

ADEE

Special Interest Group

Ethics and Law

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Centre for Ethics in Medicine



Why is ethics in dentistry important?

Why is ethics in dentistry important?



Why is ethics in dentistry important?





Physical Wellbeing



Physical
Wellbeing

Psychological
Wellbeing



ADEE: Profile and Competences [Cowpe et al 2009]

“The graduating dentist should learn to undertake a holistic approach to the management of their patients”

ADEE: Profile and Competences [Cowpe et al 2009]

Domain I: Professionalism

Domain II: Interpersonal, communication and social skills

Domain III : knowledge base (basic sciences)

Domain IV : Clinical information gathering

Domain V: Diagnosis and treatment planning

Domain VI : Therapy, establishing and maintaining oral health

Domain VII: Prevention and health promotion

Physical Wellbeing



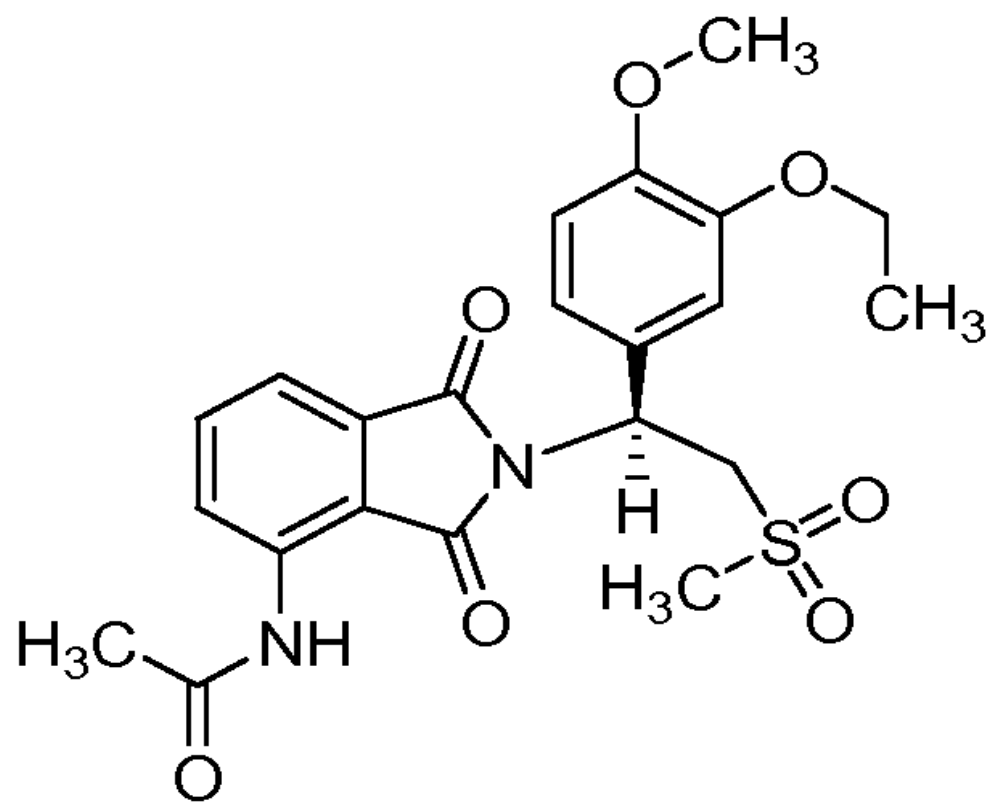


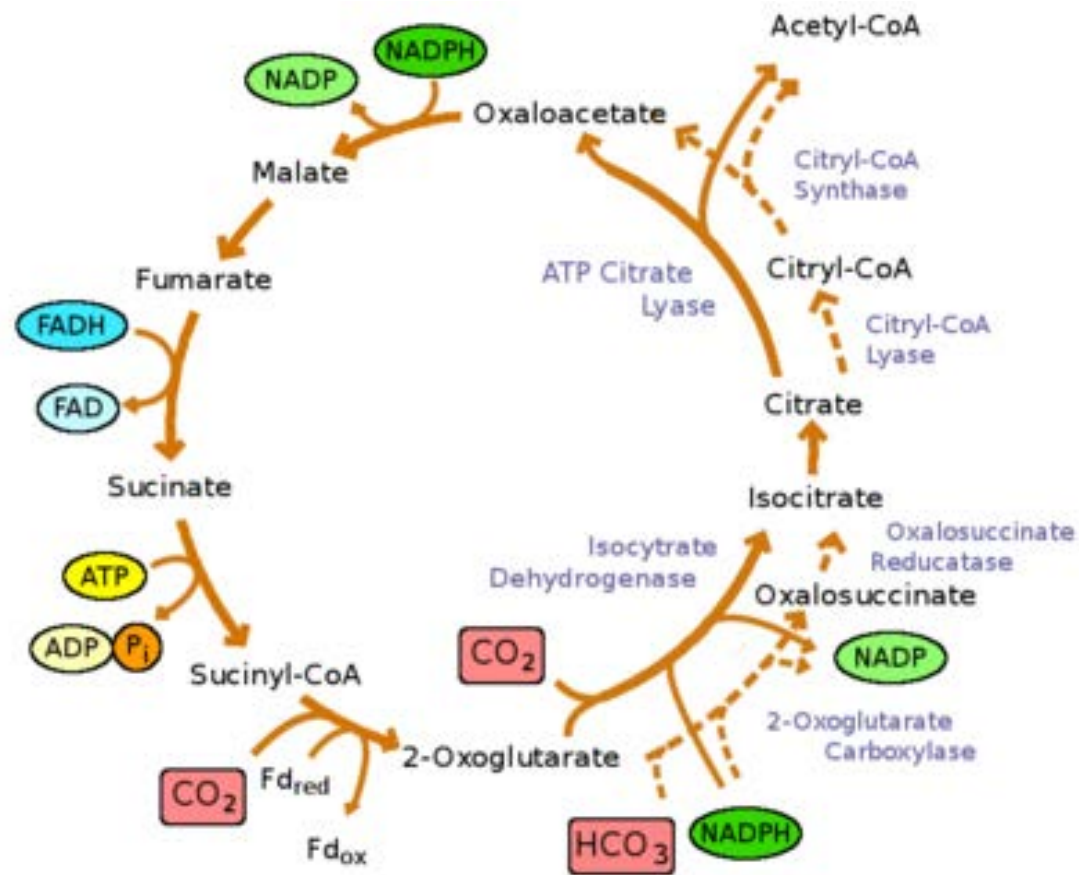
History of Dental Education

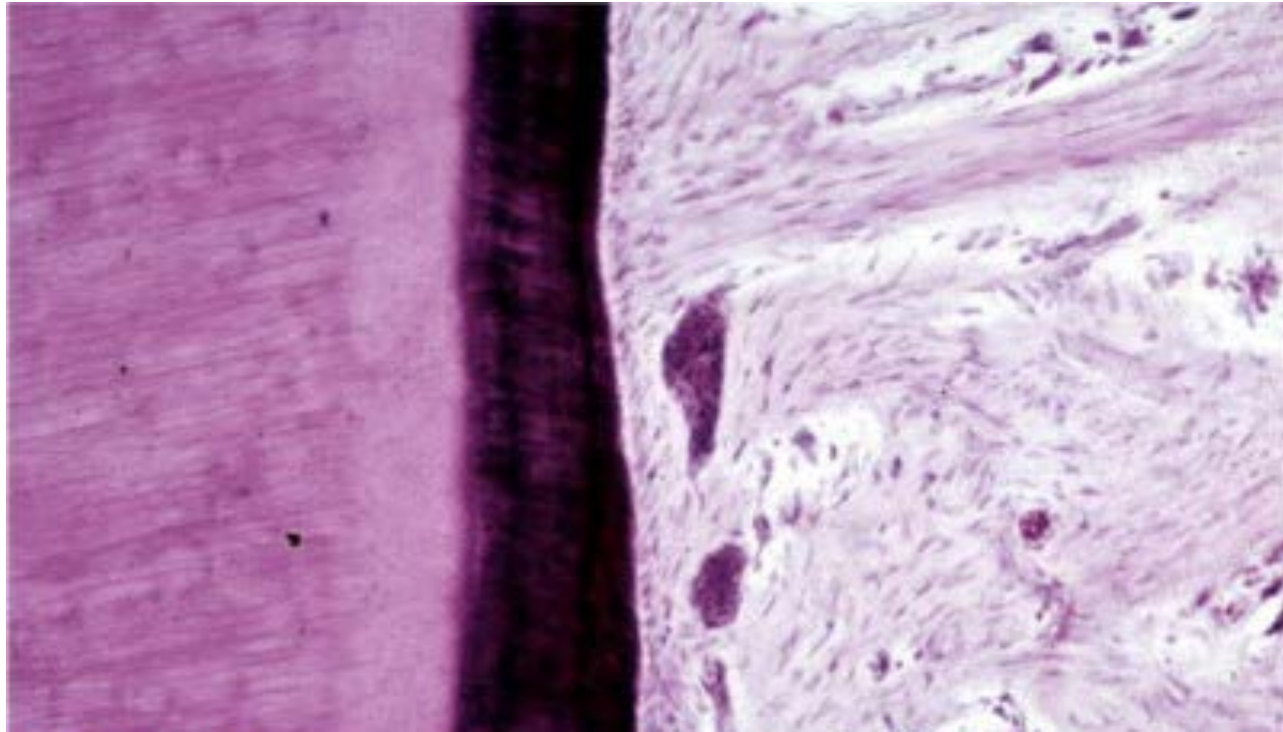
- 1840s – Establishment of colleges and societies - Technical basis of dentistry

History of Dental Education

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- 1910s – University affiliation – Scientific basis of dentistry, parity with medical profession







- Foundational –ologies

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- Biology

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History of Dental Education

- 1840s – Establishment of colleges and societies - Technical basis of dentistry
- 1910s – University affiliation – Scientific basis of dentistry, parity with medical profession
 - 2000s – Current trends - Broadening of curricula, new emphasis on professionalism, social responsibility, ethics, patient-centered and holistic care

Physical
Wellbeing

Psychological
Wellbeing



“Knowledge of the ethical and legal basis of medicine is as essential to clinical practice as an understanding of basic medical sciences”

Medical Ethics and Law for the Doctors of Tomorrow: the 1998 Consensus Statement updated. Stirrat et al. J. Med Ethics 2010; 36:55-60

ADEE: Profile and competences [Cowpe et al 2009]

Professionalism - Supporting Competences

Be competent at:

Providing compassionate care/respecting
autonomy/focus on patient best interest/free from
discrimination/ . . .

Have knowledge of:

The ethical principles relevant to dentistry

ADEE: Profile and competences [Cowpe et al 2009]

Professionalism - Supporting Competences

Be competent at:

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discrimination/ . . .

