

# Alterity and empathy: essential virtues for the training of the dentist

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## ABSTRACT

Professional care in the health sector is attributed to certain assumptions that go beyond the mere technical aspect. For transformation to occur, attention to curricular changes is indispensable during the development of the dentist. Higher education requires strategies that remodel the way of thinking about others. Alterity and empathy are virtues that, if triggered, can alter the relationship between the professional and their patient. We sought to elucidate the meaning of these concepts as a reflexive proposal in line with humanized health care, the National Curricular Guidelines (NCG), and contact with the Unified Health System (UHS), who are propellers of change in academia. We adopted a narrative review of literature, through documentary research and contemplating the national legislation on higher education in dentistry, in addition to consulting the scientific bases Medline, LILACS and SciELO. The keywords used were as follows: *alteridade*, alterity, *empatia*, empathy, *humanização da assistência*, and humanization of care, from 2004 to 2017. Full texts that contemplated the interrelation between these themes in the dental sector were selected. The qualitative synthesis of the literature consulted allowed us to observe that there was a change that had yet to be fully realized in spite of its relevance in relation to the technical and curative aspects proposed in the NCG and which the UHS sought to implement as a new professional requirement in the public sector. It was concluded that humanized care in dentistry is still a challenge. However, academic changes that awaken the virtues of alterity and empathy must be established.

**Descriptors:** Virtues. Education, Higher. Unified Health System.

## 1 INTRODUCTION

Considering that procedural technique alone does not constitute an excellent approach, multiprofessional health care is a challenge for health professionals<sup>1</sup>. This challenge instigates the readjustment of treatment, giving rise to the need for a holistic view of the human being, that is, an integral approach involving biological, psychological, and social aspects<sup>1</sup>.

In view of the training of a dentist with a broad vision, the National Curricular Guidelines (NCG) for the undergraduate course in dentistry outline the ideal profile of a dentist's development<sup>2</sup>. The document outlines general human, critical, and reflexive characteristics that should guide the performance of the health professional at any level. It also points out that the basis for procedural action is informed by the technical and scientific rigors based on ethical, legal, social, cultural, and economic realities principles<sup>2</sup>.

In order to cover all the aforementioned aspects, the development of interpersonal relations is important<sup>3</sup>. The primordial is to think of the patient as a being and not solely showing professional concern for their signs and symptoms<sup>3</sup>. The humanization of care in dentistry not only requires academic intellect, but also hospitality and sincerity in relationship as well as the creation and development of behavioral characteristics that are virtuous. Health professionals should understand the National Humanization Policy<sup>4</sup>, in order to be able to give quality care and to promote the awareness, receptivity and recognition of oneself<sup>5</sup>.

This way, behavioral virtues applied to others can bring about their well-being as a reward<sup>6</sup>. Therefore, reflection on subjective well-being, that is satisfaction and gratitude, is required.

Thus, the aim of this study was to review, by way of narrative, the concepts of alterity and empathy and present a reflexive proposal about these virtues and humanized health care, in order to reveal the behavioral characteristics necessary for the academic development in dentistry. This is in support of the debate of the proposals of the NCG, and the contact with the Unified Health System (UHS), as drivers of changes in academia.

## 2 METHODOLOGICAL COURSE

The narrative review sought to base and contextualize the virtues of alterity and empathy along the precepts of the humanization of health care in the training proposed in the NCG that would affect the UHS.

The bibliographical survey was carried out initially through research in specific textbooks and documents of the national legislation that deliberate higher education in dentistry. The databases consulted were *National Library of Medicine* (PubMed/NLM), *Literatura Latino-Americana em Ciências da Saúde* (LILACS), and *Scientific Electronic Library Online* (SciELO), using the keywords: *alteridade*, *alterity*, *empatia*, *empathy*, *humanização da assistência e humanization of assistance*. These descriptors were derived from previously published articles, as well as from *Descritores em Ciências da Saúde* (DeCS) and *Medical Subject Headings* (MeSH). The search period was from 2004 to 2017.

