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Ethics and marketing in esthetic dentistry

Етика и маркетинг у денталној естетици

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SUMMARY

Contemporary dentistry is characterized by diverse accelerated development, first of all, owing to improvements of information and other technologies, as well as the development of dental materials (shape memory biomaterials, nanomaterials, biomaterials for application in tissue engineering, etc.).

Expert doctrinaire attitudes move from the direction of operative interventions, whereby disease and acute symptoms are primarily treated, toward strengthening of oral health by minimally invasive procedures. Particular place in the patient's total rehabilitation belongs to numerous esthetic procedures which, to a large extent, make *wants-based* service, led by the patient's needs and affinities.

This paper deals with the differences in understanding of cosmetic and esthetic dentistry. The complexity of esthetic dentistry which favors therapy with the change of function parameters in care for patient is emphasized. On the other side, more attention is paid to the need to knowing and respecting ethical and marketing principles that follow any activity of dentists, starting from the first contact with the patient, selection of certified material to the implementation of the appropriate treatment plan.

Well-directed communication and comprehensive awareness of the patient, use of *VAS* (Visual Analog Scale) scale, consideration of realistic resources in therapy, and acceptance of de Bono model of adopted parallel thinking are determinants which help to the dentist to define a problem in proper manner, find quality solutions, open alternative solutions and reduce potential risks in the patient's therapy.

Keywords: esthetic dentistry; cosmetic dentistry; ethics; marketing

САЖЕТАК

Данашњу стоматологију карактерише убрзани развој захваљујући, унапређењу информационих и других технологија као и развоју денталних материјала (биоматеријали са меморисаним обликом, наноматеријали, биоматеријали за примену у ткивном инжењерингу и др.).

Стручни доктринарни ставови крећу се из правца оперативних интервенција, којима се примарно санирају болест и акутни симптоми ка јачању оралног здравља мало инвазивним поступцима. Посебно место у свеукупној рехабилитацији припада бројним естетским процедурама, које у великој мери чине wантс басед праксу, вођену потребама и афинитетима пацијената.

У раду се дискутују разлике у поимању козметске и естетске стоматологије. Наглашена је комплексност естетске стоматологије која фаворизује терапију са променом функцијских параметара у збрињавању пацијената. Са друге стране, акценат се ставља на потребу познавања и поштовања етичких и маркетиншких начела која прате сваку активност лекара, почев од првог контакта са пацијентом, одабира сертификованог материјала до реализације одговарајућег терапијског плана.

Добро усмерена комуникација и свеобухватна информисаност пацијента, употреба *BAC* скале, као и сагледавање реалних ресурса у терапији, су одреднице које помажу стоматологу да дефинише проблем на прави начин, изнађе квалитетна решења, отвори алтернативне солуције и смањи потенцијалне ризике у терапији пацијената.

Кључне речи: естетска стоматологија; козметска стоматологија; етика; маркетинг

INTRODUCTION

Dental practice was dramatically changed in the last 30 years. Many analysts call these changes as a real revolution, but the revolution always denotes current and essential changes. However**,** tumultuous development of dentistry could rather be characterized as evolutionary, gradual progress which is supported by different factors. It should be emphasized that the present practice, practiced by an increasing number of practitioners, engendered from situations which treated exclusively the acute symptoms, as well as operative interventions, whereby disease was rehabilitated (*needs based service*).

Nowadays, a significant emphasis is put on the preserving and strengthening oral health by minimally invasive procedures whereby patients are treated, respecting to a large extent their wishes and expectations (*customer driven, wants-based service*). Patients have open access to information on

overall health, and increased awareness of their problems, which, on the other hand results in numerous questions and great expectations. Attractiveness and youthful appearance represent a part of the vitality of an individual and a symbol of personal success. In addition, the development of different modern restorative systems makes everyday application more complex, creating new possibilities in esthetic dentistry. The thing that should be considered with much care, is the fact, that most information accepted by patients originates from mass media, not from professional authorities. This undoubtedly increases unrealistic expectations of patients, discrediting the rational and possible therapeutic results.

Modern trends favor esthetic dentistry in its complete expansion with colorful range of processes and procedures demonstrated by everyday practice. Only simple, inevitably imposed, for profession open, didactic question remains, which dentistry is non-esthetic?

According to the above mentioned statements, the purpose of this paper is to point out the differences in understanding the concepts of cosmetic and esthetic dentistry, discuss ethical quality of procedures and therapeutic modalities present in esthetic dentistry, and to explain in a critical manner the importance of marketing in dentistry practice.

