

The relationship between professional and commercial obligations in dentistry: a scoping review

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Key points

Provokes readers to consider and reflect upon how professional and commercial obligations in dentistry interact with each other.

Many ethicists and academics have suggested that professional values and commercial values are incompatible with each other, but few offer any pragmatic solution for dentists to understand this further.

There is still a lack of exploration and understanding of how increasing corporatisation in dentistry is impacting upon dentists' management of professional and commercial obligations.

Abstract

Introduction The practice of dentistry has become increasingly commercialised and commodified. Conflicts between the commercial and professional obligations that dental practitioners face have been discussed in the academic literature. This review collates the available information and discusses how the area of commercialism and professionalism has developed.

Methods A scoping review was carried out to assess the current literature in this area. Several databases were searched using relevant terms. Following collection of literature sources these were initially screened for duplication.

Results Of the total of 141 sources which were reviewed by title, abstract and keywords, 47 sources were selected for full text review. Qualitative synthesis revealed the three overarching themes of: (1) preserving professional values; (2) the realities of dental practice; and (3) contrasting and conflicting priorities.

Conclusion The interaction between commercialism and professionalism presented in the reviewed literature suggested that commercial interests in dentistry are a direct threat to professional values. Accompanying this discussion was a relative dearth of pragmatic exploration of how this conflict might be managed. There was also a lack of consideration of how the corporatisation of dental businesses might affect – whether positively or negatively – the nexus between commercial and professional obligations in dentistry.

Introduction

Despite dentistry (along with medicine) having its origins within the marketplace, there has been speculation that the increasing commercialisation and consumerism within the provision of dentistry has had a detrimental effect on the dental profession's virtue, along with denigrating dentistry's professional status.^{1,2,3} The literature voicing these concerns is explored in this article. Much of this discussion is based on philosophical argument, coupled with empirical exploration of practitioner perceptions, attitudes and behaviours.

The aim of this review is to assess the size and scope of the literature that has examined the areas of commercialism and business within dentistry. Given claims of increasing encroachment of business interests into the arena of dental practice,⁴ it is important for dentists to understand how commercialism might impact upon the professionalism of practitioners. Dentists are required to be able to reconcile potential or perceived conflicts between their professional obligations and commercial obligations. This requirement is seen clearly within codes of conduct from regulators^{5,6} This review will examine whether the published literature offers insights into the nature of these conflicts and how it might recommend for dentists to manage inconsistencies between duties to business interests and professionalism.

Addressing a need for deeper insight into the reconciliation between commercial and professionalism conflicts is timely given the emergence of dental practice

businesses being owned and governed by individuals or corporate organisations who are not qualified practitioners. Prior to the entry of non-professionals into the business environment of the practise of dentistry, much of the profession's business practices were governed by codes of ethics from professional associations. The earliest example of a modern professional code of ethics, the inaugural Code of Ethics of the American Dental Association, treated inter-professional relationships within dentistry as being non-competitive and 'gentlemanly'.⁷ Because of the need to provide a preliminary examination of the nature and extent of the current evidence in this arena, a scoping review approach was chosen.

Methods

Scoping reviews provide a detailed examination of sources identified through a structured search, as well as collating existing

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evidence. A thematic approach was used to assess the identified literature. For this review, the framework described by Arksey and O'Malley was employed.⁸ Also included within this process was the enhancement described by Levac *et al.* that adds to the definition of each of the scoping review steps proposed.⁹ This process is illustrated in Table 1, adapted from the handbook of the Joanna Briggs Institute.¹⁰

Owing to the particularly nuanced way in which dentistry operates, as well as it being a particularly commercially-based discipline within healthcare, the scoping review was restricted to the context of dentistry as a unique area of research synthesis. It was not anticipated that the literature relating to this area of dentistry would be expansive.

The main keywords used for the search were 'dentist', 'dental', 'dentistry', 'dental industry', 'commercialism', 'business', 'consumerism' and 'professionalism'. The search utilised these keywords along with (a) those used in a similar manner, and (b) synonyms. Groups of keywords were combined using the Boolean terms "OR" and "AND". The keywords were used to search within the databases Scopus, PubMed and Embase. No time limitations were set, and all published literature was included. The search was carried out in July 2019 and identified literature from within the dental literature (including education-focused, generalist and specialist journals), medical literature and the social sciences literature. Quantitative and qualitative research was included, as well as research grounded in theoretical philosophical discussion and argument. Commentaries and editorials were also included. The search was also repeated using Google Scholar and ProQuest Central in order to capture relevant grey literature.

