

Bioethics in brazilian dentistry undergraduate courses

Bioética nos cursos de graduação em odontologia brasileiros

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ABSTRACT

A literature review was conducted with the objective of evaluating the insertion and teaching of bioethics in Brazilian dentistry undergraduate courses, after the publication of the National Curriculum Guidelines of 2002. Twelve articles were selected from the Pubmed, Scielo and Lilacs databases, published between 2002 and 2020. The results showed that many colleges had not yet inserted the discipline of bioethics in their syllabus, in some of those they had inserted, teaching was predominantly theoretical and disjointed from the other disciplines. It was also evidenced that, in institutions where

active methodologies were associated with the teaching of bioethics, the results were more positive. It is concluded that the insertion of bioethics can contribute to the ethical and humanistic formation of the students, and more recent studies on the subject are necessary.

Keywords: teaching, curriculum, bioethics, dentistry.

RESUMO

Realizou-se uma revisão de literatura com o objetivo de avaliar a inserção e o ensino da bioética nos cursos de graduação em odontologia brasileiros, após a publicação das Diretrizes Curriculares Nacionais de 2002. Foram selecionados 12 artigos, a partir das bases de dados Pubmed, Scielo e Lilacs, publicados no período entre 2002 e 2020. Os resultados evidenciaram que muitas faculdades ainda não tinham inserido a disciplina de bioética na sua matriz curricular, e que em algumas das que tinham inserido, o ensino era predominantemente teórico e desarticulado das demais disciplinas. Evidenciou-se também que nas instituições onde se associavam metodologias ativas ao ensino da bioética, os resultados eram mais positivos. Conclui-se que a inserção da bioética pode contribuir para a formação ética e humanística dos formandos, sendo necessários estudos mais recentes sobre a temática.

Palavras-chave: ensino, currículo, bioética, odontologia.

1 INTRODUCTION

In 2002, the National Curriculum Guidelines (NCGs) were published for undergraduate courses in dentistry, with the aiming to address the curricular organization of Higher Education Institutions in the country. These NCGs oriented towards a generalist, humanist, critical and reflective training of the dental surgeon, based on ethical/bioethical principles and the search for solutions to society's problems (BRASIL, 2002). Such guidelines were supported by the NCGs published almost two decades later, in the year of 2021, for the dentistry course, which also highlighted the concern with the attention to the dignity of the human person as a necessary characteristic for graduates' profile (BRASIL, 2021).

The objective of these guidelines – to train a professional capable of acting for the benefit of society (BRASIL, 2002) – is in line with “the inherent need in the dental practice itself, insofar as it presupposes respect for the interests of the individual and the community” (BRASIL, 2002). (MUSSE et al., 2007, p.14). However, training in dentistry has been markedly technical-scientific, failing to keep up with the requirements for a broad and humanized treatment (NACASATO, BOMFIM and DE-CARLI, 2016), and this characteristic, which overvalues technicality to the detriment of real problems (COSTA et al., 2010), would justify the fact that all technical advances in dentistry have

not been accompanied, in the same proportion, by advances in improving the oral health of the Brazilian population (PRADO and GARRAFA, 2006).

In order to improve the development of skills and abilities in academic training, there has been a restructuring of teaching content and methodologies. Among these competences, not only the domain of scientific and technical knowledge is included, but the “ability to analyze, reflect and position oneself in order to transform the health and life conditions of those assisted” (PRADO E GARRAFA, 2006), p.265).

In this sense, the insertion of bioethics is of fundamental importance, as in addition to guiding the development of technological growth and scientific research, it provides a reflection on ethical conflicts and on the effects of actions on human life (PUPLAKSIS et al., 2010) within the scope of health care, contemplating an ethical and humanistic training (MUSSE et al., 2007) and thus contributing to the improvement of the moral and ethical development of students during their professional education (NACASATO, BOMFIM and DE-CARLI, 2016).

Based on these preliminary considerations, the objective of this literature review was to evaluate the insertion and teaching of bioethics in Brazilian undergraduate dental courses after the publication of the NCGs in 2002.

2 METHODS

The study represents a descriptive analysis, carried out through a literature review following the PRISMA protocol (Main Items for Reporting Systematic Reviews and Meta-analyses) (GALVÃO, PANSANI AND HARRAD, 2015), and formulated from the acronym PICO - Population: coordinators, professors, and students of Brazilian dentistry courses; Intervention: insertion of Bioethics in the curriculum; Comparison: teaching ethics/bioethics after the 2002 NCGs; and Outcomes: teaching models of the discipline.

