

Teaching and assessing ethics and law in the dental curriculum

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The General Dental Council's recommendations on dental education places a new emphasis on the importance of ethics and law in the dental curriculum, stating that students should have an awareness of moral and ethical responsibilities involved in the provision of care to individual patients and to populations.¹ The duties of care to protect a patient's life and health at all times, to respect their autonomy to make informed choices about what happens to them, and to do this fairly and without prejudice, are widely accepted as the fundamental ethical principles governing all health care. The specifics of these duties of care are detailed in *Maintaining Standards: guidance to dentists on professional and personal conduct*, published by the GDC.²

One important reason for ensuring that dental students develop good professional practice based in an understanding of ethics and law is that they take very considerable responsibility for the care of patients, much more so than do medical students. The GDC guidance on the *Duties of a Dentist* states clearly that students must:

- Be aware of the responsibilities that they will accept when entering the dental profession
- Meet the standards of competence, care and conduct set by the Council
- Make the care of patients their first concern³

Medical education has faced the same issues⁴ and teachers of ethics and law in British medical schools have developed a consensus document which defines a basic core curriculum in medical ethics and law, outlining the concepts, arguments, skills and attitudes that medical students should understand and know how to apply in practice by the time they qualify. This arose out of an initial conference of teachers in ethics and law in London Medical Schools in September 1996. It was subsequently extended to a national consultation and agreed by teachers throughout the UK in 1997.^{5,6}

This present paper takes the consensus that has been developed in medicine, and develops it for dentistry, using the core document as a basis. In so doing we recognise that dentistry is a self regulating profession with its own particular moral issues, but they must be understood in the context of the ethical and legal principles which govern all health care. The resulting consensus document for dentistry has been agreed to by teachers of ethics and law in dental schools nationally at a meeting held in January 1998 as part of a project funded by the Kings Fund on Developing a Model for Teaching of Ethics and Law in Dentistry.⁷ We propose a minimal core programme of work consistent with the stated objective of the General Dental Council. While schools will always remain flexible in developing their own particular course, some organisational principles are also summarised which we believe to be important for the successful implementation of any proposed undergraduate programme.

Ethics and law in the dental curriculum

Within the dental curriculum the teaching of ethics and law is often both eclectic and scarce. If they are lucky, students

receive only a few lectures during the entirety of their clinical studies, often just before finals and sometimes accompanied by small group discussions. The tutor might or might not have academic qualifications or other relevant experience in either moral philosophy, moral theology or law. Such teaching was and sometimes still is optional, not formally assessed on a par with other clinical studies, and not necessarily even formally timetabled. As a result, attendance is sometimes poor and audiences self-selected. The impact of such teaching on the rest of the clinical curriculum is likely to be suboptimal. At some schools, however, where teaching has been more extensive and systematic, student feedback is good.

The curriculum proposed here (see Table 1) demands a balanced, sustained, academically rigorous and clinically relevant presentation and assessment of both ethics and law applied to dentistry, and of the relationship and tensions between them. Clinical relevance and the duties and educational needs of students should be stressed. Teaching should reinforce the overall aims of dental education: the creation of good dentists who will enhance and promote the general health and oral health and welfare of the people they serve in ways which fairly and justly respect their dignity, autonomy and rights. A foundation course at the outset of clinical studies provides a firm basis for subsequent development of a modular clinical teaching programme which is problem based and integrated throughout the clinical course. Concepts introduced in the foundation course are then revisited and applied to clinical situations as students gain in experience. These goals will be achieved through:

- Ensuring that students understand the ethical principles and values which underpin all good clinical practice
- Enabling students to think critically about ethical issues in healthcare, to reflect upon their own attitudes and beliefs, to understand and appreciate alternative and competing approaches, and to argue and counter-argue in informed discussion and debate

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Table 1 Core topics in ethics and law applied to dentistry

Rights, duties and responsibilities

- Concepts of rights; fundamental human rights
- Links between rights and duties and responsibilities
- International declarations of human rights
- The central importance of human rights for dental ethics, and good professional practice in dentistry

