

Measuring the Ethical Sensitivity of Dental Students in Riyadh Colleges of Dentistry and Pharmacy, Saudi Arabia

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Abstract

Introduction: Dentists as well as other health professionals are bound to take the Hippocratic Oath, which binds them to fulfill their ethical responsibilities towards their patients. There are instances when patients inquire about their medical/dental condition and that is the point where the medical and dental students have to make a choice.

Materials and Methods: This is a cross sectional study, which utilized the senior dental students of RCSDP from level 9 to Interns. The target sample size for this research was 400 male and female students, but we received response from 316 students.

Results: It was noted that the majority of students were not aware of the Hippocratic Oath. A very few students reported that the frequency of ethical issue exposure was daily, whereas a large majority disclosed this frequency being monthly.

Conclusions: Students are aware about the importance of ethical decisions being made in the clinics, but they require more knowledge in this regard.

Keywords: Dental Ethics; Dental Students; Decision Making; Exposure

Introduction

Dentists have an ethical obligation towards their patients. They come across certain situations where they need to decide upon whether to inform their patients about the complete situation or take the easy way out. Dentists as well as other health professionals are bound to take the Hippocratic Oath, which binds them to fulfill their ethical responsibilities towards their patients. There are instances when patients inquire about their medical/dental condition and that is the point where the medical and dental students have to make a choice. Generally, it has been observed that the undergraduate dental students are not well equipped to tackle the ethical dilemmas, which they encounter during their clinical training [1].

Another important issue related to ethics in dentistry is the cost of treatment. Dental service is usually provided at a higher cost as compared to the other services for the people. Unethical measures, such as performing unnecessary treatment for patients or deliberately prolonging the treatment have been a practice by some dentists. Dentists are required to provide with every detail of patients' treatment progress instead of hiding such information. They also need to eradicate any possible discrimination among their patients [2].

Furthermore, dentists are not supposed to perform any procedure that they have not been trained for. Performing experimental procedures, researches etc. on patients are not acceptable especially in general dental practice. Even if such activities are required, then it is absolutely necessary to acquire an informed consent. It is imperative that the dental students are trained well within their dental curricula as far as ethics in dentistry are concerned. If they are given ethical knowledge at an early stage, it may have a positive effect on their future dental career [3].

Dental students are in a state of continuous learning in their undergraduate training. A study conducted in Qassim University, Saudi Arabia reported that the dental students face various ethical dilemmas in the clinics during the provision of dental treatment in clinics. Students revealed that they have been involved in practices including refusing to treat patients when they no longer needed them for their clinical requirement/points. Additionally, they also disclosed to have faced clinical mishaps and delays during the treatment given to the patients [4]. The multifaceted challenge of the HIV/AIDS pandemic has had a profound effect in healthcare practice necessitating a re-examination and application of the concepts of ethics, responsibility, autonomy and justice. There have been sweeping changes in social attitudes, policy and regulatory frameworks [5].

Ethics education in dentistry is a requirement for accreditation. Despite universal adoption of ethics courses, there is ongoing discussion about the appropriate content of these courses and about methods to engage students. One hundred and twenty-three student essays were coded and yielded 172 primary ethical issues. Including clinical facts followed by a discussion and analysis of the problem. Dental students perceive a variety of ethical issues during their clinical training. Students’ essays necessarily reflect the students’ perceptions of what constitutes an “ethical” dilemma [6].

Ethical standards in modern society are in a time of rapid flux and show the contractions that characteristically attend such changes. Dentistry as a Reflection of Medicine The recent growth of ethics literature in dentistry has been significant but is nearly 15 years behind medicine in terms of its analysis of dentally related ethical problems. Nature of Ethical Problems What constitutes an ethical problem in contrast with a clinical, scientific, or legal problem? It might appear that some problems are purely clinical or scientific [7].

Aims of the Study

- Determine the extent of ethical decision making by the dental students.
- Learn about their experiences in clinics.
- Compare among various levels of dentistry.

Materials and Methods

This is a cross sectional study, which utilized the senior dental students of RCsDP from level 9 to Interns. A closed ended questionnaire was constructed in order to collect data from the students. Data were collected from all campuses of RCsDP. This survey will take place using survey monkey and sent to all students by email. The target sample size for this research was 400 male and female students, but we received response from 316 students.

