An Assessment of Ethics
in the Curricula of Dental Schools
in the Midwestern Region of the United States

An Honors Thesis (HONRS 499)

by

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Smile : - ) !!
Purpose of Thesis:

This study was designed to assess ethics instruction in sixteen dental schools from the midwestern region of the United States. It is imperative that dental students develop a system through instruction for dealing with moral dilemmas that confront them in real life clinical situations. Upon completion of dental school, students must have the ability to embark on their careers and successfully handle challenges that arise. Ethics is required for an accreditation for all dental schools, and this study shows a wide range of approaches to ethics instruction throughout the sixteen schools. Along with a brief history of ethics and similar surveys from the past, this study compares ethics courses and components in the curricula of the various schools to the *Principles of Ethics and Code of Professional Conduct of the American Dental Association*. 
Patricia J. Panucci

An Assessment of Ethics in the Curricula of Dental Schools in the Midwestern Region of the United States

Considering the main purpose of dental schools--the preparation and instruction of students preparing to function in the world with a dental career--ethics ought not be an option in the curriculum. This study was designed to assess ethics instruction in select dental schools from the midwestern region of the United States (IA, IL, IN, KY, MI, MN, MO, NE, OH, WI). Ethical decision-making skills of dental students are a product of three main criteria: pre-collegiate experiences, pre-dental education, and dental school instruction. Dental students must develop a system through instruction for dealing with moral dilemmas that confront them in real life clinical situations. In addition to refining students’ clinical skills, dental schools must assist students in assessing professional ethical codes and formulating personal ones. Upon completion of dental school, students must have the ability to embark on their careers and successfully handle challenges that arise, whether financial, social, or technological. “Dental education has an obligation to provide the dental student with a working knowledge of the moral bases and imperatives of dentistry and with the skills to identify and weigh them when they conflict” (Shay, 1991). Curriculum Guidelines on Ethics and Professionalism in Dentistry, from the 1989 Journal of Dental Education, states the primary goals of dental school ethics instruction, which are quoted below:

A course in ethics should contribute to the development of
ethical persons who can articulate what it means to be a dental professional and are committed to serving others before themselves. Educational experiences in a dental ethics curriculum should stimulate the moral imagination to recognize ethical issues, develop analytical skills, elicit a sense of moral obligation and personal responsibility, develop tolerance for ambiguity, and develop the ability to implement and execute an ethically sound plan of action (American College of Dentists' Board of Reagents, American Dental Association Council on Dental Education, 1985).

Of the approximate 150,000 active dentists in the U.S. today, about 91% are in private practice. Dentistry is often regarded as the second most respected profession in America with dentists rated higher in terms of honesty and ethical standards than physicians, clergy, or lawyers. Furthermore, dentists generally get higher marks from consumers for their interpersonal skills and delivery of quality of care (Pamphlet by SELECT of the American Dental Association).

HISTORY:

What is ethics? According to Ozar and Sokol in Dental Ethics at Chairside, ethics applies to "...what ought or ought not be done or what is a matter of someone's obligation concerning the issue, question, reflection, or judgment" at hand (1992). Webster's dictionary defines ethics as "...moral philosophy or moral science, i.e., that branch of philosophy which studies the principles of right and wrong in human conduct."

There are four main theories throughout history that describe ethics and ethical principles. The earliest theory of ethics is explained in
Aristotle's *Nicomachean Ethics*. He dealt with what is called virtue ethics, and attributed this school of ethics to what concerns human conduct or human behavior. Aristotle said "...the best we can do in ethics is to provide guidance or general instructions for the right conduct ...There is a 'mean' to which we should strive in our ethical behavior" (Starr, 1991). Aristotle believed there are eleven virtues that an ethical person should possess. Each virtue signifies this "mean" between two extremes - excess and deficiency. Aristotle explained this view:

...if virtue, like nature, is more precise and better than any art, we must conclude that virtue aims at the median. I am referring to moral virtue: for it is moral virtue that is concerned with emotions and actions, and it is in emotions and actions that excess, deficiency, and the median are found. Thus, we can experience fear, confidence, desire, anger, pity, and generally any kind of pleasure and pain either too much or too little, and in either case not properly. But to experience all this at the right time, toward the right objects, toward the right people for the right reason, and in the right manner—that is the median and the best course, the course that is a mark of virtue (Aristotle).

Aristotle urged that these virtues become a part of one's psychological personality and harmonious soul. Consistent virtuous actions should occur throughout a lifetime to live a good life and be truly virtuous. Therefore, Aristotle's ideas of ethics described a way of life.

