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SCIENTIFIC CONTRIBUTION

Consumed by prestige: the mouth, consumerism and the dental profession

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Abstract
Commercialisation and consumerism have had lasting and profound effects upon the nature of oral health and how dental services are provided. The stigma of a spoiled dental appearance, along with the attraction of the smile as a symbol of status and prestige, places the mouth and teeth as an object and product to be bought and sold. How the dental profession interacts with this acquired status of the mouth has direct implications for the professional status of dentistry and the relationship between the profession and society. This essay examines the mouth's developing position as a symbol of status and prestige and how the dental profession's interaction and response to this may have important effects on the nature of dentistry's social contract with society. As rates of dental disease reduce in higher socioeconomic groups, dentistry is experiencing a reorientation from being positioned within a therapeutic context, to be increasingly viewed as body work. This is not in of itself problematic; as a discipline dentistry places a very high value upon the provision of enhanced or improved aesthetics. This position changes when the symbolic exchange value of an aesthetic smile becomes the main motivation for treatment, encouraging a shift towards a commercialised model of practice that attenuates professional altruism. The dental profession should not welcome the association of the mouth as a status and prestige symbol lightly; this article examines how this paradigm shift might impact upon the social contract and dentistry's professional status.

Keywords Dentistry · Ethics · Commercialism · Consumerism · Professionalism

Introduction

The association of dental appearance and social status has been observed and discussed within the academic literature intersecting the discipline areas of sociology, bioethics and public health. There have been several examinations and reviews of the sociology of oral health, dentistry and the mouth (Exley 2009; Gibson and Exley 2013; Kleinberger and Strickhouser 2014) which note that the discussion of the sociological relevance of the mouth and the teeth is in its infancy. Other research has described the negative social impacts of poor oral health, in particular with reference to the association of dental disease and lower socio-economic status (Horton and Barker 2010; Moeller et al. 2015; Nations and Nuto 2002). The discussion of oral health, dental appearance and social status has often been oriented towards the stigmatising and defacing aspects of poor oral health. The converse context considering the meaning behind a positive dental appearance has been highlighted by research exploring both the sociological and socioethical meanings behind the aesthetically ideal and pleasing smile (Holden 2018; Khalid and Quiñonez 2015).

This essay will build on this previous work that examines the relevance of the smile and dental appearance to social identity, status and culture. Through exploring dentistry's contribution to the notion of body work, this discussion will demonstrate how the orientation and practice of the dental profession has evolved to be heavily focused upon the mouth as an object to be consumed. This paradigm is promoted by a commercially driven model of dental practice, where advertising and other strategies to create consumers have become expected and commonplace. This contrasts with the traditional model of business within the dental profession that has been driven by professional etiquette. The traditional attitude of the profession was that advertising by dental practitioners was unprofessional and unnecessary.

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This has now evolved to accommodate a more commercial and contemporary view that appropriate advertising is in the public's interest and professional prohibitions on advertising dental services are anti-competitive.

The importance of the commercial determinants of oral health as a focus for action has been recognised as a global priority to address oral health inequalities (Peres et al. 2019), although the dental profession's role as one of the direct commercial determinants contributing to this problem has been largely ignored. Kickbusch et al. (2016, p. e895) define the commercial determinants of health to be; "strategies and approaches used by the private sector to promote products and choices that are detrimental to health". In many jurisdictions worldwide, oral healthcare is delivered on a private basis, within the commercial marketplace. This essay will consider how commercial behaviours within the dental profession could be detrimental to the wellbeing and health of society. While the dental profession is increasingly involved in commercial practices, this is partly due to the lack of importance that governments place on oral healthcare. Typically, oral healthcare is not well supported by public health systems, forcing the profession to operate within commercial paradigms. Where dental services are forced by lack of public investment to focus towards a demographic that is able to pay for treatment, this leads to inaccessibility for those who are unable to afford private care. This reinforces the social link between an individual's oral disease, experience of dentistry and social status (Moeller and Quiñonez 2019).