We adopted a selection of full texts in Portuguese, English and Spanish. Editorials, theses, or dissertations were not included. We analyzed the content of our sources by reading abstracts to determine and select those whose content were related to the central scope of the study. The texts were then read in full and grouped thematically.

### 3 RESULTS

#### Ethics, Education and Receptivity

When reflecting on education, one cannot solely envisage this as a good school education and possibly a university education. The theme is linked to reflection on the best way to live. The study to identify the best way of living and the best life is essentially related to ethics. This word cannot be interpreted pragmatically to only mean behaviors suitable or not appropriate to society<sup>7</sup>. The authors further cite that, "Ethics has to do with coexistence. Here is its object. But their understanding and understanding also involve intellectual effort because it is thought about shared life, about relationships. It is a knowledge that mobilizes, that comes from the other and that curiously is absent from our formal education. At school, reflection on coexistence occupies a marginal or zero position"<sup>7</sup>.

Upon understanding that the search for the best way to live and coexist is undeniably gathered from shared lives and interpersonal relationships, we note that human receptivity when determining the quality of dental care is relevant.

Receptivity entails listening to those who seek care and thus providing appropriate responses which favor the health care process. It is the provision of a focused, responsible, and resolute service<sup>8</sup>. According to Hennington<sup>9</sup>, receptivity means humanizing care.

Within the National Humanization Policy of the UHS, the host, as a guideline in its ethical aspect, refers to receptivity as the commitment to recognize another demonstrated in the attitude of welcoming them along with their differences, pain, joy, and way of living<sup>8</sup>.

Academics and professionals in the dental sector have daily experiences reported by patients; therefore, not only are the pathologies and discomforts related to their oral conditions

expressed but also the conditions of their conjugal lives, family, work, as well as anxieties and anguish of routines are expressed frequently. Care based on the integral approach to the human being, also provided in the NCG<sup>2</sup>, requires bonding, acceptance, and above all, understanding of changes. Then, one realizes that in order to deal with change, they need above all, to pay attention to people. Paulo Freire, the Brazilian who most earned the title *honoris causa* in the history of our country, was also a master at this. When someone came to talk to him, a world-famous man, Paul not only stopped to listen, he gave them all his attention. Not infrequently, he placed his hand on the interlocutor's shoulder to create the semblance of equality, a bond or a physical connection to manifest what Aristotle called friendship: two bodies in a single soul"<sup>10</sup>.

However, a critical analysis identifies the challenges faced in regard to receptivity in health practices<sup>11</sup>, including oral practice<sup>12,13</sup>. As for the professional aspect, there is a lack of understanding of the real meaning of receptivity<sup>12,13</sup>.

#### Alterity and Empathy

Debating the concept of humanization in dental care evokes important perceptions regarding the technical and scientific evolution in dentistry, since this area of health was marked by disharmony between technicality and the quality of human contact<sup>14,15</sup>. The importance of receiving the patient who suffers, and thus requires the transcendence of knowledge related to oral health, is evident. There is need to understand that the healing process goes beyond the area of scientific knowledge<sup>14</sup>. For this, the dental profession must contemplate technical skill, scientific formation and the human perception of the promotion of health<sup>16</sup>.

One of the behavioral characteristics that is the essence of good relationships is empathy. The state of empathy denotes the correct perception

and reference of others, by putting oneself in someone else's shoes in order to understand their thoughts and emotions in a given situation<sup>17</sup>.

Empathy is a useful virtue which links and triggers an affective bridge between the health professional and the patient<sup>18</sup>. Because of the facilitating nature of bonding, empathy legitimizes humanity, that is, a sense of belonging is cultivated and a feeling of acceptance arises, causing the individual in need of treatment to feel more comfortable with expressing their needs<sup>17</sup>. The importance of empathy during anamnesis can be reflected upon. It is well known that good surgical/therapeutic planning depends on the quality and specificity of the information obtained during diagnosis. Empathy can be understood here as an auxiliary tool in collecting personal information necessary for the treatment plan. Is it preferable to reveal intimacies and information to those who understand and embrace us or to the girdles of labels that emanate the disinterest of particular conditions?

