Advertising, Journalism and the Professional Ethics Of Editors

Don Patthoff

American Association of Dental Editors Annual Conference

How to Use the New Directions in Dental Journalism to Your Publication’s Advantage

Orlando, Florida
Thursday, October 7, 2010
10:15 AM – 11:50 AM

dpatthoff@peoplepc.com
Introduction and Assumptions

• “Advertising and Dental Editors” has some ethical questions
• Shelly Fritz’s and Detlef Moore’s request for a case presentation (about ”Advertising and Dental Editors”) is an indication that at least two people think this may be an ethical concern

I explored the issue beyond what I would have, if not asked; I also found it more complex now, than when I explored it in the past. Rather than simply offering a few cases, then, and letting the excitement begin, I will risk delaying the treat of a case discussion for about 15 minutes. It should better set the table. These, then, are a few appetizers for everyone to look over before we chow down.
Ad Activities Can Have Undesirable Impacts

• The undesirable impact (the potential for harm and exploitation) of advertising activities for professional needs has not been adequately considered.

• Vulnerable communities can easily become a means to the advertisers’ ends instead of serving first the professional needs of the community identified and their empowerment interests.
The ADA agreed not to restrict its members from truthfully advertising or soliciting business. The consent agreement settled complaint charges that the ADA illegally engaged in concerted action to restrain competition among its members by adopting and enforcing provisions in its code of ethics that unreasonably prevented or hindered its members from soliciting business by truthful advertising or similar means.
5.E. PROFESSIONAL ANNOUNCEMENT.
In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.

5.F. ADVERTISING.
Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.
ADA Articulation of the Settlement

- codes are meant to be very broad and terse, not all do this
- The AMA’s is almost a full journal
- Wikipedia suggests that the field of bioethics may be the current evolution of the original AMA ethics committee and its code
- For full comparison of professional codes see: professional ethics institute:
  - [http://ethics.iit.edu/](http://ethics.iit.edu/)
  - [http://www.aaas.org/spp/sfrl/projects/integrity/bio1.htm](http://www.aaas.org/spp/sfrl/projects/integrity/bio1.htm)
- For a 200 year historical view explore focusing on the **Age of Enlightenment** starting with the various interpretations, for example, of and around Marquis de Condorcet in France, Prince Galitzin in Russia, and others in Scotland, England, and Germany.
- The **ADA Code** is a relative model of clarity - a **16 page booklet**
- **The last FIVE pages are devoted to clarifications of 5. E. and 5. F.**
Today’s Purpose

To uncover undesirable impacts of Ads, we want enough information to address these questions:

• What does ideal ethical thinking look like?
• Can we describe an ethics conversation that aims to help committed people achieve ideal ethical thinking?
• Do you or other editors have a special role to conserve and nurture ideal ethical thinking? That is, do editors have a role in regards to the ethics dialogue within the profession?
• Is it enough that you are personally ethical and your journal does not violate dental or journalistic ethical standards?
Today’s Agenda:

Introduction: Can we agree on Ethics?
Assumptions or Presuppositions: From Definitions to Tools, and Resolving conflicts: 10 minutes
Framing the case: Three narrative voices in the practice of knowledge: (multiple hats?) 5 minutes
Case presentation & Audience Comments: Advertising and Professions: a different global view of care and help: 10 minutes
Small Group discussion: 10-15 minutes
Large group Comments: 5 minutes
Small Group discussion: What does Ideal Ethical Thinking Look Like? 10-15 minutes
Large Group Comments: 5 minutes
Summary and Presentation: 8 characteristics of ethical thinking: 15 minutes
Comments and Questions: 5 minutes
Presentation: The Professional Ethics Initiative: 10 minutes
Comments and Questions: 5 minutes
Take home: Narrative Ethics for the editors: cases and references for Do Editors have a role?
Can we agree on Ethics?
Assumptions

You can review the power point slides on your own if you wish; we will focus on only a few of them today.

Dental Editors are smarter than the average bear headed thinker

• Intelligent
• Critical
• Influential

It is possible to understand how ads might kill professions, why dentistry can do something, and how its unique position can help?

Case discussions starts jointly with:
• what comes out of our mouths (how we introduce ourselves)
• how it is accepted (received)

Together we know the following:
The Word “Ethical”

- can get very **complex**
- for here, a general idea is sufficient
- “what ought or ought not to be done when someone’s well-being, rights, duties, principles, virtues or ideals are at stake”
The Word “Ethical”

- not colored with any particular set of ethical values or rules, principles, rights, or ideals.
- characteristics of ideal ethical thinking are for any particular standard of right/wrong considered
- Leads to excellent ethics dialogue
In what ways are Ethics Complex?
Conflicts of Interest Disclosure

• Values, and the agents that identify, prioritize, or equate notions of value need fair disclosure

• Money is one form of equating values. It is not the values themselves nor the reality that a value represents; money, then, is twice removed from reality.

