

On being self-ish, self-less or well-balanced (other-ish), and how this may relate to practicing dentistry

SADJ July 2022, Vol. 77 No. 6 p369- p371

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ABSTRACT

It has been said that people are driven by either self-interest or caring for others. In extreme cases, the former selfishly seek self-fulfilment, often at the expense of others, while the latter selflessly and altruistically strive to please others, many times with personal costs. This paper will explore the issues of selfish versus selfless behaviour with regard to the practice of dentistry, and offers dialogue on how practitioners could pursue a more balanced option that will serve the best interest of both parties.

INTRODUCTION

A rather cynical author once wrote:

“About winning: It matters not if you win or lose, it’s how you play the game.

On losing: It matters not if you win or lose its how you play the game.

On playing the game: Play to WIN.”

It is generally accepted that anyone who enters into a game does so with the hope of winning. Unfortunately, some players become so set on personal gains that they will do anything in their power to win, even if it is at the expense of their opponents. Bill Gates, had a different view and suggested that not everyone plays to win, he said “There are two great forces in human nature: self-interest, and caring for others.” Thus, in the game of life there will also be those players who are so committed to serve the interests of the other, that they set aside their own needs in the process. In the extreme cases, the former selfishly seek self-fulfilment and benefits, often at the expense of others, while the latter selflessly and altruistically strive to please and serve others, and in the process may end up physically, mentally or emotionally burnt out themselves. This paper will explore the issues of selfish versus selfless behaviour with regard to the

practice of dentistry, and how clinicians could “play the game” in a manner that will benefit both parties.

Selfish versus selfless

The oxford English dictionary defines selfishness as: “being concerned excessively or exclusively, with oneself or one’s own advantage, pleasure, or welfare, regardless of others”.¹ This is diametrically opposed to selflessness, which is defined as “having more concern for the needs and wishes of others than with one’s own”. Neither trait is desirable if it is displayed on a permanent basis. Thus, it would seem that there is a need to find a midway solution that will be beneficial to both. The discussion will be based on a model designed by Adam Grant, who wrote an insightful book wherein he compared people who were predominantly selfless (self-sacrificing) givers with the selfish takers. He proposed a possible more balanced category, which he called the “other-ish” group. He considered them to be “successful givers who know how to maintain concern for themselves as well as others”.² They genuinely care about helping people, but still want to achieve their own ambitions and interests, and don’t see these two perspectives as being in conflict with each other. His original model has been slightly modified for this paper and is depicted below (Figure 1).

Giving and Taking in a clinical professional environment

Based on the above model, the givers and takers fall into two opposite boxes running along the X and Y axes, where the X axis considers other-interest, while the Y axis refers to self-interest. Both boxes have outer extremes at their opposing corners. Those in position O show total concern for Others, while those at point S are fully committed to Self. However not everyone can be categorised as being one or the other of these two personas. There are two other groups that should be considered as well. At the bottom of both axes is a group which Grant termed the Apathetic, who show general indifference towards themselves and others. They are opposed by a fourth group, which he termed the Other-ish people. In this adapted model they will be referred to as the Balanced successful givers. Once again, these two boxes also have extreme outer limits at point A and point B respectively. Travelling from point A to point B you will meet at an intersection of the diagonal line between points S and O, at a mid-point M, this may be seen as a Moderate, Midway stance taken by Most people Most of the time. The aim would be to move up the arrow from which ever starting point a person may find themselves to reach point B, where one has found

