

Ethical problems in the daily teaching in Dentistry: in search of a deliberative pedagogy

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ABSTRACT

Although the ethical problems experienced by dental students are known, the same cannot be said in relation to professors. This research, with a qualitative approach, aimed to understand the ethical problems observed in teaching. Data collection took place by semi-structured interviews with 18 professors from three higher education institutions in southern Brazil. The Thematic Content Analysis evidenced initial categories, within which some ethical problems were identified. These were next grouped into two major thematic categories: “teaching central problems” and “teaching cross-cutting problems”. The results reveal that the major problems are related to: developing fair evaluation processes; teaching and assisting in health with limited resources; integrating technological resources without losing the quality of the teaching-learning process; pedagogically qualifying the dentist teacher; acting to stimulate the student’s interest and commitment; training general practitioners with specialists teachers; balancing affection and responsibility for the educational process in the interpersonal relationship; dealing with divergent instructions; handling conflicts between colleagues; and facing the commodification of education. Such issues are discussed in this article, seeking to instigate teacher reflection. Together, they reiterate the need to purposefully act in the ethical dimension of higher education. It is suggested that the identified challenges be taken as an object of deliberation among professors – to contribute to their ethical-pedagogical qualification –, as well as between professors and students, favoring the construction of the moral personality of future professionals.

Descriptors: Ethics. Universities. Faculty. Professional Training. Dentistry.

1 INTRODUCTION

The studies indicating the significance of incorporating ethical elements in the professional training in health have been more frequent¹⁻⁷. However, we are still far from the ethical training overcoming its traditional and limited deontological conception and involving the personal-humanistic, moral-social improvement. In this sense, the expression “ethical dimension of higher education” is suggested in opposition to “ethics in professional training”⁸, shedding light on the process that should be simultaneous to the development of technical knowledge and skills: cultural, moral education, self-understanding and human fulfillment^{6,7}.

This perspective is basic to problematize the topic that, in Dentistry, has been fostered since the 1980s by the international literature on Dental Ethics, focused on the contents, methods, and the effectiveness of dental ethics curricular courses^{9,10}. Its significance is acknowledged, as well as its limitation, because it does not nurture an introspective, critical-reflexive orientation, or when it is worked in an isolated and marginal way^{11,12}.

In Brazil, the ethical dimension of higher education in Dentistry has been neglected¹³. Traditional models of teaching-learning and professional work limit the purposeful actions of moral education, often made invisible and undervalued in the academic experience as a whole¹⁴. Although some research has already been committed to raise the ethical problems (EPs) observed by undergraduate dental students¹⁻⁵, this cannot be claimed when referring to the professors.

EPs are issues that trigger conflicts of values or moral duties¹⁵. Often these problems are reduced to “dilemmas” on account of the anguish raised by them, leading to extreme

positions, either of full acceptance or rejection. In front of this posture of a decisionist or technocratic mentality, the goal of bioethics would be to provide arguments that bend the scale of the moral judgment towards one side or the other, however trying to observe all the threatened values. This requires the search for intermediary solutions that can be reached by the moral deliberation (MD) method¹⁶.

MD is not something natural, but it can be learned, once it is assumed that nobody has the whole truth and that the other ones can enrich our perspective of analysis. It demands psychological and emotional self-control because it requires the will to dialogue, the skills to listen, and the wish to understand other points of view, as well as humbleness¹⁷. In this way, MD is the technical procedure that helps us to find the intermediary action courses that use to be the most sensible and accountable ones. It is, above all, a powerful tool of ethical education for a global and democratic society¹⁸.

In this context, it becomes evident that professors must be prepared to develop their task in an ethical way, what first demands to understand the ethical problems experienced by them^{7,13}, the goal of this study.

2 METHOD

This qualitative study^{19,20} was initiated by contacting the coordinators of three undergraduate dental courses – one in each state of the South region of Brazil –, who were selected by a convenience criterion. Two of these courses belonged to public universities, while the other was linked to a community university. Following the approval of the research project by the Human Research Ethics Committee (CAAE 40102614.1.0000.0110), the coordinators were asked to appoint six professors from each institution to participate in

the study. Initially contacted by email, these professors had access to information on the researcher and the research project when reading the Consent Form.

The participants were six females and twelve males, with an average of 15 years of teaching. All of them held a master's degree and fifteen held a PhD degree, being seven of them full-time professors. They were professors of Surgery (5), Public Health (3), Endodontics (3), Prosthesis (2), Pediatric Dentistry (2), Stomatology (1), Restorative Dentistry (1), and Oral Pathology (1). In order to keep the secrecy of the participants' identity, their verbatim quotations are identified by letters, followed by their specific fields of teaching.