Have knowledge of:

The ethical principles relevant to dentistry

Foundational theories in medical ethics

3 (moral) theories

Deontology

Virtue

Consequentialism

4 Principles

Autonomy

Non-maleficence

Beneficence

Justice



DEONTOLOGY



CONSEQUENTIALISM



VIRTUE



DEONTOLOGY



CONSEQUENTIALISM



VIRTUE

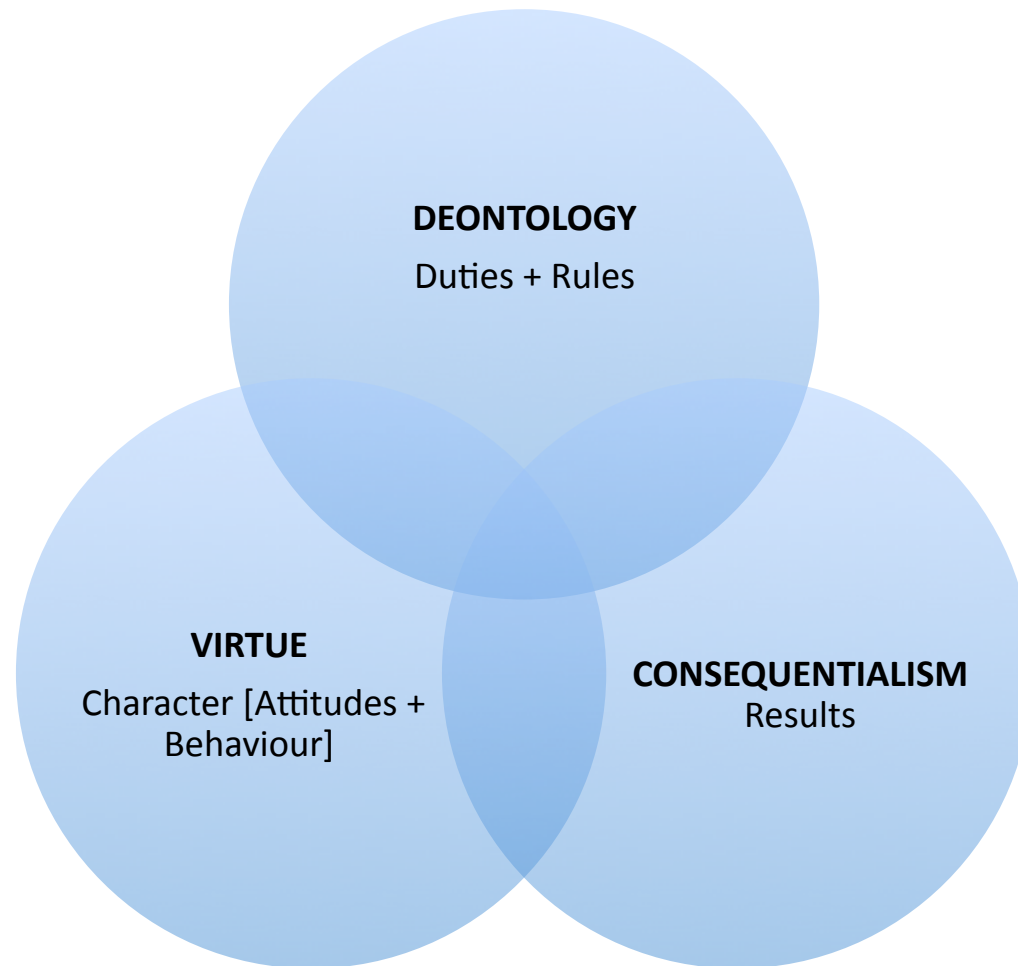


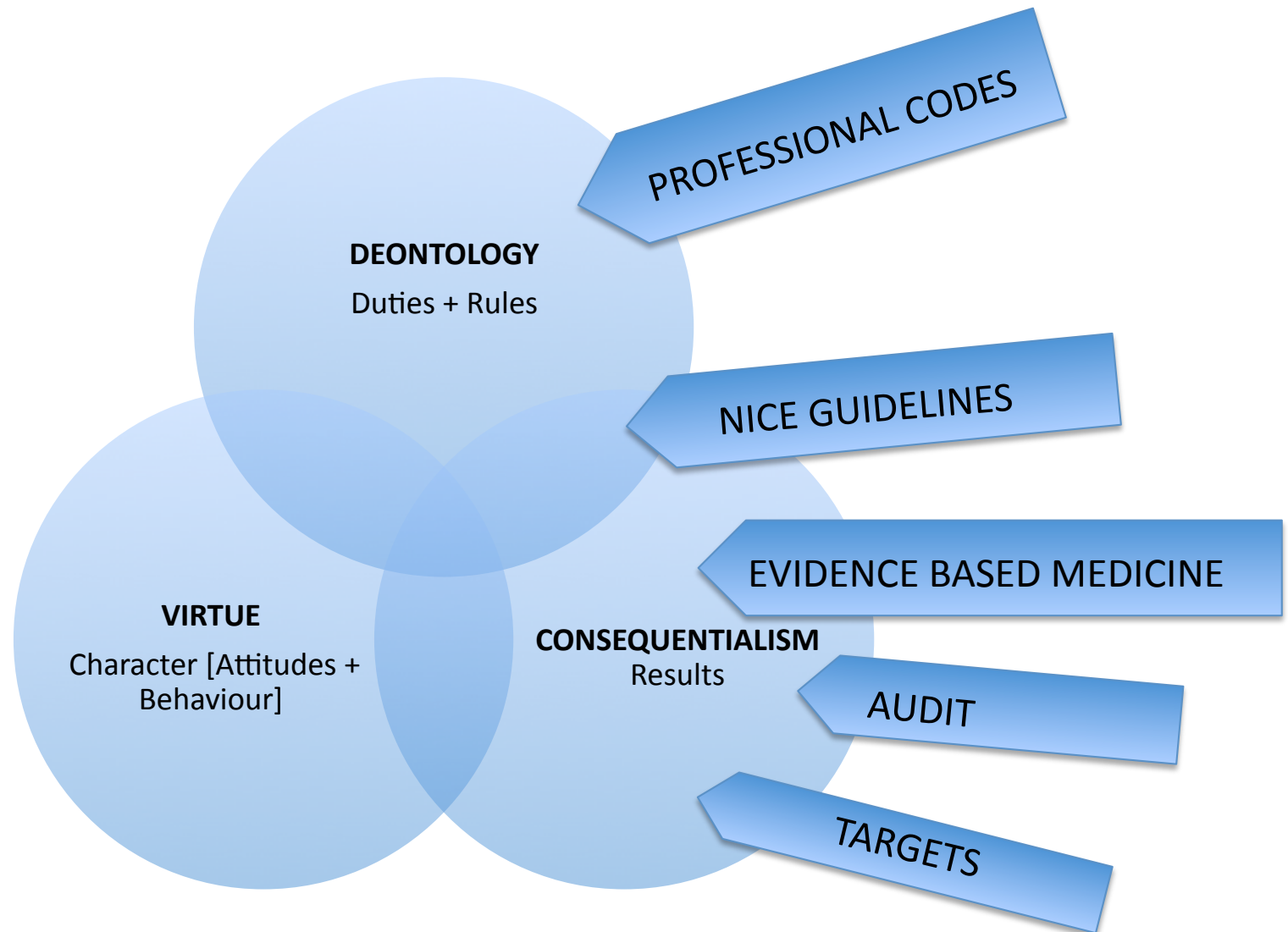
DEONTOLOGY

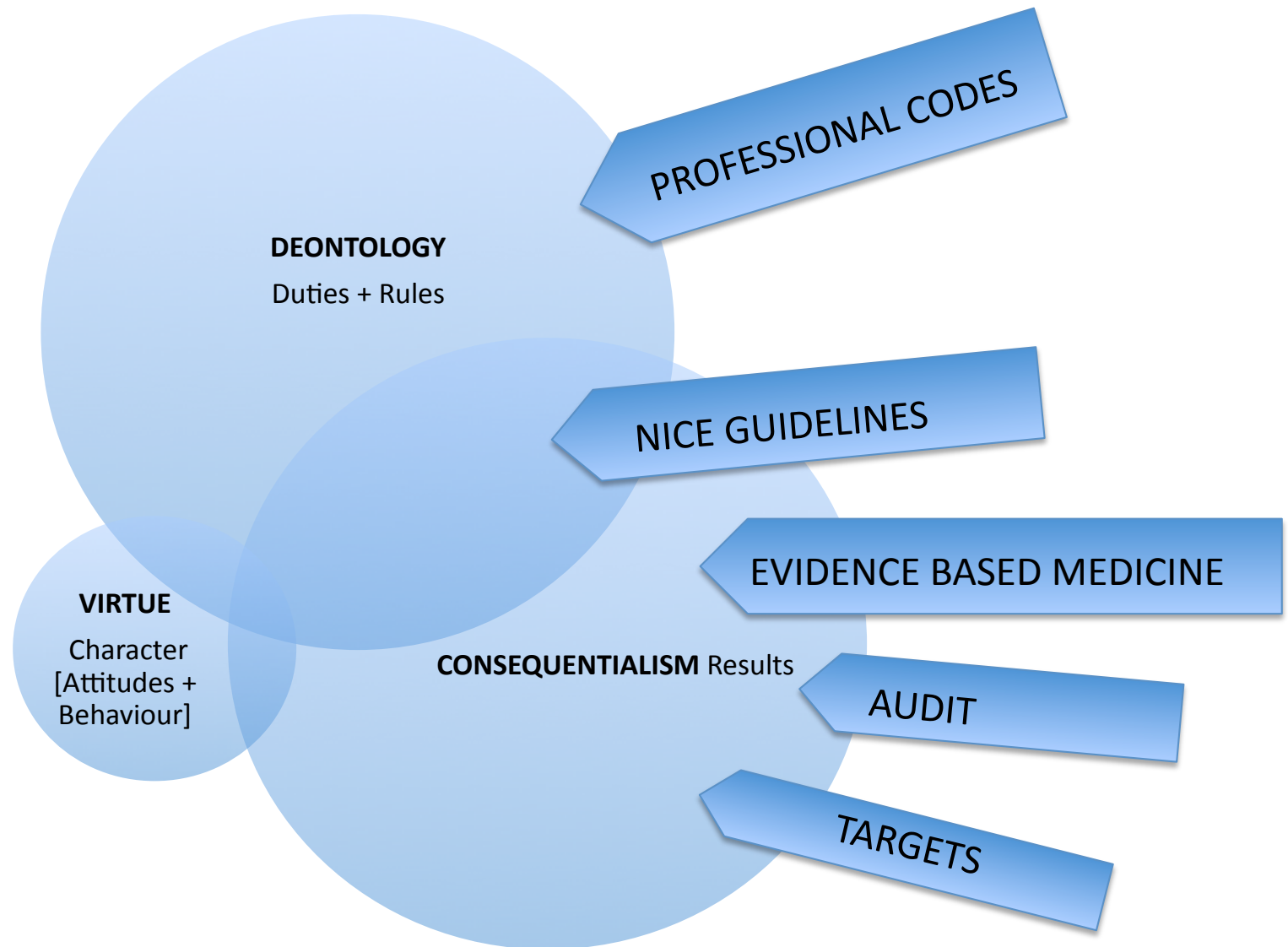
CONSEQUENTIALISM

VIRTUE

Relevant
Applicable
Action guiding







Tendency to present students with end points e.g.
regulatory guidelines, rules and regulations and codes
of practice