The next theory of ethics was explained by St. Thomas Aquinas on what is known as Natural Law Ethics. St. Thomas Aquinas was a philosopher of the Middle Ages who believed the "...fundamental principles..."
of morality are given to us by God” (Starr, 1991). In order to make moral decisions and have moral legal systems, humans must discover these divine principles and apply them individually. This “...branch of divine law that directly affects human beings and their conduct” and pertains to morality is natural law (Starr, 1991). The first principle of natural law is as follows: “Good is to be done and ensued, and evil is to be avoided” (Starr, 1991). Aquinas, like Aristotle, believed human beings should conduct themselves virtuously. However, the key to moral question was how one lived life.

The most widely explored theory on ethics was developed by a German philosopher who lived during the 18th century. He proposed a form of ethics called deontological ethics. This type of ethics “…holds that moral reasoning should be based on whether the moral principle or rule in question can be ethically justified on its own” (Starr, 1991). Immanuel Kant’s theory does not concern living a good life or being virtuous but fidelity to moral principle once understood. Kant’s highest moral principle is the categorical imperative which is developed in five different ways. He believes this can be achieved by disregarding competing desires or “inclinations,” and making every ethical decision in accord with it. The following passage comes from the categorical imperative called “end in itself” or “respect for persons”: “Act in such a way that you treat humanity, whether in your own person or in the person of another, always at the same time as an end and never simply as a means” (Starr, 1991). Kant believed the categorical imperative applies to all situations at all times, and human beings should always adhere to it.

The fourth ethical theory comes from a 19th century British
philosopher, John Stuart Mill. He proposed utilitarian ethics which “...holds that one ought to do that which will provide the greatest benefit for society” (Starr, 1991). Mill described his principle:

The creed which accepts as the foundation of morals ‘utility’ or the ‘greatest happiness principle’ holds that actions are right in proportion as they tend to promote happiness; wrong as they tend to produce the reverse of happiness. By happiness is intended pleasure and absence of pain; by unhappiness, pain and the privation of pleasure (Mill).

The entire focus of utilitarianism is developing the best possible society. After reviewing the previous four theories on ethics, one important point should be kept in mind:

A systematic theory allows one to make moral decisions in a consistent manner. It allows one to live life with moral standards which one can practice over a lifetime. It allows one to be a seriously morally reflective person. In absence of theory, all ethical decision-making becomes situational...This is why moral theory is worth teaching (Starr, 1991).

APPLIED ETHICS:

These historical ethical principles have been applied to society--especially in health care professions. Dentistry is a health care profession as is nursing, medicine, and allied health fields. Consequently, it shares several important moral responsibilities and principles with other health care disciplines. Beneficence, autonomy, non-maleficence, justice, fidelity, veracity, confidentiality, and privacy are basic obligations to the dental profession as well as to its clients. According to Kenneth Shay, beneficence is the charge to do good for the benefit of
one another; autonomy is the respect for the self-determination of the patient; non-maleficence is the proscription of inflicting harm on a patient; and justice is the fair distribution of benefits and burdens (1991). These principles and their situational applications, such as whistle-blowing, informed consent, and advertising, can be found in the *Principles of Ethics and Code of Professional Conduct of the American Dental Association*.

**LITERATURE REVIEW:**

Many searches similar to this study have been conducted to determine how ethics stands or should stand in the curriculum of dental schools. There are several opinions as to what ethical issues need to be addressed as well as the approach to instructing ethics. The Committee on Dental Accreditation devised *Standards for Dental Education Programs* including sections concerning ethics as urged by the American Dental Association Board of Trustees. The *Standards* read as follows:

5.4.1 Students **must** (*sic*) be provided either structured experiences or instruction to become familiar with the Professional and Ethical issues associated with dentistry and to incorporate ethical concepts in the practice of dentistry.

5.4.2 Students **must** (*sic*) be provided either structured experiences or instruction to become familiar with the personal and legal issues associated with dentistry and its responsibility to the public.

3.3 Faculty **must** (*sic*) have in depth knowledge of and experience in their respective teaching disciplines and have a familiarity with educational methodology (American Dental Association, 1986).

As stated earlier, the American College of Dentists' Board of Regents, the
American Dental Association Council on Dental Education, and the American Association of Dental Schools Special Committee on Ethics and Professionalism in Dentistry devised curriculum developmental aids on ethics to apply to predoctoral dental education. These guidelines propose a relationship between ethics and professionalism in all aspects of dentistry. It is stated that "Ethics must be taught and reinforced in the context of patient care. Both didactic and clinical faculty in all disciplines and specialties in dentistry are responsible for developing and reinforcing appropriate professional and ethical attitudes, behavior, and practices" (ACD Board of Regents, ADA Council on Dental Education, 1985). The committees state the central purpose of the curriculum for the students as an introduction "...to dental ethics as a rigorous intellectual discipline" (ACD Board of Regents, ADA Council on Dental Education, 1985).

