

The Academic Base of Dental Ethics: Teaching and Scholarship

It is widely believed that the growing edge of disciplines and professions is the university. This is where each generation of professionals is trained and where scholarship develops and tests innovations that enhance society. Of course there are other important forces such as professional organizations, the government, industry, and the market place. But any profession that rests on a weak foundation of training and scholarship will be handicapped and eventually pay a price. The central recommendation in the Flexner report on medicine, the Gies report on dentistry, and the Reed report in law was the same in every case: No profession can excel without a firm educational base.

This appendix is intended as a compendium of facts relative to teaching dental ethics in schools and to the growth of the scholarly grounded discipline of dental ethics. The formal development of learning to become ethical in general is presented in the main body of the report. Each subsection here will, however, contain a single sentence offering a general position supported by the data.

Survey of Dental Educators

A survey was conducted in early 2016 of those individuals responsible for the dental ethics curriculum in United State dental schools. Previous studies of this type have focused on counting the number of clock hours and characterizing the format of formal courses in dental ethics in 1982, 1988, 2000, and 2011 [Lantz MS, Bebeau MJ, Zarkowski P (2011). The status of ethics teaching and learning in U.S. dental schools. *Journal of Dental Education*, 75 (10), 1295-1309; Odom JG (1982). Formal ethics instruction in dental education. *Journal of Dental Education*, 46 (9), 553-557; Odom JG (1988). The status of dental ethics instruction. *Journal of Dental Education*, 52 (6), 306-308; Odom JG, Beemsterboer PL, Pate TD, Haden NK (2000). Revisiting the status of dental ethics instruction. *Journal of Dental Education*, 64 (11), 772-774]. The report by Lantz, Bebeau, and Zarkowski (2011) provided a wealth of detail about the theories and perspectives and the resources and methods used in these programs.

The focus of the present study was on those individuals who teach dental ethics (their interest and formal preparation), the integration of ethics teaching in the rest of the dental curriculum, and evidence used to evaluate the impact of these courses. A copy of the survey is attached at the end of this report.

Prior to e-mailing the survey, a note was sent to 62 dental school deans asking them to identify the individual on their faculty responsible for ethics instruction. With several follow-up phone calls, ten deans did not make such a person available. Of the 52 nominated individuals, 49 responded, for a return rate of 94%. Fourteen of the respondents were also interviewed by phone, either because they asked for this option on the survey or because their responses were of special interest.

Who teaches dental ethics and why?

Observation: Those teaching dental ethics come from a variety of backgrounds and have sketchy training.

Dental ethics programs in schools are primarily in the hands of dentists or dental hygienists who put themselves forward for this responsibility as a supplemental activity to their other teaching or administrative duties. None have this as a full-time responsibility, and few have formal training in ethics.

Table 1. Professional Background of those teaching dental ethics

57%	DDS, DMD, DH
17	Psychology, social work
7	Philosophy, bioethics
7	Law
4	Basic science
4	Divinity
2	Education

Table 2. Path to teaching dental ethics, influences

31%	Chance opportunity, asked to do it, “just fell into it”
24	Always had a personal interest in the good of the profession
19	Part of administrative responsibility, position description of dean (such as student affairs)
15	Chance to fix some of the problems seen as a practitioner
11	“I am just helping out”

Table 3. Preparation for teaching dental ethics

48%	Reading, OJT, workshops
24	Formal degree or certificate program
12	Mentors
8	Legal training
8	None

82% of respondents said they began learning about ethics after accepting responsibility for the dental ethics program

Table 4. Time commitment to the dental ethics program

45%	< 10%
16	10 – 20%
10	20 – 30%
4	30 – 40%
10	40 – 50%
4	+ 50%

Average = 18%, none said they were full-time teachers of dental ethics

Structure of formal instructional program

Observation: There is no standardized understanding of what constitutes instruction in dental ethics.

Ethics teaching remains predominantly didactic (one-to-many format) and is spread throughout the four years of dental school. Cases involving what dentists might do in practice are a significant teaching

vehicle. There is a growing trend for ethics to be part of “professionalism threads.” After several decades of increasing emphasis, dental ethics is now declining as a percentage of the curriculum.

