

Is it better to be good or to do good?

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ABSTRACT

People have contemplated what it entails to **be good** and to **do good**. Philosophers propose that being good is an idea about yourself or others, while doing good is an action, towards yourself or others. Other theorists feel that those who want to '**be good**' actually want to '**be seen as good**', while those who strive to '**do good**' are more concerned with following some calling or moral character. If we consider the dental situation, it raises the question of whether the motivation to do good should reign over the practical delivery of good dental treatment.

This brings up many new considerations related to being good and doing good, and whether we are looking at good in terms of the practical performance of the clinical work or in terms of addressing the patient's best interests and welfare.

This paper will explore some of the interesting dilemmas that clinicians may face in their daily practices. It aims to raise their awareness of the differences between patients' demands, actual needs, as well as their own philosophy towards treatment provision.

INTRODUCTION

During a recent exchange of views with some colleagues the concept of what it means to "Be Good" was debated. The question arose as to whether the "good" was in terms of life in general, or dentistry in particular, and who was doing the judging, the person themselves, their peers or their patients?

One interesting comment was, "I'm not interested in dying having been good, I'm interested in dying having done good". This led to further deliberations as to whether



there was a difference between being good and doing good, and if so, which was more important. This paper will explore some of the interesting ideas related to being and doing good from a philosophical standpoint initially, and then with specific reference to us as professionals in dentistry.

What does it mean to **be** good as opposed to **do** good?

Philosophers have postulated that "being good is an abstraction, an idea about yourself or others, while doing good is an action, towards yourself or others". Being good implies a moral judgment, where you are judging the inner quality of a person, while doing good is a factual judgement about their actions towards themselves or others".¹

Other theorists felt that being good was (is) a more superficial and materialistic approach that entailed judging the inner quality of someone by the appearance of things. Doing good evaluated a person on a phenomenological level by judging their actions, and not the person.² Some academics and truth-seekers disagreed with these ideas, and felt that too many people seemed to occupy themselves with trying to be good but perhaps did not spend as much energy trying to do good.

Those who want to 'be good' could actually be wanting to 'be seen as good', while those who strive to "do good" are not concerned with appearances or how they are seen, but rather with following the calling of their soul and moral character. The former will not be bothered about perceptions of others because they will be busy acting good (in the right way) and putting right what is mis-

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placed or unbalanced. In so doing the will also be acting out of the meaning and not the pretext, especially as the appearance of things changes constantly.²

Plato proposed the idea of moral absolutism and relativism. He believes that there is a universal standard of morality that encompasses all moral and ethical principles, and in which all actions are either right or wrong. He argues that if this code is used as a criterion for judgment then individuals intentions, and beliefs, as well as intended or unintended consequences of their actions are irrelevant.³ Other followers of this notion such as Kant add "Act only if you can, at the same time, will that it should become a universal law".⁴

When raising the question of "what is the good", Aristotle suggests that the ethics of this should not be a theoretical discipline, and stresses that we must not look for a list of items that are good. Such a list is easy to compile, and may include, for example, "that it is good to have friends, to experience pleasure, to be healthy, to be honoured, and to have certain virtues such as courage".⁵ According to him the difficult and controversial question arises when we ask whether certain of these goods are more desirable than others. His search for "the good" is actually a search for the "highest good", and he assumes that the highest good, has three characteristics: "it is desirable for itself, it is not desirable for the sake of some other good, and all other goods are desirable for its sake".⁵

He purports that no one tries to live well for the sake of some further goal, but rather that "being happy is the highest end, and all subordinate goal - health, wealth, and other such resources - are sought because they promote well-being".⁵ He further asks what the "function, task, or work of a human being is", and suggests that it consists in "activity of the rational part of the soul in accordance with virtue, and encompasses both the psychological and biological works".⁵ The soul has "distinct capacities which include the nutritive soul, responsible for growth and reproduction, the locomotive soul for motion, the perceptive soul for perception, and so on".³

In addition, he states that "human beings are the only species that have not only these lower capacities but a rational soul as well, and what sets them apart from other species, is their capacity to guide themselves using reason".⁵ Aristotle also writes that if reason is used well, then humans will live well and be happy.⁵ But in order to do anything well they also need to possess virtue or excellence, and only involve themselves in activities that are in accordance with these qualities.⁵ He cautions that its not enough to just exist in a certain state or condition of virtuosity, but that living well consists also of actually doing something good and righteous.⁵ He proposes that in order to be fully happy one must possess others goods as well, such as "friends, wealth, and power".⁵ And one's happiness is endangered if one is "severely lacking in certain of these advantages"³ (inverted commas for quoted text).