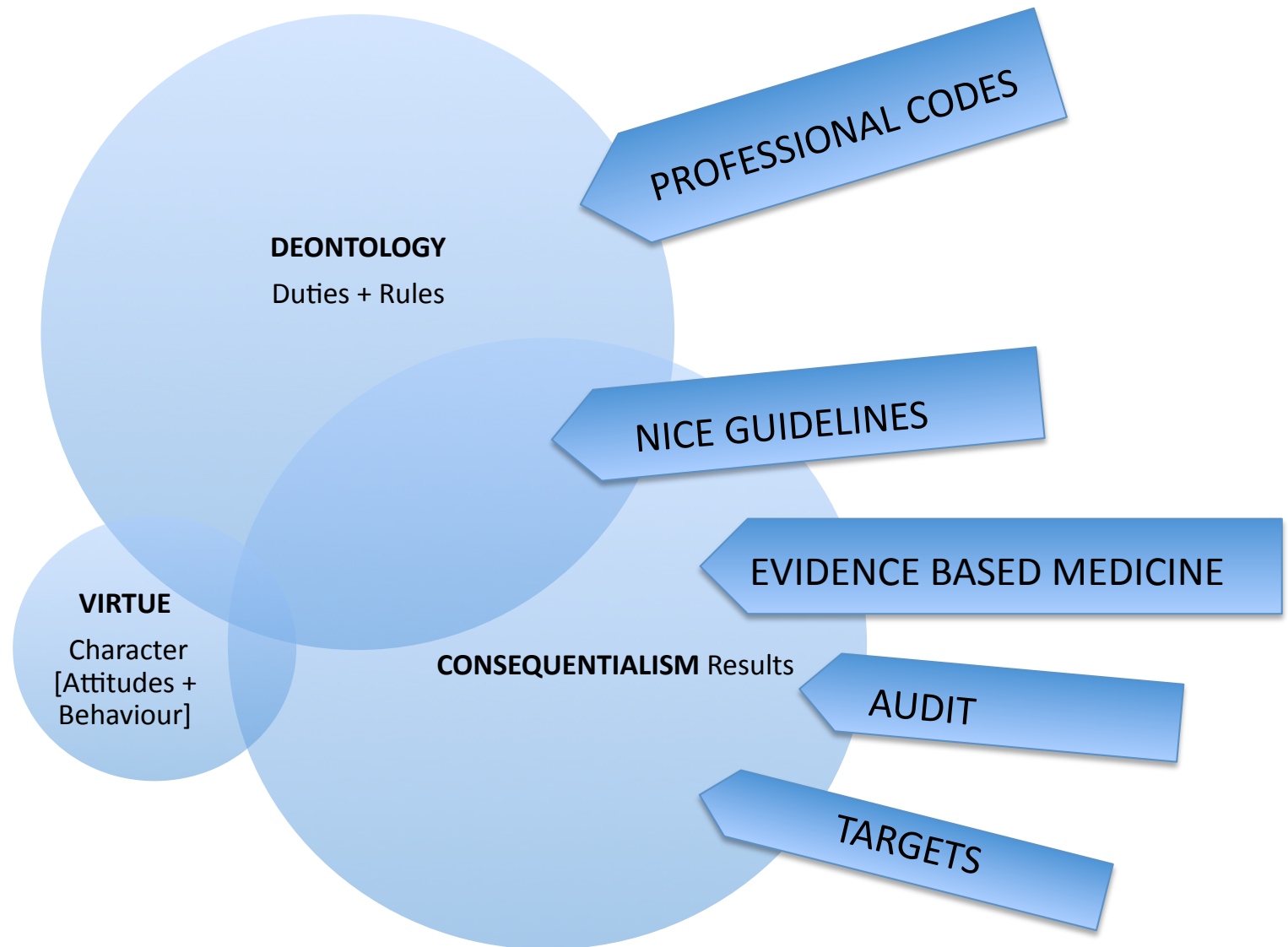
Tendency to present students with end points e.g. regulatory guidelines, rules and regulations and codes of practice

“The ostensible function of codes is moral. Their professed aim is to raise the level of professional practices. They employ the rhetoric of morality and appeal to conscience” [John Kultgen]

BUT

“Ethical conduct is not produced through following rules or principles . . Codes are not just inadequate but actually unethical . . “

“By responding to pre-established rules professionals become de-sensitised to the morally relevant facts of an individual case and they become trained away from making ethical decisions” [Dawson 1994]



Cultivating Virtue



'Education and training have critical but neglected roles in strengthening the ethos of professionalism. They provide a far better way to improve the standard of patient care than any punitive regulatory regime.'

[Doctors In Society – Medical Professionalism in a Changing World, RCP, 2005]



‘Professionalism cannot be imposed by governments or by a regulatory culture. It must emerge from and be sustained by doctors themselves.’

[Doctors In Society – Medical Professionalism in a Changing World, RCP, 2005]





Gilbert Meilander

Are There Virtues Inherent
in a Profession?

Based on Oakshott's *Tower of Babel*, two ways of learning professional virtue:

Subconscious acquisition arising from immersion in a community where, 'We learn from those around us – from living with people who habitually behave in certain ways, and thereby being initiated into a tradition of conduct'.

Oakshott's 2nd model –

Explicit search for the moral ideal, where

“activity is determined not by habit of behaviour but by reflective application of moral criteria based on intellectual training in the principles of ethics”

Themes found in literature describing professionalism

- Altruism
- Accountability
- Autonomy
- Compassion
- Excellence
- Honesty and integrity
- Knowledge of ethical standards
- Moral reasoning
- Respect
- Self-awareness
- Self-motivation
- Social responsibility
- Trustworthiness
- Working with others

[Zijlstra-Shaw, Robinson and Roberts, Eur J Dent Educ (2012)]

Cultivating Virtue



Conclusion – education is crucial to the cultivation of moral virtue in healthcare professionals

ADEE: Profile and competences

Major competences: “thorough understanding of the moral and ethical responsibilities involved in the provision of care to individual patients, to populations and communities”

ADEE: Profile and competences [Cowpe et al 2009]