The research was carried out in Pubmed (U.S. National Library of Medicine – <https://pubmed.ncbi.nlm.nih.gov/>), SciELO (Scientific Electronic Library Online – www.scielo.br) and LILACS (Latin Literature) databases. -American and Caribbean in Health Sciences – <https://lilacs.bvsalud.org/>), searching for studies published between January 2002 (year of publication of the NCGs for the Dentistry course) and February 2020. The following were used: combinations of keywords, consulted in DeCS (Descriptors in Health Sciences – <https://decs.bvsalud.org/>): Strategy 1: “Teaching” AND “Bioethics” AND “Dentistry”; Strategy 2: “Curriculum” AND “Bioethics” AND “Dentistry”; the terms were used in English and Portuguese. As inclusion criteria, we

sought to select complete articles, referring to original studies, and that addressed the objective of the study. Exclusion criteria were: bibliographic review articles, articles that addressed the teaching of ethics/bioethics in universities in foreign countries, or that addressed the discipline of bioethics in postgraduate courses. Texts in English, Portuguese and Spanish were selected.

The search and selection of studies were performed by two reviewers. After excluding duplicates within the same databases (due to the search with two different combinations of descriptors), 147 articles were selected. Duplicates were then excluded between the three databases, leaving 124 articles. After reading the titles, 34 were selected, and after reading the abstracts, 14 articles remained for reading the full text, being selected, after all the steps of inclusion and exclusion, 12 articles that fit the objective of the study. The following data were extracted from the studies: title, year of publication, authors, objectives, methods and main results.

It was not necessary to review and/or approve the study by a Research Ethics Committee (REC), as it is a secondary analysis of the data to carry out a literature review.

3 RESULTS AND DISCUSSION

Twelve articles considered relevant to the proposed theme were selected, according to the syntheses described in Table 1. The articles were published between 2006 and 2016, and presented varied methods of analysis, in which 5 studies of a qualitative nature, 4 of a quantitative nature. and 3 used both approaches. The target audience of the selected studies ranged from dental students, professors, course coordinators, trained dentists and patients.

Table 1. Synthesis of articles selected in the systematic review of the literature.

Authors/year	Title	Journal	Objective	Method	Results
Warmling <i>et al.</i> , 2016	Teaching bioethics: evaluation of a virtual learning object	Revista Bioética	To evaluate a virtual learning object produced and used in the teaching of bioethics	Quantitative and qualitative study	The virtual system was considered a support for the learning of bioethics, as it provides the analysis of situations with possible conflicts
Nóbrega <i>et al.</i> , 2015	The experience of dentistry students with	Revista ABENO	To evaluate ethical dilemmas experienced by students	Cross-sectional Quantitative study	Ethical dilemmas are perceived and experienced by students even during their

	ethical dilemmas		during their education.		academic education.
Finkler, Caetano and Ramos, 2013	Ethics and values in health professional education: a case study	Ciência & Saúde Coletiva	To analyze the ethical dimension of the training of dentistry professionals	Qualitative study	There was a predominance of the deontological understanding of ethics and the influence of the hidden curriculum on the ethical dimension of education.
Renno Junqueira <i>et al.</i> , 2012	The teaching of bioethics: student assessment through discussion forums on the Internet	Acta Bioethica	To assess students' perception of the influence of visits to clinics for their learning in bioethics.	Qualitative study	The visits to the clinics, associated with discussion forums, proved to be useful as support for student learning in bioethics.
Finkler, Caetano and Ramos, 2011	The ethical dimension of professional education in health: a case study with undergraduate courses in dentistry	Ciência & Saúde Coletiva	To evaluate the ethical dimension in training in order to outline necessary changes to train more ethically competent professionals.	Descriptive, qualitative study	Punctual commitment to ethical training. Incipient presence of Bioethics as a discipline and transversal theme. Advances in relation to teacher training, the profile of graduates and the curriculum integration process.
Puplaksis <i>et al.</i> , 2010	The discipline of bioethics at the Faculty of Dentistry of the University of São Paulo	Revista Latino-americana de Bioética	To verify if the bioethics discipline, as it is being taught, has fulfilled its objective.	Qualitative study	Despite the importance of the discipline in valuing human dignity, the predominantly technical teaching led to the reduction of the patient only to the biological aspect.
Costa <i>et al.</i> , 2010	Bioethical implications in the relationship between health professionals and users: a study with academics	Odontologia Clínica-Científica	To understand students' perceptions about bioethical conflicts in the relationship between professionals and users of	Cross-sectional descriptive study	The study made it possible to know the previous ethical and moral position of the students on bioethical conflict.