Acting synergistically with empathy, both striving for interpersonal bonding and otherness, is the ability to see the other as a different being. In other words, it is accepting the condition of the existence of other opinions, cultures, knowledges, appearances and beliefs, knowing that such virtues do not justify generalizing and inflexible explanations<sup>19</sup>. Thus, we recognize the fundamental use of alterity in the process of academic development as well as in the professional-patient relationship.

From the perspective of alterity, education is seen as a construction evidenced by the particular relationship between subjects of different thoughts. Thus, amidst the process of interaction, not only are concepts learned and information obtained, but above all, the discernment of contexts that promote the assimilation of elements of implacable meaning

is acquired<sup>19</sup>.

Specifically, in the context of NCG, some examples can be given of how these virtues can help in the development of competencies such as health care, since the responsibility does not end with the technical act but in the resolution of the health problem as a result of decision-making because the most appropriate actions are desired. In addition, they are directly related to competencies that directly or unintentionally involve communication and leadership.

### **Humanized Care in Dentistry**

When the meanings of empathy and otherness are internalized, the need to propose humanization in dental care is evident. The concept of humanization is understood as an affable and manageable action, that is, benevolent and kind treatment towards one another<sup>20</sup>. However, it is clear that there is an abyss between the theory and the practice of humanization in care because this teaching-learning methodology requires changes in relation to attitudes, behavior, values, culture, and concepts among other factors<sup>16,20</sup>.

In this way, building humanized pedagogical projects is a challenge for higher education institutions (HEI)<sup>21</sup>. Humanizing care is not limited to just calling the patient by name and constantly smiling, but entails contemplating and understanding the fears, anxieties, and uncertainties demonstrated by the patients and with that knowledge, providing support and constant attention<sup>22</sup>.

Based on the precepts set forth in Resolution CNE/CES 3<sup>2</sup> referring to vocational training that goes beyond the technicalities, the Ministry of Health and Education in partnership with the National Program of Reorientation of Vocational Training in Health implemented some HEI, the *Programa Nacional de Reorientação da Formação Profissional em*

*Saúde (Pró-Saúde)*<sup>20</sup>. In order to cover the new trends in academic education, Pró-Saúde launches an academic and educational opportunity to develop skills related to humanized care, integrating the student into the UHS network from the beginning of their academic training<sup>20</sup>. Studies show that these programs improve the development of interprofessional education<sup>23,24</sup>.

### **Insertion in SUS x Difficulties**

One way of providing the expected professional performance that is interdisciplinary and integrated, is having contact with the UHS, thus being able to develop personal abilities that aid health as described in the NCG<sup>2,25</sup>. Dentistry courses require a re-adaptation of training systems, so that they contribute to the qualification of professionals who meet the demands of the system<sup>16,21,25</sup>. Based on these, it is notable that change procedures offer hope for new possibilities of initiative that may aid in greater contact of the students with professional practices linked to collective health<sup>26</sup>.

However, difficulties are present and cannot be denied. One is the conditions related to the integration of the dentist into SUS: difficulty in the social perception of health practices and the extent of interventions; limited concept of health-disease given the non-incorporation of the social dimension; low effectiveness of health promotion actions triggered by social exclusion; low incorporation of the guidelines proposed by UHS; oral health being strongly guided by the clinical model; isolation of the lack of interdisciplinarity; and the privilege of curative actions<sup>25</sup>. However, in order to overcome these difficulties, the curricular matrix should be reorganized and proposals that meet the requirements of the reality of the public health system should be developed because they are indispensable. The Federal Council of

Education<sup>26</sup> proposes modernization of the undergraduate curricula according to these needs which makes the importance of professional training to cater to the reality of the country evident. This refers to a general profile capable of applying preventive and social philosophy to health, and appreciating and understanding social participation, intersectoral approach, and practice outside the city under supervision in public institutions<sup>26</sup>.

