There are a number of obstacles to educating students on ethics during their 4 years of medical and dental school. Some aspects of ethical behavior are affected by attributes that are part of the student’s character, which may be difficult to change through education (2). Additionally, a 2007 study discusses the difficulties of adding ethical training to an extremely demanding medical school curriculum (3). Another complication with delaying ethical education until medical school is that medical students who start professional training without well-developed moral motivation and moral sensitivity may not progress in moral reasoning because of the harsh environment, high pressure, and emotional encounters of professional medical training (4). While this complication might highlight the importance of earlier training in ethics, a recent study suggests that medical humanities education cannot be left solely to the undergraduate educational institutions (5). Undergraduate universities must not, however, shirk the responsibility of providing a firm foundation of humanities and ethics education for pre-healthcare professionals. Should more attention be given to addressing students’ ethical education during their undergraduate years of preparation for professional healthcare programs? If so, what is the best way to prepare pre-professional, undergraduate students for the ethical challenges they will face in their professional healthcare training and practice?

Abstract

There are many barriers to ethics education of students attending medical and dental schools. The question is asked, “Should more attention be given to addressing students’ ethics education during their undergraduate years of preparation for professional healthcare programs?” This qualitative study utilizes digitally recorded personal interviews with two undergraduate pre-healthcare students, one medical student, one recently matriculated dental student, one undergraduate pre-healthcare faculty member, three dental school faculty members, and three medical school faculty members. Interview participants discuss areas of personal knowledge and experience concerning: the admissions process and screening of potential medical/dental students for ethical traits and behaviors, influences on student ethical development, undergraduate pre-healthcare ethics training, and preferred college major for pre-healthcare students.

The study concludes that undergraduate pre-healthcare programs should take the initiative to be proactive and deliberate in strengthening the positive influences on students. Strategies include: 1) humanities curricula to broaden perspectives and increase non-prejudice; 2) mentoring and modeling by older students, faculty, and community and professional volunteers; 3) ethical case study discussions in class or extracurricular activities; and 4) volunteer/service learning activities. Additionally, curriculum learning is enhanced by the use of reflection and writing, discussions, and media.

Key Words: ethics, education, professionalism, moral, mentoring, modeling
I. The primary obligation of the dental practitioner is service to the public.

II. Professional competence is the just expectation of each patient.

III. Trust by the public that serving their true dental needs with appropriate quality care is the heart of the patient-dentist relationship.

IV. The profession’s privilege and responsibility of self-governance demands ethical standards more stringent than those of the market place.

V. The critical interdependence and good will existing among practitioners can be damaged significantly by inappropriate and/or self-serving behavior.

VI. Communications from and to patients are a matter of high moral significance.

VII. A dentist may choose whom to serve, but such choice shall not be influenced by that person’s particular class or group status. A dentist must not neglect that patient.

VIII. Dentists have the obligation to the patient and to society to be responsible for...the optimum benefit of that patient.

IX. A dentist shall encourage research and programs of improving the health and well-being of the individual and the community.

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Abstract

From time to time, the Council on Ethics and Judicial Affairs must investigate and act on the alleged unethical behavior of Texas Dental Association members. Because the alleged behavior is directed at a colleague and TDA member, the work of the council is neither comfortable nor inviting. Nonetheless, council decisions are made taking into account its mission to investigate the allegation between the parties and to improve dental ethics in the state.

This article is an introductory review of the processes and procedures of the Council on Ethics and Judicial Affairs.
Introduction

There is a healthy skepticism about the extent to which the ethics curricula taught to dental students and dental hygiene students actually influences personal and professional behaviors and, moreover, whether this material is relevant to the “real world.” In our experience, we have found that informal comments by faculty tend to reinforce two assumptions that are problematic for ethics education — namely, 1) that students bring a set of well-established core values with them as they enter professional school; and 2) that no amount of teaching will change their behaviors in any meaningful way. These assumptions could be true. However, how do we know that one’s ethics and one’s values are set at some pre-determined age? And if there is some kind of “cementing” of values, at what age does this occur — 7, 14, 18, 21, or some other age? If such a process occurs, is this cementing of values “universal?” Does it, in other words, occur in all cultures, in all time periods, and across all socio-economic classes in the same way? This would seem unlikely. While there are, we believe, good reasons to maintain a healthy skepticism about the effectiveness of our ethics curricula, some of which will be noted below, we also believe that there are good reasons to be skeptical about claims that human beings cannot grow morally — and, moreover, we simply do not have the evidence to substantiate such claims. In point of fact, our students routinely tell us that they want to do the right thing but that they need to know, as they put it, the “rules.” Ethics, they assume, can be taught.

Abstract

Interprofessional education and ethics education are two educational programs that blend together well, and, moreover, they are a natural fit for teaching in an academic health science center. The purpose of this paper is to describe our recent journey of developing and implementing an interprofessional ethics curriculum across the six schools of UTHealth. We provide an overview of the goals of the Campus-wide Ethics Program, which is housed in the McGovern Center for Humanities and Ethics, and we highlight certain innovative developments that are the result of the collaborative work of faculty and administrators from all six schools of UTHealth. In addition, a brief synopsis of the specific didactic and clinical courses in which ethics is a significant component is outlined for both the dental and the dental hygiene curricula. Lastly, we describe some of the recent scholarly activities that are a product of this new program. We are excited about our evolving efforts and the potential benefits of weaving interprofessional ethics within our school and across our campus. This article tells the story of our journey beyond “the silos” that are common among academic health science centers.