	health courses at Unimontes		health services.		
Gonçalves <i>et al.</i> , 2010	Qualitative analysis of the content taught in the discipline of bioethics in Brazilian dental schools	Acta Bioethica	To analyze the content taught by the discipline of Bioethics in the Brazilian Faculties of Dentistry	Quantitative and qualitative study. Exploratory, descriptive and transversal Study.	The discipline has generally been taught in the first or last year of the course, and mainly addresses bioethical dilemmas. The discipline of bioethics arouses interest in students.
Garbin <i>et al.</i> , 2009	Evaluation of bioethics teaching-learning methodologies in Brazilian dentistry schools	Educación Médica	To evaluate the teaching-learning methodologies of bioethics in dentistry schools in Brazil.	Exploratory, descriptive and cross-sectional study.	It was found that 31.3% of the courses had bioethics in their curriculum. The predominance of theoretical teaching and assessments by written tests. Little specific reference on dentistry used in the teaching of bioethics.
Musse <i>et al.</i> , 2007	The teaching of bioethics in undergraduate dentistry courses in the State of São Paulo	Arquivos de Ciências da Saúde	To analyze, through the curricular structures, the discipline of Bioethics in the Faculties of Dentistry of the State of São Paulo.	Descriptive quantitative study	47 courses from those surveyed, only four had Bioethics in their curriculum, and in three of them the discipline was offered in the second half of the course.
Puplaksis and Ramos, 2006	Perception of students from a Higher Education Institution of Dentistry in São Paulo and users of dental care on ethical aspects	RPG – Revista de Pós-Graduação	To verify the quality of dental care and the importance of ethical knowledge of students at a dental school.	Qualitative study	Unqualified communication between students and patients. Influence of the Hippocratic model on teaching and the presence of paternalistic attitudes. Submissive posture of patients.
Prado and Garrafa, 2006	Bioethics in dentistry education: the importance to a conscious and critical practice	Comunicação em Ciências da Saúde	To analyze if the teaching of Bioethics, as a discipline of reflection, represents an	Quantitative and qualitative study	Prioritization of cognitive and psychomotor teaching, to the detriment of attitudinal. Answers with

			attitudinal differential.		greater elaboration and argumentation after studying bioethics.
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Source: Prepared by the authors

In 2007, was published a study that verified the number of undergraduate dentistry courses in the State of São Paulo that had the discipline of bioethics in their curriculum. It was observed that, at that time, among the 47 dentistry courses surveyed, only 4 had the discipline of bioethics (MUSSE et al., 2007). Later, a nationwide study, published in 2009 and 2010, identified that among the 182 dental schools in the country, only 57 had bioethics inserted in their curriculum (GARBIN et al., 2009; GONÇALVES et al., 2010). Despite the increase in the number of courses that had implemented bioethics in their curriculum, the proportion was still small after almost 8 years of the publication of the NCGs.

Some investigations also pointed out that there was a predominance of the teaching of deontological ethics (FINKLER, CAETANO and RAMOS, 2013; NÓBREGA et al., 2015). This same result was found later, in a survey conducted by Campany (2016). Historically, the teaching of ethics in undergraduate courses has been based mainly on the transmission of rules established as rights and duties, present in the code of professional ethics (Creutzberg et al., 2005). However, considering that “professionalism is not taught with the mere presentation of the Code of Ethics, nor is it exhausted in its content” (REGO, 2012, p. 446), attention is required to the consequences of a purely understanding and handling deontology of ethical conflicts, as the very understanding of what ethical conflict is becomes limited when the “perception of ethics is restricted to the attitude of doing what is right” (FINKLER, CAETANO E RAMOS, 2013, p. 3037).