There is a need to evaluate whether a move towards a consumption-based paradigm raises challenges to dentistry existing as a profession. This is accompanied by the move of the oral and dental healthcare industry towards being more closely aligned with non-medical activities. In this new reality, patients are more appropriately characterised as consumers; the reliance on dental professionals for treatment to relieve the symptoms and sequalae of dental disease being replaced by a desire to seek treatment to affect personal transformation. This article will explore the nature of dentistry within the context of the commercially driven business model, to develop understanding of what implications this may hold for the professional status of dentistry. The effect of commercialised practice on the dental profession's standing will also be considered through the conceptual framework of the social contract. Whilst previous research has accepted body work as part of dentistry's professional remit (Holden 2018) there is still a requirement for the dental profession to resolve how it might interact with more commercially-driven pursuits in a way that does not risk breaching the social contract.

Within this article, the terms 'consumerism' and 'commercialism' will be used together, referring to similar and complementary components within the same phenomenon within the context of dentistry. Consumerism is the underlying philosophy of consumption and how this relates to identity and the body, commercialism being the facilitative methodology to empower this.

Stigmatising poor oral health

In line with Goffman's discussion of stigma (Goffman 1963), poor oral health acts as a contaminant to social identity, with those classed as having 'bad teeth' by society perceiving that this attribute is a stain or scar on their character. It has been suggested that the dental profession has compounded this issue through 'clinical conflicts' (Nations and Nuto 2002) where dentists may lack understanding of the structural barriers to dental care that those from low socio-economic backgrounds face, culminating in victim blaming and the perpetuation of inequity. Shilling notes that professionals are positioned as the arbiters of bodily standards, in dentistry's case, as judges of what constitutes a positive dental appearance; "(T)he dominant classes…are most likely to occupy professional and other fields invested with the power of bestowing value of bodily forms and body activities." (Shilling 2012, p. 150). Whilst there is legitimacy in the claim that the dental profession cannot be imbued with sole responsibility for society's desire for a straight, white smile, the social pressure to have this characteristic has developed concurrently with the dental profession's ability and willingness to provide it. The concept of cosmetic dentistry has become normalised within the profession, cosmetic dental services becoming increasingly more common, if not in some places ubiquitous, in practice marketing and provision.

Through a disparity in attitudes between the profession and those carrying the burden of oral disease, the dental profession risks contributing to the victimisation of those who are impacted by dental diseases and compromised aesthetics. The profession frequently participates in the creation and enhancement of the perception of dentally related stigma. This is seen through advertising strategies and clinical practice where cosmetic treatments are promoted as exercises of self-care (Holden 2018; Holden and Spallek 2018) in a way that increases pressure to engage in body-work as a moral duty. For dentists, this is a well-intentioned strategy to advertise their services and encourage patients to enquire about possible cosmetic options. However, the profession should be wary that this has the added effect of normalising the idealised white, straight and perfect dental appearance. This places the profession in a position of complicity with media representations of the perfected and desirable dental appearance. Whilst it is important not to dismiss body work and self-improvement as being relevant to the concept of oral health, when marketing and promotion is carried-out in a way that creates wants and needs through the conflation of oral health and dental appearance, this becomes exploitative.

The medicalisation and commodification of the mouth

Like Goffman's example of the criminal only truly being understood for what they really are by policing authorities, dental professionals might be inoculated through experience from being shocked by a patient who has a deviant dental condition or appearance. Despite this acceptance facilitating the public's openness to discuss their oral health with them, dental professionals are epistemologically opposed by their education and training to permit the continuance of non-conformity to their perceptions of a healthy and well-presented mouth. This could theoretically develop into a practice of highlighting professionally perceived needs, and the offering of treatment solutions for these socially designed and created conditions. A drive to heighten society's desire for conformity to an aesthetic ideal would fit within Illich's description of the phenomenon of social iatrogenesis (Illich 1995) whereby the bureaucracy creates ill-health by creating new needs for treatment, deeming the natural realities of the mouths of many to be socially and professionally non-conforming. Body experts (in this case dentists and their teams), "are all involved in educating bodies and labelling as legitimate or deviant, particular ways of managing, working on and experiencing our bodies. This affects the recognition we have of our own body practices, and the body practices of others, as 'right' and proper or in need of control or correction" (Shilling 2012, p. 154).