For data collection, semi-structured interviews were conducted by the first author. The script that helped in the conduction of the interviews was improved twice: first, with the contribution from two specialists in qualitative research methodologies, and second, by a pilot interview. The questions aimed to raise goals, doubts, difficulties, conflicts, and challenges in the daily teaching, exploring these situations without explicitly mentioning ethics, so that the ethics conception of the interviewees did not limit or direct the answers.

The face-to-face interviews were conducted in a private room in each university campus, having been digitally recorded, totalizing 463 minutes of recording (an average of 25 minutes). At the end of the 18 foreseen interviews, it was observed that data were redundant, indicating that new interviews would not add any significantly distinct content. In face of data saturation, the collection was concluded.

The treatment of the collected material began with the transcription of the audio recordings. Atlas.ti® software, version 7.5.7, was used for the Thematic Content Analysis²¹,

which was developed in three stages: 1- floating reading of the interviews; 2- exploration of the data, identifying 69 codes (units of meaning), linked with to 359 quotations; and 3- treatment of the results/interpretation, from which five initial categories emerged: relational competences, difficulties and challenges, professors in focus, ethics and education, and teaching situations in Dentistry. The EPs of these categories were then identified and grouped in two large thematic categories: "teaching central problems" and "teaching cross-cutting problems", which are presented next.

3 RESULTS

Teaching central problems

The EPs experienced within the scope of this axle consisted of conflicts of values or duties related with political-pedagogical projects and the curricular structuring of the courses, as well as their teaching-learning processes. The data interpretation allowed these problems to be presented and formulated as follows:

How to develop fair evaluative processes?

For the professors, evaluation is understood as a central responsibility through which they establish the value of each student's effort.

The student is lacking 0.10 to reach the means [to be approved], and you have to decide whether you round it off or not (...) the recognition of how much the grade is a limited mechanism of evaluation (J, Stomatology).

You know how team work is: some do it, others don't (...) a female student entered the room crying (...) she said that John Doe didn't do anything in the work,

he answered to one easy question and received the highest grade of the group (...) We said that there is no way to evaluate this at the moment (...) sometimes you face situations in which you are wronged, it will have to be like this, there is no way (...) She left, we looked at each other and we felt bad, because she was right (S, Prosthesis).

How to promote the integration between knowledge and technological resources, without losing the students' attention and the educational quality?

Several professors mentioned not wanting to interfere bossily by forbidding the use of cell phones and other technological devices, as they would be hurting the students' autonomy and hindering their good use. However, they observe a significant harm in the teaching-learning process due to the distractions provided by them.

There are students who, while attending the lesson, are researching an information or, instead of writing on the notebook, they are typing (...) others go to the other side, and this is difficult to manage. Thus, quite often the competition with technology is complicated (J, Prosthesis).

In this case, besides the conflict between the values of freedom and education, the respect for the professor is another conflicting value. This can be noticed in the following excerpt: *"Some time ago, I was teaching, and everybody was holding their cell phones, and you ask yourself what you are doing there"* (M, Surgery).

How to act to stimulate interest and achieve students' commitment?

The professors say that there is a consistent lack of interest on the part of the students: *"it's the biggest problem (...) I don't know what they think; their idea is to grab the*

diploma" (J, Endodontics).

This lack of interest has been considered an aspect of the students' generation, as well as being due to immaturity and a supposed moral change in the society. Despite being quite questionable, it seems to be part of the common sense:

Nowadays, the person is different from the ones in the past. What has changed? It's what we know, it's this loss of values (J, Surgery).

... as the groups pass, the interest and even the attitude of the students concerning responsibility and education have changed (D, Pediatric Dentistry).

We have a generation quite aimed at quick things (...) they think that they can do everything at the same time, but they are not able to do it well (...) this generation is quite short-sighted (R, Restorative Dentistry).

How to qualify my teaching from a teaching training in Dentistry?

This EP is related with the pedagogical unpreparedness, a result of *stricto sensu* graduate policies that trained professors with an accentuated emphasis on research, not including those ethical-pedagogical demands inherent to the academic task.

One takes a specialization course, a master's degree, and technically you are a good surgeon, but you don't know anything of teaching (...). In a public examination, no one asks for your knowledge in teaching, and you can be a brilliant surgeon and an awful professor. We have several examples like this (R, Surgery).

This self-criticism was evidenced by several participants who acknowledge having *"a lot of difficulty for not having this pedagogical*

knowledge. I think that this is a very important challenge of teaching in Dentistry: we have a technical training and learn little how to be a professor” (H, Prosthesis).