Other philosophers questioned him on this by asking if one's ultimate aim is to be virtuous, then why should it make any difference to one's happiness if they have

or lack these other types of good? His only response was that their virtuous activity would be diminished or defective by their lack, and believed "someone who is friendless, childless, powerless, weak, and ugly will not find many opportunities for virtuous activities over a long period of time, and the little they accomplish won't be of great merit".⁵ However he cautioned [iii] that while living well did rely to some extent of good fortune, the highest good, and most virtuous activity, does not come by chance, and each person themselves must take shared responsibility for acquiring and exercising their virtues.⁵ These twelve virtues are: **Courage, Liberality, Magnificence, Magnanimity, Ambition, Patience, Friendliness, Truthfulness, Wit, Modesty and Justice.**⁶

Current literature is replete with affirmations and phrases about being good and doing good such as "Those who do good are designed or disposed, sometimes impracticably and too zealously, toward bettering the conditions under which others live". "Life's most urgent question is 'What are you doing for others?'; "Well done is better than well said."; "What you do makes a difference. And you have to decide what kind of difference you want to make"; and "Every man is guilty of all the good he didn't do".¹

Perhaps we also need to investigate the motivation or intention behind doing good. Is it to make yourself feel better or more inwardly proud? To show others how good your work is? To develop a good reputation and standing amongst your peers? To be popular? To earn good money? To get thanks and applause? Or to truly help and serve patients well? Ultimately it all revolves around intent as Aristotle explains "Eudaimonia is the highest human good, and the only human good that is desirable for its own sake (as an end in itself) rather than for the sake of something else (as a means toward some other end)".⁵

What does it entail to **be** good and to **do** good in the dental profession, and is there a difference?

Aristotle proposes that the object of every deliberate activity or pursuit is the attainment of some good. In other words "The good is that at which all things aim".⁵ However, this concept is too broad to fit the different circumstances that may be encountered in the dental profession, as there are times when it will be the actual activity under scrutiny, whilst in other situations it will be the end product.

It could be argued that the "aim to do good" should be intrinsically superior to the activity or the final outcome. If we then transpose this notion to the clinical situation, it raises the question of whether the motivation to do good should reign over the practical delivery of good dentistry. That brings up a new consideration of the difference between "Being good" and "doing good".

A clinician may "be good" in terms of being knowledgeable, practically skilled, dextrous, well-read, experienced, and practically proficient in terms of patient management. One would expect that they would thus also carry out good work, but does that automatically mean that they are also "doing good"? Let us consider a case in which

a dental practitioner may be tempted to do a greater amount or more extensive procedures than necessary in order to boost their income.

The procedures carried out may be faultless in terms of quality, aesthetics, and functionality, and outwardly the results would be considered a success. The patient too may feel they have been treated well especially if they trust and admire their doctor. However, when one considers that this extent of work was not actually needed, the patient will have suffered several harms in terms of time, costs, biological damage and been deprived the opportunity for fully informed consent. This clinician may thus have “done good” but certainly was not “doing good or being good” ethically.

The sad reality is that they will probably get away with this, as many patients are impressed by slick clinicians with modern equipment and gadgets, who provide rapid, painless treatment, and are prepared to pay considerable sums of money to achieve that perfect white smile. Patients may leave the surgery satisfied that the appointment was kept to time, that there was no pain, and their mouths have been transformed. They may only begin to experience consequences of the over-treatment years later, and may never realise that the clinician was over-treating them.

A contrasting situation is that of the dentists who may not “be good” clinically, but are aware of their limitations, and will operate within their competencies. They may opt to refer the more complex cases to colleagues they trust, and accept the associated financial losses to themselves rather than compromise their patients. While they may not “be good” on the outward practical level, but they also are surely “doing good” and “being good” morally. These scenarios lead back to the very foundations of academic careers. Most teachers hope and believe that their students are inherently good, and that their desire to enter the profession is based on aspirations to achieve Aristotle’s concept of “the good”. The sad reality is that there are those whose objectives become distorted by the attraction or stresses involved in obtaining quotas and/or high grades. They soon learn how to “work the system” to achieve their needs, often using patients as a means to their ends.

Sadly the pattern of behaviour can then continue into their private practices where patients are once again exploited, but this time for financial gain. Ethical dilemmas can also arise when core values are confused, clash or compete, such as when a clinician actually doesn’t know what is the right action to take; when they find it hard to do the right thing; when the wrong choices are very tempting; where it’s possible to justify the wrong actions; or where it may be easy to get away with a wrong doing.⁷ Perhaps educators need to revisit their teaching and the undergraduate curriculum. There is no point in having ethics lectures if the issues of patients’ needs, rights, and dignity and the culture of quota chasing are not addressed. In the words of Professor John Lemmer (personal correspondence) “Ethical concepts are imbibed with your mother’s milk”. But now it is the teachers who need to be the parents nurturing an honest and moral philosophical foundation in their trainees.

CONCLUSION

Every clinician should be their own most severe critic and strive to “to DO good work, do what is good for their patients, be good clinically, and be good morally”.⁷ Ultimately we must always aim to **do right; be fair; do good and not cause harm.**⁸

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