Results

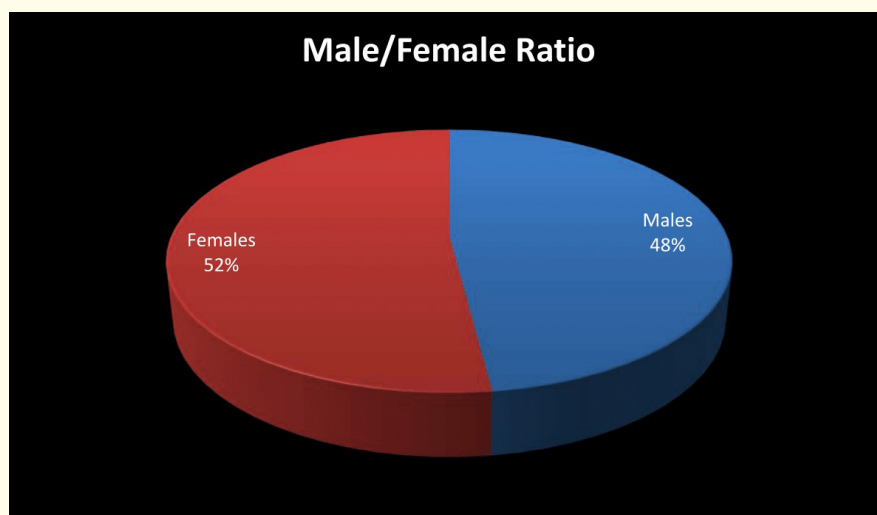


Figure 1: Male vs. female ratio of participants of this study.

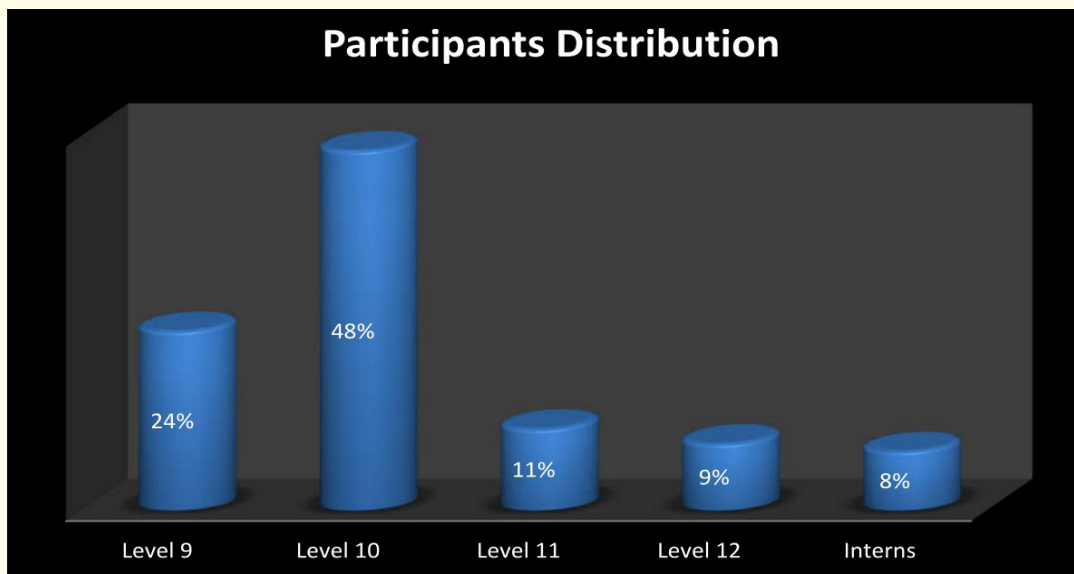


Figure 2: Participants from various levels of dentistry taking part in this study.

