

Exploring the Ethical Constructs of Dental Patients to Guide Dental Ethics Teaching

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ABSTRACT

Objective: To explore the ethical constructs of dental patients to guide dental ethical teaching.

Methodology: A grounded theory approach, inspired by the socio-constructivist paradigm was used for data collection. The duration of the study was six months and non-probability, purposive, convenience was used. Dental patients, visiting the various departments of dental colleges in Lahore, Pakistan, were interviewed to explore their ethical constructs and thematic analysis was done.

Results: Nineteen dental patients were interviewed. Three themes were derived from four hundred and sixty-two codes. Three themes were: dental patient ethical constructs, dental ethics teaching, and ethical context. Honesty, good communication ethics and respect for patients were the main ethical constructs of dental patients. Dental patients also emphasized effective ethics teaching and assessment. Finally, for dental patients, religion and economic condition were two main contextual factors affecting ethical constructs.

Conclusion: Dental patients desire honesty, good communication ethics, and respect for patient from dental students. The patients defined ethical context and ethical constructs may help curriculum developers to contextualize and emphasize dental ethics teaching. Religion and the financial aspect are the two contextual factors effecting ethical construct that play key roles.

Keywords: Dental ethics, dental patients, dental ethics teaching, dental curriculum, ethical context, dental patients' ethical constructs.

INTRODUCTION

Dental ethics is an essential component of professionalism required to develop trust in the dentist patient relationship¹. Dental education aims to bring positive change in dental student behaviour. Dental ethics teaching is unable to bring desirable change in the behaviour of dental students²⁻⁴. Dental faculty and dental student reflected on this issue and found some probable reasons. The dental ethics as a subject is considered boring by student⁵. Dental students are asked to reflect on a dental ethical issue, when they graduate, they are not expected to continue these reflective practices. That's may the reason that dentists are ill prepared for patient centered behavioural change.

The dental curricula are overcrowded with knowledge and skill domains leaving little time to teach dental ethics. Ethics teachers are teaching "ethics experts" defined content, which are universal in nature and contextual element is missing. Dental educators have defined the ethical competencies for a dental student; do dental patients really think like these experts⁶? Without properly trained and sensitized dental faculty, it is difficult to teach dental ethics to students⁷.

Dental patients' input can help in co-designing the educational content. Dental ethics are context-driven, every context have their contextual needs and for patient centered care patients' ethical constructs may help define ethical needs. In educational context, to enhance effective dental ethics teaching, dental patient views regarding ethics needs to be recorded⁸. The dental patient ethical constructs can redefine dental ethics teaching and assessment⁸.

If a dental student knows the dental patient ethical constructs this may bring a desirable change in the dental student's behaviour. So, our research question was "What are the ethical constructs of a dental patient to guide dental ethical teaching?" The statement of purpose was "to explore the ethical constructs of dental patients to guide dental ethical teaching"

METHODS

Study Setting: This study has utilized a grounded theory methodology and a socio-constructivist paradigm was used and the resultant dialogues have enriched our understanding of dental

patients' ethical constructs. Ethical review board approval (ERC/02/18/12, 20/12/2018) was obtained from The University of Lahore and institutional review board approval (FMH-11-2018-IRB-529-M) from of Fatima Memorial Hospital College of Medicine and Dentistry (FMHCM&D), Lahore Pakistan. The qualitative data was collected between December 2018 and May 2019. The study population consisted of dental patients, including the current and potential dental patients. The sampling frame consisted of dental patients that are presented to various dental hospitals but primarily data was collected from FMHCM&D. The non-probability, convenience, sampling technique was used during this study. The study participants approached author 1 via email or WhatsApp as he had displayed a poster for inviting dental patients to participate in this study. The participants understood the research problem and the author's intention of doing research, they expressed their views freely.

Data Collection: Total Nineteen dental patients were interviewed after one pilot interview; all interviews were conducted by author 1. Out of nineteen participants, six participants were female. Twelve interviews were planned initially but due to heterogenous characteristics of participants the data saturation was reached by the fifteenth interview. Data saturation was achieved with four more interviews. An interview guide was made and was updated based on previous interviews and interviewee background.

Data Analysis: The dental patients explicitly and implicitly communicated their desires related to ethics and primarily discussed ethical principles. A total of 850 minutes of audio recording were transcribed and after member checking open coding was done with Atlas Ti version 7. Authors 2 reviewed the code generated in the first round, and a partial consensus was achieved after the second round of coding. The generated codes were categorized, and a consensus was achieved on generated codes and categories. Next, author 1 developed networks out of the categories of codes. By combining several networks, five themes were identified. During iteration related to data analysis, three authors agreed on removing two themes; by the end of this data analysis, three themes were identified by mutual consensus.