Results

A total of 195 sources were identified in the initial search. After removal of 54 duplicates, 141 sources were taken forward to review. These were scanned by title, abstract and keywords for relevance and then categorised according to their relevance to the research questions. Following full reading of the text, articles were allocated to the following categories: (1) professionalism *versus* commercialism ($n = 28$); (2) professionalism and identity ($n = 14$); (3) the risks of mismanagement ($n = 2$); and (4) the role of professional organisations ($n = 3$). A total of 47 articles were included within the thematic analysis. This process is illustrated in Figure 1.

Most of the sources identified were from the dental education sphere, concerned with how the tension between professionalism and commercialism might be managed in the context of dental practice and education. A smaller number were from specialised journals dealing with dental ethics, cosmetic dentistry or social science. All but one of the sources were journal articles; the other, a book, was included within the final literature for analysis.

Sources were excluded from the review if they were: (1) in a language other than English; (2) hard copies of full-text articles not being available; or (3) articles not relevant to the established and defined categories. Sources lacking relevance to the defined categories were defined by: no mention of commercialism or business consideration in dentistry; business or commercialism in dentistry discussed, but not in reference to professionalism; and discussion oriented only on business being a component of 'soft skills' within the dental curriculum.

Qualitative synthesis

Following full-text reading of the 48 articles to be included within this scoping review, the following qualitative themes within the texts were identified: (1) preserving professional values; (2) the realities of dental practice; and (3) contrasting and conflicting priorities. These themes are discussed in turn below.

Preserving professional values

Many of the sources that contribute to this theme were written by academics and practitioners who identified as having a keen interest and expertise in dental ethics. Most of the sources defined professionalism in terms of dentistry's obligations to society in its practice. The principal obligation that is promoted and espoused by many of these sources is the need for the profession to engage in the effacement of their own self-interest. Christensen¹¹ suggested that the profession needs to reaffirm its commitment to altruistic practice: 'it is time to put service to patients first again and to reduce the overt self-promotional and financial orientation of some of our colleagues'. In another article, he reaffirmed this position: 'The dental profession has had a long period of unselfish service to the public. The professional reputation of dentists has been excellent. It appears to many dentists and patients that the profession's reputation has been tarnished by the perceived move toward profit over service.'¹² Lyons¹³ echoed this when he stated: 'we are hiding professionalism by sweeping it under the trampled rug of commercialism'. Masella's view was that commercialism's effect on dental professionalism is 'pervasive, rising, and multifactorial'.¹

An overarching theme within the literature was that the professions – dentistry included – have a higher moral purpose within society, towards the greater good and oriented towards the promotion of social justice: 'general utility and justice'.¹⁴ In a study that examined perceptions of commercial involvement from corporate industry entities within dental education,¹⁵ similar comments were made highlighting the importance of social justice. The authors distinguished between social action as (a) a primary focus and as (b) an action which arises as a by-product from a commercially focused motivation, as is the case with industry activities in dental education: 'if (industry) investment produces a socially just benefit, it

Table 1 Adapted from JBI review handbook for scoping reviews demonstrating the steps of a scoping review

Scoping review steps	Enhancements
Identify the research question	Clarifying and linking the purpose of the research question
Identify relevant studies	Balancing feasibility with breadth and comprehensiveness of the scoping process
Study selection	Using an iterative item approach to select studies and extract data
Charting data	Incorporating a numerical summary and qualitative thematic analysis
Collating, summarising and reporting findings	Identifying implications of the study findings for policy, practice or research

is merely an unexpected positive outcome.¹⁵ The authors then commented on how institutions of dental education must defend traditional professional values against the influences of commercialism: 'Academe must maintain health before style, evidence before anecdote, and the patient's interest before profit'.¹⁵ In their discussion of the culture within orthodontics, Hans and Valiathan¹⁶ suggested that specialist practitioners should consider the provision of *pro bono* treatment with their practice business plans. They stated that the orthodontic profession has a blessed existence, and a move towards commercially focused practice would be detrimental to this *status quo*. The traditional tenets of the social contract – professional skills and competence, effacement of self-interest and self-regulation – were described by Holden,¹⁷ who explored their incompatibility with the commercial model of professionalism as described and criticised by Ozar *et. al.*¹⁸

It was a common theme within the examined literature for advertising in dentistry to be attacked as being inimical to professional values. Jerrold and Karkhanehchi¹⁹ explored the history of advertising in American dentistry. They described the journey from a complete prohibition of advertising in the early dental profession to that situation

being relaxed so that dentists might compete with more commercially minded individuals both from within and outside the dental profession. Eventually, a Supreme Court ruling (in dealing with professional advertising in law; *Bates v State Bar of Arizona*, 433 U.S. 350, 1977) brought an end to the professions having such close and restrictive control of the advertising of their services. In discussions of commercialism's infiltration into professional dentistry, advertising was often used as the vanguard example to illustrate how this influence was increasing. Advertising was discussed in the context of practitioners who behaved unprofessionally. Strong described those who made false or exaggerated claims as quacks and charlatans,²⁰ while Kelleher²¹ discussed the inappropriate actions of 'dental gurus' who professed expertise, advertising courses and training, often with little or no evidence or skill to back up their claims.