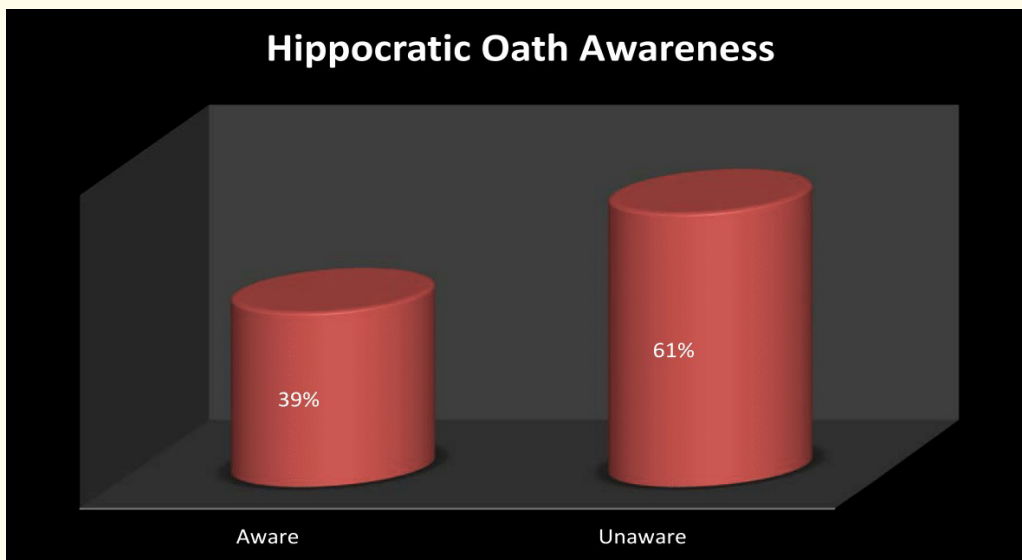


Figure 3: Students' awareness about Hippocratic Oath.

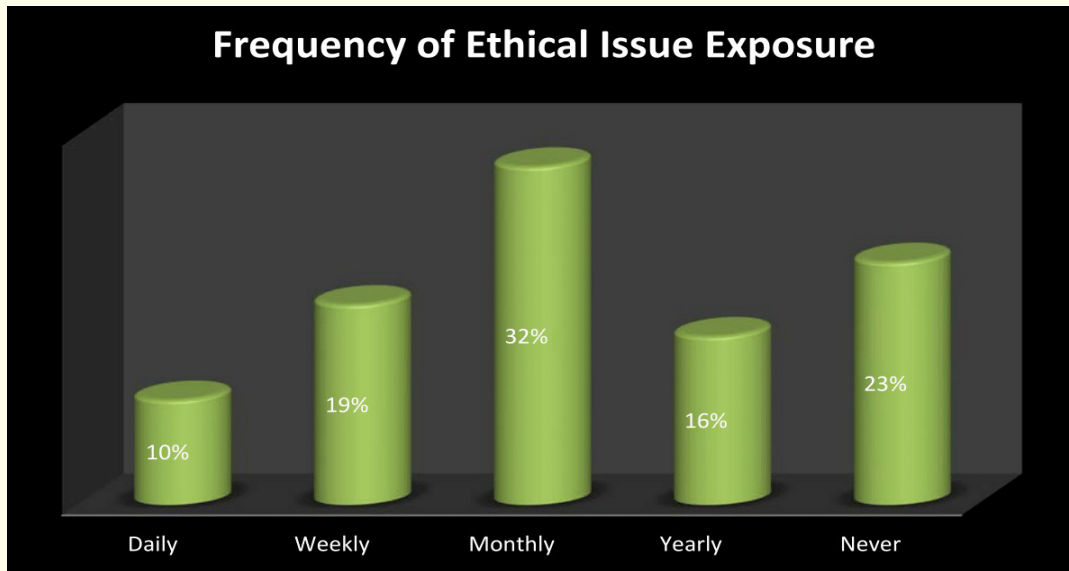


Figure 4: Frequency of ethical issues faced by dental students in clinics.