The clinical relationship — truthfulness, trust and good communication

- The significance of honesty, courage, prudence and facilitative attitudes: virtues in good clinical practice
- The ethical and legal importance of good communication skills and the significance of the patient's narrative (as distinct from other professional narratives) in building relationships of trust
- The importance of cultural, ethnic and racial, gender and sexuality inter-generational, and religious sensitivity
- Legal and ethical boundaries of clinical discretion to withhold information
- The ethical limits of paternalism towards patients
- Practical difficulties with truth-telling in dentistry: inter/intra professional issues, referral of serious conditions, other barriers to good communication

Informed consent and refusal of treatment

- The significance of personhood, health and autonomy: respect for bodily integrity, rationale for health care
- Competence to consent — competence to refuse: conceptual, ethical and legal aspects
- Conditions for ethically acceptable consent/refusal: adequate information and comprehension, non-coercion
- Treatment without consent and proxy consent — when and why morally and legally justifiable
- Assault, battery, negligence and legal standards for disclosure of information
- Problems of communicating information about diagnosis, treatment and risks: the importance of empathy
- Confidentiality and good clinical practice
- Respect for autonomy, privacy and professional information
- Trust, secrecy and security in the sharing of information: the practical demands of good practice
- The patient and family, children and parents: potential moral and legal tensions
- Disclosure of information: breaching confidentiality, public versus private interests
- Compulsory and discretionary disclosure of information: professional and legal requirements

Vulnerable groups

a) Children

- Children's rights and their growing autonomy: evolution and current ethical issues
- Age as a relevant factor in determining capacity to consent to or refuse treatment
- Ethical and legal issues in the provision of treatment against the wishes of a child, restraint

- The dentist/parent relationship: proxy decision making, welfare of the child, confidentiality
- Child abuse, ethical and legal issues.

b) Mental disabilities in adults

- Definitions of mental disorders, assessing competence to consent to or refuse treatment
- Ethical and legal issues resulting from mental disabilities, vulnerability and reduced responsibility
- Treatment, use of restraint, legal detention and research on patients with mental disabilities.
- Parent, family and community: ethical and legal tensions

Professional duties of dentists and dental surgeons

- Professions and professionals, history and development
- Standards of care — duty of care to protect the life and health of patients
- Litigation, the law of negligence, professional indemnity
- The General Dental Council, professional regulation: registration, discipline and education.
- Clinical mistakes, personal and legal responsibilities, the importance of continuing education.
- Unethical and unsafe practice in dentistry: NHS complaints procedures, whistle blowing
- Health and professional performance: risks, duties to disclose problems and sources of help.
- Public expectations of dentistry: difficulties in dealing with uncertainty and conflict. Ethical importance of good inter- and intra-professional communication and teamwork

Resource allocation and business ethics

- Establishment of the NHS – moral foundations
- Resources and distributive justice in health care, health services, ethics and the law
- Equitable healthcare theory: needs and rights to healthcare: priority groups
- Prevention versus cure
- Community, government and individual responsibility for ill health, lifestyle and ethical implications
- Debates about rationing: personal, local, national and international perspectives
- Markets and ethical differences between competing healthcare delivery systems

Medical and dental research

- Historical and contemporary examples of abuses of research
- Individual rights and moral tension between the duty of care to the individual and the interests of others. Therapeutic and non-therapeutic research
- Professional and legal regulation of research-ethics committees
- The ethical significance of the distinction between research, audit and innovative and standard therapy as well as between patients and healthy volunteers
- Research and vulnerable groups: ethical and legal boundaries of informed and proxy consent
- Research on animals: ethical debates and statutory protection

- Ensuring that students know the main professional obligations of dentists in the United Kingdom as endorsed by the institutions which regulate or influence dental practice — particularly those specified by the General Dental Council
- Giving students a knowledge and understanding of the legal process and the broad legal obligations of dental practitioners sufficient to enable them to practice dentistry effectively and with minimal risk
- Enabling students to appreciate that ethical and legal reasoning and critical reflection are natural and integral components in their clinical decision making and practice
- Enabling students to understand that almost every decision they make in ordinary clinical practice has an ethical and legal content, as well as the more extraordinary situations in dentistry.

