

Ethics, Access, and Care

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Professionals' ethical commitments necessarily include an ethical concern whenever persons needing professional care do not have access to it.



But when the lack of access is the consequence of inadequacies in a large social system, as in the case of lack of access to dental care, **it does not follow** that the burden of addressing all those unmet needs falls on the individual members of the profession.

Since what is needed to fix the problem is systemic change, the members of the profession need to find ways to try to **advocate for/support/make** the needed systemic changes happen.



Since systemic change involves complicated change processes that individuals alone can rarely impact significantly,
the dental profession as a group needs to energize itself collectively to address this problem.



This means that, even though addressing the unmet needs of specific patients (e.g. through charity care) or specific groups of patients (e.g. through volunteer service in social service projects) is a proper and admirable response to the ethical concern with unmet needs, **they will not resolve the larger, systemic problem.**

Every dentist should be devoting some measure of his/her professional energy to the profession's **collective efforts** to bring about systemic change, whether in a leadership role that only some will undertake, or in an active supporting role that all should make an explicit priority in their professional lives.

Given the very real challenges, politically and socially in American consumerist culture at the present time to bringing about such systemic change, the “active support” that every member of the profession owes to this effort needs to include creative thinking and an active voice in the profession’s and society’s efforts to design effective strategies.

It is clear that it must begin in particular ways, that fixing the whole system at once is not going to happen, even if we knew how to do it. It is going to require dentistry to identify specific incremental changes that will lead eventually, cumulatively, to fixing a defective system. But that means that this is not the time for letting “them” decide how to proceed. Many heads are needed to determine what courses of incremental change to initiate and in what sequence of steps, and of course it also means that many voices are required and will continue to be required for these initiatives to be effective in eventually achieving the systemic change that is needed.

Some have said that good oral health care is a **privilege** and that the dental professional may therefore look on the **access-to-care** issue as an **optional** concern in his or her life.

I am **not interested** today in **discussing** whether basic health care, including basic oral health care, should be viewed as **any sort of right in our society**. We do not have to address that question to know how an oral health care professional ought to view persons in need who lack access to care.

The professional's stance **does not derive its moral weight from social rights** one way or the other. The professional, **by the very nature of being a professional**, has made and continues to make, at the beginning of every day, an **ethical commitment to address to people's oral health needs**, and that means that, if there are people with oral health needs that are not met because the system stands in the way of their access to care, correcting that system is part of the dental profession's and each dental professional's ethical commitments.

Band Aid Solutions to the Dental Access Crisis: Conceptually Flawed

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Though laudable, “band aid solution” are inadequate to solve dental access problems.

By nature, such efforts are provider-driven and are not designed to match the needs of underserved populations. They do not empower patients, families or communities, or provide for on-going care. Band aid solutions do not ensure a workforce with the capacity or geographic distribution to meet the needs of the underserved. Neither do such solutions address systemic issues such as lack of dental insurance, or need to prioritize prevention. Such solutions do not engage other health professionals in promoting oral health. Furthermore such solutions maintain the prevailing viewpoint that dental volunteer efforts are all that is required of the dental profession; they fail to acknowledge that a response is mandated by the social contract between dentistry and society. Finally, such an approach fails to recognize the complexity of health disparities and the broad solutions that must be advanced. In the case of children, it is possible to outline an approach to defining a basic standard of oral health care, and to argue that all children should receive such care.

Band aid solutions could never ensure a population-wide distribution of care and hence are not morally defensible.

So the question today that is hard to answer is not
“should you be involved?”
because, if you are an oral health professional,
the answer to that question is Yes !

Rather the question needing our most earnest attention is:
Given that this is a systemic problem, how should **you and
your fellow dentists** begin to take effective incremental
steps to begin to fix the system ?

We hope that today's discussion will move us all forward in
the effort to make good first steps in this direction.