Major competences: “thorough understanding of the moral and ethical responsibilities involved in the provision of care to *individual patients, to populations and communities*”



I promise to
act in your
best interest







I promise to
act in your
best interest

I trust you
to act in
my best
interest

Backed by the
medical
profession



I promise to
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best interest

I trust you
to act in
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interest

Backed by the
medical
profession

Backed by public
expectation

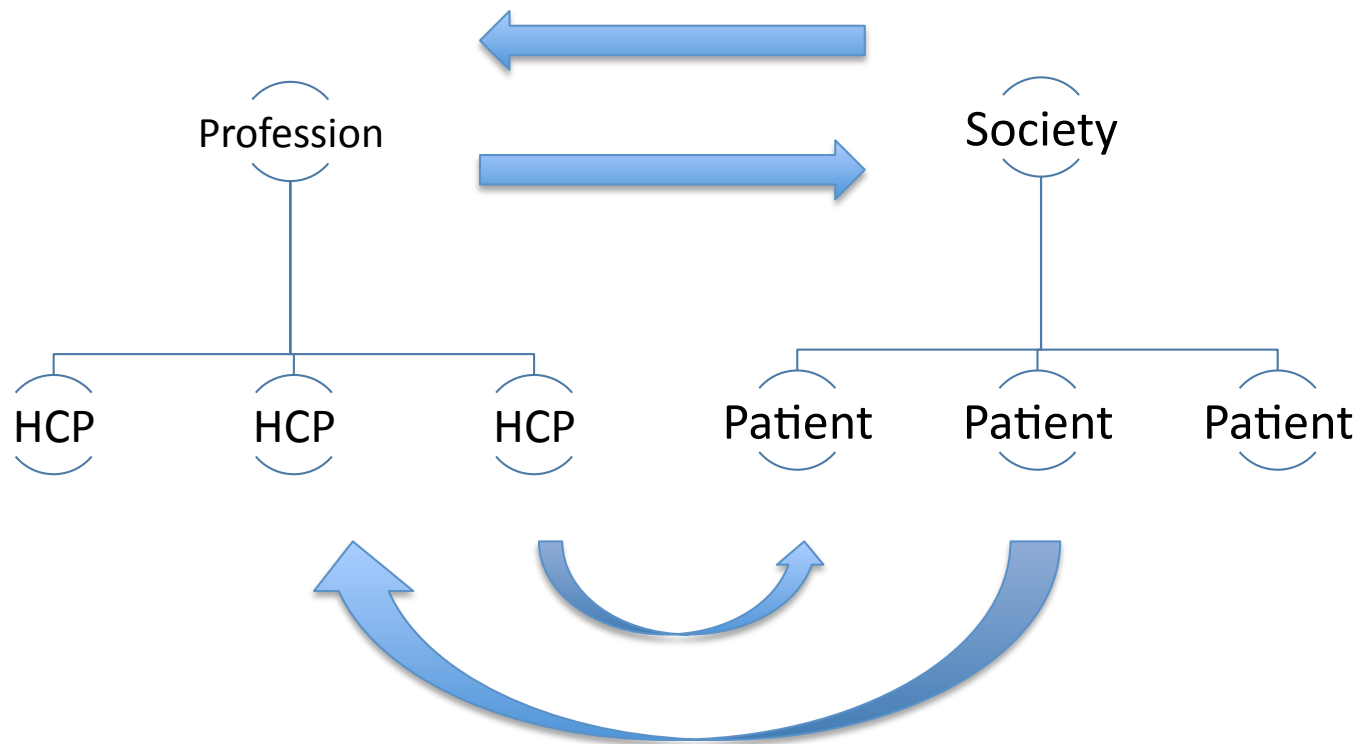


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Health is important to me and society so I have arranged with the rest of society to give you certain economic and social privileges



Thanks. Myself and my fellow professionals would also like to be self-regulated so we can decide what is best for you

Health is important to me and society so I have arranged with the rest of society to give you certain economic and social privileges