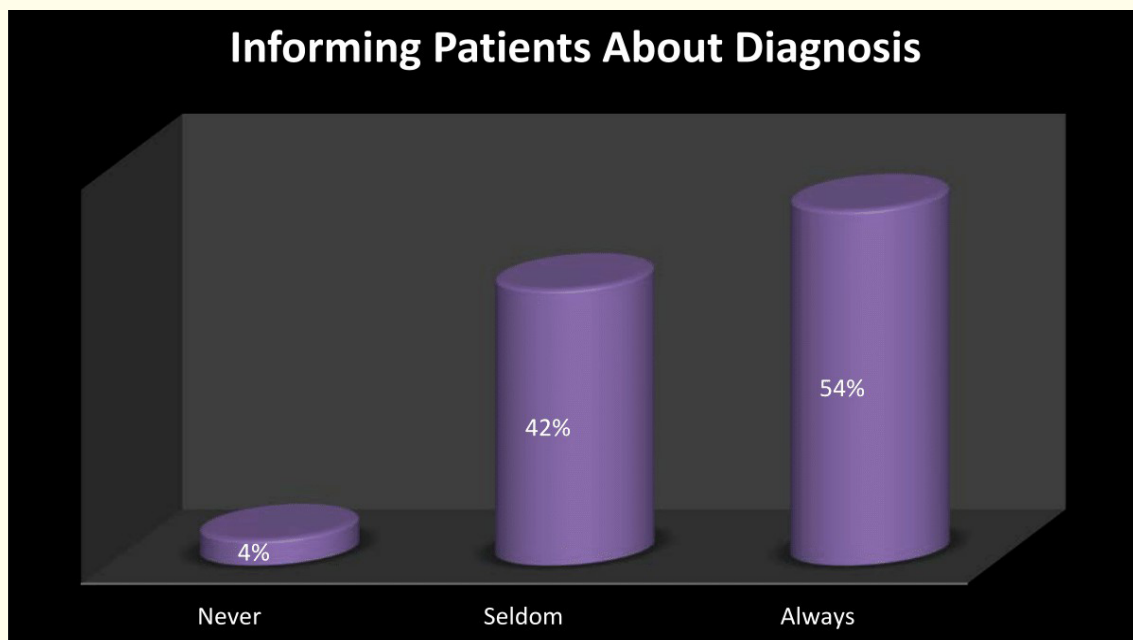


Figure 5: Degree of providing information to patients about their diagnosis.

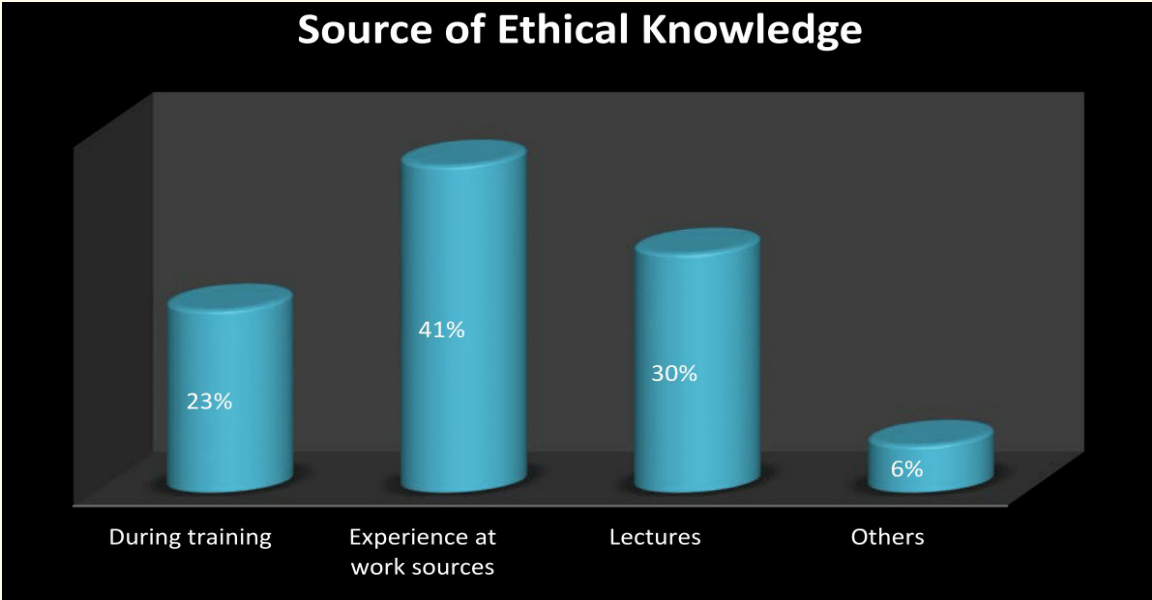


Figure 6: Students' source of knowledge about ethical issues in dentistry.