A curriculum in dental ethics should introduce the student to the wide range of ethical issues in dentistry and provide sustained opportunity to master the application of ethical principles, virtues, and values to actual clinical cases and practice. A curriculum in dental ethics should equip the student to engage in critical evaluation and discussion of appropriate revision in the American Dental Association's Principles of Ethics and Code of Professional Conduct (ACD Board of Regents, ADA Council on Dental Education, 1985). The committees also discussed the core content of the ethics curriculum and four specific behavioral objectives. These principles and ideas should be used in all four years of dental education, and the students should be taught ethics every year throughout dental school. The core content
involves ethical theories and principles with case analysis, evaluation, application, judgment and resolution of dental dilemmas. The analyses of cases are not to be reviewed simply from clinical situations, but from private practice, public health, and military examples as well. The issues discussed should cover questions of authority, management, and care of patients. Group interaction and discussion is strongly recommended by the committees. Four major objectives are suggested as developmental aids. These are: “1. recognition and analysis of ethical problems; 2. reasoning, argument, and judgment about courses of action; 3. commitment to the ethical principles of the profession; and 4. implementation of plans of action” (ACD Board of Regents, ADA Council on Dental Education, 1985).

The faculty should have qualifications for teaching dental ethics, some familiarity with dental ethics and bioethics literature, and the ability to lead group discussions.

David Ozar and others propose seven dental value categories that should be incorporated into ethics curricula. Life and Health is the most important category. This concerns the patient’s physical well-being. Appropriate and Painfree Functioning deals with the patient’s right to self-determination. Patient Autonomy involves respect and informed consent. Preferred Practice Values incorporate the dentist’s choice of action for a given diagnosis. Esthetic values and Cost have multiple applications. External factors include such considerations as location of care, prior health behavior of the patient, and the involvement of substitute decision makers. All of these categories can be related to the Principles of Ethics and Code of Professional Conduct of the American Dental Association.

John Odom suggests that students learn the principles of
utilitarianism as stated earlier as the greatest benefit for the greatest number of people. His thoughts parallel with those of the Institute on Dental Ethics. In 1984, this ethics institute devised a model for ethical decision-making, keeping in mind two primary objectives. "The first was to provide dental students and practicing dentists with knowledge which would help them evaluate and act upon the ethical situations encountered in the practice of dentistry" (Odom, 1985). The second objective was the development of faculty who could contribute to an effective ethics program. The model that the institute constructed consisted of two approaches: consequential and deontological. In the consequential approach, the dentist makes the choice based on the production of a positive result. On the other hand, the deontological approach encourages veracity and fidelity with the patients rather than focusing solely on consequence. In other words, telling the truth is the correct choice of action because honesty is right whether it produces an adverse consequence or not. Both of these approaches are subdivided into two categories each. The consequential approach consists of the Hippocratic Principle which "...says that a physician is to do what he thinks will benefit the patient (consequence evaluation) according to his ability and judgment" (Odom, 1985). The second part is the utilitarian theory which urges actions that will benefit society or the most people. The deontological approach deals with autonomy and justice. The principle of autonomy allows the patient to determine what happens to him/her and gives the patient the choice of which procedure to utilize in his/her condition. The principle of justice allocates equal treatment to individuals and the fair distribution of labor to society. These concepts are illustrated by Odom, 1985, in the following figure:
### FIGURE 1

<table>
<thead>
<tr>
<th>CONSEQUENCES</th>
<th>DEONTOLOGICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td><strong>JUSTICE</strong></td>
</tr>
<tr>
<td>Hippocratic (Patient Benefit)</td>
<td>Autonomy</td>
</tr>
<tr>
<td></td>
<td>Truth Telling</td>
</tr>
<tr>
<td></td>
<td>Promise Keeping</td>
</tr>
<tr>
<td></td>
<td>Informed Consent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL BENEFITS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>(Utilitarian)</td>
</tr>
</tbody>
</table>

"The left side of the model (Figure 1, sic) represents the traditional approach to ethical reasoning and the right side reflects the shift in society to a patient's rights perspective emphasizing patient autonomy and self-determination" (Odom, 1985).

**INFORMATION FROM THE PAST:**

Several surveys have been conducted to analyze the ethical content in the curriculum of dental schools.

