

ETHICS, PROFESSIONALISM AND LEGAL EDUCATION IN MALAYSIAN UNDERGRADUATE DENTISTRY: A REFLECTION ON THE CURRENT REQUIREMENTS

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Abstract

The undergraduate dental degree in Malaysia is regulated by the Malaysian Dental Council (MDC) (Standard of Undergraduate Competencies), Code of Professional Conduct of the Malaysian Dental Council, the Malaysian Qualification Framework 2.0 and the Malaysian Quality Agency (MQA) quality assurance documents. These primary documents emphasize the importance of professional ethics and law in dentistry as will be further detailed and discussed later. This study reflects on the need to integrate ethics, professionalism and law with sufficient coverage in terms of content and emphasis in the dental undergraduate curriculum. Literature and benchmarking practices are reviewed for a deeper reflection of the current needs in a professional dental ethics and law education course. The present study is primarily focused on regulatory requirements, legal cases and comparative literature to serve as a reference on how professional ethics and law courses may be conducted. As an incidental measure, a reflection as to how the course of study of professional ethics is delivered in a local university is considered in a selected local university's undergraduate dental curriculum. The findings indicate that ethics professionalism and dental law is not given sufficient emphasis as it is included as one of the minor components within another overcrowded subject and the coverage of what is taught is limited in context. This paper is an invitation to all dental schools to review and reflect whether, given the emphasis on professional ethics, legal and regulatory compliance in the regulatory documents, it is adequately reflected in their dental curriculum. In this regard, some benchmarking references are done to suggest what such a course should cover, for consideration of the dental schools.

Keywords: Dental Ethics, Malaysian Undergraduate Dental Competencies, Dental Code of Professional Conduct, Dental Law, Dental Professional Ethics and Malaysian Qualification Framework 2.0

Introduction

International scene

The current new age demand for sustainable dentistry is for it to be in synchronization with the United Nations Agenda for the year 2030 – the Sustainable Development Goals. In 2017, FDI World Dental Federation became a global partner of the United Nations' Sustainable Development Goals (1). The FDI World Dental Federation is housed in Geneva, which, among others, is instrumental in advocating dental ethics (2). It is an international organisation with more than one million members worldwide who are active in about 200 National Dental Associations in almost 130 countries.

Oveido (2018) (1) in the paper entitled, "A New Dental Ethic", advocated for the creation of environmentally friendly testing materials standard for dentistry that could help dental practitioners mitigate related environmental issues. Dental products and environment could be made with more sustainable and environment-friendly materials.

The example given in the paper is that of Dr. Jason McMillan, founder of Mint Dental Works in America. McMillan founded the nation's first LEED-certified dental practice in Portland, Oregon, whereas Dr. Robert "Tito" Norris, founder of Stone Oaks Orthodontics, is America's first LEED-certified orthodontics practice. This would not be feasible if the individual person was not embedded

with ethical character and values that would mould the corporate culture. The paper also cites FDI World Dental Federation, "Sustainability in Dentistry," Resolution (2017) (3) and ASTM E3014-15, Standard Practice for Managing Sustainability in Dentistry, ASTM International (2015) (4) as measures to promote sustainability in dentistry in line with the United Nation Sustainability Development Goals.

The approach of this greater and wider interest beyond monetary self-interest and beyond the immediate patient is also echoed by the Academy of Dentistry International (ADI) (5) which emphasized the need for social responsibility and volunteerism in the dental profession. However, this paper concentrates on the professional, ethical and legal dimensions of dental education.

Methods

The primary method employed is a documentary, comparative, case law review and analysis of regulatory requirements relating to professional ethics and law in the dental curriculum. This includes the regulatory provisions under the Malaysian Qualification Agency (MQA) and the Malaysian Dental Council as will be detailed later. It also includes literature review of the terms of professionalism and ethics. Insight on how law affects the dental profession was obtained by highlighting relevant statutes and cases that impact the dental profession. On the side of ethics, a benchmark evaluation of other like courses was done. To examine how a professional ethics course is done locally, a random study of the same is reviewed. This incidental study was done on a selected batch of students in an undergraduate dental curriculum. The students had undergone the ethics and professionalism course, a component incorporated under the subject, Community Dentistry, which had five other learning outcomes. The students were administered questions that were limited to the Code of Professional Conduct by the Dental Council which is covered by the course.

Result

The regulatory documents examined made professional ethics and law a focal aspect of the development of the dental practitioner in terms of not just skill but also conduct. The concept of professional ethics and law and what is required in this context is best understood by doing a selected comparative study so as to be better informed as to what is needed, to recognize what is missing and where it is best instructed in the curriculum. The local curriculum showed that the ethics and professionalism context was covered in a very limited context within another subject that had five other learning outcomes. The emphasis given may not be sufficient to satisfy the outcome needed to comply with the regulatory requirements, and arguably, fall short of the benchmark comparisons. Hence, the curriculum coverage would arguably require a review. This is aside from the observation that the students did not fare well in the questionnaires administered in the limited area that they were taught. The reasons may be debated

upon but the less than satisfactory outcome does invite a consideration and review. This is the thrust of the paper for dental schools to review their curriculum from the point of professional ethics and legal education in dentistry.