Many authors discussed their concerns about how dentistry's professional status may be potentially diminished by commercial considerations. Nash²² discussed how the dental profession needs to engage with issues of access to ensure a basic level of oral health care or face a loss of professional status. There was a tendency for some of the literature

to take a pessimistic view of the future of professionalism and the future of dentistry as a respected and trusted profession. The literature already discussed demonstrates this well, but perhaps none so dramatically as Patthoff,³ who stated: 'professionalism is nearly dead in America'. Some authors expressed a desire to try and stop what they perceived to be the loss of traditional professional values: 'The concern here is that dentistry may be heading towards its own ultimate disconnection: claiming the status of a profession while operating mainly as a business'.²³ Kemparaj *et al.* suggested that the incorporation of commercialism is damaging to the prestige and nobility of the profession: 'Even though dentistry is a noble profession, it has become more commercial'.²⁴

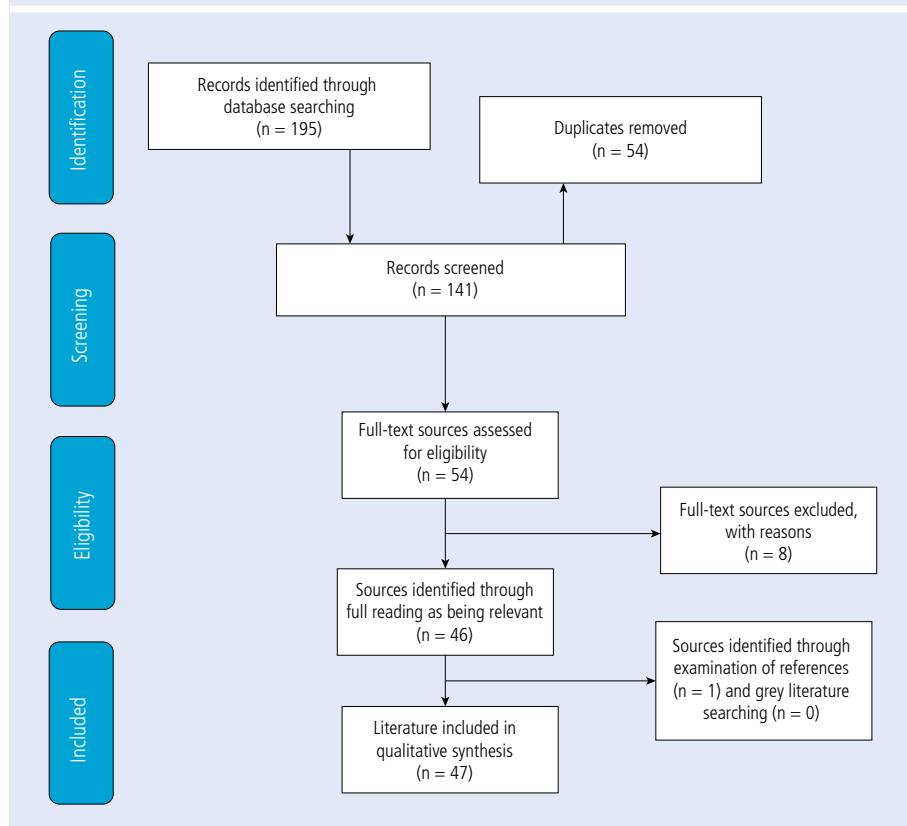
The realities of dental practice

The first theme within this analysis was undoubtedly focused on what the authors perceived to be the negative effects of professionalism. However, within the reviewed literature, there were many who recognised that the business aspect of dentistry is connected to the environment of practice and the unavoidable context for how the majority of dental services are provided. When discussing the ethics of how dental practices operate as businesses, Holden explored the historic context, finding that dentistry and medicine have common roots within the marketplace.⁴ The business aspects of dentistry are inescapable, and it is important to consider the nature of modern practice in relation to the education process and the needs of graduate practitioners. The literature reported increasing levels of debt accrued by dental graduates make corporate practice more attractive.^{25,26} Badger *et al.*²⁵ gave a set of recommendations for business content in the dental curriculum:

'1) explain shifts that occur in the business of dental practice; 2) provide a clear understanding of the legal structure of the corporate practice of dentistry and the dentist's rights and responsibilities in this practice model and others; 3) review time allotted in the dental curriculum for inquiry into the corporate dentistry practice model, and assist students in developing the appropriate questions required to make an educated decision regarding this and other practice options.'