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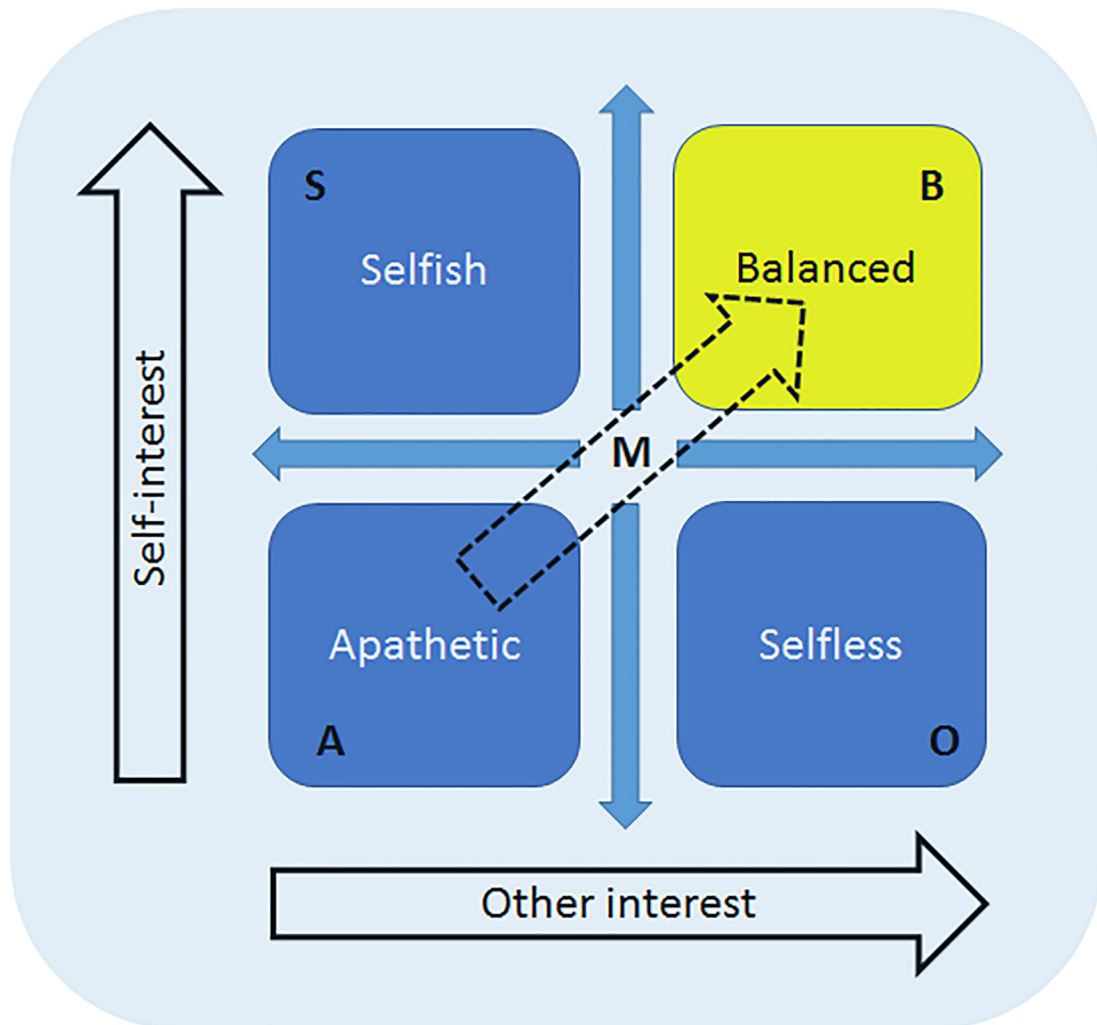


Figure 1. The difference between selfish, selfless and balanced givers.³

the perfect Balance of striving for and achieving the BEST for everyone. This paper considers if and how this model could be applied to the practice of dentistry.

Apathetic practitioners are those who have very little concern for advancing themselves or their practices. They don't set high personal or professional goals, and don't strive to achieve great wealth, repute, clinical or academic prowess. They show little interest in attending refresher courses, reading current literature, or making an effort to update their practices and skills. As a result, their scope and sphere of expertise may stagnate, and they will continue to practice in the same manner that they were taught, no matter how long ago they graduated. While not intentionally acting malevolently, they could end up doing their patients a dis-service if they fail to keep up to date with current trends, materials and techniques, and continue to practice in a dated manner.

Travelling along the X-axis towards wards point O are those clinicians who go out of their way to please their patients, no matter what the personal costs. This can be manifest in a myriad of ways. They may always try to please every patient's needs, demands and desires, no matter how unrealistic the expectations. This is

humanly impossible, yet when they fail, they tend to take it personally and may become stressed or depressed. Some try to give every patient the best possible treatment regardless of the patient's ability to pay for this, and might even undercharge for their services, sponsor materials, or cover laboratory costs, resulting in them being out of pocket. Some concede to patient's desires for treatment times, and may start work very early or finish late, and perhaps work over weekends or on public holidays to accommodate their patients' schedules. In so doing they sacrifice personal relaxation and family time. They could find themselves being pressurised to carry out more complex procedures that they are not skilled enough to handle where patients cannot afford to see a specialist, but still want to have a procedure done.