For Year 4 dental undergraduates, only four of the fourteen questions were successfully answered by more than 50 % of the students. The year 5 dental undergraduates, likewise, registered a similar result in that only four out of fourteen questions were successfully answered by more than 50 % of the students.

This again is based on the very limited area covered under the course in an overcrowded curriculum. The questionnaire was conducted in a university that incorporates the professional ethics component within the community dentistry course (public health module) of Year 4 undergraduate students. Year 4 and 5 undergraduate students who have undertaken the course were the respondents of the study. The undergraduates mentioned were given an objective questionnaire with 14 questions designed to test their knowledge on the code of professional conduct as a dentist.

The questionnaire is based on the Dental Code of Professional Conduct. The undergraduates were also asked open ended questions, namely, if they considered law and ethics as important to them (Table 1).

Table 1: The questions addressed in relation to The Code of Professional Conduct

Code of Professional Conduct Malaysian Dental Council (2008)		
1.1	Patient Selection	Q1 Q2 Q3
	Dental Code Applicable to Dentist	Q 4
1.2	Patient Right to the Choice of Practitioner	Q5
1.3	Maintenance of Professional Relationship	Q 7
1.4	Consent	Q 6 to Q 11 (different types of consent)
1.5	Communicating with patients	Q 12 (iii)
1.6	Quality of Care	Q 12 (ii), Q15 (f)
1.7	Chaperones	Q 12 (i)
1.9	Consultation and Referral	Q 15 (j)
1.11	Professional Fees	Q 14
2.4	Ethics in Research	Q 15 (i), Q 17 Q 18 and Q 19
5.3	Registration & annual practicing certificate	Q 15 (e)
7.0	Notice to Patient	Q 15 (g)
8.0	Advertising	Q 15 (a) (b) (c)
9.0	Infection Control	Q 15 (d)

Table 1: The questions addressed in relation to The Code of Professional Conduct (continued)

Code of Professional Conduct Malaysian Dental Council (2008)		
11.0	Endorsement & Usage of Pharmaceutical & Dental Products	Q 11
13.4	Display of certificates	Q 15 (h)

The two sections comprising of 14 objective questions and two open ended questions were administered to the class students who had completed the course. Year 4 had 51 respondents whereas year 5 had 53 students.

The question posed was whether ethics and law are relevant to the student. Year 4 and 5 agreed that the area of ethics and law is of importance to them. The primary reason given is that it is for the protection of the practitioners as well as for the interest and protection of the patient. It is to regulate order and promote humanity.

Discussion

Professionalism and Ethics

Dentistry is a profession. This is to be differentiated from other jobs that are essentially an exchange of goods and services. The latter owes no duty to the community and is usually driven solely by self-interest.

Bhadoria et al. (2018) (6) defines dental ethics as moral duties and obligations of the dentist towards his patients, professional colleagues and to society. Bhadoria notes that the ethical standard of the dental profession is in steady decline as it is being submerged by commerce.

A professional displays professionalism. Bruscano (2012) (7) explains professionalism as a quality in conduct and character that coincides with the use of superior knowledge, skill and judgement for the benefit of another, above any consideration of self-interest. The American College of Dentist Handbook (8) serves also as an invaluable reference for the terms relating to dental professional ethics.

This is apart from the component of professional regulation, codes and law (by statute and common law) which regulates in a legal context the behavior of members of certain professions (7).

The term ‘professional’ is honorable as it denotes honesty, integrity, specialized skills, competency with continuous improvement, an underlying concept of service above self towards patient cum community interest and ethical conduct. It goes hand in hand with ethics. Resnick (2015) (9) also affirms that an action may be legal but unethical. Being ethical and professional includes and goes beyond being legally compliant.

The word ethics is from the Greek word ‘ethos’ meaning conduct or character. It is used interchangeably with the Latin word ‘mores’ (moral) which means customs or habits. Both these words refer to conduct, character and motivation involved in moral acts (7).

Autonomy, non-maleficence (avoidance of doing harm), beneficence and justice are four accepted ethical principles. Some references to provide a descriptive context to the values and beyond are quoted and reproduced in Table 2 below in the Core Values of the American College of Dentists (8).