Corroborating this statement, a study to analyze the moral development of trainees of a dentistry course showed that: (1) most students were framed in levels where there was no ability to relativize situations of moral conflicts, or these were resolved through of personal interests; (2) only a small minority (10%) recognized that moral norms and values must be relativized in order to achieve the common good; and for most, law enforcement prevails over life. Thus, the authors themselves drew attention to the seriousness of training professionals who did not achieve adequate moral development (FREITAS, KOVALESKI and BOING, 2005). Since issues related to ethical conflicts

are perceived and experienced even during graduation, and the routine of care in teaching clinics can lead to the potentialization of these conflicts (NÓBREGA et al., 2015), educational institutions must provide, to these students, the conscious and responsible experience of the moral issues that develop in school social relations, so that, with the repetition of these experiences, their learning takes place (AROUCA, REGO E MACHADO, 2008), and, for this, the bioethics becomes an ally, as it represents a field of knowledge applied also to conflict situations, and provides the construction of rational decisions facing the ethical issues (REGO, PALÁCIOS E SIQUEIRA-BATISTA, 2020).

Although some higher education institutions have already included the subject of bioethics in the curriculum, it was observed that, in some of them, its teaching was predominantly theoretical (GARBIN et al., 2009; PUPLAKSIS et al., 2010), which may justify the fact that students enrolled in this discipline considered it of reasonable importance and with topics of no interest to dentistry (PUPLAKSIS et al., 2010). In fact, studies have pointed out that its traditional theoretical teaching - with concepts and general guidelines - has limited importance, not allowing the recognition of conflicts, behavioral changes and ethical reasoning (ZAROR-SANCHEZ et al., 2014), and that bioethics, despite being extremely important “in the shift of the paradigm on the value of human dignity”, as a discipline isolated from the others and with predominantly theoretical teaching, it is not able to promote the desired changes (PUPLAKSIS et al., 2010, p. 69).

If the classic methods do not seem to be stimulating for students, it is necessary to outline pedagogical strategies that lead to the expected learning (VON KRETSCHMANN-RAMÍREZ and ARENAS MASSA, 2016), because as important as the content to be taught, are the ways of sharing these contents (KOIFMAN, OLIVEIRA and FERNANDEZ, 2007).

Among methods and techniques that can be used for teaching ethics and bioethics, it is necessary to assess the limits and potentialities of each one (REGO, GOMES and SIQUEIRA-BATISTA, 2008). Active teaching methodologies, such as case- and problem-based learning, have been described in the literature as efficient and appropriate, as they allow students to understand the complexity of clinical care and prepare them for conflict resolution (VON KRETSCHMANN-RAMÍREZ and ARENAS MASSA, 2016). It is also considered that teaching the subject in small groups would be the most appropriate, as it provides the participation of all students in each activity, without, however, the obligation or constraint of the student to participate, under penalty of an effect contrary

to the desired one in their education (REGO, GOMES, SIQUEIRA-BATISTA, 2008). Thus, in addition to the adequacy of the curriculum for the implementation of the discipline of bioethics, the correct management of the theme during graduation is essential.

The result of a study showed that the classic classroom teaching of bioethics, complemented with visits to clinics, and with distance learning through the virtual teaching platform, was positively evaluated by the students, since the combination of theoretical teaching combined with supervised visits, enabled the anticipation of contact with patients and a better understanding of the content taught regarding the professional-patient relationship and the theoretical concepts of bioethics, in addition to the discussion forums allowing the sharing and discussion of students' perceptions, continuing the experience (RENNO JUNQUEIRA et al., 2012). A similar result was found in another research, which also pointed out that the virtual learning object allowed students to learn fundamental bioethical topics, and brought theoretical contents of bioethics closer to the experience of real situations (WARMLING et al., 2016).

In terms of the transversality of its teaching, a survey carried out to evaluate the panorama of ethical training in Brazilian dentistry courses, pointed out the presence of bioethics in an incipient way, and the commitment of few professors and disciplines (FINKLER, CAETANO and RAMOS, 2011). Different authors have pointed out the need for this theme to be approached transversally throughout the undergraduate course (FREITAS, KOVALESKI and BOING, 2005; REGO, GOMES and SIQUEIRA-BATISTA, 2008; FINKLER, CAETANO and RAMOS, 2013; BELLO-BARRIOS, 2013; ; ZAROR-SANCHEZ et al., 2014; WARMLING et al., 2016), and Rego, Gomes and Siqueira-Batista (2008) consider – referring to medical education, and here inferred to dentistry – that responsibility for the ethical training of students is only one teacher (or a group of teachers), since topics such as bioethics and humanization should be considered “the role of each and every teacher involved in professional education” (REGO, GOMES and SIQUEIRA-BATISTA, 2008, p. 487), and must be inserted in the curriculum articulated with other disciplines and with other centers of knowledge, with the commitment of the faculty members (FINKLER, CAETANO and RAMOS, 2013).