RESULTS

Three themes derived from this study (Table 1) were:

Ethical constructs of dental patients: Dental patients hierarchically categorized ethics; the main category of ethics was core or essential ethics, and other ethics were ethics that were above core ethics or superlative type of ethics and were discussed by few highly educated participants. We operationalized ethics into primary ethics when dental patients explicitly desired a particular ethical value and secondary ethics when patient implicitly

communicated their desires related to ethics. The top primary ethics desired by dental patients were honesty, communication ethics, respect of patient and non-maleficence. The less educated class believed in utility type of ethics and some ethical attributes are desirable but they can be compromise e.g., autonomy, respect, and trust. One participant was convinced that patients do not come with an ethical construct.

Table 1: showing themes, subthemes, and quotes

Themes	Subthemes	Quotes
Ethical Constructs of Dental Patients	Ethics above core ethics	"So, empathy is basically of very highest value. (Dental patient19, PDP9, female)"
	Primary ethical attributes	"In my opinion ethics starts from the honesty of profession either dentistry, whatever profession (Dental patient1, DP1, male)"
		"If you scold the poor patient or insult him if you go to periphery especially in public sector hospital... there you can see how they insult the patient, at that time they feel it's better we should have die at our home. (Dental patient18, PDP8, female)"
	Secondary ethics	"Sometimes you come across a patient, you can say who is harsh. so it is good that doctor should control his temperament and should not react similarly. If you deal with this patient in a good way, this is a sign of greatness. (Dental patient9, DP9, male)"
	Applied ethics and ethics related to competencies	"So, I think that in terms of ethics my concern is that you need to let the patient realize and make him sure that we are with you, once you leave the hospital you will go with the smiling face, and this kind of surety that we will render the best services anywhere in this country. (Dental patient3, DP3, male)"
Dental Ethics Teaching	Patients' knowledge of matter related to ethics	"In Pakistan, a patient comes with a clinical complaint, not with an ethical construct. (Dental patient12, PDP2, male)"
	Planning of ethics program	"So, first of all, you will define your strategy that in medical sciences or in medical organizations what ethics other countries are applying and what is important to be implemented here looking on the balance of the life-like in terms of the poverty level and these kinds of things. (Dental patient3, DP3, male)"
	Dental ethics curriculum	"Right!!! Allah has inculcated a sense in me which tell me that I have done something wrong, I have done injustice with the patient, that was an unethical behaviour. So, if we do not know a big principle this thing a person should understand... this thing should be included in the curriculum. (Dental patient19, DP9, female)"
	Teaching dental ethics	"So, when they are coming into the workforce follow them and these teachers should also be the role models. (Dental patient13, PDP3, male)"
	Assessment of ethics	"If you want you can introduce it as a small regular subject, you should make it a compulsory subject and make it mandatory to pass. (Dental patient18, PDP8, female)"
	Continued professional development	"You do not have to teach ethics in great detail again, principally a polite reminder is required. (Dental Patient16, PDP6, male)"
	Context of Dental Ethics	Society needs Change
Adapt foreign ethical code to our needs		"See if we go to that advance level, society has to be up to that level, for a society which is a developing country, if you are expecting such kind of level from a common man. I believe it would not be a fair expectation. (Dental patient1, DP1, male)"
Context of ethical needs		"But our religion does not say that poverty should take away moral values. (Dental patient14, PDP4, female)"
		"As I have already stated that religion and sect of doctor do not matter. (Dental patient18, PDP8, female)"
		"One of the crunch problems which we face right now is taking into consideration dentistry either as a profession or as a trade. So that is the real conflict which brings ethics into disrepute (Dental patient12, PDP2, male)"

Few dental patients expressed some ethics-related competencies that must be inculcated into dental students and these competencies were related to dentist patient communications, beneficence and respect for patients.

Dental ethics teaching: Dental patients gave varied opinion about ethics teaching which were related to curriculum designing, curriculum development, effective ethics teaching and assessment of ethics. For them, the aim of dental education should be to sensitize the student to ethical issues and promote social justice.