• Pricing any value, devalues
Another Level of Complexity

Example of Rules and Regulations
Dos and Don'ts of Patient Marketing in the Age of ARRA and Health Reform

- Marketing law violations may not result in a "slap on the wrist" but instead, could result in HUGE penalties.
- Recent HIPAA amendments in ARRA, ICD-10 as well as provisions in the recently passed health reform act place limitations on both the delivery and content of marketing messages. You need to know what is and what is not allowed.
- Medicare fraud and abuse and Stark laws raise the stakes for violating marketing requirements.
- Join health care attorney, Wayne Miller, for this 90-minute audio session to get the latest on recent changes to HIPAA rules regarding marketing communications and use of patient contact information.
- **PLUS:** Up-to-the-minute information on the impact of the health reform act.
- **Here's just some of what Wayne will cover:**
  - Be careful in marketing to patients without prior authorization – learn what's allowed
  - Permissible use of patient contact lists
  - Limitations on soliciting patients in governmental programs
  - Federal and state laws impacting marketing plans and messages
  - Restrictions on marketing claims in healthcare
  - Guidelines on offering discounts and gifts as part of marketing plan
  - New disclosure requirements that impact promotional activities
  - Lessons from recent enforcement actions involving problematic marketing schemes
- **Why use AudioEducator?** Skip the costly travel arrangements and wasted time. Our conferences are available from the comfort and convenience of your own office or meeting room.
  - Multiple formats to fit your training needs. All of our conferences are available on CD or PDF transcript so you can train your staff around your schedule.
  - Every conference includes the speaker's materials so you can keep learning long after the conference is over.
  - Gather around a speaker phone or computer and train your team for one low price.
  - Multiple locations? Ask our customer specialists about discounts for your whole staff.

**Order Below or Call ***-****-****Today!**
More Complexity

Example of Professional Codes
ADA, ACD, AADE Codes of Ethics

- http://www.ada.org/sections/about/pdfs/ada_code.pdf
- http://acd.org/acdethics1.htm
Origin of Professionalism

- TheTERM, *professional*, has a long history.
- TheWORD *professionalism*, was first used in 1968 in the Journal of Dental Education.*
- Ten years later it appeared in the *medical* literature**.
- First use of the word professionalism in a *title* was 1978***.
- “ISM” added to address an overemphasis on *commercialism*.

And Still More Complexity

Example of a Scholarly Philosophical Interpretation
### Social Implications

**Kantian:** Total freedom, justice, and equality exists among sources and receivers. They experience perpetual peace.

**Machiavellian:** Less than total freedom, justice, and equality exists among sources and receivers. They experience an endless struggle.

**Nietzschean:** Only total freedom exists among sources and receivers. They experience total freedom from everything – including freedom itself.

### Scientific Implications

**Kantian:** Sources and receivers agree to a Theory of Everything.

**Machiavellian:** Sources and receivers agree to a Theory of Relativity.

**Nietzschean:** Sources and receivers have no agreement regarding any scientific theory.

### Religious Implications

**Kantian:** Sources and receivers consider all ideas regarding the meaning of existence as being equal to each other. Only the reasonable aspects of such ideas are included in religion.

**Machiavellian:** Sources and receivers consider good and evil as being in a dialectical, or contradictory, relationship to each other. Only ideas regarding good and evil are included in religion.

**Nietzschean:** Sources and receivers do not consider any ideas regarding the meaning of existence. No religion is adhered to.

---

- **Ends:** The goals of an individual’s ethical choices.
- **Means:** The ways of attaining an individual’s goals.
- **Sources:** The individuals who send a message, or information.
- **Receivers:** The individuals who interpret the meaning of a message.

---

Kant’s Metaphysical Foundations of Morals, Machiavelli’s *The Prince*, and Nietzsche’s *Will to Power* served as the primary basis for the explanation of each philosopher’s standards.

For more information, please contact Punim Publishing
877.907.8646 · punimpub@aol.com
www.punimpub.com
A Simple Case easily becomes Complex

Example of a common dental student case
Pt fails to pay DDS1.

A year later, DDS1 gets request from DDS2 for that pt's records.

DDS1 sends records to DDS2. These include notes about trying to collect the money.

Q: Does DDS2 have any duty to discuss the debt with this pt?

Case courtesy Bruce Peltier U of P
Is this kind of case adequate for dental editors to explore what is ethically at stake for the profession?
Preamble
Members of the Society of Professional Journalists believe that public enlightenment is the forerunner of justice and the foundation of democracy. The duty of the journalist is to further those ends by seeking truth and providing a fair and comprehensive account of events and issues. Conscientious journalists from all media and specialties strive to serve the public with thoroughness and honesty. Professional integrity is the cornerstone of a journalist's credibility. Members of the Society share a dedication to ethical behavior and adopt this code to declare the Society's principles and standards of practice.
A Professional Dentist’s End

Good Statement

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). The ADA Code is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society. Members of the ADA voluntarily agree to abide by the ADA Code as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.
“Let’s now examine how those two constraints, requirements and obligation, operate in a way that is detached from the specific case of experimental invention. We might be tempted to compare them to “rights” and “duties” – which are frequently coupled – but we should resist this temptation. Rights and duties refer to a problematic characterized by homogeneity and reciprocity. It is we humans, the subjects of Kantian practical reason, who can come to mutual agreement by respecting the rights of other and by recognizing the duties each of us has toward ourselves and others. There is no event here but an institution that should instigate acceptance, the loyalty of heart and mind. Requirements and obligations do not function in terms of reciprocity and, as constraints, what they help keep together is not a city of honest men and women but a heterogeneous collective of competent specialists, devices, arguments, and “material at risk,” that is, phenomena whose interpretation is at stake.”
Addictions and the Forgotten Basics of Thinking

• ? = ?
• Narrative = Measurement ?
• No Friction – No Wheel
• Friction > Force, No Movement
• All values are not =

My proposed teasing ads for Isabelle Stengers’ Cosmopolitics I:

Would a Global Professions Commission = FTC?
Examples of Narrative Ethics in an Area of Growing Global Concern

- *The Immortal Life of Henrietta Lacks* by Rebecca Skloot 2010

- *Cosmopolitics I* by Isabelle Stengers, Translated by Robert Bononno 2010

- *The Concept of Mind* by Gilbert Ryle: 1949
Taming Complexity

Common Tools for framing ethical questions
4 Ways of Using Cases

• For *practicing a particular conceptual tool*
• For *integrating several conceptual tools to aid reflection and a single coherent process on judging an act*
• For *modeling an ideal or excellent process of moral reflection*
• For *developing a new conceptual tool for a genuinely new type of case*
4 Kinds of Moral Thinking
Brian O’Toole

- Principle
- consequences
- virtue/character
- moral sentiment approaches

Conflicts in decision making are easier to resolve when decision makers first recognize they are using different moral approaches and then choose to negotiate within the same moral approach.