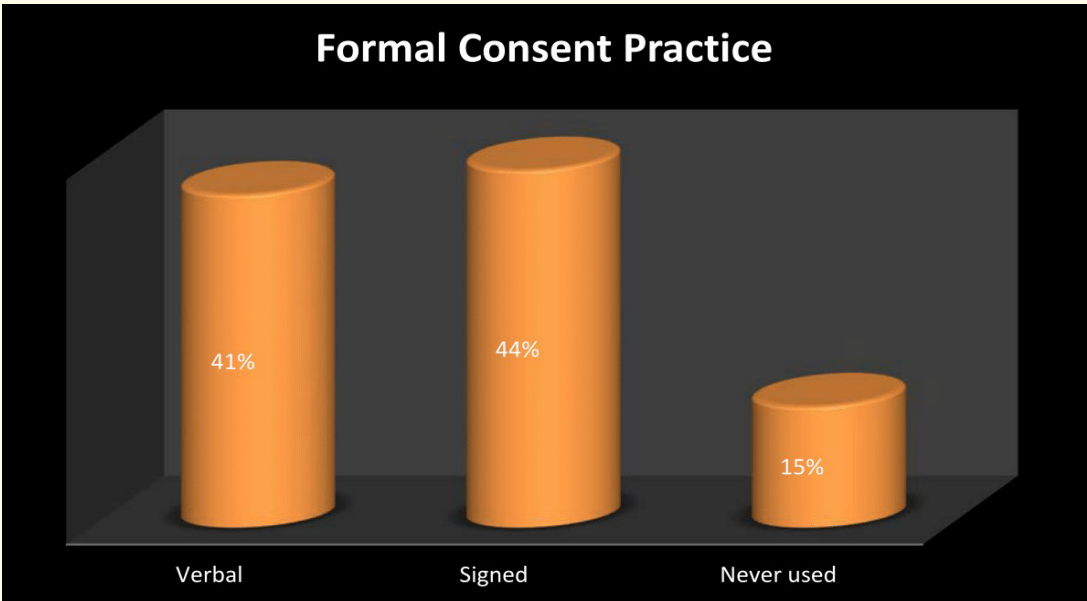


Figure 7: Use of informed consent among students before starting the treatment.

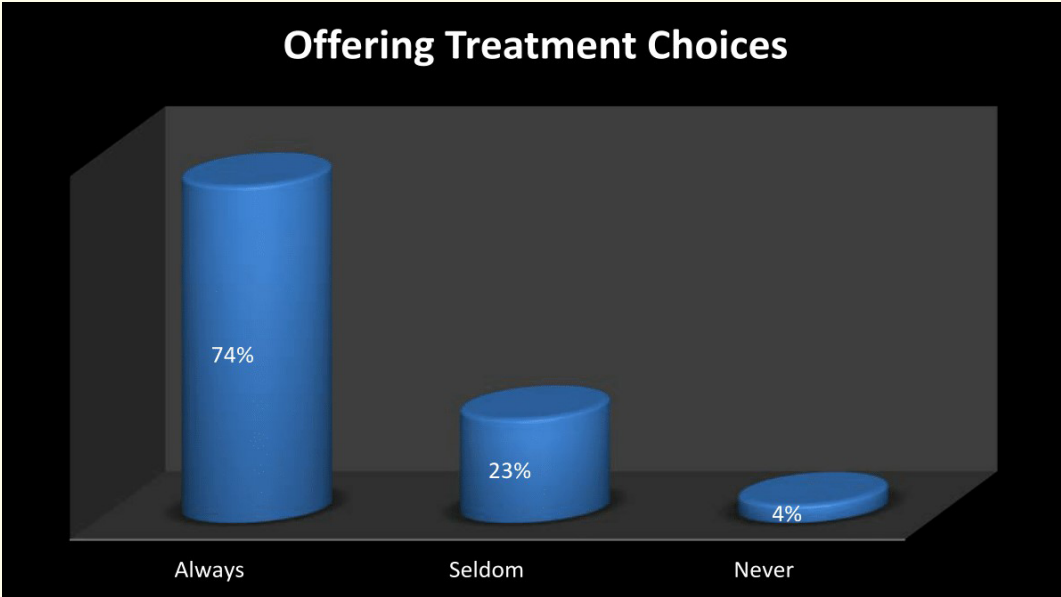


Figure 8: Students response to provide with complete treatment options to their patients.

