First Do Harm, Then Blame & Defame

~~Swedish~~ Sweden ~~Private Dentistry~~ Fails the Ethics Test

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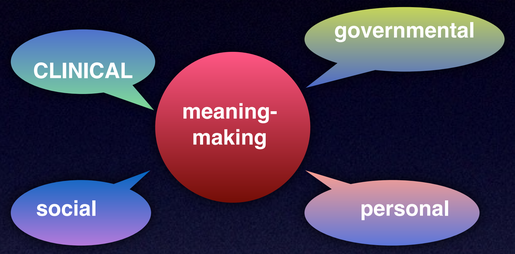
Spaces of the Medical Narrative



Each discursive space has its characteristic linguistic register, conceptual paradigm, operating logic and values (Landzelius 2006).

Patients and physicians are bound together by a shared search for meaning (Groopman 2004)—at least, when the healing relationship works as it should. In his examination of "**the anatomy of hope**," Groopman considers alternative frames of reference that reach beyond science, yet nonetheless inform patient morale and impact patient status. Such "**moral particularisms**" (Brock 1991) transact alongside and along with biomedicine's exceptional **moral consensus** (Kaldjian 2013).

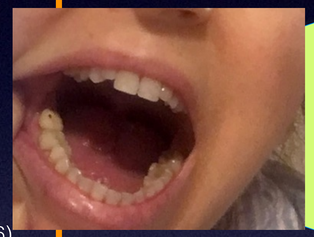
CRISIS —>

What happens to morale, meaning and mutuality when commitment to biomedical ethics and methods is upended—betrayed even—by the very authorities entrusted to safeguard care?

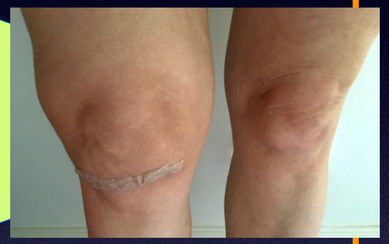
CASE —>

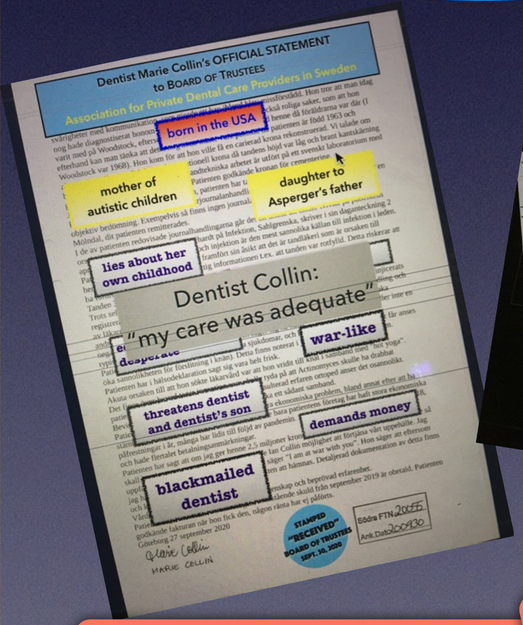
A private dentist whose work doctors pinpointed as the cause of a potentially-deadly infection deployed the discursive space of medicine to send a coded "insider" message: It first "outs" the patient as a non-native with autistic (read: "damaged") children; then slanders the patient's heritage, history, character, and more; and closes with accusations of criminality (Collin 2020). Despite being the dentist's *formal professional statement* in response to an official inquiry, this document was twice erased from the public records (by Sweden's Government Inspection Agency (Sundin et al., 2021), and by Sweden's National Association of Private Dental Providers (FTN 2020). Health authorities not only ditched ethics, but dumped science and defied their own experts to initially suggest the factual impossibility that the patient's toothbrush might have caused the 1-in-a-million-infection (Sundin 2021).

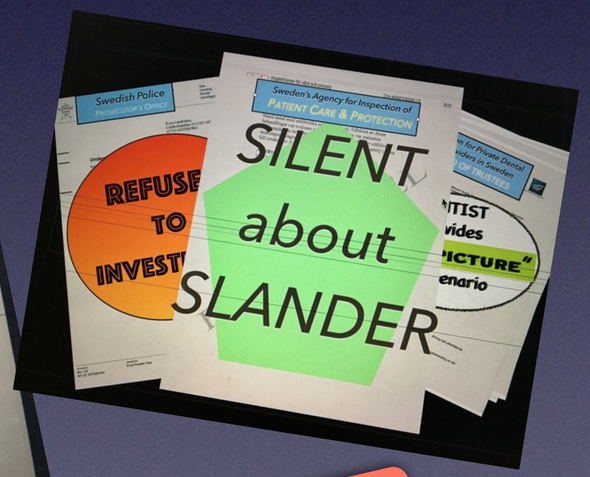
Malpractice case: simple dental crown procedure —>
aesthetically, functionally, procedurally impaired



