# The Ethics Corner

## Interview with NYSDA General Counsel Lance Plunkett—Part Two of a Three Part Series

By Julie Connolly, DDS, Ethics Committee Chair

*Ethics Committee Members Lawrence Bailey, DDS and Gail Schupak, DMD, posed several questions regarding ethical challenges faced by dentists in New York to Lance Plunket, Esq., General Counsel for the New York State Dental Association.*

### Part II: Access to Care

**Q:** What are the ethical considerations related to access to care?

**A:** The very first principle in the NYSDA Code of Ethics states: "The dentist's primary professional obligation shall be service to the public." The very first Advisory Opinion under that principle adds: "A dentist should strive to make her/his services accessible to all who are in need." NYSDA members demonstrate on a daily basis that they take this ethical obligation seriously, frequently offering free dental care to many needy patients. Access to care is clearly at the forefront of ethical behavior for the profession.

Is a program like Mission of Mercy a good way of giving back or does it expose deficiencies in our present model of care for the poor? No charitable dental program should be criticized, because such programs involve volunteer dentists who are trying to do good for patients who might not otherwise receive any dental care. And it all relates back to that ethical obligation to strive to make care available to all who are in need. There are many ways to live up to that ethical obligation and many dentists do so in their private practices on a daily basis quite apart from large events like a Mission of Mercy.

NYSDA, in a public-private partnership with the New York State Department of Health and a grant from the New York State Legislature, has pioneered a program of free dental care in communities throughout New York State at Article 28 facilities and Federally Qualified Health Centers. Particular focus has been on underserved rural communities and underserved populations. These smaller programs are repeatable and effective at placing patients with ongoing dental homes for regular dental care. They are part of the mix of charitable programs that can be used to provide access to care to needy patients. Rather than single out one model over another, dentistry in New York has met its access to care ethical obligations through a variety of charitable service programs to the public. This does not mean that the way government handles care for the poor is not without deficiencies, but those deficiencies would exist to an even greater extent if dentistry just sat on the sidelines and did nothing to reach out to underserved communities and populations.

**Q:** Should every dentist be mandated to treat Medicaid patients? Should dental therapists be allowed to treat this needy population?

**A:** Mandated charitable care in any field of work is not a popular idea and many of the people dentists serve through charitable care are not Medicaid patients. Medicaid was not originally designed to be a charitable care program. Like Medicare did for the elderly, Medicaid was meant to provide government insurance coverage for the needy. There was no starting premise that Medicaid fees for health care services should be reduced or deemed to be charitable in nature for either medicine, dentistry, or any other health care profession. However, over time, as government sought to cut its own costs, many government bureaucrats equated Medicaid with charitable motives and came to believe that health care providers should be willing to receive lower reimbursements for the benefit of needy Medicaid patients. But that attitude and premise, while seemingly sweetly benevolent, was never the foundation for the Medicaid program because it makes little economic sense and was financially unsustainable as a starting premise. Free dental services for everyone would be wonderful, but then there would be no dentists, or anyone else, to provide them to the public. Therefore, it really is a complete and inadvisable change of the foundation of the program to talk about mandated Medicaid participation for dentists at very low fees.

This problem is not solved by dental therapists. First, there is no reason to assume that dental therapists would find low fees and low income an attractive earnings option any more than any other provider of health care services would. Second, New York is not faced with a situation where people have a choice only between no care or cheaper care from a person with limited dental training. Access to care is not the same problem for New Yorkers as it is for people in states like Alaska, Maine, or Minnesota. Where dental therapists have arisen, it is exclusively in a very small number of vastly rural states where there are limited numbers of dentists per average square mile. Those kinds of geographic aberrations may require different solutions, but New York is not faced with that kind of dilemma. And, of course, there is always the argument that people in need should not be relegated to a lesser degree of care than a dentist could provide, but the reality is that in New York there really is no need for that argument. Nobody in New York has yet suggested that Medicaid patients should just have cheap care—and cheap care is not going to be any panacea for the many problems with Medicaid as a government insurance program. ■