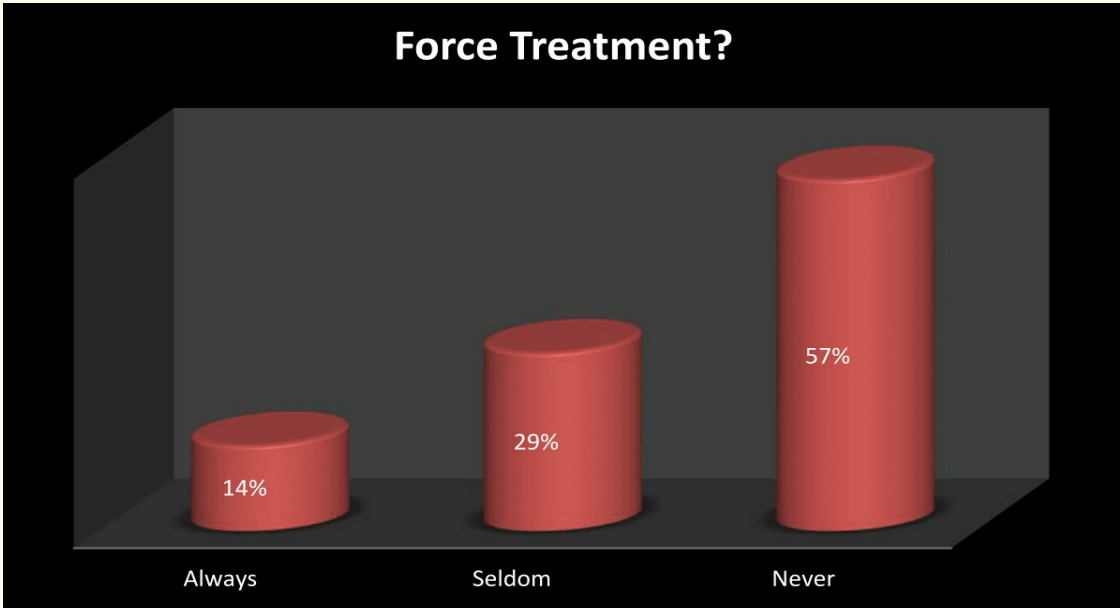


Figure 9: Do the students force the treatment of their choice on the patients?

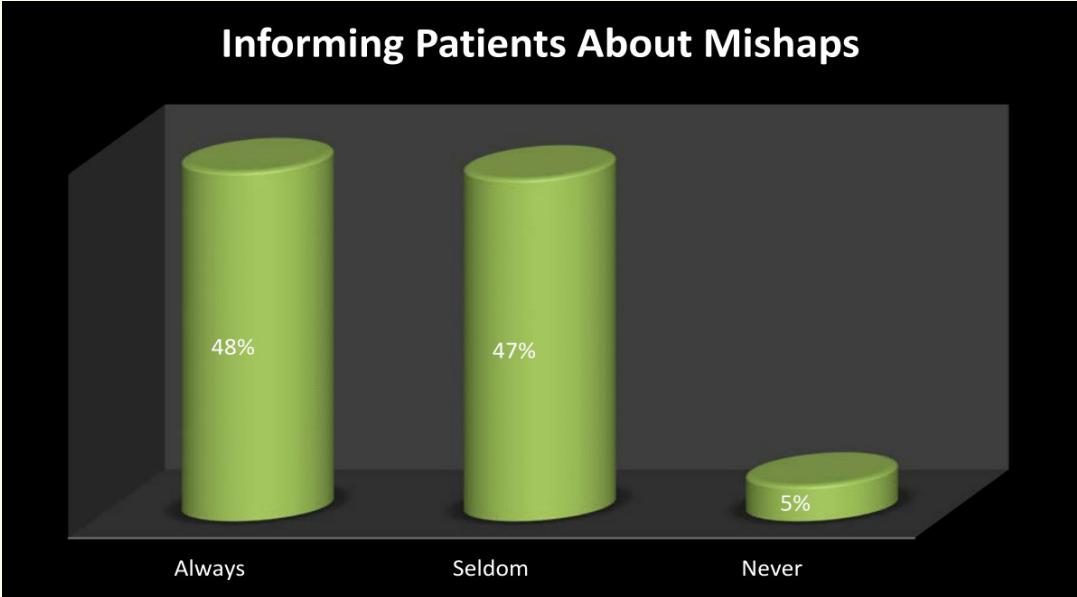


Figure 10: Percentage of students informing patients about clinical mishaps.