Table 5. Clock hours in the formal dental ethics curriculum

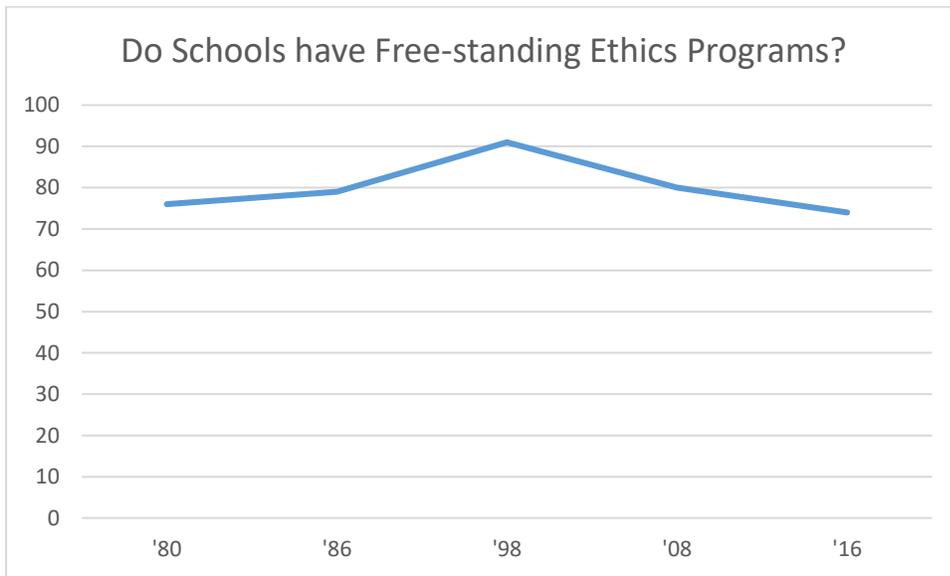
22.8	Average curriculum hours for dental ethics (about half of 1% of the typical dental curriculum)
31%	First year
15	Second year
19	Third year
15	Fourth year
22	Tread (not a formal part of the program)

Of programs reporting formal dental ethics courses, the range was from 10 to 131 hours.

60% of programs have ethics instruction in either three or all years of their programs.

Dental students often feel that the time devoted to ethics instruction is excessive. [Wanchek T, Cook BJ, Valachovic RW (2018). Annual ADEA survey of dental school seniors: 2017 graduating class. *Journal of Dental Education*, 82 (5), 524-539] On a list of courses, “Time devoted to selected areas of education and training: ethics 11% excessive, second only to biomedical sciences.

Figure 1. Proportion of dental schools reporting free-standing dental ethics programs



The clock hours for dental ethics in various past years were recorded from the previously published papers identified at the beginning of this section.

It is difficult to estimate the hours of ethics instruction in the “thread” curriculum as this includes expectations for mention in oral diagnosis and treatment planning courses, natural activity in the clinic, guest speakers, and White Coat Ceremonies and class orientation programs.

Table 6. Activities in formal dental ethics courses

- 61% Didactic instruction (one-to-many)
- 39% Group activities
- 18.2 Number of cases discussed involving situations in practice
- 6.5 Number of cases discussed involving situations in dental school

76% of schools report having a Student Professionalism and Ethics Association chapter.

Evidence of impact of ethics education program

Observation: There is no firm evidence that ethics education programs have an impact

Table 7. How are students evaluated in dental ethics courses? [Multiple evaluation methods are used: what proportion of programs use each of these methods?]

- 50% Attendance, participation
- 45 Multiple-choice and other exams
- 45 Written cases reports, analyses
- 19 Self-reflection
- 10 Student ratings of the course
- 5 Presentations, group skits

Table 8. How are students evaluated for ethics in the clinic? [Multiple evaluation methods are used]

- 48% No evaluation
- 24 "Professionalism" is part of the daily grade
- 5 Competency tests for ethics
- 5 Incident reports

Table 9. How does the school evaluate the level of ethical performance of students?