Table 2: Core values of the American College of Dentists (8)

<i>Autonomy</i>	<i>Patients have the right to determine what should be done with their own bodies. Because patients are moral entities, they are capable of autonomous decision making. Respect for patient autonomy affirms this dynamic in the doctor–patient relationship and forms the foundation of informed consent, for protecting patient confidentiality and for upholding veracity. The patient’s right to self-determination is not however absolute. The dentist must also weigh the benefits and harms and inform the patient of contemporary standards of oral health care.</i>
<i>Beneficence</i>	<i>Beneficence, often cited as a fundamental principle of ethics, is the obligation to benefit others or to seek their good. While balancing harms and benefits, the dentist seeks to minimize harms and maximize benefits for the patient. The dentist refrains from harming the patient by referring to those with specialized expertise when the dentist’s own skills are insufficient.</i>
<i>Compassion</i>	<i>Compassion requires caring and the ability to identify with the patient’s overall well-being. Relieving pain and suffering is a common attribute of dental practice. Acts of kindness and a sympathetic ear for the patient are all qualities of a caring, compassionate dentist.</i>
<i>Competence</i>	<i>The competent dentist is able to diagnose and treat the patient oral health needs and to refer when it is in the patient’s best interest. Maintaining competence requires a continuous self–assessment about the outcome of patient care and involves a commitment to lifelong learning. Competence is the just expectation.</i>

Table 2: Core values of the American College of Dentists (8) (continued)

<i>Integrity</i>	<i>Integrity requires the dentist to behave with honour and decency. The dentist who practises with a sense of integrity affirms the core values and recognizes when words, actions, or intentions conflict with one’s values and conscience. Professional integrity commits the dentist to upholding the profession’s Code of Ethics and to safeguarding, influencing and promoting the highest professional standards.</i>
<i>Justice</i>	<i>Justice is often associated with fairness or giving to each his or her own due. Issues of fairness are pervasive in dental practice and range from elemental procedural issues such as who shall receive treatment first, to complex questions of who shall receive treatment at all. A just dentist must be aware of these complexities when balancing the distribution of benefits and burdens in practice.</i>
<i>Professionalism</i>	<i>Self-governance as a hallmark of a profession and dentistry will thrive as long as its members are committed to actively support and promote the profession and its service to the public. The commitment to promoting oral health initiatives and protecting the public requires that the profession works towards the collective best interest of the society.</i>
<i>Tolerance</i>	<i>Dentists are challenged to practise with an increasingly complex cultural and ethnically diverse community. Conventional attitudes regarding pain, appropriate function, and esthetics may be confounded by these differences. Tolerance to diversity requires dentists to recognize that these differences exist and challenges dentists to understand how these differences may affect patient choices and treatment.</i>
<i>Veracity</i>	<i>Veracity, often known as honesty or truth-telling, is the bedrock of a trusting doctor-patient relationship. The dentist relies on the honesty of the patient to gather the facts necessary to form a proper diagnosis. The patient relies on the dentist to be truthful so that truly informed decision-making can occur. Honesty in dealing with the public, colleagues and self are equally important.</i>

Professional Ethics Education

Trathen and Gallagher (2009) (10) defined professionalism as “a concept that informs how we ought to act, and as such belongs firmly in the realm of ethics.”

But this does not necessarily mean that professionalism is only sanction-driven whereby it is only governed by the breaches of rules or law that attract legal penalties. There may be areas that are not regulated or sanctioned by law that come within the sphere of professionalism. Hence the hold of ethics is not limited to sanctioned rules but also conduct not regulated by sanctions and as such may be inclusive of professional regulations though it is much wider. Ethics include not only legal but moral obligations as well (11).

Simmons (2019) (12) a dental practitioner, noted that the kind of cases brought against dentists included abuse of drugs, fraudulent insurance claims, over sedation of children, over diagnosing and overtreatment of patients. This is despite the existence of the Code of Ethics, the Dental Practice Act and a Code of Professional Conduct, which Simmons considered insufficient. What is needed is the embedding of ethics and values rather than ostensible forms. For example, Simmons provides examples of unethical and unprofessional conduct which does not breach any law but are morally wanting or unethical. Simmons cites the following conduct as not ethical: that it is not ethical not to teach patient oral hygiene just because one is not paid to do so or to place a full crown when a partial one would fully restore the tooth or to treat caries that have yet to enter the dentin with a filling, when there are other options available.

The point is that dentistry has grey areas: some examples are given above. It usually involves treatment options available; the risk and costs should be disclosed to the patient. The dentist should not prefer an option or suggest one that benefits his pockets deeper financially without considering the patient’s best interest.

Professionalism and ethics are to be taught in dental schools also by reason of the requirements imposed by the regulatory bodies and profession. Professionalism and ethics are not just featuring to be considered while in the operating room but are also vital in clinical choices and treatment-planning to avoid over diagnosing/ treatment. The deficiencies of the undergraduate curriculum in this aspect has also been highlighted as the lack of dental ethics education (13).

Simmons (2019) (12) is in favor of professional ethics courses at least annually for the members of the profession and utilizing existing insurance claims database for pointers of possible breaches of professional ethics. The reference to insurance claims is less feasible in Malaysia but the annual ethics course is doable if deemed as important by the Dental Council who should take the leadership in this regard. In the university setting, leadership in dental professional ethics is steered by the Dean and faculty members.

