Guest Editorial

Standards, Parameters, and Taking Care of People

We all recall the days when each dentist's professional judgment prevailed and we were unfettered in determining what was in our patient's best interest. No longer. Now we must deal with the media-influenced patient, the less-than-altruistic second opinion, and the typical third-party coverage with its perplexing denials, accusatory scoldings, and ironic portrayals as patient advocate.

The horizon of our future is far different than the comfortable and familiar sunset of the past. If the commencement speaker at my 1958 graduation from dental school had predicted adhesive dentistry, HMOs, microsurgery, implantology of predictable success, and the computerization of dental offices, I can assure you that our entire class would have quietly rolled their eyes in disbelief. We can only assume that the next 40 years will bring equally improbable change to our profession.

I suspect that each of us is simultaneously optimistic and nervous about how, as individual dentists, we are not only to endure but to prosper as our profession merges the ethical traditions of its past with the biotechnology of its future. Clearly, such a mix is pregnant with the potential for conflict. We have only to view the recently publicized complexities of genetics and cloning to be reminded of the exquisitely tender interface between ethics and technology. And make no mistake...society expects us to be both ethical and technically competent.

When I was a dental student, there was great emphasis on technique. The names and numbers of instruments, diamands, and burs; the mandated use of favored materials; the forbidden deviation from the step-by-step manuals, in other words, doing it "by the numbers," was the key to successful dentistry. The lecturers who most impressed us were those who showed marvelously finished margins, impeccable surgical results, and radiographs that revealed not the slightest shortcoming. Frankly, to this day I still find technique skills that produce similar end points truly admirable. They are a manifestation of the art of dentistry and one reflection of competence.

But only one.

The other reflection of competence is the decision making that designates the technique. If the wrong technique is selected, no matter how skillfully executed, the end result suffers. Similarly, if the decision is correct but the technique is flawed, the end result also suffers. So both components of oral health care—the action and the decision that determines the action—are integral to the quality of what we do for our patients.

Over the last decade, it has become increasingly apparent that the same basic conditions often receive different treatments. These differences lead to inequalities both in cost and in the outcome of care, so there is good reason to challenge the assumption that every practitioner's decision is necessarily correct. We are all subject to variations in observations, preferences, reasoning, and certainly in education and experience.

There is substantial validity to the ancient phrase: "One diagnosis; many treatments"—the legitimate implication is that therapists have both ethics and competence and that professional judgment makes the decision. Having said that, it would be somewhat inaccurate, if not naive, to hold to the belief that all oral health care is appropriate and proper.

This brings us to "standards" and "parameters." Standards and parameters are different. Standards are quite proscriptive and usually reflect narrow custodial concerns such as academic measurement, litigious or financial objectives, or contractual agreements of a benefit plan. Most standards leave little room for innovation, flexibility, or individual circumstance.

A more preferable term for daily practice is "parameters." Parameters permit us to apply professional judgment in allowing for a full range of clinical considerations while pressing the profession's commitment to quality oral health care.

Over the last 3 years, the American Dental Association has developed and approved parameters for 34 oral health conditions. These dynamic documents, the result of laborious and edifying effort involving about 100 dentists (practitioners, educators, specialists, and general dentists), have firmly established the dental profession as the proper and definitive authority on appropriate oral health care.

However, there is a standard or parameter of care that differs from that established by a respected body or authority—in our case, the American Dental Association. I refer to that standard of care that is established by the individual dentist's personal ethics. The ethics of the individual professional is the ultimate protection for the patient.

Dentists must master this nation's seemingly ubiquitous and unruly commercial appetite if they are to continue to enjoy the classification of a "profession" by society. In a few instances, these commercial appetites may negatively influence an individual dentist's personal standard of care. And if we are not politically alert, these same commercial appetites may also negatively influence our profession-wide parameters of care. If enough dentists agree to compromise quality in order to prosper, ethics and self-interest collide. We then lose our moral collagen as a profession, and a tragic consensus based solely on economics emerges.

The individual dentist continues to be pressured by external forces. The goal of these entities appears to be an economically motivated "minimal level of acceptability" in oral health care. The greatest impediment to our progress and our usefulness as a profession is the intentional discouragement of excellence. A tenacious adherence to a consummate personal standard of care is not only our most effective means of sustaining excellence but also of convincing society that we do so.

The ingredients of that personal standard of care include continuing education, honest observation, learning from failure, communication with colleagues, a burning desire to improve, and—most of all—subordinating profit to taking care of people. Although many of our younger colleagues may imagine that the present level of quality in the profession has always existed, those of my generation can testify otherwise. Fortunately for us and for society, our profession has consistently produced pioneers of precedent who have run ahead of the rest of us and have stimulated us with their startling intellectual creativity, previously unimagined technical excellence, and admirable ethical professionalism.

The legacy of these mentors—the Buonocores, the Markleys, the Prichards, the Amsterdams, and so many others (the list is blessedly long)—is greater than their remarkable accomplishments. Their greatest legacy is their example. None of them would be content with "a minimal level of acceptability." And none of us should be either.

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The resources for this editorial included the deliberations of the seven members of the American Dental Association 1994 Dental Practice Parameters Committee, the 1990 series on Clinical Decision Making in the *Journal of the American Medical Association* by Dr D. M. Eddy, and the 1996 membership Needs and Opinion Survey of the American Dental Association.