How to train general practitioners with specialist professors?

This is the situation where specialist professors, trained in the biomedical model, marked by the fragmentation of knowledge-doing, become aware that they need to educate professionals for a new model, that advocates interaction for the comprehensive care of the needs of the patients and the society, that is, for a general training²³.

One of the things that we end up discussing is (...) on the training of general practitioners who will provide care to give account of the needs of the population (...) there is no way to unlink the training from this issue of humanization that is central in the very constitution of an ethical, caregiving, accountable subject (...) perhaps the most important aspect of this training process is the reflection on the role that the professor has, thinking exactly that these aspects have the greatest relevance (B, Public Health).

At the same time, the new model also is disputed: *“Most of the clinics is integrated, but I believe that part of the specialty clinic is lost (...) because there are specialties who are very technical and the student ends up leaving lacking [comprehensiveness] (...) I discharge patients quite quickly from surgery, then it is important to have a specialty clinic, because you have a bigger turnover of patients (A, Surgery).*

Teaching cross-cutting problems

The second big category consists of conflicts related to intersubjective relations in the

academic environment, to the shared professional models. and to the experiences that permeate the teaching work in the distinct scenarios. The data analysis made it possible to understand the following aspects:

How to be resolute in face of the limited resources of institutions and services?

Conflicts related to the organization and resources of institutions and services, especially the lack of supplies to serve the patients, indicate awareness of a dimension that is not only individual, but social and political, within which EPs are observed.

There are some unsurmountable barriers (...) mainly for those who work in the public service like me, you see patients diagnosed for cancer one year ago and nobody has done anything yet (J, Public Health).

How to balance affection and accountability for the educational process in the interpersonal relationship with the student?

Care and affection relationships between professors and students favor the conviviality, well-being, and the teaching-learning process itself. Professors and students who appreciate a good relationship generate a conviviality environment that motivates the dialogue and the development of professional competences. However, ethical questions emerge, as it is revealed by this participant:

The students see the professor as a friend, but there must be a limit and this is quite a big challenge: being a friend of the student and, at the same time, having authority to be able to teach and say that he/she is wrong. I became aware that for some students you cannot give as much freedom (...) they are not mature enough to understand it (A, Surgery).

How to deal with the students in face of divergent instructions?

Distinct conducts can be appropriate for one same clinical case, depending on the professor, his/her training, and experiences. However, such situation generates questionings on the part of the students, which is, sometimes, understood as an issue.

There is always a student questioning why a professor said one thing and I'm saying another, and you try to explain this without saying that the other one is wrong, even because he/she is not (C, Surgery).

How to manage conflicts between colleagues?

Such issues are increasingly linked with ideological disputes that reflect distinct views of the world, that is, different perceptions on the society, the profession, the university mission, and education in Dentistry.

I believe that the conflict within the department (...) involves this view that (...) it's related to a teaching with a more humanistic characteristic, more aimed to the user, more aimed to the relation of the university with the services, and the colleagues who keep this view perhaps more like the private practice, where the dentist is lonely (J, Stomatology).

But conflicts also were associated to the difference of generations among the professors: *"... there are people from quite distinct generations, then the people who are here for longer want to do things in a certain way, while we want to change, and we end up in conflict"* (C, Oral Pathology).

How to act in face of the commodification of education?

Education as a commodity linked with the capitalist requirements has made the higher

education precarious and been considered as the origin of conflicts and concern.

The professor used to be a respected individual. What he/she established should be followed, and this is not what we see today. On the contrary, the student is the one who rules the professor (J, Endodontics).

... they want everything ready, and here "I am a consumer of education", but this education must be quite ready. "If I receive everything in handouts, it's the best thing I can receive as a student". And every time there is a debate, it can be interpreted as an aggression to the position of whoever (...) it's difficult to sail in these waters (C, Public Health).

4 DISCUSSION

The concern with the pedagogical training of professors in Dentistry is relatively recent. A short time ago, this work resulted only from the professional practice, acquired by experience, self-teaching, and intuition²². The Gies Report (1926) – a landmark in the acknowledgement of the need of educational improvement for teaching in Dentistry – highlighted the need of full-time professors and with specific training for research²³, leaving marks still perceptible in the evaluation of graduate programs.

While at the beginning of the 1920s the challenge was the development of academic skills in the professionalization of teaching, presently the concern with its didactic-political-pedagogical quality is consensual. The results of this study reiterate the need of continued development of these dimensions of the teaching work, especially in view of the ethical gap in the education of future professionals²⁴.