In 1980, the Hastings Center report on *Ethics Teaching in Higher Education* found that pre-professional coursework in bioethics was not generally offered at U.S. colleges and that, when it was, it was likely to suffer from shortcomings in scholarly literature, faculty with incomplete backgrounds, and from a paucity of integration between ethical theory and applied examples (Shay, 1990).

In the 1980 Odom study, thirteen of the fifty-five responding dental schools in the United States showed no ethics instruction. This survey showed a lack of commitment to ethics in the curriculum of dental
schools. Odom conducted a follow-up survey in 1986 to compare the percentage of schools teaching ethics. In Odom’s survey, he sent identical letters to the deans of all fifty-eight dental schools in the United States. Of the 95% that responded, the number of schools that reported no formal ethics instruction was twelve as compared to thirteen in 1980. Thirteen schools reported changes in the curriculum. Six of these schools eliminated ethics instruction while seven added ethics to the curriculum. Odom (1988) found an increase of 47% in ethics instruction for students in their early years of dental school as shown in Figure 2.

Percentage of Schools Teaching Ethics by Academic Year

<table>
<thead>
<tr>
<th>YEAR</th>
<th>1980 DATA</th>
<th>1986 DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>45%</td>
<td>56%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Junior</td>
<td>26%</td>
<td>35%</td>
</tr>
<tr>
<td>Senior</td>
<td>57%</td>
<td>47%</td>
</tr>
</tbody>
</table>

METHODS:

The researcher began the study by identifying the dental schools of the midwestern region of the United States. In doing so, the researcher came upon sixteen dental schools to explore. These included: Case Western Reserve University (Cleveland, OH), Creighton University (Omaha, NE), University of Detroit-Mercy (Detroit, MI), University of Illinois at Chicago (Chicago, IL), Indiana University (Indianapolis, IN), University of Iowa (Iowa City, IA), University of Kentucky (Lexington, KY), University of Louisville (Louisville, KY), Marquette University (Milwaukee, WI), University of Michigan (Ann Arbor, MI), University of Minnesota
(Minneapolis, MN), the University of Missouri (Kansas City, Missouri), University of Nebraska Medical Center (Lincoln, NE), Northwestern University (Chicago, IL), Ohio State University (Columbus, OH), and Southern Illinois University (Alton, IL). The second step in this project required the researcher to contact each dental school seeking a course catalog. Some schools failed to send a catalog in response to the original letter. Therefore, a second letter requesting a course catalog again was sent. However, even after the follow-up letter, only twelve of sixteen schools sent catalogs. Upon receiving the catalogs, the courses in the curriculum for all four years of dental school instruction were reviewed using the Principles of Ethics and Code of Professional Conduct of the American Dental Association (ADA Code) as the source for the ethical topics in the review. After consolidating the code into twenty-eight different topics related to ethics and professionalism and cross-validating the topics as viable concepts with a Bioethics Professor (See Appendix A) the researcher examined the catalogs for courses with an ethics emphasis or component. The researcher then used these topics as the main principles of focus. After completing the catalog review, the researcher wrote a letter and sent it to the deans of the sixteen schools explaining the purpose of the research and requesting syllabi for the courses in which the researcher found ethics as the main topic or as a subsection of the course. Eight of the sixteen schools quickly responded with the requested information. However, the researcher sent a second letter to the remaining eight unresponsive schools. Upon receiving the syllabi from fifteen of the sixteen dental schools, the researcher analyzed each course and compared it, once again, to the twenty-eight key ethical topics that were previously extracted from the ADA Code. To sort the
results in a uniform manner, the researcher constructed a database which included the twenty-eight important topics and each school with its address and phone number. This database also allowed the researcher to keep track of which schools responded, the individual who sent the information, and how many letters the researcher sent to each school.

There were several weaknesses and limitations to this research that need to be mentioned. First, the researcher limited the study to sixteen midwestern dental schools which allowed conclusions to be drawn only concerning these dental schools. Results and conclusions were left to the interpretations of the researcher from the catalogs and syllabi of the various schools. Also, the interpretations were limited to what the schools provided on paper. The researcher assumed the written information genuinely reflected the curricula of the schools. If the schools mentioned reviewing, discussing, or covering the ADA Code, the researcher assumed all of the key topics were presented to the students. Therefore, to rectify these weaknesses or reduce the number of limitations, the summary suggests some possible further studies or areas of research that may be conducted for future dental students or professionals who are concerned about ethics.

RESULTS AND CONCLUSIONS:

One school remains unresponsive after repeated letters requesting syllabi. Therefore, the researcher was able to complete the study on only fifteen of the original sixteen schools (93.7%). The researcher appreciates the cooperation of these schools, and their willingness to participate and contribute to the study.