Patrick (2017) (11) also proposes the connection between ethics and professionalism. Patrick states that *“the importance that dentistry governing bodies place on the inclusion of ethics on the undergraduate curricula with a view to producing well-rounded and “professional dentist”*. He notes that as far back as 1989 the Board of Regents of American College of Dentists (ACD) recommended the American Dental Association to instruct the Council of Dental Education to introduce standards for teaching professional ethics which resulted in the accreditation for the standards of ethics being developed.

Likewise, the United Kingdom General Dental Council requires the early imparting of professional behaviors and this is to be measured against the Standards of Dental Professional, which is assessed throughout the programme. This point was emphasized by referring to Alfano (2011) (14) who advocates the need to reemphasize the importance of ethical instruction during dental training.

Patrick (2017) (11) makes references to other studies cited in his paper, that a survey conducted in UK dental schools, resulted in the finding *“that the schools recognized the importance of professionalism in the dental curricula and assessment.”*

The students too recognized the importance of ethical instruction. That health care is not *“a value-free activity and training in ethical reasoning is important to help then adequately consider the issues”*. Further, that ethical instruction is a component of professional regulation and hence registration (11).

Patrick (2017) (11) believes that the defining aim of dental professional ethics education is putting the patient at the center of care and the development of self-reflection. The idea is to move away from just teaching ethics as a way to familiarize the students with the professional requirements but to reflect the reasons and need behind the action. A student acts in a patient-centric manner which is in line with ethical and professional training that would also fulfill legal and moral obligations. The student may also act in a practitioner-centric manner where the focus and motivation are not in the patient’s best interest but in the self-preservation and self-interest in avoiding legal action. The latter is not in line with the values of ethics and professionalism. Students may be taught to take valid consent or maintain confidentiality but do it as a way to avoid being caught in an infraction (practitioner-centric) rather than as a recognition of the respect for the care and interest of the patient (patient-centric). This would fulfill the dentist’s legal obligation and provide sincere service along ethical lines at the same time for the treatment charged.

Professionalism has been read in two ways; professional regulation and professional ethics, which are used interchangeably but there is a defining difference. The former goes to the form and concern how a dentist is to behave to ensure he is clear of any breach but the latter goes to the heart of behavior and patient care (that also

serves to protect the practitioner) and doing the best thing in the interest of the patient.

There is no doubt that the two concepts do coincide. As Shaw (2009) (15) puts it, one cannot claim to remain professional but be unethical. In many instances, it is suggested that just relying on professional regulation for curricula content is a consequence of a highly pressured curriculum and the sidelining of ethical (not just regulatory) education. There is little time, inclination or desire to consider the purpose, role and indeed the desired outcomes of teaching ethics beyond noting the professional requirements. Ethics is described as a soft skill which implies it lacks the gravity of the hard skills of learning dental procedures (16).

A study by Chrissy (2011) (17) is a testimony of how ethics and professionalism are important and compelling components in dentistry education. According to her, the ethical awareness is ingrained as a result in how she treats her patients. She argues that the ethical challenges faced by a dentist are different from that of a medical doctor and that dental students face very different conflicts compared to a dental practitioner. This is something that needs to be addressed. Chrissy (2011) (17) advocates that the challenge of building a strong moral foundation starts from the inception of integrating dental education, student professionalism and ethical expectations in the undergraduate curriculum. They should be identifying themselves as pre-health professionals even before the pre-doctoral year.

The high standard of moral maturity imposed is because of the trust placed in their hands due to the services provided and the subjectivity of the work. *“This unspoken contract in which society continues to trust dentists individually and therefore trust dentistry as a profession, allows for our professional independence and is critically dependent on the continued pursuit of excellent ethics practice.”* She said that *“Thanks to my education, I have found myself actually living by the ethic that I intent.”* (17).

Dentistry is considered a branch of medicine as it deals with human subjects and deals with orofacial tissues in correlation to the human body. Yet unlike medical schools where there are courses on medical law and ethics instilled within a curriculum of a study or as a separate subject by itself, a similar practice in dental schools is somewhat lacking.

Hsu et al. (2015) (18) has made very interesting observations on clinical and non-clinical competencies required from dental graduates in Taiwan. Under the non-clinical competencies, the areas investigated included patient–dentist discourse, handling of medically-compromised dental patients, patient care, oral education and post-operative explanations, dealing with emergencies, treatment planning, communication skills, informing patients of diagnosis and how to avoid medical conflicts, medical ethics and declaration of medical expenses. Medical ethics was ranked the lowest. It is the finding

of the article that dentistry has emphasized the training of technical skills and overlooked non-operational skills which are underdeveloped. It also surmised that medical ethics is difficult to test as compared to conversational skills and that this perhaps helps to explain the lowest score under non-operational skills. The article notes that limited resources available to universities often relegate ethics to a secondary status. But fortunately, the health authority of Taiwan has insisted on ethics being a focus of the Teaching Hospital Evaluation Project which resulted in more emphasis and importance of the same (18).