### **Multiprofessionalism x Technicality**

This literature review examines the theory of what would constitute a complete training/actuation/qualification of a professional dentist<sup>2</sup>, as well as some methods and academic changes necessary for giving rise to fundamental virtues including empathy and otherness that enable quality care namely the humanization of health care.

The proposal advocates for the development of skills that do not promote isolation from everyday realities, but provide coping mechanisms for all kinds of difficulties. Integrating this into the reality of the public health system requires coexistence with behavioral plurality.

Mechanistic understanding uncovers awareness and makes it a mere reflection of material things<sup>27</sup>. Therefore, the need to understand subjectivities arises so that this consciousness is hypertrophied<sup>27</sup>. The productive potential that the combination of graduation in dentistry with UHS can trigger is remarkable. It is in this contact with the reality of the country that educating, teaching, and treating is being built with the awareness of true values in life. This is because education requires research, demands respect for the learners' knowledge, critically reflects on practice; common sense; reality; joy and hope; conviction that change is possible; and knowing how to listen, and above

all demands conscious decision-making<sup>27</sup>.

In view of the above, intellectual work must go beyond theoretical innovations and be applied to the academic practices of future health professionals. Additionally, this practice that is aimed at offering general education should have its content internalized by professors, in order to break the limits of the training itself, which is often linked to the technical concepts<sup>28</sup>.

It is necessary to combat the critical nodes present in vocational training. The term "critical node" refers to the mistaken teaching model that collides with the search for graduates who have a curriculum and the experience that contemplates the social needs related to health, that is, the reality of UHS. The technical, individualized and medicalized emphasis demonstrates the fragmentation of the teaching model and presents itself as a real node that prevents curricular reform that seeks humanized care<sup>28</sup>.

Ethics, being understood as an intellectual pursuit to improve coexistence and the sharing of experiences, translates to being a lifelong practice<sup>7</sup>. It can be seen that the NCG for graduation in dentistry are fundamental keys to training in this field that is in harmony with the essential requirements that a dentist must possess<sup>2</sup>.

Although there have been reflective innovations about the new curricular approaches for health professionals, dentistry has proven to be historically backward in terms of requirements<sup>29</sup>. Another node to solve aims at practical conformation to the multiprofessional and interdisciplinary model proposed by the NCG<sup>2</sup>. The implementation of the NCG sought to reformulate the curricular matrices and consequently, to update the student's abilities, among them: critical thinking, decision-making capacity, acting in multiprofessional teams, strategic planning for sustainable change, administering and managing health services and

the continuity of learning<sup>29</sup>. This highlights the importance of integrating the student in UHS from the beginning of their academic development<sup>20</sup> and proves the interconnected relationship between education and health: there is an evolutionary dependence between UHS, NCG and academic development<sup>29</sup>.

Morita and Kriger<sup>29</sup> explain that acting in a multiprofessional way requires taking a break from work that is centered on individuality and seeking to develop teamwork from which emerges sharing, planning, tasks and establishing cooperation and collaboration. Interdisciplinary and transdisciplinary teams are associated with increase in the quality of academic care<sup>30</sup>.

Going beyond the limiting mechanistic understanding<sup>27</sup> and raising generalist professional behavior<sup>2,22</sup> presented alterity and empathy as foundations for the establishment of humanization in dental care. The inclusion of the student from the first academic years was highlighted in the reality of UHS<sup>20</sup>, because the necessary modifications in favor of a professional profile of excellence require a non-dissociation between theory and practice<sup>29</sup>. Thus, through the understanding and adaptation of such values and tools, individuality in care is giving way to the multiprofessional approach, as the academic interacts with the reality of UHS and, consequently, makes the concepts of interdisciplinarity and transdisciplinary practical<sup>29</sup>, gradually solving the critical nodes that present themselves as challenges to be overcome<sup>28</sup>.