ALL FOUR FORMS OF MORAL THINKING ARE NEEDED TO ADDRESS ALL LEVELS OF READERSHIP, AND ALSO TO PRESERVE THE VALUES OF CULTURES AND SOURCES

http://www.jdental.org/cgi/content/abstract/70/11/1152
An Example of a Training Tool for Ethical Decisions

• What are some relevant **Facts**?
• What are some relevant **Values**?
• Do any values **conflict**?
• **Decide**
• **Why** did you decide

**Repeat** or return to any steps based on more facts, values, conflicts, decisions, or reasons. They are **not sequential**
A Central Values of DENTISTRY Example

• Life and general health
• Oral health
• Autonomy (that is, a patient’s self-determination)
• The benefits of professional habits of practice
• Esthetic values
• Efficiency in the use of professional resources (that is, expertise, time and energy, and material resources)

David Ozar, PhD Donald Patthoff, DDS, FAGD, FACD
Featured in AGD Impact, June 2008
Central Values of Other Groups

- Medicine – not the same as dentistry
- Nursing - prioritizes safety,
- Hospital Managers
- Organizations of Health Care Executives
- Baldridge Award
- Professional Dental Editors
- Etc.
Organizational Ethics Values

• Organizational ethics different than personal ethics
• Organizations more like agents and living organisms than machines
• Guided by Mission, Vision, and Core Values
• Measurements and standards are organizational tools not its origin or cause
• Etc.
An Example of a Teaching Tool for Organizational Decision Making

- What is the problem?
- Is it a real problem or a mathematical/policy imposed one?
- Whose problem is it?
- How should it be addressed?
- Do we need partners?
- Do we need a common mission?
- Where do our core values match?
- Etc.
So, **Complexity and Conflicts** but not not Impossible

- Do we all agree on the nature of conflict?

- Do we all agree that moral discourse is a very high form of conflict resolution?
Methods of Addressing Conflict:

Some key distinctions about the relationship of persons/parties using different methods for addressing conflict – including values conflicts.

- P = person or party
- J = law/judge
- A = arbitrator
- M = mediator
- E = ethic framework
- F = Facilitator
Methods of Addressing Conflicts

- **P ↔ P** (war)
- **P ↔ P** (mediation)
- **J**
  - **P ↔ P** (adjudication)
- **A**
  - **P ↔ P** (arbitration)
- **P → E**
  - **P → P** (ethics dialogue)
Discernments as conflict resolution

*G = God or Absolute Good/ Absolute Value
Framing the Case: *Three Voices of Logic*

- **Market**  
  Competition/Best

- **Bureaucracy**  
  Competition/Efficient

- **Professionalism**  
  Collaboration/Ideal

*Eliot Freidson  *Professionalism: The Third Logic On the Practice of Knowledge*
STYLES OF ACCEPTANCE

1. Random Acceptance (unintentional acts)
2. Selective Acceptance (intentional acts)
3. Universal Acceptance
Needs and Wants

- Market needs are simply strong wants
- In the US everyone should be allowed to get what one wants
- Satisfaction of a want is decided by the buyer
- Professional Health needs are basic needs of individuals and society, articulated by the profession
- People or groups may not know what is/are a basic health need
- Professions/als decide if a health need is met
“Requirements and obligations do not function in terms of reciprocity and, as constraints, what they help keep together is not a city of honest men and women but a heterogeneous collective of competent specialists, devices, arguments, and “material at risk,” that is, phenomena whose interpretation is at stake.”

That is, Ethics & Ethics Codes will not keep all people honest, but must be in place to hold a special group...
Case Adaptation from and with permission of

Dr. Shafik Dharamsi
Assistant Professor
Family Medicine

Faculty Lead Global Health Network
Liu Institute for Global Issues
Volunteering: Beyond an Act of Charity

• It’s a typical story on the international volunteer circuit: dentist X volunteers in country Y for 2 weeks, extracts 700 teeth, places an equal number of sealants, has a memorable cultural experience and leaves feeling satisfied.

• Yet local people are left once again with raised expectations and few resources with which to fulfill them. Reflection on this situation can open debate on the role of volunteers, the value of their contributions and the need for voluntarism to be more than an act of charity.
Why do outreach?

healthcare students and professionals describe what motivates them to do service in developing countries:

- To experience cultures
- To find yourself
- To save lives
- For adventure
What is the end good?

A one week stint in a developing country extracting hundreds of teeth followed by sightseeing and cultural excursions can be seen as nothing more than

*voluntourism or dental tourism* –

• used pejoratively to describe dentists and dental students who travel internationally to provide healthcare in impoverished settings without proper considerations of the impact on the communities they ‘serve’
What is the harm in helping?

Guerrilla Aid is a style of volunteerism – simply go somewhere and do something, while teaching others to do the same.”

“Regardless of the amount of time you have to offer, zeros on your paycheck or previous working knowledge of international aid—you can make a difference!”

http://www.oprah.com/world/

How-to-Volunteer-During-Your-Vacation
http://www.guerrillaaid.com/javascript:void(0);

http://images.hostelworld.com/images/webres/TheSunVoluntourism_2.jpg
Holidays that are Jolie tough

ONCE upon a time holidays were all about lazing on the beach, sleeping in and going out.

Now, as the world becomes more socially aware, budding humanitarians are combining it with a volunteer mission.