The same study above also compared the standards across five nations namely the Association of Canadian Faculties of Dentistry, Australian Dental Council, American Dental Education Association, Association for Dental Education in Europe, Canadian Dental Association and Dental Council of New Zealand. One point of interest and commonality is the requirement of Professionalism across all standards (18).

Likewise, the Malaysian Dental Council (MDC) also has embedded it within its vision that “MDC Secretariat is committed towards professional, safe, quality and ethical dental practice.” (19). This is aside from the other documents under study here. So, what is professionalism? The argument is that it compasses ethics, regulatory and legal compliance.

Related to practice of dentistry is the maintaining of proper records. Well-kept records will serve the interest of all parties. It is a risk if records, equipment, medicines or materials are not managed in a proper manner. There is also the need to recognize clinical risk areas in general dental practice and ways of managing these risks (20). It has been reported that even before the dentist enters practice their record-keeping has been found wanting. In two studies of undergraduate dental students, the record-keeping has been reported to be poor. Proper record-keeping would ensure that the patients’ particulars, problems and treatment records are updated to ensure no harm is done by neglect or omission of the dentist (21).

Another study looking into the curriculum design in dentistry identified the three most important non-operational capabilities of a dentist as including patient-client consultation or discourse, treatment planning and ability to deal with medically comprised patients (18). All these aspects would require ethical considerations.

Malaysian Dental Regulatory Requirements

Educational and professional ethical and legal requirements for dentistry in Malaysia are to be sourced from the Malaysian Qualification Framework (MQF) 2.0 (22), the discipline standards by Malaysian Qualification Agency (MQA) (23) and the Malaysian Dental Council (MDC) (24).

The aim of the table below is to reproduce the professional ethics requirements in a tabulated form the Malaysian Qualification Framework, Malaysian Qualification Agency Programme Standards for Dentistry and the Malaysian Dental Council (25). In the regulatory documentation, the

importance of ethics and professionalism are highlighted and encapsulated as quoted in the Tables 3 and 4 below.

Table 3: Malaysian regulatory requirements in relation to ethics, professionalism and law for dental undergraduate degree

Malaysian Qualification Framework (MQF) 2.0	Ethics and professionalism are the fifth cluster domain. This was later described under item 2.5.2 (v) as integrity, professional conduct (professionalism) and standards of conduct such as upholding regulations, laws and codes of good practices or code of professional conduct. A sensitive approach in dealings with other cultures adds value to this learning domain.
Malaysian Qualification Agency (Programme Standards)	<p>The MQF Appendix 2: Level Descriptors <i>Level 6 (Bachelor) Cluster 5 for bachelor’s level – demonstrates adherence and ability to identify ethical issues, make decisions ethically and act professionally within the varied social and professional environment and practice: demonstrate a deep familiarity and knowledge of local and global issues relating to science, technology, business, social and environmental issues.</i></p> <p>Standards and Criteria for Programme Accreditation - Undergraduate Dental Degree_1 January 2019 <i>Code of Domain 4: Value, Ethics, Moral and Professionalism PO4: Display ethical values and professionalism in practicing dentistry within the confines of the laws governing the profession. (Cognitive, Psychomotor & Affective)</i></p> <ol style="list-style-type: none"> 1. <i>Comprehend the code of professional conduct from the Malaysia Dental Council. (C2)</i> 2. <i>Comprehend the laws and regulations related to the practice of dentistry in Malaysia. (C2)</i> 3. <i>Explain the role and function of professional organizations and regulatory bodies. (C2)</i> 4. <i>Describe the professional duties of care in dentistry in line with the patient charter. (C1)</i> 5. <i>Follow the requirements for informed consent and confidentiality of patient record. (P3, A2)</i> 6. <i>Demonstrate ethical values and professional behaviour toward patient, members of the dental team and other healthcare personnel. (A3)</i> 7. <i>Recognize the limitations of their clinical skills and refer accordingly. (P4, A3)</i> <p>Appendix SII-2 Competencies of New Dental Graduates Malaysia - 17 August 2012 (included in Table 4 below)</p>

Table 3: Malaysian regulatory requirements in relation to ethics, professionalism and law for dental undergraduate degree (continued)

Malaysian Dental Council (MDC)	<p><i>Competencies of new dental graduates - All decision tasks and behaviors are in an ethical and professional manner as spelt out in the Code of Professional Conduct of the MDC.</i></p> <p><i>Students should display ethical values and professionalism in practicing dentistry within the confines of the laws governing the profession.</i></p>
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Table 4: Competencies of New Dental Graduates, Malaysia (2012)

