Brief Communication

Some Care Versus No Care: An Ethical Analysis

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Abstract: *When examining solutions to mitigate dental disease and the crisis involving access to care, a question is frequently raised: "Is some care better than no care?" However, the question generally lingers unanswered. The purpose of this paper was to perform an ethical analysis of the question "is some care better than no care?" in order to ascertain whether solutions that provide "some care" are ethically justifiable.* *(Pediatr Dent 2014;36:202-4) Received January 16, 2014 | Accepted February 24, 2014*

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As pediatric dentistry faces the challenge of mitigating oral disease in children, a question is frequently raised: "Is some care better than no care?" This question typically surfaces when considering alternative delivery systems, for example: mobile dentistry; mid-level or alternative provider models; corporate dental models that accept Medicaid; or where very young children, children with severe disease, and/or children with special needs are treated by general dentists who do not have advanced training in providing care to special needs patients.

The purpose of this paper was not to comprehensively analyze these different models but to examine whether the premise of some care being better than no care is ever ethically justifiable. This is the premise being used as the foundation upon which these models of care are constructed; therefore, the validity of the premise must be examined. When considering how to fulfill the profession's obligation to children in the face of a multitude of barriers, the need for access and the need to provide appropriate, quality care must be balanced.

Profession. A profession has certain characteristics, including: the possession of a skill set that provides a benefit to society; self-regulation; and a privilege endowed by society that comes with corresponding obligations.[1] For pediatric dentistry, the specialized skill set is the knowledge and understanding of pediatric development, behavior, oral disease, and the technical skills to prevent and treat dental disease in children.[2] The privilege of society allowing the profession to exclusively hold the knowledge and skills relevant to pediatric oral health comes with a corresponding obligation to ensure that all children who can benefit from this knowledge and skill set have access to that benefit. If children do not have access to the benefits of the profession, and the obligation of the profession to serve society with its knowledge is not being met, then the privilege of being the only individuals permitted to hold that knowledge and those skills may be lost.

When considering the profession of pediatric dentistry and its obligations, one should take a comprehensive view. Significant components of the profession include working with children and families to provide age-appropriate education and care and developing healthy habits and attitudes about health care that will last a lifetime. To simply view pediatric dentistry as the diagnosis, prevention, and restoration of dental disease in the pediatric patient removes it from the greater context of what pediatric dentists do, reduces the pediatric dentist to merely a skilled technician, and does not recognize pediatric dentists as uniquely trained and valuable health care providers.

This reductionist view of pediatric dentistry propagates the perception that providing dental treatment in the primary dentition or to the pediatric patient is the entirety of the profession of pediatric dentistry. Additional skills in the areas of child development, behavior guidance, advanced techniques for treating the very young, treating children with severe diseases, and treating children with special needs define the specialty of pediatric dentistry and are critical to the professional role of the pediatric dentist.[2]

The limited concept of the profession as simply the means of restoration of the primary dentition, rather than the more robust vision of the profession, fuels the notion that any individual who can perform a restoration in a primary tooth is doing pediatric dentistry. This demeans the unique skill set that defines the profession.[2] Along with the privilege of this more robust model of pediatric dentistry comes the responsibility to work to mitigate the unmet need for oral health care experienced by many children. Pediatric dentists cannot care for all children, and the needs of many children are, and should be, met by general dentists. However, pediatric dentists, as experts in the area of children's oral health, are obligated to be the leaders in this area and, as part of their profession, to meet the needs of the children they are uniquely qualified to treat. Pediatric dentists understand that pediatric dentistry is not general dentistry on children and are well aware that there is something constitutively different about what they do.

However, this subtlety is often lost on others, meaning that the profession has an obligation to educate others about the value, uniqueness, and importance of what they do. If this is done effectively, those attempting to find solutions that meet this need will be aware of the full scope of the profession.[2]

Care. Before the concept of "some care" can be evaluated, "care" must first be defined. When conceptualizing care in dentistry, the obvious components are the prevention and treatment of dental disease. However, dental care is comprised of more than dental treatment, especially when providing it to children. Pediatric dentistry is not simply the treatment of