Fourteen of the fifteen schools that responded mention distributing, reviewing, or discussing the ADA Code in at least one class. Also, several
additional ethical and professional issues are covered throughout the curriculum of these fourteen schools which provides a thorough instruction of the highlighted topics in the ADA code. The remaining school covered only 75% of the key topics in the ADA Code.

Of the fifteen schools, two reported an ethics curriculum which comprised instruction throughout the four years of dental school: the University of Kentucky and the University of Detroit-Mercy. The University of Kentucky’s course plan is entitled Profession of Dentistry I-IV. Section I (taught the first year) focuses on “Ethics and Life... as a Dentist.” The major question addressed is: “How ought we to live... and, as dentists, should we live differently than others?” Section II deals with “Ethics in Clinical Dentistry.” The course strives to answer the question: “How do dentists interact with their patients for the good of both?” “Justice and Jurisprudence” is the main topic for Section III, and “The Organized Profession” is discussed during the final year. These courses address the following questions respectively: “How do society and dentistry interact for the good of the public and the profession?” “How do dentists interact with one another?” Students are evaluated through attendance, participation, and performance on quizzes, out-of-class assignments, and final examinations. The University of Detroit-Mercy includes a plan for “Professional Ethics Development” which aims toward a comprehensive curriculum on ethical and legal issues and concepts as well as a decision-making framework. Through many group activities and discussions, each class develops its own Code of Ethics as part of the first year course. The third year incorporates a review of this “Class Code of Ethics” and the ADA Code. The main text utilized throughout the ethics curriculum is Dental Ethics at Chairside: Professional Principles.
Applications by Ozar and Sokol (1994).

Two schools, Case Western University and the University of Louisville, focus on the latter years of dental school to conduct their ethics instruction. Case Western University requires "Jurisprudence and Ethical Responsibilities" as an eight week class for fourth year students. The course includes seven didactic hours of lecture and group discussion to provide a guide to and experience with ethical analyses both from the perspective of required behavior (legal behavior) and professional standards. The grading scale is pass/fail and the outcome assessment is based on attendance and a take home exam. Another class, "Dental Health Ecology", covers the ADA Code. The course involves lecture, slides, videos, handouts, and a field trip. Grades are pass/fail according to class quizzes and arranged office visitation with a professional practitioner. The University of Louisville, requires a one credit-hour class entitled "Practice Management III" during the spring semester of junior year in which the students define the words moral, ethical, law, autonomy, beneficence, integrity, justice, and paternalism. Also, "Jurisprudence/Ethics/Dental Practice," another one credit hour course, is included during the spring semester of senior year. Students are taught the basic concepts of law and ethics in a dental practice. Although these two courses cover ethical material, the University of Louisville did not in the material provided to this researcher illustrate the development of 25% of the key topics that were extracted from the ADA Code.

Indiana University focuses on the first year of dental school for ethics instruction. The single course is entitled "Dental History and Ethics", and is taught during the fall semester. Performance on the Final
Examination determines the grade.

Northwestern University conducts a course for the first year students entitled, "An Introduction to Professionalism and Ethics." This course is designed to utilize case studies and group discussions to implement the development of critical elements of conduct that guide professional behavior. A case analysis framework for solving ethical dilemmas is suggested. The students discuss ethical principles, social responsibility, and the purpose and content of the ADA Code.

Marquette University includes two classes during the summer session prior to the final year of dental school that center around ethics. "Dental Jurisprudence" is designed to provide the student with information about legal rights, obligations, and responsibilities concerning the profession of dentistry. The course, "Principles of Dental Ethics" thoroughly reviews the ADA Code as well as several case studies in an effort to present imperative ethical issues and assist students in formulating personal ethical standards.

Creighton University focuses on the first and last years of dental school for ethics instruction. "Ethics in the Practice of Dentistry," which is a one credit course held during the spring semester of the first year, provides an introduction of ethical principles and common ethical dilemmas that dentists face with patients, society, and other dentists. The course is comprised of one-hour lectures for eight weeks. "Ethics in the Practice of Dentistry" is also included in the senior year curriculum. The course is comprised of four hours of lecture for two weeks in which the same topics are discussed senior year as were first year. "Values and Ethics" is also a one credit course, but it is taught during the spring semester of senior year. Topics discussed in this course
include risk management, prescription fraud, freedom of choice, empathy and compassion, informed consent, and the ADA Code. Students also learn to understand their personal ethical decision-making process. Southern Illinois University also focuses on the first and latter years of dental school for ethics instruction. During the first semester of the first year, students are oriented with the dental school, the curriculum, dental specialties, and study skills. Included in this orientation class is a two-hour presentation discussing “Ethics in Dental School” and “Ethics in Dentistry.” The ethics curriculum for the third year of dental school involves the class, “Management in Dentistry I,” in which the topic of one session is: “Ethical Theories and Values Clarification.” The students practice applying an ethical decision-making model to selected cases. Also, the students are made aware of their professional obligations, liabilities, and ethical decisions as related to the ADA Code. Ethics is included in the curriculum of the first and last years at The University of Missouri-Kansas City Dental School. The course, “Introduction to Ethics and Professionalism” targets basic concepts in the analysis of ethics, morals, and values using modern issues from dentistry and an ethical decision-making model. The ADA Code is covered during the seventh and last session of this seven week class. A one-day seminar presenting “Applied Ethics” is conducted during the fall semester of the last year of dental school to discuss case studies and relate them to the basic principles learned in the introductory course.