When recognizing the EPs experienced in the teaching routine, we are close to the

political-pedagogical sphere of education. Professors agree that to practice teaching, it is necessary the development of a political understanding of daily life²⁵, what, ultimately, is what allows the reading of the world with an inseparable ethical dimension. The university education cannot be reduced to the search of knowledge by means of the content learning; rather, it must include the search for knowledge of oneself and the others. It must search to stimulate the autonomy in the scope of personal decisions, what demands the understanding of the society in which we are inserted, of the values and interests that ground each choice and action^{6-8,13}.

The curricular reforms in the undergraduate courses in health advocate for the general, humanist, critical, and reflexive training to act in all levels of health care. They are aimed to the approximation with the guidelines of the public health system²⁶, what produces disagreements, especially due to the markedly technical-specialized teaching training. In this context, the disputes around the general practitioner and/or the specialist education cause intra-peers divergences and conflicts.

In 1995, the Dental Education at the Crossroads report made an emphatic criticism to the behavior of professors, describing them as conservative and resisting to changes²⁷, acting as one of the factors of stagnation in education. Curricular changes demand the professors to adapt to new knowledge and behaviors, conceiving distinct political-pedagogical projects, what faces uncountable resistences²⁸.

It should be highlighted that the history of the university is built by means of tensions between different trends of thought, what keeps education live, creative, and in consistent development. In this sense, the problem itself is not focused on the existence of these trends or

disputes, but on the adoption of only one at the expense of the other⁶. The prioritization of biological sciences in a still hegemonically positivist scientific context in detriment of human and social sciences favors the mercantilist approach of the professional action, both in health and in education.

In the consumer society, teaching was transformed into service-goods. The exceeding supply contributes to the reduction of educational quality and the process of discredit of the profession, with repercussions not only in the teacher remuneration²⁵, but also in the subjective repositioning of students as customers. The universities cannot become supplying companies of contents by means of the purchase of credits, as this type of commerce will not be able to educate professionals-citizens who fill the social demands²⁹.

It is urgent to overcome the fragmentary and dualist views, so characteristic of the dominant scientific model, for a better understanding of the social phenomena in its multiple facets, like those where education and teaching training are inserted. Teaching must be guiding through the university mission of development and transformation of the society. Thus, what matters is to consider that a great deal of social problems is independent of technological advances and results exactly from the utilitarian view of science and university that favors private and marketing interests^{6,7}.

The teaching preparation cannot be focused on the perennial and linear transmission of truths or certainties, keeping the people subservient to certain power discourses, hindering them from managing their destinies when thinking by themselves, assuming risks and ethical-social-ecological responsibilities³⁰.

Understanding that the pedagogical relationship must reject the acritical obedience and stimulate the autonomy, aiming at

emancipation³¹, is a basic aspect to manage some of the EPs identified in this research, like the one related to the insufficient accountability of the students for their own learning process. In front of divergent clinical instructions, the lack of skills of the student to evaluate the alternatives and make a responsible decision must lead us to think whether we are not preparing obedient professionals only, who become powerless in the absence of a protocol to follow: a rather major issue for a profession that deals with bioethical problems daily. The difficulties in motivating the students and stimulating their commitment also reveal the need for pedagogies aimed at the moral autonomy in the search for knowing-doing, in which they must be active participants instead of passive consumers^{32,33}.

To solve ethical issues, health providers make use of subjective criteria often associated with their professional experience and deontology³⁴. For this reason, higher education cannot abstain from fostering the learning for the facing of EPs in a purposeful way and with consolidated theoretical references. The practical application of bioethics can aid in the moral construction of both learners and professors, as well as serve as a base for the morally sensible and reflexive action in their identitarian construction^{7,34}.

The results of this research also reveal something on the way of dealing with the conflicts experienced. Despite the persistence of the mistaken connotation of ethics as common-sense or as conducts defined as correct/incorrect from normative codes^{7,14}, it coexists with the conception of ethics as dependent the students' self-criticism, communication, and moral development. This can be noticed in the excerpts that refer to the transmission of good examples – *“Because you do not teach ethics, you show it”* – and the need to invest in the moral

development: *“Presently, our investment on the student as a person is much bigger than in the past. The technical is always the same”* (J, Surgery). It is worth highlighting the potentiality of this understanding, which needs to be expanded and grounded, training for the management of EPs.

It is known that the additional stress in the academic environment is bigger in developing countries, due to the biggest lack of resources and infrastructure³⁵. Dealing with EPs as the referents for limited resources in education institution and health services requires purposefulness, so that its existence does not generate lack of motivation and powerlessness, but opportunity of learning and moral construction^{36,37}, which, in turn, potentialize social transformations.