Nonetheless, it is fundamental that the SUS has an interlocutor between schools during the formulation and application of pedagogical projects, as opposed to solely being an internship or practical field<sup>29</sup>. It is emphasized that "it is in the understanding of the concept of health, in the possibility of forming a professional capable of making a permanent contribution to the health production of the society in which lives the

guidelines are amplified<sup>29</sup>. Therefore, to advance such a process, there must be constant interaction between health and education policies, given that the critical analysis of the NCG refers to the reflection that profound changes must occur in order for future professionals to be able to meet UHS demand, that is, the reality<sup>29</sup>.

Morita and Kriger<sup>29</sup> affirm that the traditional pedagogical model is ineffective, since the concepts of its content are not linked to reality and social needs. Therefore, the didactic-pedagogical ideal that is sought requires that the method of teacher-centered learning should be transformed into a practice of multiple scenarios that suit social reality. With regard to the articulation of knowledge, we must seek the exchange of theoretical-practical experiences in isolated disciplines for content and experiences of integrated specialties. Regarding multiprofessional work, this should occur among professionals from the same discipline, forming teams from each health area. The fourth fundamental point refers to the transformation of pedagogical practices and learning scenarios. Reformulation of specialty clinics should occur so that, from the beginning of the course, students are inserted into integrated clinical settings. Therefore, interaction with the SUS from the beginning of academic development favors the desired changes and the construction of a multiprofessional consciousness. The literature reports successful experiments with positive repercussions in the reiteration of the formative process.<sup>31-33</sup>.

#### 4 FINAL CONSIDERATIONS

Merely aiming at the humanization of care, these virtues are not expected to be used in a pragmatic way, and consequently, they fail to be provided realistically to the professional. In addition, humanization requires commitment to sincerity when aiming at the best possible approach to a human being who needs help.

Given the importance of the topic, as well as the incessant discussion about the best way to live, it is important to readjust professional goals when we refer to health. In order for the virtues of empathy and otherness to cause a revolution and in order to humanize dental care, opportunities are needed in which coexistence with reality transforms consciousness. More than excellence in procedures, which is also indispensable, goodwill and receptivity in human contact is required. Every change is possible and this is the purpose of NCG, supported by the UHS.

#### RESUMO

##### **Alteridade e empatia: virtudes essenciais para a formação do cirurgião-dentista**

O atendimento profissional vinculado à saúde se deve a certas premissas que ultrapassam o aspecto meramente técnico. Para que transformações ocorram, a atenção às mudanças curriculares é indispensável durante a formação do cirurgião-dentista. O ensino superior carece de estratégias que remodelem a forma de se pensar o outro. Alteridade e empatia são virtudes que, se desencadeadas, podem alterar a relação profissional-paciente. Buscou-se elucidar o significado desses conceitos, como proposta reflexiva em consonância com o atendimento humanizado em saúde, as Diretrizes Curriculares Nacionais (DCN), e o contato com o Sistema Único de Saúde (SUS), como propulsores de transformações no meio acadêmico. Adotou-se a revisão narrativa da literatura, pela pesquisa documental, contemplando a legislação nacional acerca da educação superior em Odontologia, somada a consulta às bases científicas Medline, LILACS e SciELO. As palavras-chave empregadas foram: alteridade, *alterity*, empatia, *empathy*, humanização da assistência e *humanization of assistance*, no período de 2004 a 2017. Foram selecionados textos completos na área odontológica que contemplassem a interrelação entre os temas. A síntese qualitativa da literatura consultada permitiu a observação de que houve uma mudança, ainda não totalmente concretizada, mas relevante, com relação à

ultrapassagem do foco apenas técnico e curativo, como bem proposto nas DCN e tão almejado pelo SUS quanto ao profissional ingressante na vida pública. Concluiu-se que o atendimento humanizado em Odontologia ainda é um desafio. Contudo, mudanças acadêmicas que suscitem o despertar das virtudes de alteridade e empatia devem se concretizar.

**Descritores:** Virtudes. Educação Superior. Sistema Único de Saúde.

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