Understanding the social contract –

? the exchange of virtue for privilege



Professional
privilege is not an
entitlement

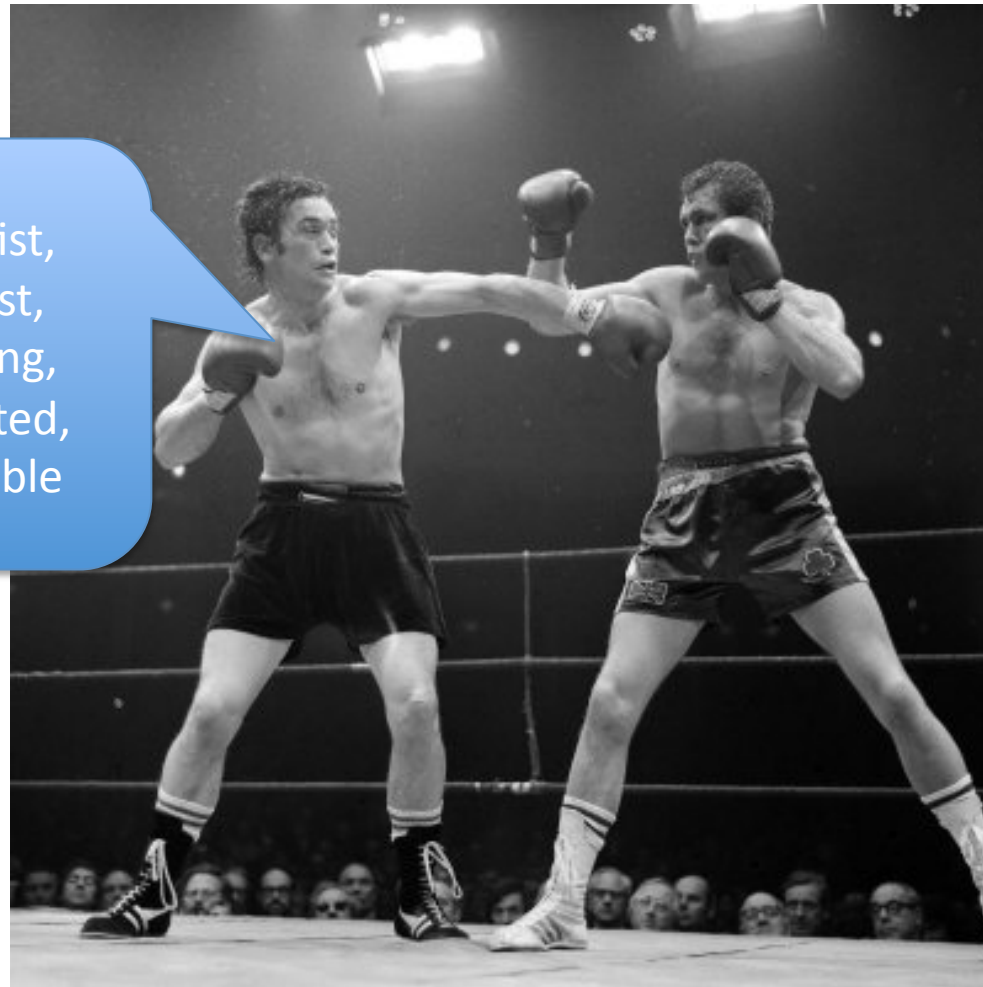
Criticisms of professions

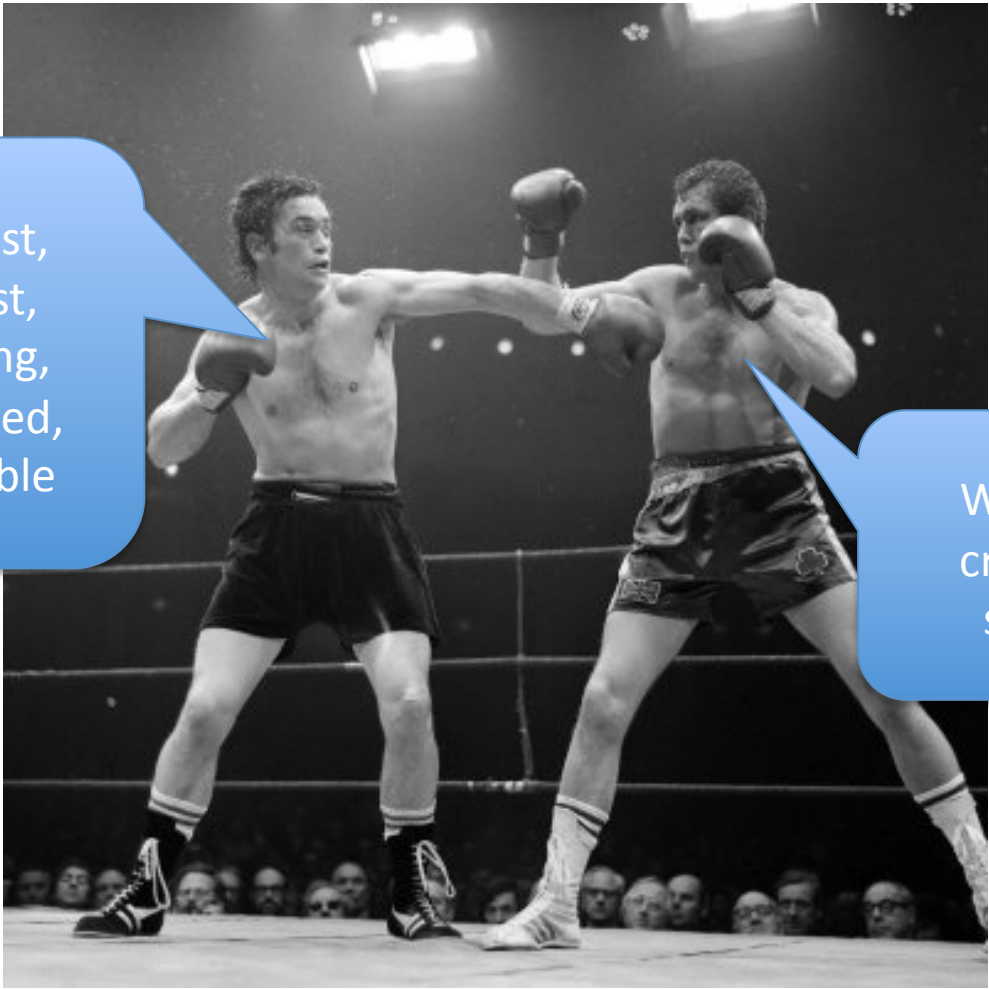
- elitist
- credentialist
- seek economic advantage by monopoly
 - self interested
 - unaccountable

- ‘There is a growing awareness that during the past twenty years or so, the professions have gained a supreme ascendancy over our social aspirations and behaviour by tightly organising and institutionalising themselves. At the same time we have become a virtually passive clientele: dependent, cajoled and harassed, economically deprived and physically and mentally damaged by the very agents whose *raison d’etre* is to help’ [Ivan Illich, 1977]



You are elitist,
credentialist,
monopolising,
self-interested,
unaccountable





You are elitist,
credentialist,
monopolising,
self-interested,
unaccountable

What are your
credentials for
saying that?



Conclusion: students should be taught about the social context of the professions and about the socio-political criticisms of these structures







I promise to act
in your best
interest

I trust you to act in
my best interest



I promise to act
in your best
interest

I trust you to act in
my best interest

How much will
that be?





TALKING MONEY



TALKING MONEY

WHY IS IT IMPORTANT
TO TALK MONEY?