The adaptation to the digital reality, keeping the focus of attention and the enthusiasm of the students is also one of the challenges, more present today than ever, considering the pandemic times faced by us. The teaching-learning process shall use technologies as major resources, but it also requires the fostering of reflection-criticism, that is, not dogmatic, next to the students on their uses and consequences, searching to stimulate their maturity and co-accountability for their course⁷.

The EPs analyzed reveal the complexity of the teaching work, what demands the systematization of solidly based professional knowledge on the university teaching to deal with the demands from social transformations³⁸ derived from new technologies, from commodification of education and health, and even from the questions related to the moral plurality of the increasingly globalized and diverse world. To reformulate behaviors by means of reflectivity and criticality demands a collective continued experimentation, what

could be exercised, for instance, in collegiate meetings. Therefore, different perspectives of reality are essential to improve the moral direction that is *per se* collective and not individual³³.

An expanded view of education must stimulate the reflection on the dimension of the population still excluded from the access to health care, university education, and so many other social rights, instigating the critical thought on local and global conflicts, as well as highlighting our implications and professional responsibilities in face of these confrontations. These contributions allow the professor to transcend his/her work, expanding the view of the students and contributing for the construction of their moral personality.

5 FINAL CONSIDERATIONS

The construction of nexuses between problems and solutions, values, and alternatives as ways to improve the moral sense of learners and professors evidences the pertinence of problematizing the ethical questions that permeate both health care and higher education¹⁶. Becoming resolute in front of ethical problems like those evidenced in this research requires, first of all, a process of self-analysis and education of the professor from a deliberative pedagogy, based on reasoning and dialogue, favoring the collective construction of democratic attitudes. Only professors able to bear the anguish caused by uncertainties, those who exercise humbleness, responsibility and commitment with an emancipatory pedagogy can promote an environment where the significant learning occurs, grows in complexity and results in a true gain of moral autonomy.

The development of this characteristic depends on a process of ethical teaching-learning transversal to the undergraduate course and contextualized, fulfilling moral values in

actual situations, escaping from verbalisms, fundamentalisms, and idealisms. In fact, the literature confirms that the “teaching of ethics” is much better when related with experienced problems, being necessary that this opportunity of personal learning/development is present in all the spaces where the real curriculum is lived, being the teaching behaviors highlighted there as a beacon^{1,8}. The unveiling of the existence of ethical problems is, then, only a starting point for the development of the ethical dimension of education.

Professors must be prepared to purposefully perform their ethical-pedagogical task. The incorporation of this university mission requires reflection on the educator-learner relationship, the role of this social institution, and the type of academic community that one wants to construct, inside and outside of the university. In front of the several urging ethical problems in higher education in health, we reiterate the potentialities of the critical reflectivity fomented by bioethics and, particularly by the Bioethics of Responsibility³⁹ that introduces the Method of Moral Deliberation⁴⁰, not only to face these problems, but for the ethical learning itself provided by these experiences.

RESUMO

Embora sejam conhecidos os problemas éticos vivenciados por estudantes de graduação em Odontologia, o mesmo não pode ser afirmado em relação a professores. Esta pesquisa, de abordagem qualitativa, teve como objetivo compreender os problemas éticos percebidos no fazer docente. A coleta de dados ocorreu por meio de entrevistas semiestruturadas com 18 professores de três instituições de ensino superior do sul do Brasil. A Análise Temática de Conteúdo evidenciou categorias iniciais, dentro das quais alguns problemas éticos foram identificados. Estes foram então agrupados em duas grandes categorias temáticas: “problemas

centrais ao fazer docente” e “problemas transversais ao fazer docente”. Os resultados revelam que os principais problemas estão relacionados a desenvolver processos avaliativos justos; ensinar e assistir à saúde com recursos limitados; integrar recursos tecnológicos sem perder a qualidade do processo ensino-aprendizagem; qualificar pedagogicamente o professor-dentista; agir para estimular interesse e comprometimento discente; formar profissionais generalistas com professores especialistas; equilibrar afeto e responsabilidade pelo processo educativo na relação interpessoal; lidar com orientações divergentes; manejar conflitos entre colegas; e enfrentar a mercantilização do ensino. Tais questões são problematizadas neste artigo, buscando instigar a reflexão docente. Em conjunto, reiteram a necessidade de se atuar intencionalmente na dimensão ética da educação superior. Sugere-se que os desafios identificados sejam tomados como objeto de deliberação entre professores – para contribuir com a sua qualificação ético-pedagógica –, bem como entre professores e estudantes, favorecendo a construção da personalidade moral dos futuros profissionais.

Descritores: Ética. Universidade. Docente. Formação Profissional. Odontologia.

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