



The ethics of information

Over the holidays, I ran into my neighbor, an attorney, who informed me that he now worked for the university, dealing exclusively with ethical and legal issues in cyberspace! Amid images of him, the US Justice Department, and OJ's defense team going boldly where no one had gone before, it occurred to me that this truly is where civilization is headed. Information has become the commodity we trade, and in our electronic age, cyberspace is the market place. New rules, new opportunities, new ethical dilemmas.

Dentistry is going along for the ride. We are as much purveyors of information as of the healing arts by virtue of our professional education. Dentists manage the commodity of information as patient education or translate it to patient care. Professional ethics guide us in the process. Will the information age create new and parallel ethical challenges for dentistry? I think so.

The sum and science of dentistry used to be a reliable constant in care delivery, but today's volume of information and its rapid turnover are new and formidable variables in the dentist-patient equation. Something else has changed as well, and in our favor — the ability to manage information. The landscape of individual cottage industries called dental practice is now a part of the electronic infostructure, computerized and linked by computer to scientific change. The computer may not be as common in dentistry as the handpiece, but that day is coming.

These changes spell new ethical challenges for all of dentistry — challenges to keep current, to determine patient outcomes for our practices, and to teach students only that which is important to care. An age of professional judgment based on "it works in my hands" is rapidly passing to an age of "it works or it doesn't". Practitioners and educators alike have an ethical responsibility to keep up with change and now have the tools to do it.

"Boot up or shut up" says it all.

Curricula based more on history and current skills of faculty than on what works for people must be challenged. The recently published Insti-

tute of Medicine report on the future of dental education implores the professional, educational, and accrediting communities to look to outcomes of care to restructure curricula. Will we have the courage and ethical resolve to teach health care that works, rather than health care that keeps us working? The information era challenges us to put the power of computing to work to do more than grade students and check attendance.

As clinicians we'll need to ask ourselves whether haphazard impressions of the effectiveness of care are superior to the organized and systematic review that computers make possible. If we can use computers to enhance incomes, we surely can use them to enhance outcomes! Sure, professional judgment still rules clinical care, but as outcomes clarify the broth of clinical dentistry, we can turn our skills to solving problems like access to care. Can we ignore the potential human benefit of increased efficiency, access, and a standard of care that harnessing information will give us? I think not.

Licensing bodies will have to face facts — facts not easily accessible before. State boards will be linked to one another and to schools. Candidates won't be strangers hoping to make a good first impression but well-known suitors with profiles of risk, accomplishment, and character. Examining agencies will have to choose between continued martyrdom of board patients for the public good and use of simulated patients eminently qualified with reliability and validity! These changes are within the grasp of our profession's sentinels today.

For all health providers, in making the ethical choices of cyberspace, the high road is the information superhighway. The dental profession can travel it in dignity by embracing the power of information and using it for the benefit of people or sit silently by the side of the road with no one in the parking lot.

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