But wannabe Angelina Jolies don’t have to slum it.

It is possible to spend the evenings sipping pina coladas by the pool after a good days work helping out at a local orphanage, build.

MOSHI, TANZANIA

At the base of Mount Kilimanjaro in Northern Tanzania is the pretty town of Moshi. But while it looks perfect there are many problems in the under developed area.

Tourists can help in a number of ways - whether it’s promoting HIV/AIDS awareness and prevention, teaching the fundamentals at a local school or uplifting the social status of traditional Masai women by helping them learn English.

There is a job available that meets the specific talents of every traveller...
Of course, the reverse rarely occurs,
as front-line dental workers in the countries where we go to work seldom have opportunities to travel or attend in-service programs.

Another undesirable side effect of international volunteering is the transfer of Western dental approaches that compete against, rather than complement, the host country’s own oral health structure and strategies.

Such approaches (for instance, extensive composite restorations of posterior teeth) end up creating unrealistic expectations in local populations that local dental workers cannot meet on their own.
In fact, when local dentists try to model procedures that cannot be sustained, they become unhappy about their own circumstances, to the extent that they may abandon their country, where they are desperately needed, to immigrate to a developed country.

In this way, we inadvertently contribute to the alarming and crippling impact of the “brain drain” in dentistry, nursing and medicine that is occurring throughout the world, especially in sub-Saharan Africa.
What is the harm in helping?

The exponential increase in global health funding over the last decade has provoked questions about how we help, asking whether our efforts to export expertise, money, and healthcare largesse are not only ineffective but at times both wrong-headed and counter-productive.


Pillar C, Smith D. “Unintended Victims of Gates Foundation Generosity” LA Times 12/16/07
On a plane to…..

the person next to you on the plane asks.

“What motivated you to do this?”

She then asks,

*How is this different from medical tourism.?*

She had recently read an article in The Philadelphia Inquirer titled:

*A harm in ‘medical tourism’ … The poor need lasting efforts to improve global health, not feel-good field trips.*
1. Discuss this case for 10 minutes: no need to agree to a solution:

2. Discuss and list characteristics of ideal ethical thinking

3. Describe an ethics conversation between people really committed to helping each other achieve those characteristics.
Ideal Ethical Thinking and Excellent Ethics Dialogue

1. “Thorough and accurate ethical awareness
2. “Sound ethical reasoning”
3. “Appropriate motivation”
4. “Effective implementation.”

• knowing how to carry out what we have determined ought to be done
• addressing emotional limitations
Ideal Ethical Thinking and Excellent Ethics Dialogue

5. “Consolation.”

*solari*, “to soothe”

*con-*, “together.”

- the hardest part of making a judgment in a difficult ethical matter is how lonely it feels
- no one else can make our choices for us, we do not need to think alone
Ideal Ethical Thinking and Excellent Ethics Dialogue

6. “Short-Term and Long-Term Coherence.”

7. “Affirmation of the Ethical Thinker as an Active Source of Ethical Conduct.”

8. “Common Effort for Shared Goals.”

• social setting can be hindered by injustices around us

• involves viewing relevant others as trusted supporters - not competitors or adversaries
Ethical thinking in social context of common effort for shared goals

8 B. the ethics dialogue itself is a social setting

• each party’s considering him or herself—and being considered by the other—as an active source of ethical conduct is mutually affirmed

• each party sees the dialogue itself as a common effort for shared goals is supported

• This is important in relation to the larger
AGD Permission Notice

• Presented with permission by the Academy of General Dentistry. ©Copyright 2010 by the Academy of General Dentistry. All rights reserved

• To be Published as:

COLUMN: Chairside Conscience by Patthoff/Ozar

Conquering Conflict, Part Two

The “How-To” of Ethics Dialogue
A Professional Ethics Initiative

Question

• As a dental editor, do you have colleagues with similar jobs and do you as a group have any special role to fulfill in regard to ethics dialogue within the profession?

• Or is it enough that you are personally ethical and your journal does not violate dental or journalistic ethical standards?
Case Study I: We’ve come to help..

A few foreigners set up a temporary dental clinic in your community.

They do not speak English.

They will leave after a week, and may return in the future.

They tell you they are dentists and dental trainees in their home country. They’ve come to help.

They’ve never been to your community before and are not going to be working within your local healthcare structure.

Adapted from article Duffle Bag Medicine. JAMA, April 5, 2006—Vol 295, No. 13
Our solutions often ignore the complexity of the human condition and importance of self-determination and empowerment.

Professional training can nurture a certain arrogance in which knowledge and skills are seen as only the prerogative of professionals, giving us a certain superiority.

Poor people are perceived as uninformed and backward, having only themselves to blame for both their poverty and their poor health.

Inevitably, most services tend to ignore vulnerable, poor populations.”
You Tell her you are also a dental editor

She asks: Have you ever run such ads or accepted stories about this kind of doing good?

You Say, **YES**, and we just did a local clinic.
The service approach sets up the typical paradox between solving problems and preventing problems.

Despite prominence being given to preventing problems, national expenditures continue to go toward more facilities, equipment, and technology, rather than to social change.

Most resources are expended on the elite who are able to pay and who demand ever more sophisticated services.”

Professionals rarely see poor people and do not know their realities or their needs… Worse, professionals do not know that they do not know!
“In some cases, we are not reflective and our actions are inappropriate because we haven't thought them through.

In many cases, we have the best of intentions, but incomplete knowledge and understanding…

to those who question the value of international volunteers, the following needs to be asked:

What do you want from us? What should we, as concerned individuals with a variety of skills and interests, be doing?

•Should we stay out?  
•Get active politically in our own countries?  
•Support economic reform?  
•Simply support the concept of empowerment?