This places immense stress on an ethically conscious practitioner, who may also have to endure the fear of failure or the repercussions of actual failure. While being selfless is admirable, the dentist who is a relentlessly selfless giver and who does not keep an eye on their own interests can end up doing a greater dis-service to themselves. They run the risk of burning out and / or developing resentment towards their careers. This in turn deprives them of energy, and leaves them is a

state where they are of no use to the very people they set out to please. "There is no honour in NOT taking care of yourself". (Prof Flavia Senkubuge, personal correspondence).

Moving up the vertical axis to point S of the selfish takers. These practitioners are driven by Self-interest and have a "Succeed all costs mentality". They crave rewards (usually financial) and as such may see patients as a means to them fulfilling their own needs and desires. This becomes evident in how they structure their practice and patient care and can result in them behaving in any number of unethical ways such as: They may favour intervention above prevention, promote and recommend more complex and costly treatment over equally suitable yet cheaper conservative options, make use of excessive diagnostic aids that were not essential for diagnostic or treatment purposes, promote procedures according to materials or equipment they have purchased to offset the costs of these, charge inflated fees, underpay their own staff, expect assistants to work for extended hours with no extra remuneration, promote purely cosmetic or aesthetic dentistry, advertise themselves on social media sites to attract patients, over-inflate their abilities using terms such as "specialist implantologist", give patients false expectations to entice them into having certain procedures done, cut costs on materials, use expired, cheap or even non-certified materials, accept kickbacks from company representatives in exchange for using their products preferentially, not present patients with all possible treatment options, and only elaborate on those they wish to carry out, and at worst may become guilty of over servicing. They are often able to justify and defend the aforementioned if questioned. However, it becomes easy for the S practitioner to slide down the slippery slope from being an ethical caregiver towards becoming maleficent or even guilty of malpractice.⁴

Finally, going upwards and outwards to the best position B, which is where the Balanced successful givers can be found. These clinicians have ambitious goals for themselves, but at the same time want to act in a Beneficent manner and also Benefit their patients. In contrast to the selfless givers who sacrifice the self and focus on people, they focus on interests and are proactive about understanding how to make a positive impact. They do not exist merely to please, but have a well-defined purpose and plan, which enables them to decide how, where, and how much to give and how much to take. They develop well-defined boundaries with rules to help them preserve their own well-being. Instead of becoming victims and risking burn out, they become energized by their choices. They learn how to trust most of the people most of the time, and as such avoid being used or becoming doormats to the needs and demands of others. They do not have the need to always be giving, and are adaptable enough to know how to pair empathy with reason. More importantly, they know when to ask for help and are willing to do so if needed.

In terms of their careers, they will spend time attending professional development courses, learning new skills, and investing in the latest materials and technology. This in turn allows them to offer the best possible treatment

to all their patients. They take pride in their work, and practice according to high legal and ethical standards. They acknowledge and value their own worth, and will not sell themselves short in terms of their abilities. They may at times charge higher fees with a clear conscience if they believe their skills and knowledge are deserving of this. They gain satisfaction and fulfilment from both justifiable financial compensation, as well as from knowing that their standards will hold them in high repute amongst colleagues and patients. They manage to structure their lives in order to strike a good balance between work, family, self-time, hobbies, sport and relaxation, and are able to pursue and fulfil their own desires guiltlessly. They have indeed mastered the art of both paying attention to others, as well as to themselves, which allows them to maintain their energy, enthusiasm and joy.⁵

CONCLUSION

Perhaps then the take home message should be that our goals in life and in the practice of medicine and dentistry are to focus on ALL interests, and to strive for the ideal balance between giving and taking. To grow and go from which ever point you identify as your own default position towards the ultimate outer point B of the truly "successful giver". In other words, to become clinicians who strive to gain the BEST for themselves and deliver the BEST to others. To quote Robert Holden "*Your relationship with yourself sets the tone for every other relationship you have*".⁶

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