Dear Editor

Ethics has become the bridge between morals, values, patient needs and effective treatment. Medical ethics has a 2500 year history in medical education, but it has only been in the last 30 years that it has come to terms of formal inclusion in medical curriculum(1). The purpose of contemporary dental education is that graduates will be competent in clinic and patient care with high level of knowledge but it’s not enough. This method of education can not alter the ethical reasoning, critical thinking and decision making and problem solving of students either cannot enable them in application of the principle of ethics in patient behavior (2). It is necessary to break bad habits and replace them with good ones. In theoretical dental ethics course, students are presented with rules and principles of ethical knowledge, but when novice move from school to workplace; they find it difficult to apply theories to the every ethical situation. Students still find it difficult to manage the ethical problems. Dental students need to experience ethical situations in order to prepare own against real situations. When students discuss about an example of their ethical situation in clinic, actually they talk about their personal emotions and subjectivity about the situation. Subsequently the practical aspect of their ethical knowledge is reflected upon. They have told their experience with narrative style. In this way learning from their own experiences has been occurred for students. Medical ethic and law should be integrated, but this is important to make a difference between ethic, law and religion (3). In this situation professionally responsible attitudes and skills is earned by students for clinical practice. If the exposure of students to ethical curriculum is occurred in earlier stages, they may have increased ability to make links between ethical topics and their information in order to find the way of dealing with ethical problems and their critical thinking and self awareness is promoted. Over the last decade, dental educators have addressed the need for ethics training and examined varied teaching approaches (4). Today, the art of ethics education has moved from purely didactic instructions to more interactional teaching methods that promote student introspection and group problem-solving. There is no agreed upon assessment tool to measure efficacy of ethical training in dental school as in medical school ethics training.

There were three specific weaknesses in a typical ethics curriculum:
1. Failure to recognize that more education cannot answer to everything
2. Course content is qualitatively inadequate because it does not foster an introspective basis for true behavioral change and progress their trends
3. Ethics is boring for student

Most educational procedures are discipline-based rather than being focused on the processes. We should answer these questions about whether ethics education is effective or not? Whether an ethics curriculum can be expected to produce ethical dentists?

Ethical education in dentistry requires the accreditation. Despite universal adoption of ethical course, there is ongoing discussion about appropriate content of these courses.

Azam Khorshidian M.D.*
1. Dental Research Center, Tehran University of Medical Sciences, Tehran, Iran.

* Address for Correspondence: Dental Research Center, Dental Research Institute, Enghelab Ave, Qos st. Tehran, Iran. Zip Code: 1417614411, Tel (Fax): 02188986677. Email: jddrc1@ums.ac.ir.

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References