•Or something else?”
CASE 2: Ozar/Socol & Editors

“You have recently become editor of the prestigious…… etc. Your managing editor and chief associate editor who have been there for years are deeply divided about an expensive, full color, four-page add that… Corporation wishes to place in your journal called ….” We can add here, that the Corporate marketing executive wants to also contribute a related article about their new product that some statistical data, and practical experience of seasoned practitioners, would call to question.
Source of Case 2 and Ethics Reference

Ozar D. and Sokol D.

*Dental Ethics At Chairside*: Professional Principles and Practical Applications
Georgetown University Press.

Chapter 15: *The Dental Profession and the Community*

Permission for Educational Use D. Ozar & Georgetown University Press
Professional Ethics Initiative

American College of Dentists
American Dental Association
American Dental Education Association
American Society of Dental Ethics
Premises

• Need more expertise in dental ethics
• All dental practices and organizations have an imbedded ethical infrastructure
• Dental practices and organizations can be conscientiously well structured
Well structured practices and organizations

1. Reduce ethical lapses
2. Create positive ethical climate
3. Nurture a stronger profession
Well structured ethical practices and organizations

1. Have an aspirational focus and character
2. Motivate, encourage, and inspire
3. Do not regulate or penalize
Benefits

• Easiest way to raise overall level of the profession
• Less expensive and damaging than litigation
• Less invasive than regulation
• More positive and collaborative than commercialism
Evidence of Business Research

- Organizations that assess and strive for high qualities in ethics:
  1. Greater productivity
  2. Increased innovation
  3. High employee loyalty
  4. High customer satisfaction
  5. Consistent profitability
Goal

- Improve ethical climate of dentistry
- Enhance dentistry’s professional ethics base
Expectations

- Significant improvement of the quality and standards of oral health care
- Clearer vision of dentistry’s professional ideals
- Improved oral health of the public
Oversight and Organization

• Select steering committee having official representation from:
  1. ACD
  2. ADA
  3. ADEA
  4. ASDE
  5. others
Four distinct programs
Four different foci

• Individuals
• Practices
• Organizations
• Resources
Individuals
Program 1

Focus - increase dentists having ethics knowledge, skills, and training:

- Advocate
- Instructor
- Scholar
Accomplishments and Developments

- ACD Pilot Workshop Hawaii Fall 2009
- Kennedy Institute: The Dental Ethics Symposium June 6 – 11, 2010
- Descriptions of qualifications and competencies are under development
- Formal training programs for advocate and instructor are initiated and being refined
- Suitable degree programs are being identified
Practices
Program 2

Focus - implement voluntary, no-fee self assessment program for practicing dentists to discern the ethical infrastructure of their practices

- Practice self assessment materials:
  1. Overview of program
  2. Self evaluation questions and instruments
  3. Guided self evaluation ideals and procedures
  4. Suggested improvement activities keyed to self evaluation results
Additional Self Assessment Options

- Submission of single page report for recognition (and program monitoring)
- Recognition by key organizations of practices that satisfy ideals
- Encouragement and support in making changes for practices wanting to be re-evaluated to meet ideals
- Ideals developed and monitored by ad hoc body
Organizations
Program 3

Focus – voluntary program for organizations to self assessment their professional ethics infrastructure and organizational ethical climate (dental schools, state and specialty societies, industry etc.)

• Similar to the Practices program and resembling the Malcolm Baldrige National Quality Award – customized and including a visiting consultant
Goal of Program 3 - Organizations

- Continuous improvement – recognition of benchmark stages by key organizations
- Ideals developed by an ad hoc body
- Development and evolution of a model for positive ethical infrastructure – similar to the Baldrige process prioritizing professional COLLABORATION over business COMPETITION
- Publication of the Process and Achievements
Focus – a dental ethics resource clearinghouse to gather, organize and make available the ethics resources in dentistry and related fields

- Develop new resources where indicated
- Availability through on-line resources - with encouragement to share materials – no use or sharing fees expected
Resource Examples

1. Ethics presentations, lectures on video
2. Online courses at www.dentalethics.org
3. Turnkey ethics courses
4. Reference materials – books, manuals, articles etc.
5. Tests, quizzes, self assessment instruments
6. Cases and complex ethical decisions (dilemmas)
Resource Examples Continued

6. Cases and complex ethical decisions (dilemmas)
7. Resources for state and national boards
8. Speakers Bureau
9. Information on graduate degree programs with emphasis on online courses

All Clearinghouse activities coordinated and administered by ACD and others
Near Future Objectives

- Gain active participation from partners, including agreement on representation, program
- Compete detailed planning of all four program elements
- Publicized goals and progress of the initiative to the greater dental community
- Secure organizational funding and seed grants through a variety of sources and key groups
Contact

Stephen A. Ralls, DDS, EdD, MSD
Professional Ethics Initiative
839J Quince Orchard Boulevard
Gaithersburg, Maryland 20878-1614
(301) 977-3223
saralls@acd.org
• American Society for Dental Ethics
  [http://www.dentalethics.com/index.htm]

• ASBH : [http://www.asbh.org/]
  Oct 21-24 San Diego – Dental Interest Group

• Kennedy Institute of Ethics Intensive Bioethics
  *Wrap Around Dental Ethics Course:*
  2011 Washington D.C. - to be announced

• IDEALS : [http://www.ideals.ac/]
  2012 Congress: Brussels to be announced
Ethics and Critical Thinking

• A Dental Disease is in your community that affects 1 of 200,000 people. This year, a new test comes out that is 95% accurate for telling who has the problem. (It gives a false positive 5%). You buy the test and a patient comes back positive. What is the chance your patient has the disease?