In his anthropological exploration of American culture, Miner (1956) describes the preoccupation of American society with the appearance of the mouth, acknowledging the link between oral health and stigma; "(they) have an almost pathological horror of and fascination with the mouth, the condition of which is believed to have a supernatural influence on all social relationships. Were it not for the rituals of the mouth, they believe that their teeth would fall out, their gums bleed, their jaws shrink, their friends desert them, and their lovers reject them. They also believe that a strong relationship exists between oral and moral characteristics." Ashenburg (2007) describes Miner's observations as 'prescient', noting that since the mid-20th Century, the American obsession with the teeth has increased; "now teeth must be perfectly straight, even and preternaturally white." (p. 268) Ashenburg also describes the proliferation of toothpastes and mouthwashes available for oral healthcare to be a, "bewilderment of choices" noting that many flavours of popular toothpastes would as equally apply to sorbets (Lemon Ice and Cinnamon Ice are given as two examples), hinting at marketing attempts to associate oral healthcare with luxury and pleasure. Derek Boshier's painting; "The Identi-kit Man" (1962) uses toothpaste as a medium of commentary on the influence of consumer culture upon the British zeitgeist. The painting features a male figure (representing society) literally becoming toothpaste; being transformed by, and into, a mass-marketed product. Toothpaste was chosen as this medium to illustrate the effect of consumer goods upon society for good reason, being the first commercial product to be advertised on British television. Dentistry's association with the commercial marketplace is far older than the modern era of mass-marketing. However, the messages of the profession have become increasingly aligned with those of the dental consumables industry, with advertising holding a dominant focus on the cosmetic benefits of treatment, adding to the conflation of the ideal dental appearance as the entirety of oral health.

The development of the body as a project, to be developed and worked upon in the same way that a painter uses a canvas, has meant that cosmetic interventions have facilitated the increasing medicalisation of the body (Conrad 2007). The effect of the medicalisation of the smile that does not conform to aesthetic ideals, is synergised when considered within the commercialised environment of dental practice. Conrad (2007) describes this as the business of medicalisation, and whilst it can be seen acutely within cosmetic medicine and surgery, it is all together more extreme and all-encompassing within the marketing of dental services, where the distinction between cosmetic and therapeutic services is blurred. In dentistry, payment planning services to increase the affordability of treatment are ubiquitous, as is the nature of dental advertising that predominantly aligns to the advertising of fashion and lifestyle products, rather than clinical healthcare. Strauss (1924) noted that the challenge in modern consumer culture was not how to produce products, but how to produce customers. In the context of dentistry, commercialised behaviours that encourage patients to engage in self-care through body work could be perceived as a positive and empowering development. The dental profession should however be mindful that where the desire to create consumers becomes coercive or exploitative, the profession risks becoming a commercial determinant of poor oral health. Not only this, but through over prioritisation of the patient as a consumer, the altruistic nature of the patient-clinician relationship and the social contract may be compromised. This denigration occurs when clinicians become imbued with the spirt of 'caveat emptor' (buyer beware).

There is nothing particularly strange or unique about the mouth's position as a commodified component of the body, given that this status also may apply to the majority of the human anatomy. It is perhaps the normalisation of the commodification and commercialisation of the mouth and its parts that sets it apart as distinct. Scheper-Hughes and Wacquant (2002) describe the case of an online advert, that sought to exchange a kidney for the funds to buy new

dentures. Whilst it is shocking to think of the sale and trade of a kidney, the act of denture shopping does not elicit the same discomfort; teeth (either as enhancements or replacements) are bought so frequently so as to have rendered the concept mundane. Within consumer culture, the reflexivity between identity and the body has become unprecedented. The body has developed symbolic value and this is illustrated particularly well by the mouth; the possession of straight, white teeth is viewed by many within society as an overt symbol of prestige and status, in a way that is unusual for many other commodified aspects of the body.