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pediatric dental disease; it incorporates child behavior and development and should create positive habits and attitudes about health care that last a lifetime.[2] Based on the American Academy of Pediatric Dentistry's (**AAPD**) definition of a "dental home," pediatric dental care should be comprehensive, accessible, coordinated, and family centered.[3] Additionally, it is a core value of the AAPD that access to dental care should be universal.[4] Given these definitions and values, dental care for children necessarily requires that every child should have access to comprehensive and continuous dental care that incorporates the behavioral and developmental aspects of pediatric care, in addition to the prevention and treatment of dental disease. This notion of universal, comprehensive, and continuous care is echoed in the AAPD's Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home, which explicitly states there should not be a two-tiered system of care.[5]

"Some care". When the definition of comprehensive care in pediatric dentistry is defined, the concept of "some care" can be elucidated. It cannot be determined whether some care is better than no care if what is meant by "some care" is ambiguous. "Some care" can be thought of as care below the standard of care. Alternatively, "some care" can be limited care, as in a limited scope of services, but not comprehensive care.

When considering substandard care as a version of some care, the question that arises is whether or not substandard or inferior dentistry is better than nothing. Limited care can be a limited range of services (e.g., only sealant placement) or it can be care of limited consistency (e.g., mobile dentistry that offers complete diagnostic and restorative services but does not offer follow-up care, emergency care, or an ongoing relationship with the child). Limited care is clearly not a dental home and does not meet the comprehensive standards integral to the concept of the dental home. Ultimately, whether discussing substandard care or limited care, both forms are somehow lesser than quality, comprehensive care. Again, the question is whether this lesser care is better than nothing.

Justice. The ethical principle of justice is the notion of people receiving that to which they are entitled.[6] The way this principle is frequently applied is that "equals should be treated equally."[6] This means that, since all people are equal, if they are going to be treated differently there must be a morally relevant reason to do so.[6] A linked concept is the notion of equality of opportunity.[7] This is the idea that people have no control over the circumstances into which they are born, and should, therefore, not be disadvantaged due to those circumstances.[7]

Ethical analysis. The question of whether or not "some care is better than no care" is frequently posed when attempting to ascertain whether a certain kind of care is acceptable for children. The framing of this question essentially asks for a harm and benefits analysis (i.e., asking whether the potential benefits are great enough to warrant the potential harm or whether the potential harm is so great that no care would be a better choice because the potential benefits are inadequate to warrant those harm). Framing the question this way yields a multitude of challenging, daunting, and possibly unanswerable questions, which are likely why this topic has so frequently been bantered about the profession without resolution.

Answering this question requires examining a multitude of factors for any given model of care, beginning with the challenging question of whether the potential benefits of a given model outweigh its potential harm in each of the alternative models of care. This is further complicated by the fact that this requires a broad conception of harm. This is because, even if a clinical benefit existed, if the care was provided in a way that harmed the child's developing psyche and altered the child's attitude about health care and health care providers, that harm may still outweigh any clinical benefit. If the benefits were demonstrated to outweigh the harm, then the question of whether the benefit was great enough to warrant the use of resources for those programs, rather than comprehensive models of care, would have to be answered. All of these are difficult and challenging questions; however these concerns are not the issues at hand. The true ethical dilemma surrounding "some care" is not actually whether the benefits outweigh any potential harm.

When examining alternative models of care in which this "some care" question is raised, they contain elements of lesser care—in other words, care that does not meet the comprehensive, continuous, and developmentally appropriate definition as defined by the AAPD. These concepts of limited care—whether it is care provided by someone without a dental degree, care in corporate models where a dentist is performing advanced pediatric procedures without the necessary training, care by mobile units, or other types of sporadic care that are not comprehensive and ongoing—are all systems predicated on models that are somehow lesser. They do not meet the ideals of coordinated, comprehensive, continuous care and, by definition, do not meet the ideal of a dental home as set forth in the AAPD standards. Therefore, examining the concept of whether lesser care for some children is ethically justifiable via an analysis of harm versus benefits is fundamentally flawed.

The first flaw in asking whether lesser care is better than no care is that it creates what is termed in logic a "false dilemma."[8] A false dilemma presumes the two choices presented are the only options, in this case "some care" or no care, since many children receive dental care that does not fall into either of these categories.[8] Setting up the problem as an either/or choice attempts to force a conclusion that is not necessarily warranted, since there are clearly other options. Attempting to reduce this complicated issue to one of two choices is logically flawed in that it presumes that there are only two solutions available with which to address the access to care issue: (1) to deny children care; or (2) to offer them a lesser version of care that does not meet the values of the profession.

