The business of care: Rethinking profitability in private dental practice

SADJ SEPTEMBER 2024, Vol. 79 No.8 P409-411

Prof NH Wood, Managing Editor, SADJ - BChD, DipOdont(MFP), MDent(OMP), FCD(SA), PhD

In the fast-paced world of private dentistry, the drive for success has never been more intense. Dentists today face a complex balancing act: maintaining profitability while staying true to the core values that define the profession. The push toward high-revenue procedures and commercial training programmes has reshaped many practices, but at what cost? Are we, as practitioners, slowly drifting away from the fundamental purpose of dentistry: caring for the oral health needs of all patients, especially those most vulnerable? This editorial invites you to reflect on the evolving landscape of private practice, urging a return to the roots of ethical, patient-centred care, without sacrificing the future of your business. The question is not whether profitability matters, but whether it can co-exist with integrity in a profession grounded in trust and compassion.

The ethical foundation of dentistry

At its core, the practice of dentistry is built upon a strong ethical foundation that prioritises patient welfare and the provision of quality care. The World Dental Federation (FDI)¹ and the Health Professions Council of South Africa (HPCSA)² outline clear ethical guidelines that emphasise patientcentred care, integrity and professional accountability. According to these codes, the primary responsibility of a dentist is to place the needs and interests of their patients above all else, ensuring that decisions made in treatment planning and execution are in the best interest of patient health and wellbeing. However, the increasing commercialisation of healthcare systems – including dentistry – has introduced financial pressures that may challenge these ethical principles. This trend is not unique to South Africa, as research has shown that healthcare professionals globally are being influenced by market-driven models that incentivise high-cost procedures. A study by Favaretto and colleagues (2021)³ explored how digitisation and commercialisation within healthcare affects clinical decision-making, finding that economic incentives can sometimes lead practitioners to prioritise profit-generating treatments over necessary but less lucrative care. In the context of dentistry, this may manifest in the form of overtreatment or focusing on elective, high-cost cosmetic procedures that may not be aligned with the essential oral health needs of the patient.

In South Africa, the disparities in access to dental care further exacerbate this challenge. Vulnerable populations often struggle to receive basic dental services, while more affluent patients have access to high-end cosmetic or elective treatments. This growing inequality in care highlights the tension between maintaining financial viability and adhering to the ethical responsibility to provide equitable care. Studies have shown that private practitioners face unique pressures to remain profitable, which may lead them to focus on higher-margin procedures, sometimes at the expense of community-oriented care.



Despite these pressures, the core ethical values of dentistry remain unchanged. Upholding patient-centred care, maintaining transparency in decision-making and contributing to the broader oral health of society are paramount. As private practices navigate the complexities of the current healthcare landscape, it is crucial for dental professionals to ensure that their financial goals do not compromise their ethical responsibilities.

The financial realities of today's dental practice

Operating a private dental practice today presents a complex web of financial pressures. Between rising overheads, investment in advanced technologies and maintaining competitive services, many practitioners find themselves walking a fine line between maintaining financial viability and adhering to the ethical responsibility of providing patientcentred care.

The increasing adoption of advanced dental technologies, such as CAD/CAM systems, 3D imaging, lasers and digital health records, has significantly improved patient outcomes and practice efficiency but has also led to substantial operational costs for practitioners. The high cost of acquiring and maintaining such technologies adds financial strain, especially for small and independent practices. While these tools enable more precise diagnostics and personalised treatment plans, they also create the need for constant investment in training and updating equipment, thus driving up the cost of running a practice.⁴

Research also shows that dental practitioners often face intense competition in the private sector. A study on competition in dental practices by Holtmann and Olsen (2012)⁵ found that to stay competitive, many dentists feel compelled to offer high-margin services, such as cosmetic procedures, implants and orthodontics. While these services are lucrative, they can overshadow the provision of essential dental care for broader communities, particularly for low-income patients who may not be able to afford such treatments. This creates a dilemma where profitability can sometimes take precedence over the core values of dentistry, which emphasise equitable care and community welfare.