Consuming the smile as status and prestige symbols

There has been a rapid expansion of ways in which individuals have been able to exert control over their bodies, as well as have them controlled by others. Whilst the knowledge of ways to exert this control is widespread (proliferated through the media, as well as advertising), as earlier observed, not all within society have equal access to the resources to be able to radically reconstruct their bodies (Petersen 2007). The body project, where the corporeal becomes a canvas to be improved and worked upon, will never be complete; the body is a starting point for the process of developing self-identity. The fluid nature of self-identity means that this project is never quite finished but instead adapted slowly and deliberately to reflect the journey of self-design. The mouth is a malleable part of the body, available for almost instant change and enhancement in comparison with many other pursuits associated with body work (such as cosmetic surgery, dieting and exercising). Even orthodontics, traditionally a slow-moving and extensive affair, has responded to practitioner and consumer desire to be faster and faster, albeit with increasing risks. Different social classes will work on their bodies in different ways, placing different values upon different types of appearance, as well as having differing levels of resources to be able to affect desired changes. Part of whether those from a lower socioeconomic group will engage with a certain type of body work will be determined by relative distance from necessity in comparison to ability and cost of action.

The work of Bourdieu has been explored in the context of its relevance in dentistry (Khalid and Quiñonez 2015), with the symbolic significance of the mouth being examined in relation to the social conformity to class ideals. As an unfinished entity, the body is developed by the interactions between three interrelating factors described by Bourdieu as, social location, habitus and taste. Social location refers to the contextual aspects of life such as levels of capital and assets and how these fluctuate over time. Habitus is the set of motivations and skills that are class-dependant, which predispose an individual to certain ways of treating or categorising a social situation. Bourdieu stated that the way someone treats their body, "reveals the deepest dispositions of the habitus" (Bourdieu 1984, p. 190). Taste is the process whereby choices and preferences are rooted within material constraints. For the lower classes, the mouth, as with the rest of the body, becomes a means to an end. There is little time free from tasks of necessity to engage in complex or expensive body work.

The work of Baudrillard is helpful in developing an appreciation for the deeper value that consumers might place upon the smile. He remarks; "the consumption of goods…does not answer to an individual economy of needs but is a social function of prestige and hierarchical distribution" (Baudrillard 1981, p. 30). Rather than needs or value, Baudrillard states that it is the symbolic exchange value that should drive understanding of consumption; the signs that surround consumer objects are of the greatest interest in his analysis (Baudrillard 1998). In contemporary society the body has moved from being repressed and forgotten, to be the 'object of salvation' that has become more relevant to moral function and identity than the soul. Speaking of the finest consumer object, Baudrillard states; "In the consumer package, there is one object finer, more precious and more dazzling than any other – and even more laden with connotation than the automobile, in spite of the face that that encapsulates them all. That object is the BODY." (Baudrillard 1998, p. 148). The rejection of the notion that the body and soul are separate, has been replaced by a concerted effort within consumer culture to convince society of the importance and dominance of the body. The consumer society demands a managed narcissism, whereby the body is 'mined' to extract happiness, wealth and beauty, whilst simultaneously acting as an efficient, competitive and economic investment. In this way, the body is manipulated as a signifier of social status. Consumer culture supports the belief that the rediscovery of the body initially takes place through objects; those seeking to fall in love with their smile undergo dental treatment in order to do so. Perhaps more uncommonly, this might work the other way around, with someone falling in love with their smile, then attending a dentist to have whitening, or going to buy a new outfit. This narrative is apparent within some depictions of dentistry in reality tv, whereby dental treatment triggers one participant to state that she will now buy new clothes, and invest in lip-stick in order to draw attention to her new smile (Holden et al. 2019). Within reality tv depictions of dentistry, having cosmetically driven dental treatment is positioned as being a luxury item, costing a large amount of money and also bestowing upon the recipient a set of teeth that elevates both social and moral status. Most portrayals of dentistry have come from shows that include dental treatment as either part, or the entirety of a cosmetic makeover. Such representations

are problematic for the profession due to how they encourage the viewer to consider dentistry and oral health. Whilst potentially unrepresentative of most interactions that occur within dental care, by its nature reality tv has to reflect the viewer's dominant understanding of the phenomena being explored in order to appear congruent with the notion of reality.