ESTHETIC OR COSMETIC DENTISTRY

It must be admitted that there is confusion in terms and essence of perception of esthetic and cosmetic dentistry. This is due to the fact that there is overlap of different esthetic and cosmetic treatments and the data that esthetic and cosmetic procedures in medicine, particularly in surgery, are defined as cosmetic practice.

It is well to get familiar with etymology of the word esthetics, esthetic and cosmetics, cosmetic. Therefore, the noun cosmetics derives from the Greek word *kosmetike* which means the art of dressing and decoration, while the adjective cosmetic derives from the Greek word *kosmetikos* which in translation means the skill of decorating and ornamenting or superficial touch up of face and body in order that an individual presents itself as better, more beautiful and more impressive [1, 2, 3]. The word esthetics is of similar origin (the Greek word *aisthetikos*) but means sensitive, perceptive. Esthetics also represents branch of philosophy concerned with beauty as quality determined by all that satisfy senses, realized by line, color, shape, proportion, gesture, behavior and attitude. Therefore, the concept esthetics is more complex than the concept cosmetics, which implies that esthetic dentistry is more comprehensive and more complex than cosmetic dentistry.

When it comes to treatment of patients, cosmetic treatment would be the treatment that includes reversible procedures undertaken to provide so-called optimum patients' appearance which is sociologically, culturally, and limited in time. Thus, diagnostic composite *mock up* which directly polymerizes with non-etched surface of teeth enamel, and provides assessment of future reconstruction, could be a cosmetic treatment. Used in this way, it is temporary, superficial, reversible, and does not damage or changes the structure of supporting tissues. On the other hand,

esthetic procedures are adapted to the individual priorities of patients. They are dynamic, coordinated to the expectations of patients, their subjective criteria, but with morphophysiological determinants. It seems that the creation of patient's smile by the appropriate restorations represent most controversial segment in dentistry. There are data, stating that out of 10 dentists who assess patients' attractiveness of smile, 11 different answers can be received; starting from therapists favoring a natural appearance to those who point out beauty of artificially designed composition [4, 5, 6]. Also, the fact is that the existence of trends and determinants in culture inevitably leaves the mark in dentistry practice.

It can be stated that procedures in cosmetic dentistry repair the patient's appearance only, without any changing or enhancing the function, while treatments in the domain of esthetic dentistry imply the application of biological parameters and procedures by which the patients' ideal form, function and appearance with long-standing effects is achieved [7]. However, in practice, cases that imply esthetic and cosmetic procedures with the same objective are frequent, so that their practical interweaving can still seem confusing.

Terminological ambiguity often leads to a deeper confusion, meaning cosmetic and esthetic beautiful. In addition, the subjective aspect should be added, where, for example, patient's very white teeth are deemed a feature making an individual attractive, and therefore, whitening protocols are the domain of esthetic dentistry. Alternatively, such view of things seems variable, because it has exclusively beautifying as objective, and therefore is of cosmetic character. Finally, it must be admitted that the different starting attitudes are personal choices and may be neither deemed good nor wrong.

Perhaps it is more important than previous statements to point out the need of observing esthetic dentistry as bioesthetic discipline which emphasizes the beauty of living beings and things in its original form and functions [1].

ETHICS IN ESTHETIC DENTISTRY

Ethics is a branch in philosophy dealing with study and analysis of moral values, which essentially means the standardization of practical life effects of human [8]. It is deemed that ethical considerations related to the procedures that are indicated and realized in patients' esthetic rehabilitation are extremely complex and severe. Such complexity is the result of a large number of problems that become obvious by examination, while the severity reflects in the different perception of patients addressing the therapists. Numerous real dangers should be added in this sensitive field, where the facts are rarely perceptible. Sometimes is possible to notice fast visible physical problem, but more frequent is situation that the reasons, bringing the patients to doctors' offices, remain unclear. Besides, it seems that this group of patients is not average, and it is not easy to discern their wishes, aspirations and expectations. Changes borne by "new teeth and new appearance" have an effect on the improvement of life quality, easier selection of partner, enable the finding of better and

more paid jobs, all in all making people happier. Such patients' contemplations should be respected, but marked and practically implemented only within the limits of really agreed.

However, it is completely unethical to provide treatment to patients whose whishes are completely unrealistic, particularly if professional procedures are destructive. Undoubtedly, it is necessary to understand wishes of patients, but it is also essential, with discussion, analysis of model for studies and other diagnostic procedure, to explain them realistic therapy frameworks. Alike, it should not be forgotten that the patient is the only person who assess the successfulness of own treatment for a longer time. The potential danger represents comments, even minor criticism of close environment in suggestible patients. It is known, for example, that major reconstruction esthetic interventions in plastic surgery imply previous psychiatric examination of patients and appropriate assessment of medical specialist.