- 86% There is no system in place for such an evaluation
- 10 Ethics councils investigate complaints
- 7 "Informally"
- 5 Ethical rounds

Table 10. How does the school evaluate the ethics of its graduates?

- 83% No such evaluation
- 10 Self-report surveys

What ethical issues face the school and the profession?

Observation: Student's lack of ethical knowledge or reflective skills is not considered to be a problem in the school or later in practice.

Table 11. Salient characteristics affecting how dental ethics is taught and practiced in schools?

Positive Factors

- 10 Dedicated and knowledgeable speakers and facilitators
- 9 Support from chairs and administration
- 7 ACD, state organizations, ADA resources
- 4 Student-led organizations

Negative Factors

- 9 Clinical requirements create wrong incentives for students
- 9 School appears to sanction commercialism
- 4 Clinical faculty are poor role models
- 3 Ethics course directors does not have enough time
- 3 Mechanism for handling ethical violations are a mystery or does not exist

Table 12. What are the major ethical issues?

In Dental Schools

- 25 Cheating on written tests
- 14 Pressure for clinical productivity, requirements
- 8 Faculty present diverse treatments for cases
- 8 Civility, professionalism
- 7 One-shot initial licensure examinations
- 6 Showing respect for patients
- 3 Quality of students
- 3 Substance abuse
- 3 Educational debt

In Practice

- 21 Overtreatment
- 14 Commercialism, marketing, production
- 14 Serving only those who can pay going rate
- 13 Professionalism with respect to patients
- 8 Fraud, cheating
- 6 Low quality standards
- 5 Alternative practice models based on non-dentist control
- 3 Educational debt
- 2 Substance abuse

13. Where does the responsibility lie for improving ethics in dentistry?

- 9 Leadership in organized dentistry
- 3 Human nature of students and practitioners
- 2 The schools

The Dental Ethics Literature

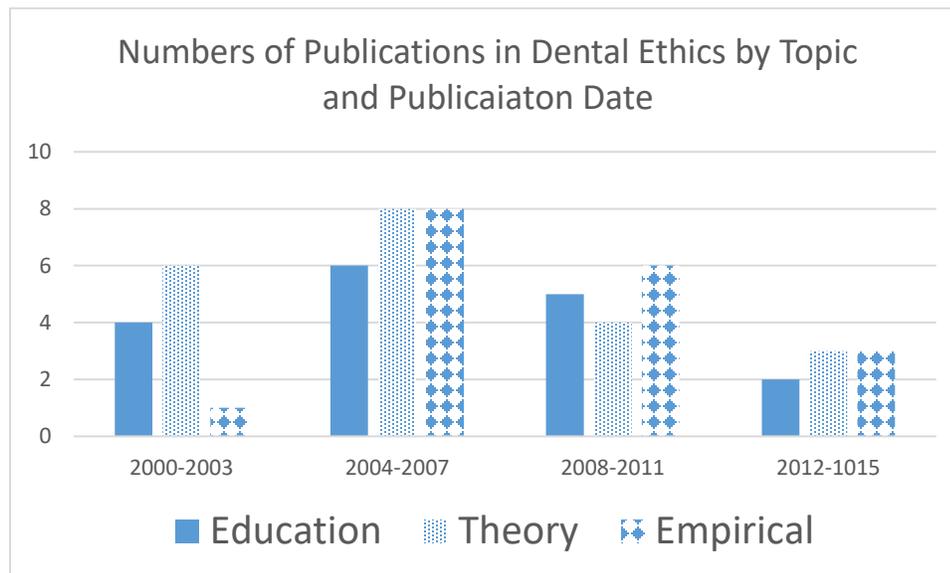
Observation: The literature in dental ethics does not reflect a distinct and cumulatively growing discipline.

It is possible to sketch a picture of dental ethics as a discipline by summarizing the literature in this field. There are literally thousands of case analyses where a particular situation is taken as a dilemma and interpreted from the perspective of various normative standards. There must be even more editorials envying against a various specific abuses or urging one's colleagues to take a higher tone.