When socially and aesthetically designed teeth are positioned as a symbol of prestige, they become part of a functional status demand. This is manifested through an unlimited requirement for dental services in so far as they might enhance status. The desire for status-enhancing (or maintaining), dental treatments that are socially recognised as prestige symbols are far more alluring to the consumers of dental services than those designed to elevate oral health. In some cases, the treatment itself is a symbol of status and prestige, as evidenced by reports of 'fashion braces' where individuals wear imitation orthodontic appliances (Sorooshian and Kamarozaman 2018). The appearance of wearing orthodontic appliances is itself associated with luxury so as to be separated from the final clinical outcome of straightened teeth, becoming an independent status symbol.

Dentists will commonly encounter patients who have complex treatment needs but who have little or no interest in treatment other than that which might contribute to body work and the curation of enhancement of status. This demand is linked only transiently to the notion of a right to health, being driven by status demand and social mobility, rather than any attempt to pursue health. It is here that a distinction should be made between a legitimate project of body work, and narcissistically-driven projects where consumers have been coerced, under a guise of bodily sovereignty, to invest in their dental appearance through exploitative advertising. Baudrillard commented, "Health today is not so much a biological imperative linked to survival as a social imperative linked to status. It is not so much a basic 'value' as a form of prestige display. In the mystique of such a display, fitness stands next to beauty." (Baudrillard 1998, p. 157). The gently conducive, and facilitative philosophy behind the ethics of the care for the self that Foucault describes (Foucault 1990a, b), positions body-work is a voluntary exercise of self-improvement. If through consumerism, a positive duty to take care of the body develops, this may legitimise a more coercive approach to the creation of dental consumers, where professionally derived ideals of oral health and dental appearance are coupled with this obligative duty.

The dental profession needs to be suitably sensitised to this issue in order to robustly react in a way that preserves the patient-clinician relationship and the social contract. In a consumer-driven society, paternalistic approaches to the patient-clinician relationship are rejected as being non-conducive to patient-centred care. Similarly, the profession must be resistant to pressure to simply provide any treatment that is requested, or to upsell therapeutic or cosmetic treatment that a patient does not need or initiate an interest in. The dental profession needs to further its skills in managing patients who are seeking to engage with treatments as body work. Dentists are not trained in acting in the role of gatekeeper or arbitrator in deciding what is a legitimate or illegitimate pursuit of dentistry as part of body work. Despite this, the profession should develop narratives and strategies surrounding the perception of dental treatment and outcomes as status and prestige symbols.

The profession should be troubled by the association of oral health and dental appearance and the effect of this upon the perception of dental treatment being a luxury commodity. Where this notion is promulgated, there is a risk that this further entrenches inequalities in oral health outcomes between socioeconomic groups as well as reducing the likelihood of encouraging or expanding state investment in oral healthcare services. The dental profession should be able to recognise and manage the effects of commercialisation of dentistry, whilst remaining aware that simple rejection of the compatibility between professionalism and commercialism is fraught. As patterns of dental disease show decreasing levels of dental caries in many parts of the world (Frencken et al. 2017), it is perhaps unsurprising that dentistry becomes viewed increasingly as a commodity. The profession is ill-prepared for managing the social, ethical and professional dimensions of managing a changed paradigm where body work becomes an increasing part of the profession's collective activities in comparison to more therapeutic interventions. This changing role attracts a need for a developing capacity to discuss treatment driven by body work in those terms; a potentially confronting task for a profession that has traditionally prided itself as being aligned to medicine.

Commercialism versus professionalism: a need for a reviewed approach?

Discussion within dentistry has demonstrated great concern over the rise of commercial practices. In 1983, Harry Lyons stated his perceptions of the incompatibility of the concepts of commercialism and professionalism in dentistry; "In commercialism there are competitors; in professionalism there are colleagues. In commercialism there are buyers or customers; in professionalism (in the health professions) there are patients. In commercialism there are trade secrets; in professionalism there is sharing of knowledge, freely done. In commercialism there are sales promotions, advertising to coax or stimulate business; in professionalism (in the health professions) there is patient education." (Lyons 1983, p. 16) The concern that professionalism in dentistry is being eroded by commercialism has been echoed since by many others. Notable contributions include Masella's (Masella 2007)

statement on the need to overcome the market environment of practice, Botto's (Botto 2007) anxieties around the proliferation of the market mentality within dental practice, and Patthoff's (Patthoff 2007) statement of a need for more ethical discussion within the profession to combat excesses of commercialism. Chambers (2006) considers that commercialism may have brought positive advances to the practice of dentistry. However, he also finds that the asymmetry of knowledge and the subordination of a professional effacement of self-interest in favour of a negotiated, competitive and self-interested relationship between professional and consumer is a challenge to professionalism. It is his view that dentists are the real victims of commercialisation and that this change has the potential to denigrate the professional status and standing of dentistry within society.