Prior to the patient's consent, it is ethically to inform him/her about potential risks and consequences borne by the selected esthetic procedure. This primarily refers to the indications that require creating ceramic and metal-ceramic dental crowns and bridges as complex esthetic and functional solutions. Particular attention should be paid to young patients, in which solutions that are "more aggressive" can result in unfavorable future effects. There are data that in patients younger than 30 years of age such treatments give numerous complications [6, 9]. Failure to familiarize the patient with the data on the quantity of tooth substance that will be removed in tooth preparation to accept, for example, ceramic restoration is deemed unethical. In such cases, there is around 20% of risk that pulp be damaged, abscess or painful sensibility appears, while the patients' reactions can be anger, disappointment or lawsuits [10]. Subgingival localized demarcations of preparation, and consequential recession around artificial crowns, particularly in patients with a thin gingival biotype, are also realistic complications with poor esthetic outcome to which the patient should be warned prior to the beginning of treatment.

Unfortunately, sometimes the destructive (esthetic) procedures without real reasons with unethical biological scenario are unjustifiably advised to patients. In profession, the attitudes that depicted the teeth as parts of a group are known. It is not unusual, that to the reconstruction of one central incisor the restoration on neighboring incisor is joined without real reason. Sometimes in one séance all incisors are reconstructed with the same material in order the effect be a group esthetic matching. Often, situations can "get out of hand" and therapists, enthusiasts easily expand their philosophy to canine teeth and lateral teeth region. It is not uncommon that teeth from the first molars on one side to the first molars on the other side are being provided for with porcelain veneers as popular esthetic modality with uncertain model of occlusion. Recently, "non-aggressiveness" of porcelain veneers is criticized when a tooth should be sacrificed due to minimum malposition or a group of teeth in order to attain too wide buccal corridor which is consider not to be natural esthetic quality. Such indications are characterized as "cosmetic crime" and are deemed as unethical procedures. In addition, researches following the described trend are short-term, insufficiently

objective and frequently sponsored by dental manufacturers [5, 10, 11]. Even more dramatic example is "forced" implant placement (previous pretreatment in further prosthetic therapy) of the appropriate manufacturers followed by insufficiently verified clinical certification.

In searching proper communication with patients whose esthetic problems are in own focus, it is useful to ask some questions and consider their attitudes through objective self-evaluation of desired treatment. To what extent dental tissues will be "scarified" by the appropriate esthetic protocol and what will remain for possible reconstructions (*self preservation*), will the recommended treatment on teeth improve their appearance (*self improvement*) and finally, has the objective of implemented destructive therapy on teeth brought esthetic change of smile and face (*self destruction*) are the questions that should be answered by the patient during discussion. Unfortunately, awareness of possible side effects and later consequences of esthetic therapeutic procedures, which is in close relation with the wide variety of information in dental advertising brochures neglecting this aspect of notification, often do not exist in patients.

In everyday practice, it would be useful to adopt and use the possibility that the patient himself/herself puts forward his/her system of values concerning a few essential questions. VAS scale or *Visual Analogue Scale* is known instrument of esthetic analyses in scientific researches; however, it is rarely used in routine work. The essence is to give brief visual answers on the scale from 1 to 100, where the patient is personal attitude to asked questions through positions: not important, important and very important. VAS scale questions are similar to those already mentioned, when the patient thinks about the importance of existence of strong and healthy teeth, about the possibility that teeth appear more beautiful, and about methods to avoid major damage of teeth as well as possible future complications. Addition includes questions representing the patient's concern regarding teeth color and position. Potential conflict between the patient's wishes and clinical reality is the situation which is discussed in detail and confirmed in writing prior to starting the therapy.

In order to find the best compromise esthetic solutions which unite the patients' desires and sophisticated professional therapy with minimum biological complications, it is necessary to answer in a critical manner to open questions: 1. what is the benefit of proposed therapy, and how big are the risks; 2. what are realistic problems that follow appropriate esthetic modality; 3. what are the real motives that determine the therapy; 4. is the realistic description of procedure and long-standing effects that the patient can expect given; 5. are there alternatives for proposed therapy; 6. what are material costs; 7. what are the possibilities of correction/change if the treatment unforeseen developments arise, and 8. does the doctor proposes the same treatment to himself/herself and his/her loved ones if he/she is in the role of the patient? [12].