<p><i>A dental surgeon at graduation need to be ready to contribute to the general health of the population by being capable of providing basic dental treatment independently and implement and promote appropriate oral health management to his/her patients and communities in a culturally sensitive manner. A dental surgeon is expected to acquire this ability through a formal structured course at a tertiary institution and be a competent dental practitioner by the time he or she receives his or her first professional dental degree. Competency assumes that all decisions, tasks and behaviors carried out are supported by sound knowledge and skills in biomedical, behavioral and clinical dental science and in an ethical and professional manner as spelled out in the Code of Professional Conduct of the Malaysian Dental Council. Competences should support integration and merging of all disciplines, which should benefit dentists in training and also patients who are receiving treatment. Upon graduation, students should have the following outcomes: -</i></p> <ol style="list-style-type: none"> <i>1. Possess scientific knowledge to support the practice of dentistry. (Cognitive)</i> <i>2. Demonstrate clinical skills to practice dentistry independently. (Psychomotor)</i> <i>3. Demonstrate teamwork skills in managing oral health care for individuals and community. (Psychomotor & Affective)</i> <i>4. Display ethical values and professionalism in practicing dentistry within the confines of the laws governing the profession. (Psychomotor & Affective)</i> <i>5. Communicate effectively with peers in the dental and other health professions, patients and community. (Psychomotor & Affective)</i> <i>6. Appraise and apply current scientific information and techniques in the practice of dentistry. (Psychomotor)</i> <i>7. Display skills for lifelong learning and continuing professional development. (Psychomotor)</i> <i>8. Display entrepreneurial skills in the management of dental practice. (Psychomotor)</i>
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Research Ethics

The concept of research ethics also has gained some prominence in the current era of technology and research. Resnick (2015) (9) listed the aims of research as the seeking of knowledge, truth and avoidance of error, trust, accountability, compliance with the law, responsible conduct, public health and safety. In the Malaysian context, the Malaysian Code of Responsible Conduct in Research

(MCRCR) (26) serves as the national research ethics code. There is a need for proper ethical values embedded within the researcher for self-regulation underpinning the value of any research.

Morris (2018) (27) recommends five areas in higher education to be reviewed for educational integrity that relate to determining academic integrity strategy; reviewing institutional policy; understanding students; re-visiting assessment practices; and implications for staff professional development.

Dental Law

This part of the paper is to highlight and bring into vision that there are areas of law that should be covered in a dental professional ethics curriculum.

Dental professionals are liable under four kinds of liabilities. This includes tortious or civil liability, contractual liability, criminal liability and statutory liabilities (28).

Legal obligations could attract civil or criminal sanctions. Disciplinary actions may also be imposed by the Malaysian Dental Council, as a self-regulatory body, upon the members to ensure the integrity and ethical standards of the profession by punishing the breaches of the Code of Professional Conduct. Hence the exposure and a study of the Code and other laws applicable would be important to inform, educate and prepare the student. Legal structures and processes that are relevant to general dental practice would be the starting point to introduce dental law. Law may be divided into civil and criminal law but there is a need to relate it to dental practice. The civil law that relates to dentists is primarily private law that covers a range of laws that includes contract, tort, employment, family, company and others (29).

The other areas may include laws relating to dental regulations and licensing of practice and business. The Malaysian legal system covered in the syllabus under study as will be seen later refers to the court structure and the doctrine of precedent, the sources of law being statute and common equity and the categories of law without a dedicated focus. A dedicated exposure to actual and varied legal statutes and case studies that impact the dental profession specifically as illustrated later below would be beneficial.

There are many areas of law that are of significance to a dental student. This includes the law of trespass to person which relates to the issue of consent, data protection, privacy and confidentiality, contract, negligence, criminal and defamation as general branches of the law. There are also regulatory laws relating to regulation of profession, licensing and running of a business and specific laws relating to the profession of dentistry.

Some of the relevant statutes applicable are Dental Act 1971 (Act 51) (there is a Dental Act 2018 which is yet to be enforced), Dental Regulations 1976 and the Private Healthcare, Facilities and Services Act 1998 (Act 586). There

are guidelines and standing orders that includes Guidelines on Infection Control in Dental Practice, Guidelines and Provisions for Public Information, Guidelines for oral healthcare practitioners infected with blood borne viruses, position statement on the use of dental amalgam, guidelines for occupational safety and health in the Dental Laboratory, Guidelines for Application for Temporary Practising Certificate for Dental Surgeons 2018 and Standing Orders for the Conduct of Disciplinary Inquiries.

The cases below are mentioned just as examples to indicate cases that involve dentists that could be relevant in an expanded course of professional ethics and dental law.