Their intentions were well-meaning; students have not historically been prepared

Fig. 1 PRISMA flowchart on source selection



for increasingly commercially focused models of dental practice and are vulnerable when entering these environments, whether that be in a corporate or independent context. Schönwetter and Schwartz²⁷ supported the increased attention that practice management gets within the dental curriculum, covering business matters and the realities of practice work. The potential for dental education institutions to develop a focus on financial targets was also raised as a possible catalyst for greater business orientation among new graduates.²

The empirical literature reveals that, often, dentists are aware of the conflicts that business and commercial considerations raise for professionalism and dentistry's professional status, but that they are tied by the realities of the economic system within which they exist. How dentists view themselves is also important to consider; Fischer and Marchant²⁸ stated that: 'dentists see themselves as healthcare professionals providing a valuable community service, rather than being profit orientated business owners'. This was supported by Gallagher *et al.*²⁹ who found that becoming a businessperson was not as strong as a motivational force for students to seek a career in dentistry as other factors, such as being part of a caring profession. This initial orientation towards caring rather than business was corroborated by Calnan *et al.*,³⁰ who observed that many dentists did not like the business aspects of dental practice.

While there was little evidence that commercialism is the sole influencer of practice behaviours and characteristics, Harris *et al.* suggested that commercialism has had an impact on how the social contract of dentistry operates:

[sociologists] recognise professionalism is a shifting not concrete phenomenon, and we find this to be the case, notably with the expansion of commercialism in dentistry – the social contract has become one between the dentist, dental staff, patients and the local community.³¹

The authors noted that, while patient welfare is still a great concern for dentists, the commercial influence on the microcosm of practice attenuates wider interests in social justice. The language of the dental practice has grown increasingly commercial.³² Harris and Holt stated:

'The practice was often spoken of commercially, a commercial space of service

delivery, income and profitability. Some spoke of opportunities to expand (grow practice through acquisition or joint ventures), entering new areas of business (cosmetic services), and investing in marketing (advertising, sponsorship).³³

Harris *et al.*³⁴ described how being a businessperson was a key part of some dentists' identity that relates to success and prestige. The realities of practice existing within a commercial and business driven context inevitably mean that practice decisions will be affected by financial considerations:

'(D)entists freely admitted to basing treatment decisions on financial, rather than clinical, factors. Rather than describing such circumstances as creating ethical dilemmas or suggesting that such temptations were resisted, dentists reported these actions as being a necessary aspect of practice to survive under the rules of the 2006 contract.'³⁵

Similar observations were made by Ocek and Vatansever:

'The participants' statements reflected that the dominance of market mechanisms in dentistry inevitably forces dentists to adopt the characteristics of a businessperson and prevents them from fulfilling the basic requirements of professionalism.'³⁶

In both cases, the authors were describing dentists' attitudes and behaviours within contexts where the dental profession's autonomy has been curtailed. These findings align with those of Taylor-Gooby *et al.*³⁷ and Taibah,³⁸ who suggested that dentists' support of a commercial model of care was, in part, due to it being supportive and facilitative to professional autonomy, although most dentists included in their research did not see themselves primarily as businesspeople. Yamalik³⁹ pointed out that, as dentistry has become more commercialised, patient satisfaction has become key to operating successfully in practice.

Contrasting and conflicting priorities

The preceding themes demonstrated that there is a clear conflict between the dental profession's traditional values and the realities of clinical practice in the twenty-first century. The third theme examines the contrasts and conflicts between these different obligations, as positioned and discussed in the literature. One of the starker contrasts that was referenced within the literature was the reported difference in ideology between professionalism and

commercialism. Professionalism was widely defined through reference to a duty to place the interests of patients above the interests of the profession, or individual members.^{1,2,3,13,17} This duty was reported to be incompatible with the given mantra of commercialism, more aligned to social Darwinism^{17,22,40} that promotes the view that only the strongest will survive. Nash⁴¹ gave a good illustration of the perceived conflicts between commercialism and professional purpose. He discussed the business of dentistry as being a 'proprietary', and contrasted this with dentistry as a professional pursuit:

'The norm of the culture of the proprietary is oral health as a means; for the culture of profession, oral health is an end. The value for the proprietary is profit from curing; for profession, caring. The assumption for the proprietary, the individual good; for profession, social good. The belief system of the proprietary is private market, free enterprise; for profession, societal partnerships in achieving oral health. The standard for the proprietary is the marketplace; for profession, social justice. The attitude of the proprietary culture is one of social Darwinism; for the professional culture, egalitarianism.'