The University of Iowa, Ohio State University, and the University of Minnesota include a variety of classes, sessions, and seminars on ethics and related topics. The University of Iowa holds a two-hour lecture/discussion during freshmen orientation week to alert students to
the expectation of ethical behavior, sophisticated ethical reasoning, and value development as serious parts of the Dental School curriculum. An "Introduction to Professional Responsibilities and Values" is given in five sessions during the fall semester of the first year. The purpose of this course is to provide an opportunity for the first semester dental students to uncover their own values, to read and consider the values associated with the profession, and to relate their own values to those of the dental school and dental profession. The students are taught a process for thinking critically and solving problems ethically. The next course in ethics is not required until the junior year when "The Practice of Dentistry in the Community: Professionalism and Ethics" is provided for one-credit hour. This course assesses the leadership role of the profession of dentistry and the moral challenge placed on the dental professional. "Dealing with Ethical Dilemmas in Dentistry" is given as a four hour session consisting of two lectures and two one-hour discussions. Students are given practice in recognizing ethical dilemmas and engaging in ethical reasoning through this session. "Practice in Ethical Decision-Making" is a one-hour section of the senior "Advanced Topics in Quality Assurance" course which gives students practice in ethical thinking and decision-making. "Understanding the Principles of Ethics and Code of Professional Conduct of the American Dental Association" is also a one-hour section of "Advanced Topics in Quality Assurance" which focuses on the relationship of the ADA Code to the practice of dentistry through a quiz and discussion of issues raised by the quiz. Each senior receives a copy of the ADA Code. "Business Ethics and Practice of Dentistry" is conducted for seniors in a two-hour seminar as is an "Extramural Program Orientation" which alerts students to ethical
dilemmas they may encounter, and prepares them to ask appropriate ethical and clinical questions. "Extramural Program Exit Seminars" are the final ethical seminars offered at the University of Iowa which consist of five to six hours. The students identify with an ethical dilemma from their experience and reflect on the complexities of the actual situation, how well it was handled, and what might have been done differently. Each student gives a presentation of a written case which is followed by group discussion.

Ohio State University also requires a variety of classes dealing with ethics. "Behavioral Factors in Dentistry" is a one credit-hour course in which the ADA Code is reviewed through lecture and group discussion. "Dental Ethics" is a one credit hour course in which the students practice practical problem solving. Finally, "Dental Ethics Institute" is a course in which Institute participants (dental students, dental practitioners, dental faculty, and consumers) conduct a one and one-half day workshop at the University's Dental School. The course prepares students to recognize and assess ethical components in the day-to-day practice of the profession.

