

# Editorial

## I was wrong—responsibility comes before freedom

I can count them on one hand. Certain friends who, when they say to me, "Hey, you are dead wrong on this issue," make me sit up and listen—seriously. This happened today. When I wrote in the May issue of *QI* that whom we choose to treat is a freedom of choice issue, I was wrong. Responsibility to the profession comes first. I know that, I knew that, but that's not what I said.

As I wrote, I was in a period of fluctuating opinions, trying to resolve my feelings from the early days of the AIDS crisis—the sense that legislation to force dentists to treat HIV-positive patients is necessary—with the counter-feelings regarding personal freedom of choice that were coming to the forefront with the reports of the prosecution of dentists for refusing to treat HIV-positive patients.

Now that I have successfully alienated half the readership by taking one position in my May editorial, I will now alienate the other half, by taking the opposite position! Nothing like giving all sides an opportunity to comment and be critical.

The opinion I expressed in May was meant to stimulate dialogue (as we shall see in future issues, I think it did that). Additionally, it was meant to force me to think through this personal and important issue more thoroughly than I had in the past. I just did not think thoroughly enough.

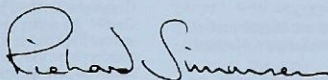
Some discussions with colleagues who have read my May editorial convinced me that one basic assumption that I made in assessing my position was incorrect. I assumed that with the increased awareness and know-

ledge about AIDS that has come about in the past years, it may no longer be necessary to force dentists to treat a certain category of individuals. This comes from a sincere belief that I have personally never denied treatment to anyone based on any criterion other than an unwillingness on the part of the patient to follow professional advice regarding home care and treatment. I have been assured, however, by one who knows the treatment situation for HIV-positive patients much better than I, that were it to be a matter of freedom of choice, few patients with AIDS would get any treatment. This, of course, is unacceptable.

I hate to think that this is true, but if it is, then clearly the position I took is indefensible. Clearly, when we enter a health care profession, we undertake an obligation to treat all patients. In essence when we make this decision, we subordinate our freedom of choice to our professional responsibility.

That is the way it is—not the way I wrote in May. The editorial served a useful purpose—it got me to see the light, and it initiated a good discussion on this issue—a discussion that I hope we will see in the coming months in our pages.

I was just plain wrong.



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