In South Africa, the socioeconomic disparities further complicate this balance. Many people rely on the underfunded public sector for dental care, but for those who seek private services, the high costs can be prohibitive. While affluent patients have access to premium treatments, the majority of South Africans struggle to afford basic dental services in the private sector, exacerbating the country's overall health inequity.⁶

Despite these pressures, private practitioners could innovate by offering more affordable care models. Tiered pricing, flexible payment plans and partnerships with public health initiatives are potential ways for dentists to serve a broader patient base while maintaining their financial stability. Would it be out of line to ask such a question? The financial realities of private practice create challenges for dentists in maintaining profitability without compromising their ethical obligations. As practices adapt to new technologies and the pressures of a competitive market, it is crucial for practitioners to remain mindful of their responsibilities to the community and strive for a balance between financial success and patient-centred care.⁷

The role of commercial training programmes

Commercial training programmes and industry partnerships play an increasingly prominent role in shaping the practices of private dental professionals. These programmes often focus on enhancing the profitability of private practices by promoting high-margin treatments such as cosmetic procedures, dental implants and orthodontic services. While these programmes can offer valuable skills and knowledge, there is growing concern that they may inadvertently shift the focus of practitioners away from essential, communityoriented care towards more financially driven treatments.

Continuing professional development (CPD) in dentistry has increasingly been shaped by industry stakeholders. While CPD is vital for skill development and keeping pace with advances in dental technology, industry involvement can sometimes lead to the promotion of specific, high-revenue procedures that align with commercial interests rather than patient needs. For example, courses heavily sponsored by dental implant manufacturers may emphasise the use of implants even in cases where more affordable, conservative treatments could suffice.⁸

This commercialisation of professional training poses an ethical dilemma. Private practitioners, particularly those who run their own clinics, often face significant financial pressures, making it tempting to adopt practices that generate higher revenue at the cost of ignoring the broader health needs of the community. The growing emphasis on elective procedures, driven by commercial training, can exacerbate the divide between affluent patients and those unable to afford these costly treatments.⁹



EDITORIAL < 411

It is crucial for private practitioners to critically assess the influence of commercial training programmes and strive to balance profitability with their ethical obligation to provide comprehensive care to all patients, especially vulnerable populations. Professional organisations, such as the South African Dental Association (SADA), can play a vital role by ensuring that CPD courses maintain a focus on patient-centred care and public health needs, while still incorporating the latest technological advances in the field.

Reaching vulnerable populations

One of the key ethical imperatives in dentistry is the responsibility to provide care that addresses the needs of all populations, not just those who can afford high-end treatments. However, the growing commercialisation of private dental practice often results in a disproportionate focus on elective, high-cost procedures that cater to wealthier patients, leaving vulnerable populations underserved. This is particularly concerning in a country like South Africa, where socioeconomic disparities create significant barriers to accessing essential oral healthcare.

There are stark differences in access to dental care across various socioeconomic groups in South Africa. Low-income populations and those living in rural areas face significant barriers to accessing even basic dental services, largely due to the high cost of private care and the underfunded state of public healthcare.⁶ This creates a situation where affluent patients have access to cutting-edge, high-cost treatments, while a large portion of the population remains unable to afford routine preventive care. The commercialisation of private practice, driven by market forces and industry training programmes, can exacerbate this divide by encouraging dentists to prioritise profitable procedures over essential, community-oriented care.

A related issue is the lack of preventive care initiatives targeted at vulnerable populations. Studies show that preventive care is one of the most cost-effective ways to address the burden of oral disease, particularly in low-income communities. However, the financial pressures faced by private practitioners, combined with the focus on high-margin procedures, often result in preventive care being deprioritised. A study by Peres et al (2019)¹⁰ discusses how private practitioners can play a more active role in addressing this gap by integrating preventive care into their practice models and working with public health initiatives to reach underserved populations. To address the needs of vulnerable populations, private dental practitioners should consider adopting more inclusive care models.

Professional integrity and long-term success

Maintaining professional integrity while ensuring long-term success is one of the greatest challenges facing private dental practitioners in today's competitive healthcare environment. As market-driven pressures intensify, dentists may feel compelled to prioritise high-revenue treatments that meet the demands of affluent patients. However, studies indicate that building a practice based on trust, transparency and patient-centred care not only upholds professional ethics but also fosters sustainable long-term success.