The fact is that the public as well as every patient expects the appropriate services from dental profession. Observance of ethical standards within the profession is deemed dentists' basic duty, with emphasis on elementary principles of preserving health: to do good, work in the best interest of patients (*beneficence*) and do not harm the patient (*non-maleficence*). Essentially, a set of ethical

principles, bearing moral prefix, determines the behavior of the profession in solving patients' esthetic problems. Having free framework of the most important determinants, ethics nevertheless differs from law, but also from absolute freedom in activities, and is described as "devotion to inapplicable" [12]. In the profession, ethical behavior is deemed mandatory, not optional.

Almost every decision, diagnosis or set up indication in esthetic or cosmetic segment bears ethical and legal component. Though there are cultural specificities, specifically within races, it seems that there is largely established hegemony in creating very white teeth arranged in ideal composition without pronounced individuality of each tooth. It should not be forgotten that the social codices in modern world have been changed, compared with the past, and the loss of teeth is not any more accepted as a sign of natural aging, but as the situation which is prevented or successfully solved in different accessible ways. There is consideration that cosmetic dentistry in its "noninvasiveness" is a great threat to preservation of natural teeth health [12].

MARKETING IN ESTHETIC DENTISTRY

Viewing inevitably present marketing postulates, it should be pointed out that there are complex relations in social couplings between dental science and practice which additionally contribute to increase of confusion, first of all in patients [13]. Apart from esthetic criteria which are inherited or acquired by influence of the environment, dentists and patients (directly or indirectly) are being satiated with numerous recommendations they receive from mass media and guerilla actions of corporative marketers. Mass media through contents in different forms (announcement, commercial, recommendation, testimony, representation, etc.) launch information which is most often result of the paid campaigns of corporations or organizations aiming at earning profit. All other guerilla actions relate to numerous alternative methods whereby the patient is reached through intermediary, dentist or dental technician. These actions are sometime foreseeable (include workshops, accompanying programs on symposiums, distribution of flyers and material), sometime quite innovative.

Surrendering to such information, the patients, deeming they independently make decisions on certain desirable characteristics (appearance of their teeth) in fact implement under instruction the dictated [14]. This take place twofold: on clear perceptible level, aware plan, and on very subtle level, subconscious and emotional [15,16,17]. By messages, the intelligence or differentiation of the patient is in no way diminished, but it is simply appealed to parts of personality that are not cognizable [18, 19].

Thus, marketing (as science, discipline, philosophy, theory and practice, aiming at market research, recognition or creation of needs, design of products, goods, services, information and all comprehensible, satisfying determined needs, promotion, marketing and sale at certain price) [20] and ethics [8] joined together imply relatively simple cognition: that all processes of research, creation and marketing of service/product must be conceptualized and realized to the benefit of all involved parties [20,21,22].

Taking into account that all technological innovations and advanced possibilities of digital media change the nature of interaction between dental companies and dentists, today is possible to communicate with the patient by name and surname, develop long-term relation with him/her, make partnerships and enable him/her to come to therapy whenever it suits him/her. In digital strategy, it is known as "Martini Principle" anytime, anywhere, anyhow. In addition, digital channels enable new interventions that simply could not exist without the Internet. Interactivity and *real time* dialog created digital marketing being more flexible, more precise and more measureable than the traditional. Also, new technologies have brought new possibilities: marketing specific for location of the message recipient, completely new method of interaction in markets and movement of advertising from the model called interruption marketing ("interrupts" uncalled into our life) to so-called permission marketing (where we give permission that advertising message should be sent to us, which we want and when we want) [23].

The interweaving of ethical and marketing spheres is regulated by law (law with prohibitions related to advertising 79/2005) [24], standards and codices, but corporations, dental companies, private doctor's offices, clinics and creative individuals are given certain freedom in representing and advertising.

