

ORIGINAL ARTICLES

Ethics and Dental Education in India: Current Status and Future Directions

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ABSTRACT

Ethics plays a critical role in dental education and professional practice. In India, ethical considerations in dental education are often overlooked, leading to significant challenges in training ethical practitioners. The existing curriculum provides minimal exposure to ethical training, and there is a lack of structured programs to instill ethical decision-making in students. This review explores the role of ethics in dental education in India, focusing on the current curriculum, ethical dilemmas faced by students and professionals, and the implications of inadequate ethical training. Key issues include patient consent, commercialization of education, academic dishonesty, and quality of care. The review also discusses the role of faculty, regulatory bodies, and institutional policies in strengthening ethical education. Furthermore, it highlights the necessity of introducing a structured ethics curriculum that includes case-based learning, interactive discussions, and ethical decision-making models. Future directions suggest the integration of digital learning, artificial intelligence, and continuous professional development programs to ensure ethical competency in dental professionals. The implementation of these measures is crucial for fostering a culture of integrity and accountability, ultimately improving the standard of dental education and practice in India.

KEYWORDS

• Case-based learning • Dental Education • Ethics • Patient Consent

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INTRODUCTION

Ethics in dentistry governs the behavior of professionals, ensuring that patient care, education, and research adhere to moral and legal standards¹. In India, ethical concerns in dental education arise due to commercialization, lack of awareness, and limited ethical training in curricula^{2,3}. This review examines the current ethical landscape, the challenges, and the need for enhanced ethical education in Indian dental institutions⁴.

The Dental Council of India (DCI) outlines professional conduct for dentists, but ethical education is often integrated superficially into curricula⁵. DCI prescribes ethical guidelines, but adherence varies across institutions. Many students and professionals lack awareness of these guidelines, affecting their application in practice^{6,7}. Ethics is included in preclinical years but lacks structured teaching. Many dental institutions in India do not emphasize ethical case studies or real-life applications, leading to a gap between theoretical knowledge and practical implementation^{8,9}.

Traditional dentistry education and training in India have placed more emphasis on information acquisition than on the development of necessary skills. Despite knowing how to do the fundamental operation on patients, there is a lack of clear, organized instruction and evaluation of higher order learning (at the shows how and performs level). Furthermore, most dental schools do not clearly teach or evaluate aspects of the emotional domain that are crucial for efficient patient care, such as cultivating the proper attitudes, communicating with patients, and demonstrating empathy^{9,10}.

Dental educators play a crucial role in shaping ethical perspectives. However, faculty members often have limited training in ethics themselves, leading to inadequate ethical discourse in classrooms^{10,11}. This review article discusses about the ethical aspects of the dental education in India and the current challenges.

Ethical Dilemmas in Indian Dental Education

Dental students and practitioners encounter ethical dilemmas in various aspects of their education and professional lives¹². In India, many patients are unaware of their rights, and informed consent is not always practiced rigorously. Students often face dilemmas when treating patients who have not fully

understood treatment risks^{13,14}.

The rising commercialization of dental education has led to an increased focus on revenue generation rather than patient care and ethical practice^{15,16}. Plagiarism, data fabrication, and unethical research practices are concerns in Indian dental institutions. The pressure to publish has led to compromised research integrity^{17,18}. Dental students may face ethical challenges when instructed to perform procedures without adequate supervision, potentially compromising patient safety^{19,20}.

The Need for Ethical Reforms in Dental Education

To enhance ethical competence in dental professionals, reforms are necessary at multiple levels²¹. There is a need for Strengthening the Dental Curriculum in India. A structured ethics curriculum should be introduced, incorporating Case-based learning²², Interactive discussions²³, Real-life scenarios²⁴ and Ethical decision-making models²⁵.

Instead of only imparting knowledge, the job of a teacher in the modern educational system has changed to one that encourages critical thinking in order to support the learning process. With a greater emphasis on program flexibility, competency development, and interactive teaching techniques, health care training is becoming more and more student-centric. This implies that dentistry curriculum must be updated in terms of both content and delivery techniques. Recent years have seen a significant growth in the use of technology in the creation and delivery of instructional content, particularly in light of the current pandemic. We cannot expect our professors to provide high-quality instruction and training if they lack the necessary knowledge and expertise in these areas. Dental educators should receive specialized training in ethics to improve teaching effectiveness²⁶.

Each dental institution should have an ethics committee to oversee ethical concerns related to education, research, and practice²⁷. Workshops, seminars, and continuous education programs on ethics should be mandated²⁸. Strict policies against academic dishonesty should be enforced, and ethical research practices should be promoted²⁹.

FUTURE DIRECTIONS

The integration of digital learning, artificial

intelligence, and standardized ethical training modules can revolutionize ethics education in dentistry^{30,31}. Gender representation in IRB structure is unbalanced, according to the majority of research. Furthermore, there is very little involvement from laypeople on the board. According to surveys done across the United States, IRB reviews have been linked to delays ranging from more than 4 to 7 months on average. Because biomedical research saves lives and delays in approvals can lead to more deaths, a delay in biomedical research can have more negative effects than just financial losses³².

The Dental Council of India should mandate training programs for dental faculty members in medical teaching techniques and other skill-building courses. FAIMER Fellowships, which are offered at four regional centers around the nation, are an example of specialized training programs that should be promoted to faculty members³³. Efforts to improve faculty may result in modifications to our nation's dentistry curriculum³⁴. Dental education units can be developed in institutions having co-occurring medical and dental faculties with the assistance of qualified medical faculty, and institutional efforts should be made to further train the dental faculty. These institutions may then serve as training grounds for independent dentistry schools³⁵.

CONCLUSION

Ethical dental education in India needs urgent attention. Strengthening curricula, training educators, and enforcing ethical guidelines can help shape a future generation of morally responsible dental professionals. Teachers hold the key to the future of dentistry education in India. It will need leadership, a shift in viewpoints and working methods, and fostering unity amongst all parties involved to implement improvements in dentistry education.

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