All of these authors raise both valid and insightful points, however, their accounts raise the question of whether it is realistic to consider professionalism as a constant concept in the context of the evolution of the consumer society? The professional ideals that the dental profession would seem to support and promote, contrast sharply with the values of a commercially driven consumer society; the same society that the profession states it serves without self-interest. The fact that modern society is antagonistic to traditional professionalism is not a call to abandon the tenets of professionalism, but to consider how the dental profession might adapt to fit within this changed environment, not fight against it. Traditional notions of professional practice lead commentators to talk about commercial innovations in dentistry, such as dental tourism, in a way that demonstrates anxiety over departures from established professional values that conflict with the values of a consumer society. There is a need for the dental profession to begin to consider how society views dentistry's deeply engrained positions in a way that acknowledges the supercomplexity of modern dentistry and society's relationship to it (Leadbeatter and Peck 2018).

When examined through the lens of consumerism, the notion of routine dental services raises questions about the nature of contemporary practice. Baudrillard suggests that much of the consumption of health services serves little to no therapeutic purpose. His belief is that the consumerist paradigm within which many health services are set, leads to a belief that the fact that one has paid for a service, is enough to justify that health will be received in exchange. He describes this as, "ritual, sacrificial consumption rather than medication." (Baudrillard 1998, p. 158). In the context of dentistry, this is analogous to ritualistic attendance for an examination and cleaning of the teeth every six months. One recent Cochrane Review proposed that there is a lack of evidence of benefit to support routine scale and polishes (Lamont et al. 2018). Despite this knowledge being reasonably well advertised (being reported by major outlets in the mainstream media), this has not led to changes in how dental services are consumed. Where dental services serve no therapeutic value, dentists and their fellow dental professionals within the wider team, become 'psychoanalysts' of the teeth, where their value is sourced within cultural virtue rather than any therapeutic functionality. Baudrillard describes this as "virtual mana" (Baudrillard 1998, p. 159). This does not discount the value of non-therapeutic pursuits in dentistry, but it does necessitate a reassessment of how dentistry and its professionalism might sit within 21st Century society. Is the main value of dentistry to be found in its contribution to body work, or in its value to improve oral health? Given that the majority of dental services in many jurisdictions world-wide are provided within the private sector, to consumers who have lower oral disease experience than those who cannot afford to access dental services, it could be suggested that the value of most services is grounded in body work, and not health.

The social contract and symbolic exchange value

The unwritten social contract between the dental profession and society has been well described (Holden 2017; Welie 2004), involving an exchange of obligations and promises. These primarily focus on the dental profession's ability to treat dental disease, alleviate pain and suffering, and enhance aesthetics, doing so in a way that is altruistic, trustworthy and self-regulating. When the dental profession becomes consumer-driven, this primary obligation is attenuated and vulnerable to dismissal. This vulnerability becomes even greater when motivation to practice centres on the purveyance of symbolic exchange value (ie consumers purchasing dental services to enhance their teeth as a symbol of prestige). If a product is being delivered that finds its value being derived from its position as a status symbol rather than as a therapeutic, is it any wonder that the profession notes a shift in the dentist-patient relationship to become one that is more commercially oriented? Ozar et al. (2018) critically describe a commercial model of professionalism that serves as a stark warning to the profession. Were the profession to follow this paradigm, it would effectively dismiss the social contract, the relationship between a dentist and consumers becoming no different to that between any other seller and buyer within the marketplace. It is problematic for dentistry to perpetuate a false distinction between the profession's operation, tied to the principles of professionalism, whilst being embedded in a commercially-driven world which operates on a different set of values. Such a position promotes the dental profession's hegemony in setting the boundaries of the profession's relationship with society, preventing meaningful discussion on how the profession might develop within the commercial paradigm. Commentaries