The second flaw is in the framing of the question. Posing this question as one of benefits versus harm and appealing to the ethical principles of beneficence and nonmaleficence to ascertain whether lesser care for some children is ever ethically justifiable misses the fundamental issue. The core of this topic and the idea that incites its resultant moral distress is a matter of justice. Providing a version of care that is quantitatively or qualitatively lesser and only providing it to some children fundamentally creates two systems of care, an issue against which the AAPD has spoken out and one which has serious justice implications.[5]

The children to whom this conversation of lesser care applies are, by definition, underserved, whether due to socioeconomic status, rural living, or severe untreated disease. Any group that systematically receives lesser care becomes the subject of a justice concern. Alternative providers, mobile units, and other alternative delivery systems are not typically placed in affluent areas for insured children with no dental disease. If any of these models were being posed as a comprehensive change to the way pediatric dentistry was delivered in its entirety, the conversation would be different, but they are not. These alternative models are only being proposed for certain

children. This, in and of itself, is telling. Equality of opportunity dictates that no children should be disadvantaged due to the circumstances into which they were born and over which they have no control.[7]

Justice dictates that, if certain children are going to be treated differently, there must be a compelling moral justification for doing so. Typically, the children who are at the center of these proposed delivery models have difficulty accessing care because they have limited financial resources, residence in rural areas, severe disease, or special needs. Due to these factors, they may be underserved in a multitude of ways, not just in accessing dental care, which makes them even more vulnerable. Additionally, in pediatric oral disease, the sociological factors are intimately linked with a higher risk of dental caries and more severe oral disease.[9] The facts that underserved children have barriers to accessing care, may be underserved in more than one way, and are at higher risk for dental disease are, in fact, morally relevant differences because they makes their need and vulnerability greater.

However, the proposed models are, by definition, lesser versions of care. The morally relevant difference, allowing for different treatment as a demand of justice, requires increased care, not a lesser version of care. Clinical judgment and moral reasoning would indicate that these children need more specialized care, not care provided sporadically, or by those with less advanced training in caring for children with more significant and severe clinical needs. There is no ethical justification for underserved children to receive lesser care. Indeed, if an argument can be made for a different kind of care for underserved children it should be for greater care. "Some care" is not ethically justifiable for any child and certainly not for one who is underserved.

Intentionally creating alternative delivery systems predicated on the foundation of a quantitatively and qualitatively lesser notion of care that specifically targets vulnerable populations with tremendous need violates the demands of justice. Systematically excluding certain children from the traditional model of care delivery and then creating a new system of lesser care, claiming that it is to meet their need, is not ethically justifiable. Injustice to any child is unacceptable; however, systematizing and institutionalizing injustice to the most vulnerable children should be of tremendous concern to the profession.

There will, of course, always be situations in which care is not ideal. Every day, pediatric dentists struggle to balance the multitude of patient needs, clinical challenges, limited resources, and barriers to care. Each time ideal care is not achieved, it is not necessarily a violation of justice. What is a violation of justice is intentionally constructing a system based on a premise of lesser care being acceptable for certain children. The aspirational goals of the profession will not always be achieved, but this is no excuse for not setting them as our ideal goals. There will nearly always be circumstances that prevent things from being done ideally, but the solution to those challenges is not to set a standard of mediocrity. Knowingly creating a two-tiered system of care that systematically disfavors children who are already at risk is not ethically defensible. As Vince Lombardi said, "perfection is not attainable, but if we chase perfection we can catch excellence."[10] All children whom the profession of pediatric dentistry has the honor of serving deserve the goal of perfection and the reality of excellence.

Conclusions

As a matter of justice, no child deserves lesser care. Any type of systematized delivery method predicated on underserved children receiving limited care is not ethically justifiable. It is the obligation of the profession of pediatric dentistry, with pediatric dentists being the experts and leaders in children's oral health, to generate solutions that address the crisis in access to care. If the dental needs of children continue to remain unmet, society may determine that pediatric dentistry is not fulfilling its obligations and may rescind its privilege of being a profession by allowing others to provide dental treatment to children. This is an unacceptable outcome, as it would be detrimental to children who would lose the profession's expertise. Therefore, pediatric dentists must rise to the occasion and collectively work to mitigate the unmet dental needs of children in a just manner.

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