Nowadays, research of pathology and oral health includes systematic collecting, registering and analyzing available information on patients, identifying possible solutions and potential added problems (Figure 1). Consequential examinations in the sphere of presenting esthetic dentistry lead to three conclusions:

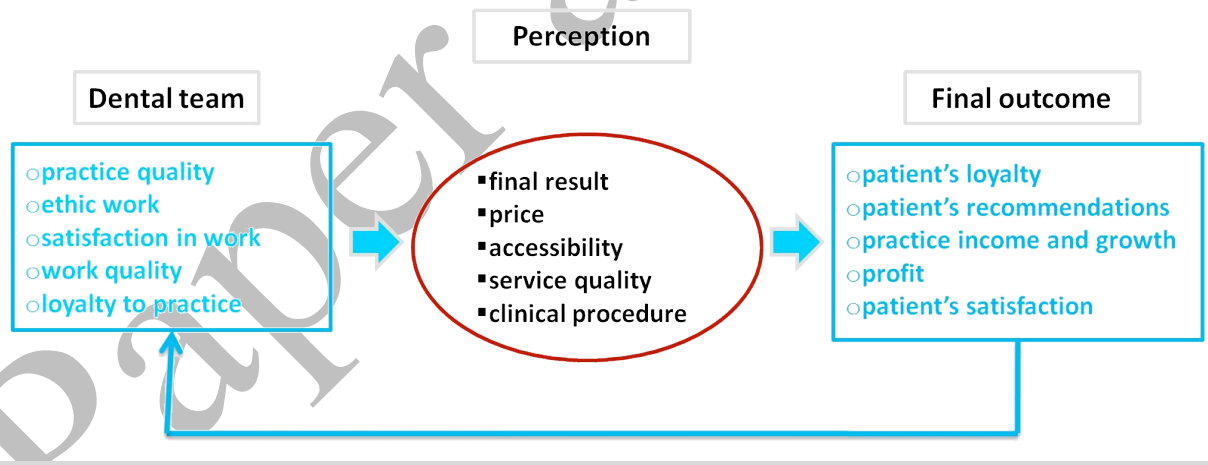

Figure 1. Profit in dental practices is result of combination of more factors [13].

1. Application of simple, but aggressive marketing tools which are on one side directed to the dentists, and on the other side to patients, is observed. Primary target group, dentists, by lobbying and exposing to constant activity of promoters and training on courses and workshops, companies inspire to become dominant leaders (*opinion leaders*) who thereby obtain exclusivity (or illusion thereof in the domain of prestige, the public, visibility, popularity) in certain market [25,26];

2. Secondary target group, patients, attain *digest* version of services in commercials (toothpastes, antiseptics, denture adhesives, etc.) with permanent pressure that lifestyle is determined not only by healthy, but white, evenly spaced teeth which charm in smile (Hollywood or Bollywood film stars). Information offered by attractive photographs/visual contents and important information brushed aside (e.g. inscriptions at the end of commercials in small letters, or fast pronunciation for the purpose of shorter duration of commercials, and therefore lower price);

3. Dental companies, dealing with the production of dental materials implement very short researches (e.g. frequent one-year retrospective studies, instead of desirable years-long prospective studies), rebranding the existing products and changing only some particular ingredients. Due to aggressive campaigns of marketing "new" products in the market, by general hyperproduction, the companies overwhelm specialists, who heavily follow fast, more formal than essential, changes of trends. Most often outcomes of such strategy in practice are either hanging on to one manufacturer or consuming seemingly the most attractive or the most accessible product in utterly unfair competition.

The largest damage which marketing can directly inflict to dentistry reflects in visible effect: "intellectual and professional adaptations of patients and dentists who invest their skills into something, wherein perhaps they personally do not fully believe, and which helps dissipating and final destruction of the most precious human spiritual goods – trust in existence of significant objective of human activity and respect of the integrity of man" [27]. Besides all internal needs of patients to resist to the society of spectacle, the society wherein image and money dominate, in constant quixotic struggle with hyper -commercialization, it is clear that marketing is "omnipresent aspect of economic system and withdrawal would represent the capitulation of the main principle of capitalism - expansion", and is unavoidable [27]. For this reason, it is necessary to arm ourselves with knowledge which would capacitates patients and dentists to distinguish faster and wiser in favor their health, using marketing only as one of fashionable methods of presenting dental procedures. Beautiful is not only that what is as such presented and accepted by the society, but beautiful is, in most general esthetic terms of the word, pleasant, good, harmonious, of quality, valuable, worthy, seductive and consistent [28].

In this direction, one of useful models of parallel thinking is de Bono model of Six Thinking Hats. Model explains possible strategy of mental thinking through processes of hat color by use of different tools [29].

With all dilemmas, it should be concluded that the positive shift of complete dental profession is present, which, by developing and changing known attitudes, puts a focus on respecting wishes and needs of patients [30]. Alike, esthetic dentistry, largely marketing oriented, bears an obligation of the therapist to recognize the patient being uninformed, familiarize him/her with different cosmetic and esthetic procedures, really point out possible negative consequences of proposed therapeutic modality and propose most optimum therapy.

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