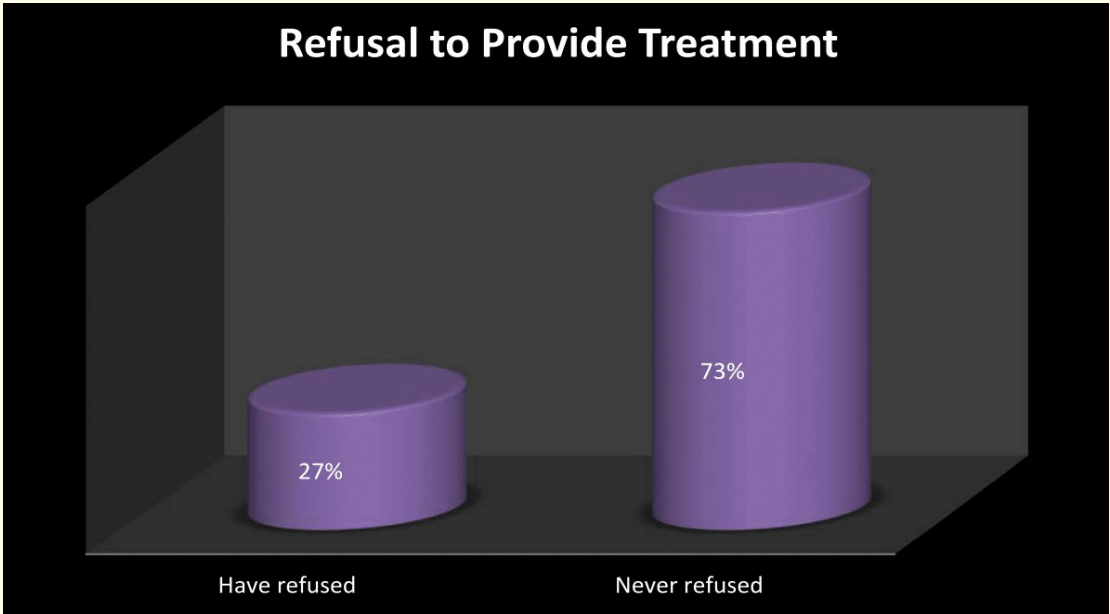


Figure 11: Students having refused treatment to patients on the basis of gender or nationality.

Crosstab				
Count				
		Listen to Patient		Total
		Yes	No	
Gender	Male	141	11	152
	Female	160	4	164
Total		301	15	316

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.016 ^a	1	.045		
Continuity Correction ^b	3.025	1	.082		
Likelihood Ratio	4.141	1	.042		
Fisher's Exact Test				.062	.040
Linear-by-Linear Association	4.003	1	.045		
N of Valid Cases ^b	316				
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.22.					
b. Computed only for a 2x2 table					

Table 1: Male and female response to whether they listen to patient first or not.

Crosstab							
Count							
		Frequency of Facing Ethical Issues					Total
		Daily	Weekly	Monthly	Yearly	Never	
Gender	Male	18	38	60	14	22	152
	Female	13	23	43	35	50	164
Total		31	61	103	49	72	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.773 ^a	4	.000
Likelihood Ratio	27.379	4	.000
Linear-by-Linear Association	19.451	1	.000
N of Valid Cases	316		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.91.			

Table 2: Male vs. female response to frequency of facing ethical issues.

Crosstab						
Count						
		Source of Acquiring Knowledge of Ethics				Total
		During training	Experience at work sources	Lectures	Other	
Gender	Male	26	71	49	6	152
	Female	46	59	45	14	164
Total		72	130	94	20	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.592 ^a	3	.022
Likelihood Ratio	9.744	3	.021
Linear-by-Linear Association	.458	1	.499
N of Valid Cases	316		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.62.

Table 3: Male vs. female response to source of acquiring knowledge about ethical issues.

Crosstab					
Count					
		Provision of Treatment Choices			Total
		Always	Seldom	Never	
Gender	Male	103	44	5	152
	Female	130	28	6	164
Total		233	72	11	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.329 ^a	2	.042
Likelihood Ratio	6.356	2	.042
Linear-by-Linear Association	3.500	1	.061
N of Valid Cases	316		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.29.

