Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Focus on profit in healthcare induces cynicism

Rose A. Shame-to-cynicism conversion in *The Citadel* and *The House of God*. *Med Humanit* 2020; DOI: 10.1136/medhum-2020-011882. Online ahead of print.

The personal consequences of shame highlighted

A. J. Cronin's 1937 novel *The Citadel*, sometimes considered the inspiration for the post-war National Health Service, tells of the career of Andrew Mason, from medical practice in a Welsh mining town to London's medical establishment and back to the Welsh valleys. The book was recognised as a timely attack on the dysfunctional medical system of the time. Samuel Shem's *The House of God* (1978) recounts the internship of young medical graduate Roy Basch, satirising the conditions which lead to burnout and fatigue. Shem emphasises the need to bring caring back into evidence-based medicine, whereas Cronin draws out the need to counter quackery with evidence-based medicine. Both, however, are concerned with systems where there is a relationship between medical care and profit. In *The Citadel*, the system is rigged to benefit doctors paying more attention to their invoices than their patients. In Shem's book, patients are retained in hospital for longer than necessary to increase profit for the hospital.

The heroes of both novels have moments of revelation. Mason watches an experienced surgeon, for whom he had great admiration, botch an operation, allowing the patient to bleed to death. Mason is 'sick, shattered' and 'trembling, infuriated by the consciousness of his own weakness', his shame manifesting itself in anger. Basch's revelation comes in a different theatre, watching a mime artist, revealing that 'something had died' within him, with the detachment and cynicism of 'his own performative self-presentation in his clinical encounters'.

Cynicism with the systems may facilitate this protective detachment and cause shame. However, if cynicism causes clinicians to become hardened and feel too little, then shame may lead to feeling too much. Shame is a negative emotion, feeling that one's shortcomings are being judged by others and perceiving oneself to be inadequate or immoral.

Cynicism can be seen as a resource to express frustrations with archaic or dehumanising medical systems and the effects of shame exacerbated by a selection system which chooses 'high achieving perfectionists for whom failure is uncommon and unwelcome'. Rose argues that while shame induces cynicism in these fictional examples, it is clear that the process is bi-directional, creating a 'feedback loop whereby cynicism incites [...] shame, demanding further detachment, cementing further cynicism'. Both novels, in their time, have influenced the development of healthcare systems and the hidden curriculum of healthcare training. Further research is needed to establish whether past fictions match present reality.

<https://doi.org/10.1038/s41415-021-3324-1>

Where traditional dentistry and aesthetics meet

Holden A C L, Quiñonez C R. Is there a social justice to dentistry's social contract? *Bioethics* 2021; DOI: 10.1111/bioe.12915. Online ahead of print.

The lines are blurred but professional responsibility is clear

Dentistry operates within a social contract – the provision of oral care by an altruistic profession which places the interests of the public above the interests of the profession, engendering trust and allowing self-regulation. Traditionally, the profession's role was seen as the alleviation of pain and the restoration of the consequences of disease, in line with other healthcare professions. However, consideration of the role of aesthetics in oral care blurs the margins of the social contract. Aesthetics (there is no such thing as a non-cosmetic dentist) form an integral part of oral health, which includes being able to smile and convey 'a range of emotions through facial expressions with confidence'. There is now a public expectation that the profession will meet their aesthetic needs as a part of the social contract.

The authors make two caveats to this accommodation of aesthetics within the social contract. Firstly, they draw a distinction between needs fulfilment (as a part of improving health) and needs creation, where advertising exploits the links between oral health, appearance and social status. Commercial practices may undermine the profession's altruistic commitment. Secondly, there is a concern for social justice. Can the profession still be called such if, diverted by cosmetics for the few, it can no longer provide the core service of pain control and disease management to the many, the very basis of its social contract with society?

However, lack of definition of what is and what is not essential for oral healthcare compounds the difficulties of achieving social justice in the provision of dentistry, in particular for those who are worst off in society. The nebulous nature of dental aesthetics and its relationship to the treatment of dental disease make it difficult to establish equitable boundaries for social justice to be achieved.

Incursions into the professional monopoly of dentists have recently become more common, as in the introduction of dental therapists, as mid-level providers, in an attempt to reduce the costs of treatment provision. The introduction of direct-to-consumer whitening services and orthodontic treatment threaten the monopoly. However, rather than try to improve access to care, to negate the need for these incursions, the profession's reaction has been to try to reassert its monopoly by legal means.

If the profession fails to acknowledge its commitment to the social contract and social justice, then it should not be surprised that society seeks alternative means to ensure its needs are met. Equity of access to oral care for both those with a compromised dental appearance and those with existential threats to health from oral disease are core requirements of the profession under the social contract.

<https://doi.org/10.1038/s41415-021-3325-0>