The case of Dr Tan Ah Ba and Dr Wong Foot Mew (30) is about the privacy and confidentiality of the patient. It also serves to remind us that the jurisdiction of the MDC disciplinary body is distinct and separate from a civil or criminal action. The same case dealt with the issue of breach of confidentiality of a patient record to a 3rd party whom the patient was suing via his solicitors. The matter was an ongoing disciplinary matter before the MDC when the claimant filed his action for damages for breach of confidentiality in the civil courts. The disciplinary action against the defendant was dismissed. The question raised was whether this also decided the issue before the court and further if the filing of a claim in the court whilst a disciplinary action was ongoing was premature and an abuse of court process. It was decided that the complaint to MDC was in relation to the breach of the Code of Professional Conduct and the consequences were limited to reprimand, fine, suspension and striking off from the Register.

The filing of a civil action was independent of the disciplinary action. This is distinct and separate from any criminal or civil action in the courts where the remedies also differ. It is instructive to quote from the judgement:

“Court held that it was satisfied that the role of MDC is different from that of the Court. In this case, the MDC was considering the ethical conduct of the defendant. It had no jurisdiction to determine any dispute between the plaintiff and the defendant to determine whether the defendant was in breach of his duty of confidence to his patient and if so, the amount of damages to be awarded to the plaintiff for such breach.”

The plaintiff succeeded in the cause of action for breach of confidence and was awarded RM 25000 interest and costs.

The case of Dr. Trilochan Kaur Mohan Singh v The Malayan Dental Council (31) dealt with disciplinary proceedings instituted by the MDC against the claimant. The MDC counsel in the judicial review proceeding against the MDC was also involved in the disciplinary enquiry and acted as legal advisor to MDC regarding the same. He could be a potential witness in the judicial review action. The court decided that in these circumstances the counsel or his legal firm could not represent MDC in the judicial review

action as his and his firm’s professional independence were compromised in order to allow for due administration of justice.

Negligence cases usually focus on the breach of the standard of the duty of care to provide advice on risk, diagnosis and treatment on the facts of the case and on the question if the doctor has acted reasonably and logically as propounded in the case of Dato’ Dr. V Thuraisingam & Anor vs Sanmarkan a/l Ganapathy & Anor (32).

Incidental but relevant legal issues would include business and remedial actions that would serve dental practices. The case of Clearpath Marketing Sdn Bhd v Malayan Banking Berhad (33) concerns a sole and exclusive distributorship of orthodontics products given to the claimant by the principal. The defendant bank delayed payment of remittances to the principal which had impacted the business relationship of the claimant and principal for which the claimant successfully claimed compensation. The case of Q&M Dental group (Singapore) Ltd & Ors v Dr. Hong An Liang & Ors (34) is an interesting case of breach of director duties with necessitated the remedial legal actions of Anton Pillar orders and committal orders for disobeying court orders.

Ethical issues may be varied, and the dimensions maybe not posed under a traditional course of study to expose the dental students.

Benchmarking on ethics

This section of the paper will highlight some comparative curriculum that deals with ethics. It is to be noted that legal and professional regulatory obligations should be added into the course as needful.

- Basic Ethics in Dentistry Course words the objectives of the course on ethics as follows (7):
- Understand what is meant by ethics in Dentistry.
- Understand the term “profession” and how it relates to ethics in dentistry. Become familiar with elements and principles of ethical decision making.
- Understand the ethics of patient relations, delegation of duties, substance abuse in dentistry, financial arrangements, and managed care.
- Understand the difference between dental law and dental ethics.
- Define the normative theories of ethics and apply them to ethical issues in practice.
- Understand and apply the principals of dental ethics to everyday practice.

The other reference is the FDI World Dental Federation Dental Ethics Manual 2nd Edition (2018) (35). The twelve chapters covered therein are Chapter 1: Ethics as a defining characteristic of dentistry; Chapter 2: Introduction to dental ethics ; Chapter 3: The standard of care; Chapter 4: The duty to treat; Chapter 5: Principle of respect for patient autonomy; Chapter 6: Confidentiality and privacy; Chapter 7: Record-keeping; Chapter 8: Professional behaviour;

Chapter 9: The impact of business on dentistry; Chapter 10: Access to care; Chapter 11: Research; Chapter 12: Culture, altruism, and the environment and Appendix: A step-wise approach to ethical decision-making.

The text by D’Cruz (2006) (29) though dated provides invaluable insights. It covers namely legal structures and processes that impact on general dental practice, off the record, consent-getting, confidentiality, clinical negligence, writing reports with twelve extremely useful appendices providing guidance.

The American College of Dentists has compiled an Ethics Handbook for Dentists (2016) (8) which is very comprehensive. The topics as reflected in the index quoted below covers a vast array.

“Purpose; Be a Professional: The Professional and Citizenship, Scientific literature, Research, Licensure: Professional Ethics Review. What is meant by “ethics”? Why is ethics important? What are codes of ethics? Should I care more about being legal or being ethical? What is a “profession”? What is a “professional”? What is “professionalism?”, Do we really have obligations to patients? Can dentistry be both a business and a profession? What is meant by the “best interests” of our patients? What is “paternalism?”, Is good risk management good ethics? What about compromising quality?