Table 4: Male vs. female response to provision of complete treatment choice to their patients.

Crosstab					
Count					
		Force Treatment?			Total
		Always	Seldom	Never	
Gender	Male	30	47	75	152
	Female	13	46	105	164
Total		43	93	180	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.292 ^a	2	.004
Likelihood Ratio	11.486	2	.003
Linear-by-Linear Association	10.660	1	.001
N of Valid Cases	316		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.68.

Table 5: Male vs. female response to forcing their treatment choices on the patients.

Crosstab					
Count					
		Discuss Case with Colleagues?			Total
		Never	Seldom	Always	
Level	9	11	32	33	76
	10	7	71	74	152
	11	6	14	14	34
	12	1	21	6	28
	Intern	1	15	10	26
Total		26	153	137	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.954 ^a	8	.007
Likelihood Ratio	20.299	8	.009
Linear-by-Linear Association	.514	1	.474
N of Valid Cases	316		

a. 3 cells (20.0%) have expected count less than 5. The minimum expected count is 2.14.

Table 6: Different level students' response to whether they discuss their cases with their colleagues.

Crosstab				
Count				
		Training in Ethics?		Total
		Yes	No	
Level	9	24	52	76
	10	38	114	152
	11	16	18	34
	12	4	24	28
	Intern	8	18	26
Total		90	226	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.860 ^a	4	.043
Likelihood Ratio	9.757	4	.045
Linear-by-Linear Association	.055	1	.814
N of Valid Cases	316		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.41.

Table 7: Students from various levels disclosing whether they are trained to deal with ethical issues.

Crosstab					
Count					
		Presence of Ethical Committee?			Total
		Yes	No	Don't know	
Level	9	25	28	23	76
	10	66	32	54	152
	11	17	9	8	34
	12	13	3	12	28
	Intern	12	10	4	26
Total		133	82	101	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.984 ^a	8	.043
Likelihood Ratio	16.772	8	.033
Linear-by-Linear Association	1.784	1	.182
N of Valid Cases	316		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.75.

Table 8: Students from various levels' awareness of having an ethical committee in the college.

Crosstab					
Count					
		Force Treatment?			Total
		Always	Seldom	Never	
Level	9	17	19	40	76
	10	11	48	93	152
	11	12	9	13	34
	12	2	8	18	28
	Intern	1	9	16	26
Total		43	93	180	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	27.521 ^a	8	.001
Likelihood Ratio	25.317	8	.001
Linear-by-Linear Association	1.025	1	.311
N of Valid Cases	316		

a. 3 cells (20.0%) have expected count less than 5. The minimum expected count is 3.54.

Table 9: Students from various levels' response to forcing their treatment options on their patients.

Crosstab				
Count				
		Refused Treatment?		Total
		Yes	No	
Level	9	20	56	76
	10	33	119	152
	11	16	18	34
	12	10	18	28
	Intern	5	21	26
Total		84	232	316

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.072 ^a	4	.026
Likelihood Ratio	10.333	4	.035
Linear-by-Linear Association	.510	1	.475
N of Valid Cases	316		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.91.

Table 10: Students from various levels' response to refusing treatment to patients due to the gender or nationality.

Discussion

This study aimed to assess the ethical considerations dental students were aware of. We targeted the clinical students who treated at least 3 - 4 patients a week. It was noted that the majority of students were not aware of the Hippocratic Oath. A very few students reported that the frequency of ethical issue exposure was daily, whereas a large majority disclosed this frequency being monthly. It is important to understand here that the students may not be aware of ethical duties towards the patients, which might affect the findings of this study. It was encouraging to know that a large majority of the students have informed their patients about their diagnosis.

Another interesting point was the source of their knowledge regarding the ethical issues. Majority of the students revealed their source of knowledge being the experiences in clinics more than their training. It was alarming to note that there were a few students who never used the informed consent form before providing the treatment to their patients. However, a significantly large majority of students did offer complete treatment choices to their patients.

This study has a wide scope for improvement if we expand our data to multiple dental schools.

Conclusions

- Students are aware about the importance of ethical decisions being made in the clinics, but they require more knowledge in this regard.
- On average, students face an ethical issue every month and majority of the students do not inform their patients about any clinical mishap.

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