The dental patients discussed the outlook of the future dental ethics curriculum. The patient suggested that initially, ethics program education should be developed around universal ethics and later, ethics education program should be contextualized them to fulfil patient's needs. Dental teacher may ask dental students to do ethical practice; role modeling should be done in presence of the patient. The newer assessment should be contextual and tailored to local needs. Dental patients may be invited to participate in assessment process of dental students. Continued professional development program planner should add attitude related component in professional development courses.

Contextual factors affecting ethical construct: The ethics governing dentist are affected by some contextual factors. The prominent contextual factor that modifies ethical constructs were religion and economic condition of patient. Other contextual factors were society, culture, gender and education.

The society expect visible change in dental student at ethical front. The ethical transformation of dental students will be hindered by the adoption of foreign ethics codes by dental colleges.

Religion (Islam) believe in universal ethics and it should serve as our reference standard. However, a patient communicated that religion doctor does not matter. The quality of care in dentistry is largely dependent on the ability to pay. ethics education will not work in presence of commercialization of the profession. Dental profession has to address the issue of whether dentistry is a profession or trade.

DISCUSSION

Dental ethics are underemphasized in dental education and expert derived contents are not bringing desired moral change in dental students. We have used a bottom-top approach in this study, we assume that patient ethics related desire may be different and results show dental patients ethical constructs were different from the western and implemented code of ethics⁹⁻¹¹. Similarly, the competencies defined by dental patients are different and are not comparable to what was envisaged by experts for dental students⁶. Less educated patients believe in utility-based ethics and the more educated or expert in their field believe in universal and duty-based ethics. The dentists as potential patients were oblivious of the ethical needs of their patients. A similar disparity in the understanding was noted, when the dentist tried to comprehend

what the patient understands about ethics¹². Dental patient insight into dental ethics can promote patient centered care and patient defined ethical competencies can be used to modify ethics program.

Ethical constructs of a dental patient can transform dental ethics teaching was a difficult subject to investigate and dental patients cannot tell remedies for all the issues and process involved in the ethics teaching.

The addition of patient opinion during development of dental curriculum may make curricular outlook which may become more patient centered¹³. The curriculum developer may incorporate dental patient defined dental ethics related competencies. The implemented dental curricula and dental educators have stressed on knowledge and skills^{14,15} than ethics and critical thinking as developing outcomes related to these aspects are difficult¹⁶. Moreover, the patient defined ethics may enhance faculty development for better remodeling.

Dental patient's participation can improve ethics teaching; simulated patient and patient videotaped input into ethics teaching has been used for dental ethics teaching¹⁷. Dental teachers can seek quality feedback about student behaviour from patients to improve professionalism¹⁸.

Researchers in Pakistan assessed the ethical sensitivity of recent dental graduates and dental students^{3,19}. Researchers have found that dentist were not able to take a moral decision or have some major issue related to ethics²⁰⁻²². The dental patient defined content and their participation in assessment may lead to development authentic assessment of ethics and this area might require the further research.

Various contextual element discussed by dental patients have an important effect on dental ethics education. Our society give importance to religion^{3,23} similar to as given by other society but they have already oriented their ethics curriculum and code of ethics to religious context¹¹. The dentists in this society gives credit to religion teaching for their moral behaviour²⁴. Providing quality services at reasonable rates has been a challenge for the dentist. The trade component of the dental profession of healthcare is a shock for patients²⁵. The similar phenomenon has been seen in west, where the dentists were suggesting treatments that are not needed and overtreatment is another ethical dilemma²⁶. Initially if these two main ethics related contexts may be addressed as they may lead to authentic learning and assessment.

The benefits of this study are to promote patient centered care in dentistry and dental patient assistance in co-designing education content for dental ethics teaching. The dental patients defined ethical construct may result in construction of shared reality for dental ethics teaching and may stimulate dental student's behavioural change. The policy and practice of dental institution may change to conform to future needs.

This study has studied a small section of society in a dental educational institution. Patients belonging to various provinces & minorities were not equally represented. Future studies can assess patients ethical construct in another context. Action research may be required to implement patient guided ethics curriculum.

It is recommended that Pakistan Dental Association should develop a code of conduct for a dentist and develop continued professional development programs to maintain professional growth. Regulators may consider developing standard for healthcare professional education considering local context. Finally, dental education should continue dialogue with patients wherever need arise.

CONCLUSION

Dental patients believe in utility type of ethics whereas experts focus on the highest level of virtues. Patients desire honesty, good communication ethics, respect of patient and non-maleficence. The transformation of ethical constructs into curriculum and ethics teaching will require discussions considering the context. Religion and economic context are the two important contexts in our society.

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