Grol (2001)¹¹ highlights that patient satisfaction and trust are key drivers of practice growth, particularly in dentistry, where

personal relationships and care quality heavily influence patient loyalty. Practices that emphasise ethical decisionmaking, clear communication and genuine patient care often see higher patient retention and referral rates, leading to sustained financial success over time. While cosmetic and elective procedures can be profitable, the true foundation of a successful dental practice lies in its ability to meet the essential health needs of its patients while maintaining transparency about treatment options and costs.

Furthermore, investing in preventive care and focusing on long-term patient outcomes has been shown to be a financially sound strategy. Research by Peres et al (2019)¹⁰ argues that preventive care models, which prioritise patient education and regular check-ups, can reduce the incidence of costly dental interventions in the future, benefiting both patients and practitioners. By focusing on long-term health outcomes rather than short-term profitability, private practitioners can build stronger, more resilient practices that stand the test of time. Ultimately, private dental practitioners must navigate the tension between profitability and professional integrity with a balanced approach. By adhering to ethical standards and focusing on the holistic wellbeing of their patients, dentists can ensure not only the growth of their practice but also their lasting reputation as trusted healthcare providers.

As the landscape of private dentistry continues to evolve, so too must our approach to navigating its complexities. Profitability and professional integrity are not mutually exclusive; they can, and must, coexist. Now is the time for private practitioners to reassess their roles, not just as business owners but as stewards of community health. By embracing patient-centred care, investing in long-term relationships and ensuring that all patients, regardless of socioeconomic status, have access to essential dental services, we can start to reshape the future of dentistry for the better. This is not a call for change directed solely at dentists. All stakeholders (professional associations, commercial partners and educators) must come together to foster a culture that values ethics as highly as it does innovation and financial success. The path forward lies in striking the delicate balance between advancing our profession and preserving the trust that has always been its foundation.

REFERENCES

- World Dental Federation (FDI). FDI Code of Ethics. Geneva: FDI; 2020. Available from: https://www.fdiworlddental.org/sites/default/files/2020-11/fdi-dental_ethics_ manual_2.pdf
- Health Professions Council of South Africa (HPCSA). Ethical guidelines for good practice in the health care professions. Pretoria: HPCSA; 2021. Available from: https:// www.hpcsa.co.za/Uploads/professional_practice/ethics/Booklet_1_Guidelines_for_ Good_Practice_VDec_2021.pdf
- Favaretto M, Shaw D, De Clercq E, Joda T, Elger BS. Big data and digitalization in dentistry: A systematic review of the ethical issues. Int J Environ Res Public Health. 2020;17(7):2495
- Tonmukayakul U, Calache H, Clark R, Wasiak J, Faggion CM Jr. Systematic review and quality appraisal of economic evaluation publications in dentistry. J Dent Res. 2015;94(10):1348-1354
- Holtman A, Olsen E. The demand for dental care: A study of consumption and household production. Journal of Human Resources. 1976;11(4):546-560
 Mukhari-Baloyi NA, Bhayat A, Madiba TK, Nkambule NR. A Review of the South
- Mukhari-Baloyi NA, Bhayat A, Madiba TK, Nkambule NR. A Review of the South African National Oral Health Policy. *South African Dental Journal*. 2021;76(9):551-557
 Hu T. The demand for dental care services by income and insurance status. Advances
- Hu T. The demand for dental care services by income and insurance status. Advances in Health Economics and Health Services Research. 1981;2:143-195
 Wood NH. The ethical imperative: continuing professional development in dentistry.
- Wood NH. The ethical imperative: continuing professional development in dentistry. South African Dental Journal. 2023 Oct;78(9):429
 Holden AC. Consumer-driven and commercialised practice in dentistry: an ethical and
- Holden AC. Consumer-driven and commercialised practice in dentistry: an ethical and professional problem? Medicine, Health Care and Philosophy. 2018 Dec;21:583-9
 Peres MA, Macpherson LM, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S,
- Peres MA, Macpherson LM, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H. Oral diseases: a global public health challenge. The Lancet. 2019 Jul 20;394(10194):249-60
- 11. Grol R. Improving the quality of medical care: building bridges among professional pride, payer profit, and patient satisfaction. Jama. 2001; 286(20):2578-85