TALKING MONEY

WHY IS IT IMPORTANT
TO TALK MONEY?

CONSENT



TALKING MONEY

WHY IS IT IMPORTANT
TO TALK MONEY?

CONSENT

BUSINESS

‘we can defend a dentist who is both a professional and a business person on the grounds that keeping the business working well is part of the social corporate responsibility to the benefit of all the patients treated there.’

Andrew Trathen, J.E. Gallagher

Dental Professionalism: Definitions and Debate BDJ 206 (2009)



Consent – moral and legal

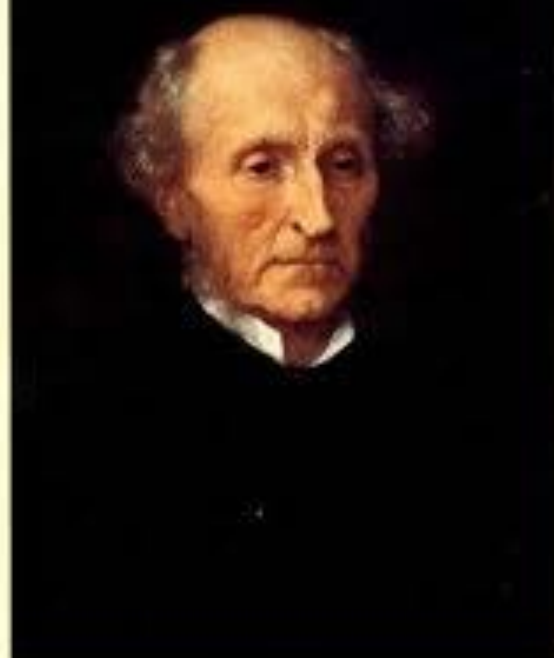
Autonomy – moral

[Free action, authenticity, effective deliberation,
moral reflection]



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Tuskegee Syphilis Experiment 1932-72

The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JUAN MILLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsy what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Morris K. DeVita, assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 400 black men,





MILGRAM EXPERIMENTS 1963



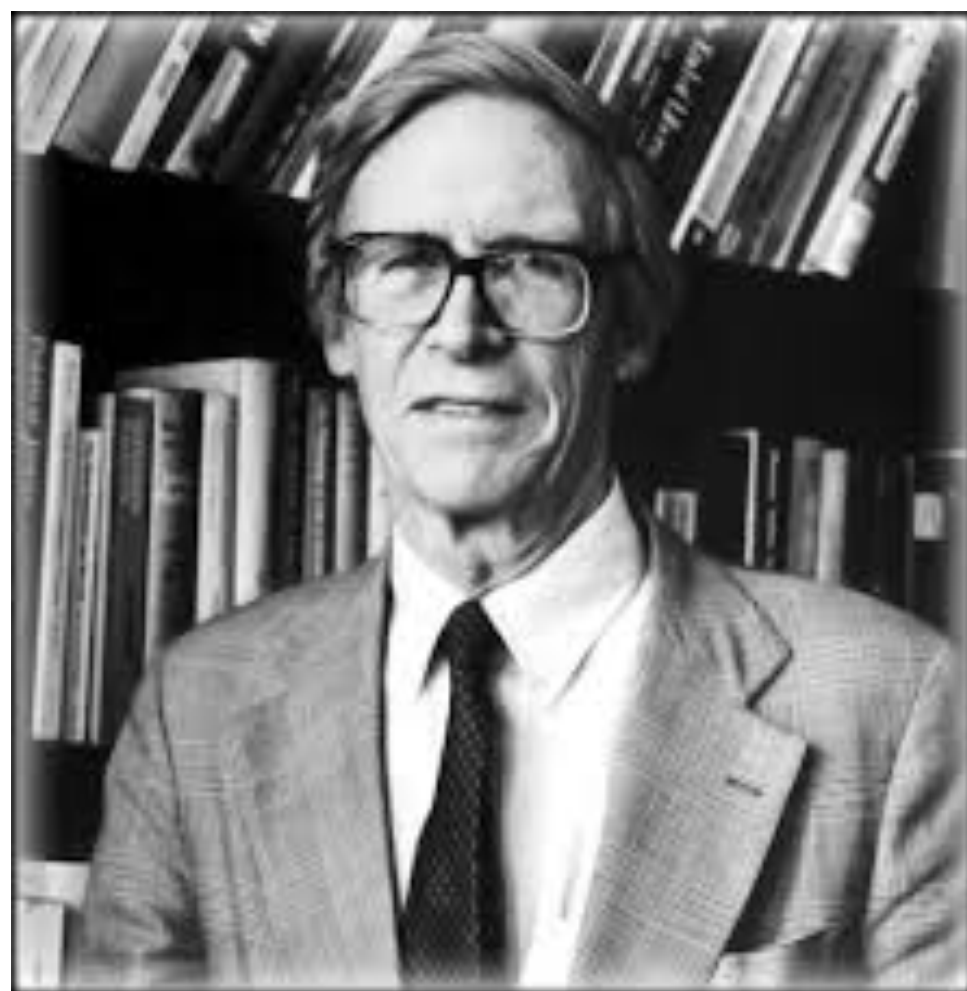


I SHOP
THEREFORE
I AM









EXPLORANDO GRANDES OBRAS



UMA TEORIA
DA JUSTIÇA,
DE JOHN RAWLS
FRANK LOVETT





Conclusion – look and teach beyond our horizons

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Recommended reading on Dental Professionalism

Andrew Trathen, J.E. Gallagher

Dental Professionalism: Definitions and Debate

BDJ 206 (2009) 249-253

Sandra Zijlstra-Shaw, P.G. Robinson, T. Roberts

Assessing professionalism within dental education; the need for a definition

Eur J Dent Educ 16 (2012) 128-136