Nash's comparison of the conflicts between these two concepts and cultures is echoed by a great number of authors within the surveyed literature^{1,3,11,12,13,17,18,22,41,42,43,44,45,46,47,48,49}

Newsome and Langley⁵⁰ recognise the importance of business in dentistry. They stated that many commercial behaviours in dentistry do not break the law but are nevertheless undesirable. A business-minded approach to dentistry is important but needs to go hand-in-glove with ideas of professionalism. The authors stated: 'Offering excellent professional service comes first and financial benefit will follow as a natural consequence. Unfortunately, there seems to be a growing number in the profession who put financial gain ahead of core professional values.'

Cerjan-Leticia⁴⁵ suggested that business ethics and the ideals of corporate social responsibility may hold some of the answers to helping the profession navigate the ethical issues of being a healthcare profession embedded within the marketplace. She described the competing interests that dentists must negotiate:

'a) they must strictly follow and respect the legal, ethical and other professional norms

(as well as those imposed by customs), b) they must run a successful business and be profitable, c) they must demonstrate a socially desirable and business feasible level of social and environmental responsibility.'

Nash⁴¹ did not feel that business ethics might hold the answer to managing such a conflict, stating that the cultures of business and dentistry do not align successfully. The nature of commercialism supports the idea of competing interests,⁴⁶ but it can be used in moderation for the benefit of patients:

'When commercialism in any form is intended to deceive, misstate, and/or exaggerate, or it is directed primarily toward increased profit, it would probably be classified by most people as unethical. When commercialism is intended to educate, and it is truthful and unbiased, it is often not only good but also necessary to provide professional information about new concepts to an otherwise unknowing lay public.'⁴⁷

The commercialism-professionalism tension is given to be an influential force affecting dentistry in contemporary practice: 'the tension between the economics of practice and the desire to serve the public good was perceived as a powerful force influencing dentists today'.⁵¹ Aside from explorations in the ethics literature that described the limits of commercialism in dentistry^{4,42} there was little within the corpus of literature that discussed how commercialism might be managed successfully by practitioners. Holt stated that this perceived conflict had been over-complicated; to his mind, the tension between dentistry as a profession and dentistry as a business is artificial. For him, the issue is one of quality. According to Holt, this can be managed through honest discussion with patients about the limitations and realities of different practice environments and contexts.⁵² Holt's assertion that sincere communication will resolve tensions between commercial and professional obligations disregards how the structural constraints of a practice's environment may prevent such honest discourse. Zijlstra-Shaw *et al.* noted that the contested nature of commercialism and professionalism seems to be predominantly raised by American scholars, with the European literature having less of a focus upon this reported conflict.⁵³ Given greater globalisation and corporatisation within healthcare, attempts to distinguish the effects of commercialism from professional obligations may be increasingly fraught.

Conclusions

This literature review has examined how commercialism has been discussed in the context of professionalism in dentistry. It is noticeable that much of the literature in this arena has taken a pessimistic view of how commercialism is encountered within the context of dentistry. Commercialism has been presented as a direct threat to professional values and to patient care. Many of the articles that defend traditional professionalism took a view that resistance to commercial forces is a professional duty. These articles deliver little to no insight as to how dentists who are within the practice arena deal with the perceived conflict between professionalism and commercialism (other than to say it is either hard, or that many dentists simply don't). Within the literature, reported conflicts between commercialism and professionalism appeared to be common, and yet the relevance to day-to-day practice was relatively unexplored.

There was a dearth of papers in the literature exploring whether and how the entrance of corporatised dental operators into the marketplace has impacted upon professional identity and the nature of practitioners' business behaviour. These practice environments were referenced with scepticism by several articles, but their contribution is yet to be developed on how this might reduce or increase the tension between commercialism and professionalism. The qualitative synthesis showed that the literature splits loosely into accounts of commercialism as an antagonist to professional values and duty, and discussions of how commercial considerations are a part of the realities of practice life. Suggestions that commercialism is entirely disruptive to professionalism demonstrate a solid and unwavering commitment to the traditional values of dental professionalism. The extant research corpus has not explored how practitioners deal with conflicts between commercialism and professionalism, and this is a key area of development for future research projects.

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