• A narrative case to teach an important and common clinical statistic error

http://www.conceptstew.co.uk/PAGES/prosecutors_fallacy.html
Second Level Ethical Question

After answering the above, compare with:


Or with a Prisoner White Hat Puzzle:

Third Level Ethical Question

- Four prisoners are caught and are to be punished. The judge allows them to be freed if they can solve a puzzle. If they do not, they will be hanged. They all agree.

The four prisoners are lined up on some steps (shown below). They are all facing in the same direction. A wall separates the fourth prisoner from the other three.

- To summarize:-
  Man 1 can see men 2 and 3.
  Man 2 can see man 3.
  Man 3 can see none of the others.
  Man 4 can see none of the others.

The prisoners are wearing hats. They are told that there are two white hats and two black hats. The men initially don't know what color hat they are wearing. They are told to shout out the color of the hat that they are wearing as soon as they know for certain what color it is.

They are not allowed to turn round or move.
They are not allowed to talk to each other.
They are not allowed to take their hats off.
Who is the first person to shout out and why?
Hat Puzzle
A response beyond the usual

- Charles Bertalomi has proposed this puzzle example as a way to introduce critical ethics thinking tools to dental students. The need for this level of understanding increases as reliance on technology (and measurable logic only) increases. This, however, is not enough. See the response from a person below

- (1-A,2-B and 3-C) The prisoners know that there are only two hats of each color. So if C observes that A and B have hats of the same color, C would deduce that his own hat is the opposite color. However, if A and B have hats of different colors, then C can say nothing. The key is that prisoner B, after allowing an appropriate interval, and knowing what C would do, can deduce that if C says nothing the hats on A and B must be different. Being able to see A's hat he can deduce his own hat color. (The fourth prisoner is irrelevant to the puzzle: his only purpose is to wear the fourth hat).

- In common with many puzzles of this type, the solution relies on the assumption that all participants are totally rational and are intelligent enough to make the appropriate deductions. After solving this puzzle, some insight into the nature of communication can be gained by pondering whether the meaningful silence of prisoner C violates the "No communication" rule (given that communication is usually defined as the "transfer of information").

- More about communication, non-logical reasoning, and cosmic framing needs exploration
Evidence-Based Clinical Recommendations Regarding Screening for Oral Squamous Cell Carcinomas

• How does this apply to these ADA conclusions?
• Evidence-based clinical recommendations addresses the potential benefits and risks of screening for oral squamous cell carcinomas and the use of adjunctive screening aids to visualize and detect potentially malignant and malignant oral lesions
• Screening by means of visual and tactile examination to detect potentially malignant and malignant lesions may result in detection of oral cancers at early stages of development; there is insufficient evidence to determine if screening alters disease-specific mortality in asymptomatic people seeking dental care.
• The American Cancer Society (ACS) estimated there would be 35,720 new cases of cancer of the oral and pharyngeal region in the United States in 2009, with 7,600 deaths from the disease.\(^1\)
• Clinicians should remain alert for signs of potentially malignant lesions or early-stage cancers while performing routine visual and tactile examinations in all patients, particularly in those who use tobacco or who consume alcohol heavily. Additional research regarding oral cancer screening and the use of adjuncts is needed.

http://jada.ada.org/cgi/content/full/141/5/509?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=oral+cancer+screening&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT#SEC5
*Narrative Inquiry in Bioethics: A Journal of Qualitative Research (NIB)*, published by Johns Hopkins University Press, provides a forum for exploring current issues in bioethics through the publication and analysis of personal stories, qualitative and mixed methods research articles, and case studies. Articles may address the experiences of patients and research participants, as well as health care workers and researchers.

*NIB* seeks to publish articles that will appeal to a broad readership of care providers, researchers, bioethicists, sociologists, policy makers, and others.

*NIB* invites 3 kinds of contributions: true **Personal Stories** that will be included in **narrative symposia**. Each symposium will be on a specific topic, will include 8 to 15 personal stories on the topic, followed by two **commentary analytical essays** exploring themes in the stories to extract lessons or insights.

The first three narrative symposia will be on the following topics:

*Living with Conflicts of Interest in Medicine* (Symposium Editor, James DuBose)
*Nursing Assistants in Long-Term Care Facilities* (Symposium Editor, Amy Halverson)
*Experiences of Psychiatric Hospitalization* *(Symposium Editor, Charles Liddle)*

Website <http://www.press.jhu.edu/journals/narrative_inquiry_in_bioethics/> Has details on the narrative symposia, our guidelines for authors, and the kinds of stories we seek.

The first three issues, will give priority to story proposals received by October 15, 2010; cases studies and research articles may be submitted at any time.
Some Med & Lit Journals