The University of Minnesota focuses on the first and latter two years of dental school to teach ethics. The ethics curriculum consists of forty-three contact hours distributed over the four years of dental school. Attendance is required and small group instructional techniques ensure participation. Each course emphasizes student performance, self-assessment, and personalized feedback, using validated assessment methods. The focus of the courses revolves around four psychological components that determine moral behavior, which were formulated by James R. Rest of the University of Minnesota in 1979. These components are: "moral sensitivity (interpreting the situation), moral judgment
judging which action is morally right/wrong), moral motivation (prioritizing moral values relative to other values), and moral character (having courage, persisting, overcoming distractions, implementing skills)” (Rest 1994). The University of Minnesota begins with a pretest at orientation to alert students to the need for such an ethics program. Each student completes a DIT (Defining Issue Test) and receives a personalized letter detailing the results. The DIT is a multiple-choice test in which the subject is presented with a moral dilemma and must evaluate items that raise the most important considerations for deciding the case. The subject is asked to rate the relative importance of each of the twelve items on a 5-point scale (from greatest importance to no importance), and then rank which of the twelve items is the most important, second most important, and so on. “The assumption is that people define the most important issues of a dilemma in different ways, and that the selection of items indicates a person’s developmental level” (Rest 1994). Next, a lecture on “Characteristics of a Profession” is conducted to influence the professional identity of the students. The students are assigned to read the ADA Code to familiarize themselves with the code. The following one-hour lecture entitled “Judging the Adequacy of Moral Argument” is intended to present the elements of a well-reasoned argument. The students are assigned to read in house published materials: “Guidelines for Developing a Well-Reasoned Moral Argument” and “Principles of Biomedical Ethics.” Discussions are held to define preclinical ethical problems. Finally, the students complete a self-assessment in the areas of participation in discussions and learning. The third year begins with a Lecture/Discussion of “Patient Characteristics That Influence Informed Consent” which involves a case write-up. The
students are assigned to read “Getting to Yes,” by Fischer and Ury (1981) to enhance problem-solving and communication skills for which they are quizzed and then write up a case. The students then discuss and role-play cases. To improve ethical reasoning, clinical ethical dilemmas are discussed. Finally, an ethical sensitivity assessment alerts the students to their strengths and weaknesses. During the fourth and final year, students self-assess their results in the Dental Ethical Sensitivity Test and then talk with a high status practicing dentist. The students again discuss clinical cases to enhance their sensitivity and practice reasoning and implementation skills. To reflect upon and analyze the goals of the program, each student performs a self-assessment. The Final Assessment focuses on the outcome attained by the ethics program and encourages the students to set goals for further professional development.

The University of Michigan teaches one course, “Ethics,” for one semester in which the history and development of dentistry is discussed as well as principles of ethics, ethical and legal concepts, ethical issues of HIV infection, and the ADA Code.

The University of Nebraska Medical Center teaches one course during the fall of junior year entitled “Professional Ethics.” This course investigates the ethical responsibilities of a dentist and discusses professionalism, the ADA Code, legal interactions, and ethical dilemmas.

If anywhere in the syllabi a school reports covering the ADA Code, the researcher assumes that all of the twenty-eight key topics are included in the curricula of those particular schools. Additional evidence in the syllabi and catalogs of the schools accentuates these topics and makes them more obvious as part of the ethics instruction for particular schools.
KEY ETHICAL TOPICS OF ADA CODE:

1. Beneficence through service to the public: service that is good and causes or brings about goodness.

2. Non-maleficence in quality of care: to cause no harm or evil and prevent evil or harm.

3. No discrimination in patient selection: the dental professional shall not refuse to accept patients into their practice or deny dental service to patients based on race, sex, religion, national origin, or age. A decision not to provide treatment to an individual, based solely on the fact that the individual has AIDS or is HIV positive, is unethical.

4. Confidentiality with patient records: whatever a dentist and patient discuss and whatever the patient reveals in this relationship is to be held in strictest confidence. The dentist shall maintain the records in a manner consistent with the protection of the welfare of the patient.

5. Providing essential expert testimony: Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

6. Fidelity in informing patients' conditions: truth telling; patients and their families should be told the truth about their illnesses, injuries, situations, and conditions.

7. Justifiable criticism ("whistleblowing"): Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local constituent society instances of gross or continual faulty treatment by other dentists.

8. Veracity in treatment of patient: Dentists shall not represent the care
being rendered to their patients in a false or misleading manner.

9. **Veracity in representing fees:** Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

10. **Informed consent:** The dentist shall inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment options.

11. **Recognizing child abuse:** Dentists are obliged to become familiar with the signs of child abuse and to report suspected cases to the proper authorities consistent with state law.
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UK=Univ. Kentucky  UDM=Univ. Detroit-Mercy  CWU=Case Western Reserve Univ.
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KEY PROFESSIONALISM TOPICS OF ADA CODE:

1. *Keeping knowledge and skill current:* Dentists achieve professional status through knowledge, skill, experience, and education. These areas of knowledge and skill must be kept current to best serve their patients and society.

2. *Obligation of a responsible profession:* Dentists are obliged to make themselves a part of the professional society and observe its rules of ethics.

3. *Securing patents and copyrights:* Secured patents and copyrights shall not be used to restrict research or practice.

4. *Contributing to the esteem of the profession:* In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession.

5. *Promoting safety and health of public through research and development:* Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in maintaining or promoting the health of the public.

6. *Disclosing the name of sponsors:* Dentists shall enclose to readers of educational or scientific articles any monetary or other special interest the dentist may have with the company whose products are promoted or endorsed in the dentist's presentation or article.
Table 2

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<th>Key PROFESSIONALISM topics of ADA Code</th>
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KEY ETHICS AND PROFESSIONALISM TOPICS OF ADA CODE:

1. *Community leadership and service:* Dentists have the obligation as professionals to use their skills, knowledge, and experience to improve the dental health of the public. Dentists are encouraged to be leaders in the community and conduct themselves in such a manner.