Ethical Issues: Abuse of prescriptions by patients, Access to dental care, Advertising, Child abuse, Competence and judgment, Confidentiality, Dating patients, Delegation of duties, Digital communication and social media, Disclosure and misrepresentation, Emergency care, Financial arrangements, Harassment, Informed consent and refusal, Managed care, Obligation to treat patients and Refraining from treatment.

Ethical Decision-Making covers decision principles, elements, and models, The ACD Test for Ethical Decisions, American College of Dentists Core Values Adopted by the American College of Dentists. References, Ethics Resource.”

Keeping this in mind we go on to consider how one random dental school deals with professional ethics and law course below.

A selected insight on one limited local study

This is just one study on how one university deals with the coverage of professional ethics within its curriculum. The study is an invitation to all dental schools to review the placement coverage and emphasis of professional ethics (including law) within the dental school curriculum.

It will be seen later that the professional ethics course considered in this specific study is offered within another course that has another five other learning outcomes.

Hence it is delivered in an overcrowded curriculum and even then, in a very limited context given the comparison of what a professional ethics and law course should cover.

The intention of this study is just to lay open the issue for consideration of the dental education profession.

In this selected case, it is found that professional ethics is taught within a course on community dentistry. The course, Community Dentistry, has six learning outcomes, namely,

1. Recognise the public health importance of oral health diseases and related implications to the population, oral health care services and appropriate strategies in managing these diseases.
2. Interpret the problems and public health impacts of target patient groups in relation to their oral and general health.
3. Interpret the role of the Malaysian Dental Council, Dental Act and the Malaysian legal system in the context of dental practice.
4. Apply the basic concepts of financing in the oral health care system.
5. Organize oral health education program in a selected community and home interviews on the influence of people’s socio-environmental factors on their oral health.
6. Appraise evidence in scientific publications for clinical practice, and data management in research.

In this context, item three relates somewhat to ethics and legal context in dental practice. It is suggested that the scope of coverage is squeezed and not comprehensive enough to develop professional ethics and the legal context.

The Malaysian legal system mentioned in the curriculum learning outcomes as stated above, refers to the court structure and the doctrine of precedent, the sources of law being statute and common equity and the categories of law which are general in nature and not dentistry specific. This is opposed to specific consideration of laws relating to dentistry that goes beyond specific dental statutes and regulations but also into areas of common law as demonstrated in the earlier part of the paper as illustration of what should be included, from the legal perspective.

The delivery of a professional ethics course within another course which has six learning outcomes warrants the statement and observation that professional ethics is delivered in an overcrowded curriculum and is limited in scope and context.

The questions in the questionnaire were derived from the Code of Professional Conduct 2008 of the Malaysian Dental Education and administered to students who undertook the course. It is to be noted, however, that even if the outcomes showed a complete understanding of the Code, the coverage is not reflective and fall short of the scope needed under the professional ethics and law component.

Conclusion

Ethics and law are taking a focal point under the fifth cluster of the Malaysian qualification Framework 2.0. The scope of coverage under the MDC Competencies (Table 2) goes beyond MDC Code of Professional Conduct into ethics and professionalism and into laws and regulations in wider areas as also demonstrated in Table 2 above. It is the hope that the references to literature on dental ethics will stir the interest to look more closely into the dental ethics manual to trigger a reflection whether the respective school dental curriculum on professional ethics and law is sufficient. This paper is an invite to dental schools to review their dental curriculum in this regard. Dental schools need to consider if and how the component of professional ethics and law will be adequately and sufficiently discharged in their curriculum. It is suggested that the same require a more extensive coverage given the emphasis in regulatory documentation to build not just skilled but ethical professionals in dentistry. The scope should cover dental law, dental codes, professional ethics, risk management, ethical dilemmas and research ethics affecting the dental undergraduates to build the character, conduct and not just the skill.

There is a need to put patient interest at the center of things and include patient feedback and view in the teaching of dental ethics (11). The argument made in the Patrick (2017) (11) paper is that the curricula content that is solely on a professional governing body regulation is a move away from ethical education. It is seen as a competence for students to acquire and not as an inbuilt trait of academic discipline. It fails the academic discipline or the population the profession seeks to serve.

To develop dental ethical teaching further, there must be a contemplation and dialogue about its purpose overall, the inclusion of patients' views (to bring into the student mind the patient interest) and better, more disciplined reflection on the part of the student. This is in line with the Competencies of New Dental Graduates, Malaysia; to quote *"Competencies should support integration and merging of all disciplines, which should benefit dentists in training and also the patients who are receiving treatment."* Furthermore, out of eight outcomes, the fourth outcome reads, *"Display ethical values and professionalism in practicing dentistry within the confines of the law governing the profession."*

Conflict of Interest

The authors declare that no competing interest exists.

Informed Consent

All the interviewees involved in the present study have given their informed consent prior to answering the questionnaires.

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