Core content

There is widespread agreement about the acceptable ethical and legal requirements of good and safe dental practice and little debate about the related understanding, attitudes and skills that this requires. Relevant issues, problems, concepts and arguments are now explored in standard textbooks of medical and dental ethics, in introductions to medical law and in much professional literature. Students must learn sensitively to apply their growing intellectual understanding of the ethical and legal underpinning of good practice in their evolving clinical experience and in their own professional relationships with patients, other health professionals and other members of society. Table 1 on page 218 suggests a core list of topics which should be covered in the undergraduate curriculum in ethics and law applied to dentistry.

The topics outlined here are considered to be the minimal for inclusion for dental students. Other important topics, for example the 'new genetics' issues around reproduction and care of the

dying, could be included by individual schools. We acknowledge that there are other aspects of the law which relate to dental practice, such as employment law, health and safety at work, radiology, drug prescribing and forensic dentistry, which might well be taught in other courses, such as in practice management. Furthermore this list refers only to the UK. There are, for example, different institutional and legal frameworks in the Republic of Ireland (eg the Dental Council of Ireland and different health service structures).

The general organisation of clinical teaching in ethics and law

The specification of these core topics is in no way meant to beg questions about how they are introduced, discussed and analysed throughout the curriculum. For example, some teaching programmes will be more directed towards ethical than legal analysis; others more focused on some issues (eg informed consent) than others (resource allocation). Which foci are selected will and should depend in part on the interests of lecturers and their clinical colleagues. In the specification of the 'core' it would be wrong excessively to determine its specific content. For example, no specific texts or readings are recommended, but all the topics specified ought to be addressed.

Success in presenting such a core programme within a general clinical curriculum entails more than getting the content right. There are also organisational prerequisites.

As part of its full integration into the curriculum, teaching in ethics and law should feature in the students' clinical experience, consistently forging links with good clinical practice. Each clinical discipline should address ethical and legal issues of particular relevance to it and its students should be subject to assessment as they would be for any other teaching in that speciality. Students should be encouraged to present problems which they have personally encountered in their course. A variety of

teaching methods are consistent with achieving the preceding goals. Ideally, these will entail a mix between large and small groups, exploring issues in a case based fashion. Coverage of core material in ethics and law, however, should not falter in the face of insufficient teaching resources for small groups. Interactive work with large groups can still be effective and should always be considered rather than opting for little or no cover. The key is to make all teaching of whatever sized groups both clinically relevant and pitched to the academic background and ability of the audience taught.

Conclusion

A core curriculum for the teaching of ethics and law related to dentistry has here been outlined which parallels a similar document in medicine. Mechanisms for its successful implementation have been suggested. We believe not only that it will help to create good dentists, but that it will help them to enjoy a more fulfilling practice in a world of diverse values and beliefs. We thus commend this consensus statement to the dental schools for adoption as the basis for their teaching of ethics and law.

- 1 General Dental Council. *The First Five Years: The Undergraduate Dental Curriculum*. March 1997: 12.
- 2 General Dental Council. *Maintaining Standards*. November 1997.
- 3 General Dental Council. *Duties of a Dentist*. 1998.
- 4 General Medical Council. *Tomorrow's Doctors*. 1993.
- 5 Doyal L and Gillon G. Medical Ethics and Law as a Core Subject in Medical Education (Editorial). *Brit Med J* 1998; **316**: 1623-1624.
- 6 Consensus statement by teachers of medical ethics and law in UK medical schools. *Teaching medical ethics and law within medical education: a model for the UK core curriculum*. *J Medical Ethics* 1998, **24**: 188-192.
- 7 King J and Doyal L. *Developing a Model for Teaching Ethics and Law in Dentistry*. Final Report to the Kings Fund. 1998 (unpublished).

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