The literature of concern here includes peer-reviewed papers structured on the standards of empirical research or philosophical argumentation. A Google Scholar search was conducted on "dental ethics" and "dentistry, academic integrity." Papers judged to be part of the "discipline of dental ethics," published between 2000 and 2016 were selected. These papers are listed below.

Seventy-four papers met the inclusion criterion. These fell roughly equally in three topic categories: (a) experiences teaching dental ethics – topics and method, (b) theoretical papers intended to define the boundaries and nature of dental ethics, and (c) empirical studies describing the incidence of interesting practices and questionable behaviors, especially of students.

The graph below shows the trend in publication over the past 16 years for educational method, theory, and empirical publications in dental ethics. The historical pattern is similar to that seen for clock hours of instruction in dental ethics. There was a rise in academic work on dental ethics, peaking about ten years ago, and then declining. That pattern, combined with the tiny number of papers published compared with other disciplines, makes it difficult to speak of a free-standing and sustaining discipline of dental ethics.



Google Scholar reports the number of citations for each paper published. Papers that described experience with various, usually innovative, methods or social issues covered in dental ethics courses were referenced by other scholars an average of 21.3 times. Articles intended to define the field of dental ethics or distinguish it from other branches of ethics or bioethics were references only 10.2 times

on average. Reports of surveys or counts of ethical incidents were cited most often. If the paper mentioned behavior such as volunteering or presented catalogues of ethical issues identified by students, such papers were referenced by other scholars an average of 17.2 times. The literature on cheating in dental schools was more popular, being cited an average of 46.3 times per published paper. This confirms a general impression that the profession is interested in questionably ethical conduct among students.

The 74 articles studied were authored by 51 individuals or teams. There were only two cases where authors were on more than one team, most joint authorship being the result of working together at a single institution. Forty-two (83%) of authors published a single paper during this period. Only one author published in each of the four time segments studies and only one author wrote in the three areas of education, theory, and empirical studies.

The list of publications in dental ethics was cross tabulated with the survey data on teaching ethics in dental schools. Twelve cases of individuals affiliated with hygiene programs or dental schools outside the United States were set aside. Of those remaining, 25% of papers were published by individuals who teach dental ethics. Of those who teach dental ethics, only 12% have published.

Questions about the ethics program at your school . . .

Curriculum

	Total clock hours	Hrs in small group work	# Cases for issues in practice	# Cases for issues at school
First year	_____	_____	_____	_____
Second year	_____	_____	_____	_____
Third year	_____	_____	_____	_____
Fourth year	_____	_____	_____	_____

Is there a SPEA club? Is it active?

Changes to ethics curriculum in past five years

Tracking Outcomes . . .

How do you monitor the success of your program?

1. Students in ethics courses
2. Students' ethical behavior elsewhere in the school
3. The overall ethical tone of the school
4. Graduates once they are in practice
5. What help and resources do you get to support your ethics program?
6. Is there any structure or practice, outside of your teaching, in place in your school that supports or detracts from what you are doing in teaching ethics?

7. Is there any structure or practice, outside of your teaching, in place in dental practice that supports or detracts from what you are doing in teaching ethics?

Ethical facing the profession . . .

1. List the three top ethical issues in your opinion

In the school . . .

A

B

C

In dentistry

A

B

C

2. What could be done by you and the profession to address these?

3. General comments . . .

Please e-mail your response to me at dchambers@pacific.eud or call me at (415) 929-6438.

Check as appropriate

- There is more I would like to say. Let's set up a time for a more in-depth phone interview
- If the survey is not clear, we can set up a phone interview or you can e-mail me for clarification
- I am not the one you want to be talking to here. I have passed this request on to

_____ at (e-mail) _____

Supplemental Material A: Bibliography of Dental Ethics Publications, 2000 – 2017

Experience Teaching Dental Ethics (topics and methods)

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What is Dental Ethics?

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Apologies are extended to authors who were not identified in the computerized search and to those whose work was judged to represent cases abnalysis or advocacy for a specific topic or practice when the author had a different purpose in mind.