1-in-million infection
4 lengthy hospitalizations
2 surgeries
18 months illness
permanent joint, nerve, organ damage



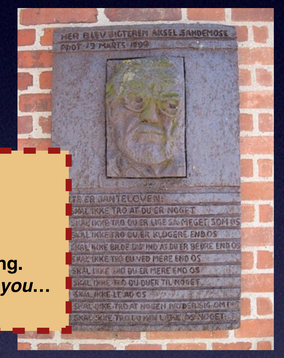




Anatomy of Hope-less-ness

When medicine's guiding principles and methods are emptied of meaning and the agents charged to protect patients abandon ethics + science, thus imposing trauma anew.

Case provides rare glimpse of how the "moral particulars" that govern Sweden spill into (and spoil) health/care governance. Truth relativism, loose accountability, a "Jante" us/them judgmentalism (Fredlund-Blomst 2010, Sandemose 1933), and taboos against system criticism (Pred 2000) problematize the nation's rhetorical embrace of "imported" absolutes like transparency, evidence-based, patient-centered.



Swedish "Jante" Laws

Do not think:

- **you are anyone special.**
- **you can teach us anything.**
- **we don't *know all about you*…**
- **……**

Sweden's "no fault" healthcare regulatory policies—designed to smooth reporting in a conformist and conflict-avoidance society (Åkerman 2016)—have long risked a "no accountability" landscape (Swedberg 2016), but incentives to professionalism have (theoretically, at least) been shored-up by supervisory measures that undergird public-sector care. By contrast, private for-profit care operates with zero independent oversight or re-licensing requirements. Of concern is the rapid rise of thinly-regulated private care in a nation ranked #1 in the widening gap of wealth disparities for the past two decades (OECD data 1995-2019).

Costs of Sweden's abandonment of medicine's moral consensus:

- A deficit of respect that ripples across its healthcare;
- An "expensive mediocrity" that plagues all societal institutions;
- An increasing "talent drain" out-migration of non-natives with education and means to flee "institutional discriminations" linked to *Jante* (Turausky, 2011).
- **Lost opportunity to broaden trust across Sweden's expanding demographic pluralism by enlisting the moral universals of science and democracy.**

REFERENCES:

- Brock, D.W. (1991). Facts and Values in the Physician-Patient Relationship. *In* Pellegrino, Vetch & Lang (Eds.), *Ethics, Trust and the Professions*, 113-130. Wash, DC: Georgetown.
- Collin, Marie and The Collin Dental Company (2020). Official Answer to Board of Trustees, Sweden's Association of Private Dental Practitioners, 29 Sept 2020.
- Fredlund-Blomst, S. M. (2010). *Jantelagen and Multiculturalism: a Dynamic Dual*. Berkeley Undergraduate Journal 23(1).
- Groopman, J. (2004). *The Anatomy of Hope*. Perm J. 2004 Spring 8(2): 43–47.
- Kaldjian, L.C. (2013). *Communicating Moral Reasoning in Medicine as an Expression of Respect for Patients and Integrity among Professionals*. Comm & Medicine 10(2), 177-183.
- Landzelius, K. (2006). Introduction: Patient Organization Movements. *In* Landzelius & Dumit (Eds.), Theme Issue: *Social Science & Medicine* 62: 529-37.
- Pred, A. (2000) *Even in Sweden: Racism, Racialized Spaces and the Popular Geographical Imagination*. Berkeley: UCB Press.
- Board of Trustees (2020). The Association for Private Dental Care Providers in Sweden. Decision #FTN 20055.
- Sandemose, A. (1933/1936). *A Fugitive Crosses His Tracks*. NY: Alfred A. Knopf.
- Sundin, A., Hansson, N. and Blomgren, J. (2021). *Decisions: Case #3.4.1-43421/2020-16*. Inspektionen för Vård och Omsorg (Sweden's Health & Social Inspectorate). 13 April 2021/15 March 2021.
- Swedberg, D. (2016). *Rätt till Ersättning för Patientskador: Utvärdering av ett No-faultförsäkringssystem* (Right to Compensation for Patient Injuries: Evaluation of a No-fault Insurance System). Thesis for Degree in Jurisprudence. Uppsala U.
- Turausky, K. J. (2011). *The Jante Law and Racism: A Study on the Effects of Immigration on Swedish National Identity*. MA. U Mass, Amherst.
- Åkerman, S. (2018). *Misstag inom Hälso- och Sjukvården* (Mistakes in Health Care: Intersection of Healthcare Law and Criminal Law). Jurisprudence, Lund U.