusing on key domains abstracted from virtue ethics⁷ and principlism.¹⁷ These domains included trustworthiness, honesty, beneficence, nonmaleficence, respect for autonomy, empathy, compassion, patience, courage, humility and dedication. We tested these items prelimi-

narily with patients from this population and with ethics experts to ensure credibility, balance, ease of use and conceptual clarity. We also distributed the survey to a test pool of several dental residents and dental patients, and we incorporated their critical feedback into a final version. One of us (K.R.) collated and condensed the results; he then distributed a final copy of survey items to all authors for review and approval. Thus, the final survey was based on comprehensive feedback from dental residents, dental and medical faculty members and a small sample of medical and dental patients, and it was evaluated critically for face validity by four medical ethicists (K.M.H., J.H.H., B.T., J.C.T.) and a statistician (K.M.H.). (The eFigure, available as supplemental data to the online version of this article [found at <http://jada.ada.org/content/145/8/829/suppl/DC1>], provides the survey instrument.)

To determine whether a distinction existed between expectations of ideal dentists and actual impressions of dentists, we asked participants to rate the importance of ethical attributes of an ideal dentist pertaining to the domains presented earlier, as follows: "It is important to me that ideal dentists . . ." Responses ranged from 1 ("not at all important") to 6 ("extremely important"). The survey then asked respondents to consider the same ethical characteristics with regard to actual impressions of dentists, as follows: "In general, it is my impression that dentists . . ." Responses ranged from 1 ("strongly disagree") to 6 ("strongly agree") (see the eFigure, available as supplemental data to the online version of this article [found at <http://jada.ada.org/content/145/8/829/suppl/DC1>], for the exact wording of statements). We included in the survey so-called distractor items—items with no connection to the topic at hand—to ensure that respondents were focusing on the question being asked and using the full range of response options. We did not include these distractor items in our analysis.

We conducted all statistical analyses by using statistical software (SAS, Version 9.2, SAS Institute, Cary, N.C.). After responses were collated and entered into the computer, we used the McNemar paired *t* test to compare respondents' ratings for each survey item and, thus, to identify differences between expectations and impressions. To simplify presentation, we collapsed response categories into "very important"/"extremely important" and "moderately agree"/"strongly agree."

RESULTS

Of the 500 primary care patients invited to participate, 285 (57 percent) returned usable surveys. Respondents were predominantly female (65 percent), white (92 percent) and educated, with nearly one-half (49 percent) possessing college, postgraduate or professional degrees.

ABBREVIATION KEY. GED: General educational development.

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