2. *Emergency care and arrangements for service:* Dentists are obliged to
make proper arrangements for the care of their patients in emergency situations. In the case of patients not of record, dentists should make reasonable arrangements for their care when consulted in emergency situations.

3. **Seeking consultation and referring patients:** Dentists are obliged to seek consultation when the welfare of the patient will be maintained by using those who have special skills, knowledge, and experience.

4. **Using qualified and supervised auxiliary personnel:** Dentists are obliged to assign only legal duties to qualified auxiliaries and supervise the patient care provided by these personnel.

5. **Refusal of rebates or split fees:** Dentists shall not accept or tender "rebates" or "split fees."

6. **Prescribing, dispensing, and promoting only beneficial devices and drugs:** Dentists are obliged to prescribe, dispense, or promote only those devices, drugs, and other agents whose complete formulae are available to the dental profession.

7. **Using and promoting beneficial therapeutic methods:** Dentists shall not hold out as exclusive any device, agent, method, or technique that will safeguard the health of the public.

8. **Veracity of training and competence:** A dentist who announces in any means of communication with the patients or the general public that he or she is certified or a diplomate in an area of dentistry not recognized by the ADA or the law of the jurisdiction where the dentist practices as a specialty area of dentistry is engaged in making false or misleading representation to the public in a material respect.

9. **No false or misleading advertising:** No dentist shall advertise or solicit patients in any form of communication in a manner that is false or
misleading in any material respect.

10. No use of false or misleading name of practice: The use of a trade name or assumed name that is false or misleading in any material respect is unethical.

11. Announcing specialization and limitation of practice: Dentists who choose to announce specialization shall limit their practice exclusively to the announced special area(s) of dental practice, provided they have met all existing educational requirements in each approved specialty.
Table 3.

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<th>Key ETHICS and PROFESSIONALISM topics of ADA Code</th>
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SUMMARY and RECOMMENDATIONS:

This study was designed to assess ethics instruction in sixteen dental schools from the midwestern region of the United States. Every school that responded to the researcher's inquiry incorporates at least one course in the dental curriculum which focuses primarily on ethics. However, for the researcher it is disturbing to note differences in the amount of ethics taught in the curricula in the respondant schools. Many schools disperse ethics throughout several courses, whereas other schools specify particular courses with ethics as the primary focus. The fact that some schools incorporate several courses and seminars into the four years while other schools attempt to cover dental ethics in a single semester course raises several questions. Some schools help the students form ethical decision-making models, whereas other schools simply teach ethical principles. What does this comparison signify? Are students from all of the schools equally prepared to embark on their careers and successfully handle ethical challenges that arise? During which year(s) of dental school is ethics instruction the most crucial? These are possible topics for further research. A follow-up survey for the students detailing how frequently and where these ethical concepts of the ADA Code are addressed in these schools and by whom would provide more sound and definite conclusions about the ethics instruction of the selected dental schools. Administering a test, which is similar to the DIT at the University of Minnesota but based on the principles of the ADA Code, to the graduates of the dental schools would assess the values that the students developed and would determine if these values coincide with the objectives of the curricula for the schools.
APPENDIX A

Key Topics from the *Principles of Ethics and Code of Professional Conduct of the American Dental Association*:

The researcher used the following topics as the basis for screening the catalogs and syllabi for ethics components. Operational definitions are provided from the *Principles of Ethics and Code of Professional Conduct of the American Dental Association* to explain the relation of each topic to the ADA Code.

1. Beneficence through service to the public
2. Non-maleficence in quality of care
3. No discrimination in patient selection
4. Confidentiality with patient records
5. Community leadership and service
6. Emergency care and arrangements for service
7. Seeking consultation and referring patients
8. Using qualified and supervised auxiliary personnel
9. Providing essential expert testimony
10. Fidelity in informing patients' conditions
11. Justifiable criticism
12. Refusal of rebates or split fee
13. Veracity in treatment of patient
14. Veracity in representing fees
15. Informed consent
16. Keeping knowledge and skill current
17. Obligation of a responsible profession
18. Promoting safety and health of public through research and development
19. Prescribing, dispensing, and promoting only beneficial devices and drugs
20. Using and promoting beneficial therapeutic methods
21. Securing patents and copyrights
22. Veracity of training and competence
23. Contributing to the esteem of the profession
24. No false or misleading advertising
25. No use of false or misleading name of practice
26. Announcing specialization and limitation of practice
27. Recognizing child abuse
28. Disclosing the name of sponsors
Literature Cited