that suggest that the threat of commercialism in dentistry can be countered through restatements of the profession's ethical obligations merely entrench the status quo and the risk of conflict between commercial and professional values. Fundamentally, the dental profession's social contract is based on the needs of society and their needs in relation to the dental profession. Pellegrino notes that, "The most common assertion of those who see no objection against classifying health and medical care as commodities is that there is nothing unique about them as human activities. It is an assertion made usually by healthy people, the young and those who have not thought much about their own vulnerability and finitude." (Pellegrino 2008, p. 106).

There is a need to define a point of equilibrium between commercialism and professionalism. Whilst it may be socially, legally and professionally acceptable to advertise dental services, professional values need to protect the public from, and prevent, the conflation of good oral health with the status and prestige symbols of the ideal smile. The advertisement of the bright, white and straight smile to be the paragon of oral health is exploitative; the dental profession has yet to confront the reality of its role in promoting this association. Similarly, the dental profession must accept another dimension to the evolution of some dental services as body work; consumer-driven services, where patients seek symbolic exchange value rather than health, may no longer be regarded by the public to be exclusively professional services. This phenomenon is illustrated well by the rise of teeth-whitening being provided by non-dental providers, and direct to consumer orthodontic products, where consumers are remotely provided with trays to be used to align their teeth, with no need to visit a dentist. These movements (perceived as invasions) into the space traditionally occupied by the dental profession could not happen without these services being perceived as predominantly consumer-driven activities of body work, rather than predominantly professionalised components of dentistry providing bona fide oral healthcare. In the case of these treatments, the law has so far been unwilling to reaffirm the dental profession's monopoly over such procedures, typically on the grounds that to do so would be anti-competitive. Dentists might predominantly offer these services, possibly even doing so at a higher standard of care and safety, but it would appear that society has deemed that the traditional professional monopoly should not apply to these activities. In contrast, there is no competition from outside the dental profession to offer other dental services that are more associated with the business of health, such as the provision of restorative treatment to rehabilitate the effects of dental disease. Were attempted competition to arise in this arena, it is very likely that society would act to enforce dentistry's professional monopoly through legal protection. Where services are provided within a context where professional attributes are valued and demanded (for example, in the context of the alleviation of suffering from dental pain, where patients are reliant on their dentist's altruism, skill and trustworthiness) then there is less likely to be perceived intrusion of commercial interests, either from within or outside of the profession.

Conclusion

The dental profession finds itself at a period in its history where the practise of dentistry is increasingly occurring within a commercial paradigm. The traditional nature of professionalism has undoubtedly been challenged by the influence of the consumer society upon oral health care. There is a requirement for the profession to reassess and reaffirm how this new reality the dentistry is embedded within affects its relationship with society in the context of the social contract. When dentistry moves towards a model of care that focuses on the creation and sustaining of consumer need, driven by symbolic exchange value, the social contract is liable to become frustrated. As per the premise of the contract, the need for the dental profession should be driven by society, not by the profession itself. Where services become oriented towards the selling of symbolic exchange value, rather than oral health and wellbeing, the profession should consider whether this is a legitimate component of the profession's reason to be. Part of this consideration should be in the form of how the profession addresses the conflation of oral health and the symbolic exchange value of dental appearance. The advertising and promotion of services in a manner that is coercive, aiming to create need through positioning the appearance of the teeth as a symbol of prestige and status, is antagonistic to the dental profession's status within the social contract. While dentistry must learn to exist within a commercial environment, responding appropriately to the needs and wants of society, the profession must not lose its professional identity by perpetuating and exploiting the position of the mouth as a prestige symbol. For the dental profession to thrive in the environment of the 21st Century, the social significance of the mouth should be emphasised by the profession as a significant justification for public investment in oral healthcare and public health programs that will counter preventable dental diseases and the associated stigmas that they bring.

Compliance with ethical standards

Conflict of interest There are no conflicts of interest to declare in relation to this work.

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