• *The Healing Muse* (thehealingmuse.org)
• *Ars Medica* (Mt. Sinai, Canada, www.ars-medica.ca)
• *The Journal of General Internal Medicine* (JGIM) “Healing Arts” feature: *Materia Medica* consists of well-crafted, highly readable and engaging personal narratives, essays or short stories of up to 1500 words and poetry of up to 100 lines. These pieces should focus on a given experience, person or event which informs or illuminates the practice or teaching of medicine. Submissions may be written by or from the point of view of the patient, health care provider, family member, teacher, investigator, or trainee. If non-fiction, please either mask the subject’s identity or gain their permission prior to submission.
• *Health Affairs: Narrative Matters*: first-person accounts with that connect to policy
• *Yale Journal for Humanities and Medicine*: prose and poetry
• *The Human Factor* (U of Missouri-Kansas City Med School)
• *Blood and Thunder* (U of Oklahoma, Coll. of Medicine)
• *Pulse: Voices from the Heart of Medicine* (www.pulsemagazine.org)
• www.cell2soul.org
• *Wild Onions* (Hershey Medical Center)
• *Reflexions* (Columbia) open to general public
• *Plexus* (UC Irvine)
• *The Medical Muse* (U of New Mexico)
• *The Body Electric* (U. of Illinois-Chicago College of Medicine)
• *Dermanities* (dermanties.com)
• *Hospital Drive* [http://www.hospitaldrive.med.virginia.edu/](http://www.hospitaldrive.med.virginia.edu/)
• *American Journal of Kidney Disease: In a Few Words*: creative non-fiction feature in. In this space, we hope to give voice to the personal experiences and stories that define kidney disease. We will accept for review nonfiction, narrative submissions up to 1,600 words, regarding the personal, ethical, or policy implications of any aspect of kidney disease in adults and children (acute kidney injury, chronic kidney disease, dialysis, transplantation, ethics, health policy, genetics, etc). Footnotes or references are discouraged. Any submission which refers to real patients must be either unidentifiable or approved by the patient(s) described. Submissions from physicians, allied health professionals, patients, or family members are welcome. Items for consideration should be submitted via AJKD’s outline manuscript handling site, www.editorialmanager.com/ajkd. Questions or requests for assistance may be directed to the editorial office staff at AJKD@tuftsmedicalcenter.org.
• The Lancet
• Academic Medicine: Medicine and the Arts (MATA): The journal's longest-running feature, this column runs on two facing pages; the left-hand page features an excerpt from literature, a poem, a photograph, etc. Literature excerpts generally run no more than 700 words and may include a very brief introduction as needed. On the right-hand page is a commentary of about 900 words that explores the relevance of the artwork to the teaching and/or practice of medicine. Since submissions cannot be fully accepted for publication until Academic Medicine acquires permission to reprint literary excerpts or artworks, authors should include all relevant information about the piece they are explicating (publisher, museum, dates, etc.) to enable staff editors to find and contact the copyright holder.
• CMAJ: Humanities. The Humanities section gives readers room for reflection through reviews on books and the visual and performing arts, creative writing, photography and features on the philosophy and history of medicine. Book and arts reviews are mainly solicited by the editor. We welcome unsolicited poetry, fiction and creative nonfiction for "Room for a view" and especially value contributions that convey personal and professional experiences with a sense of immediacy and realism. The writing should be candid, but patient confidentiality must be respected. In general, prose manuscripts should be limited to 1000 words and poems to no more than 75 lines. Photography submissions are welcome, as are brief, illustrated items on unexplored corners of medical history. If you would like to be added to our list of book reviewers or would like to discuss ideas for contributions please contact the Deputy Editor, News and Humanities, Barbara Sibbald (Barbara.sibbald@cmaj.ca).
http://www.cmaj.ca/authors/preparing.shtml
• JGIM: Text and Context consists of excerpts from literature (novels, short stories, poetry, plays or creative non-fiction) of 200-800 words and an accompanying essay of up to 1000 words discussing the meaning of the work and linking it to the clinical or medical education literature. May include up to 3 learning objectives/discussion questions and up to 5 references, including an appropriately detailed reference of the creative work.
• Annals of Internal Medicine: Medical Writings
• Journal of Medical Humanities
• Literature and Medicine
• Medical Humanities—BMJ
• The Pharos
• Yale Journal for Humanities in Medicine
For student writing only:

- Journal of General Internal Medicine's Annual Creative Medical Writing Contest
- Dermanities (dermanities.com)
- Body Electric from UIC
- Personae from Northwestern
- Veritas, the University of Virginia School (http://www.student.virginia.edu/~veritas/)
- The Healer’s Voice (http://www.amsa.org/humed/hv/) of the American Medical Student Association,
- our national online monthly creative expression journal: healers_voice@amsa.org
- iris: the UNC journal of medicine, literature and visual art (UNC Medical and Chapel Hill community only)
- Connective Tissue (for University of Texas-Galveston med students)
Abstract
Reflective capacity has been described as an essential characteristic of professionally competent clinical practice, core to ACGME competencies. Reflection has been recently linked to promoting effective use of feedback in medical education and associated with improved diagnostic accuracy, suggesting promising outcomes. There has been a proliferation of reflective writing pedagogy within medical education to foster development of reflective capacity, extend empathy with deepened understanding of patients’ experience of illness, and promote practitioner well-being.
At Alpert Med, “interactive” reflective writing with guided individualized feedback from interdisciplinary faculty to students’ reflective writing has been implemented in a Doctoring course and Family Medicine clerkship as an educational method to achieve these aims. Such initiatives, however, raise fundamental questions of reflection definition, program design, efficacy of methods, and outcomes assessment. Within this article, we consider opportunities and challenges associated with implementation of reflective writing curricula for promotion of reflective capacity within medical education. We reflect upon reflection.
believes these are open access, available without a subscription.)

Academic Medicine
July 2010, Volume 85, Issue 7
Medicine and the Arts

1210
Sickle Cell Vision: A Patient's Photographic Illustration of Coping
Heather L. Davis

1211
Commentary
Paula T. Ross, MA; Heather L. Davis; Arno K. Kumagai, MD; Andrew D. Campbell, MD; Monica L. Lypson, MD

http://ovidsp.tx.ovid.com/sp-2.3.1b/ovidweb.cgi?WebLinkFrameset=1&S=GICCFPFD
FLDDDNEJNCDLOCJCAGKPAA00&returnUrl=http%3a%2f%2fovidsp.tx.ovid.com%2fsp-2.3.
1b%2fovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.15.17%257c0%257c00001888-2010
07000-00026%26S%3dGICCFPFDFLDDDNEJNCDLOCJCAGKPAA00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCJCOCEJFL00%2ffs047%2fovf%2flive%2fgv
024%2f00001888%2f00001888-201007000-00026.pdf&filename=Sickle+Cell+Vision%3a+A+Patient%27s+Photographic+Illustration+of+Coping
Journal of Medical Humanities
Volume 31, Number 3 / September 2010

183-204
The Cinema of Control: On Diabetic Excess and Illness in Film Kevin L. Ferguson

205-221
The Autopsy Imperative: Medicine, Law, and the Coronial Investigation Belinda Carpenter and Gordon Tait

223-242
Sympathy, Disability, and the Nurse: Female Power in Edith Wharton's The Fruit of the Tree Rebecca Garden

Re-presenting Autism: The Construction of ‘NT Syndrome’ Charlotte Brownlow

People Say There Are No Accidents: Poetry and Commentary Caleb Gardner, Ladan Golestaneh, Baljean Dhillon and Audrey Shafer

http://www.springer.com/new+%26+forthcoming+titles+%28default%29/journal/10912
Some Narrative Ethics References in Health Care

References Continues

References Cont’d

• http://proquest.umi.com/pqdweb?did=791388721&Fmt=7&clientId=12686&RQT=309&PN
• Teaching cultural competency through narrative medicine: intersections of classroom and community. Teach Learn Med. 2006;18(1):14-17.
• 28. Frank AW. Asking the right question about pain: Narrative and phronesis.
References Cont’d


References Cont’d


• 38. Robinson I. Personal narratives, social careers and medical courses:


46. Walshe J. Gosh, you're asking me what I remember? The hazards of subjectivity, the frailties of memory, the comodification of individual history. Aust N Z J Psychiatry. 2008;42(10):905-906.


49. Hektoen International - Journal of Medical Humanities special issue features articles, personal narratives, short fiction, artwork, and poetry on The Body. Check it out at: www.hektoeninternational.org
Ethics - History Related Resources

Ethical Questions in Dentistry, Second Edition
What is a Profession? chapter
Rule, James T. & Veatch, Robert M.

Dental Ethics at Chairside: professional principles and practical applications
By David T. Ozar, David J. Sokol
http://books.google.com/books?id=rMOUnMisZukC&printsec=frontcover&q=ozar+sokol+dental+ethics+chairside&source=bl&ots=Du2EblWDeg&sig=ph9Gh34a8IUG2P3kOl+dental+ethics+pwuabVw8Hw&hl=en&ei=cFGrTiOiC0WCIAfj0rzNCA&sa=X&oi=book_result&ct=result&resnum=1&ved=0CBIQ6AEwAA#v=onepage&q&f=false
Ethics - History Related Resources

Measuring Medical Professionalism
David Thomas Stern
http://www.us.oup.com/us/catalog/general/subject/Medicine/Ethics/?view=usa&ci=9780195172263

Renewing Professionalism in Dental Education: Overcoming the Market Environment Richard S. Masella, D.M.D.
http://www.jdentaled.org/cgi/content/abstract/71/2/205

The Need for Dental Ethicists and the Promise of Universal Patient Acceptance: Response to Richard Masella's "Renewing Professionalism in Dental Education"
Donald E. Patthoff, D.D.S.
http://www.jdentaled.org/cgi/content/abstract/71/2/222
Hx and ethics must be linked

Three Rival Versions of Moral Enquiry
Encyclopaedia, Genealogy, and Tradition
Alasdair MacIntyre
http://undpress.nd.edu/book/P00459/
http://www.ou.edu/cas/psc/bookmacintyre3.htm

The abuse of casuistry: a history of moral reasoning
By Albert R. Jonsen, Stephen Edelston Toulmin, Stephen Toulmin
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1376066/

The birth of bioethics
By Albert R. Jonsen
http://books.google.com/books?id=vJZ9uJai24sC&pg=PR13&dq=jonsen++history+of+bioethics&hl=en&ei=jTCrTPT4K8L98AbzqqyGCA&sa=X&oi=book_result&ct=result&resnum=3&ved=0CD8Q6AEwAg#v=onepage&q=jonsen%20%20history%20of%20bioethics&f=false
Las Casas: In Search of the Poor of Jesus Christ
by Gustavo Gutierrez
http://www.bookfinder.com/dir/i/Las_Casas-In_Search_of_the_Poor_of_Jesus_Christ/0883448386/

American Academy of the History of Dentistry:
http://www.histden.org/drupal/

National Museum of Dental History:
http://www.dentalmuseum.org/explore/exhibit/moments_in_dental_history/

American College of Dentists:
Dental History: Multimedia Dental History Source
http://www.dentalhistory.org/
Ethics/History Continued

American Society of Dental Ethics- Ethics Links:
http://www.dentalethics.com/links.htm

History of ethics in dentistry
By Donald Patthoff, DDS, FAGD and David Ozar, PhD
AGD Impact, April 2007 Pg. 48
http://www.agd.org/publications/articles/?ArtID=1458

Namibian Dental Association
http://www.namibiadent.com/History/HistoryDentistry.html

George Washington - A Dental Victim
by Barbara Glover
http://www.americanrevolution.org/dental.html
The George Washington Institute of Living Ethics develops educational curricula and practices, which apply Founders’ wisdom, character, and values to today’s challenges. The Institute develops on-site retreats, workshops, and classes in public, corporate, professional, environmental, and community ethics. The importance of ethics to the economic and social well being of America is illustrated to national audiences of executives, leaders, and citizens.

300 Foxcroft Avenue; Suite 302
Martinsburg, WV 25401
Telephone: 304-263-5116
EMAIL: info@georgewashingtonethics.org
Presenter

• Donald E. Patthoff DDS, MAGD, FACD
• 300 Foxcroft Ave
• Martinsburg, West Virginia 25401

• dpatthoff@peoplepc.com
• 1 (304) 263-0411