Mousse et al. (2007), however, consider to the teaching of bioethics to happen in a transversal way, competent professionals are needed, who have conceptual and practical knowledge on the subject, and who understand the importance of their role in the moral formation of students. In order to the student to acquire a profile aligned with the NCGs,

within a socially relevant learning process, it is necessary for the “teachers themselves to develop skills such as criticism and reflection” (FINKLER et al., 2010, p.456).

However, despite the ethical training of students be - or should be - the responsibility of all professors, a survey showed that professors did not consider that discussions directed to ethical issues regarding the professional-patient relationship were part of the undergraduate content (GONÇALVES et al. VERDI, 2007), and other studies have pointed out ethical conflicts experienced by students regarding the attitudes of the teachers themselves, whether in the divergence in the way of teaching content (NÓBREGA et al., 2015); in the discomfort of the relationship between teacher and student, or between teacher and patient (PUPLAKSIS et al., 2010); or in practical behaviors of the professional-patient relationship different from that taught in theory (PUPLAKSIS and RAMOS, 2006).

The role of teachers in the ethical training of students deserves a special analysis, since the students themselves indicated that the teacher, as a model, is the main way to learn bioethics (ZAROR-SANCHEZ et al., 2014), that is, in the student's teaching-learning process, the observation of the teachers' behavior and the lived experiences are more assimilated by the student than the speech itself (PUPLAKSIS and RAMOS, 2006).

Such statements demonstrate that the vocational training process encompasses much more than what is illustrated in the formal curriculum. It includes a hidden curriculum, where the influences of all experiences in the teaching-learning process will collaborate in the construction of concepts that will influence professional ethical conduct (NACASATO, BOMFIM and DE-CARLI, 2016). Thus, it would be important to invest in the teachers training, so that they can work properly in professional ethical training (FINKLER, CAETANO and RAMOS, 2013).

Regarding the perception of ethical conduct, a study showed a divergence in the opinion of students from the last semesters compared to those who had recently started attending teaching clinics. Students in the initial periods were more indignant with what they considered to be inappropriate attitudes of teachers towards patients, while older students were less critical, as if they were resigned to the situation (PUPLAKSIS and RAMOS, 2006). And, as in dentistry, in medical schools there is also a “dehumanization” of students who entered the course with humanitarian ideals (GONZÁLEZ BLASCO, 2010).

As professional dental training has a technical focus, teaching clinics represent a scenario in which the “patient has been seen as a source that generates a range of

procedures necessary for the qualification of the academic [...]” (CAMPANY, 2016), that is, due to their need to obtain dental care, the patient ends up becoming – and subjecting themselves to being – just a means for students to perform the necessary procedures for their learning, and not necessarily those procedures that would be a priority for the student. patient (GONÇALVES and VERDI, 2007).

It is in teaching clinics that students, in addition to acquiring technical knowledge, exercise ethical reflection; therefore, it is necessary that more humanized teaching practices be rethought, so that “the academic interest can be reconciled with the patient's needs, and not prioritize one over the other” (GONÇALVES and VERDI, 2007, p.762). However, according to Company (2016, p.8), the students' assessment methods themselves, used in the dental clinic, can contribute to the establishment of abusive relationships with patients, who “can be equated with objects of consumption used to academic approval purposes.

For Martínez, Buxarrais and Esteban (2002) the university – and its various teaching strategies – is a privileged space for the construction of the moral personality of students, and, to achieve this goal, it is necessary to add an ethical quality to the teaching-learning process. They add that this does not require major curricular changes, but the incorporation, in each subject, of content with ethical and attitudinal objectives, which depends on a change in the perspective of the teaching staff.

In fact, studies have pointed out that the lack of a discipline that addressed humanization, associated with a failure conduct of the teachers, led to results such as “disqualified” communication between students and patients, a submissive posture of patients, and paternalistic attitude of students and patients, and a strong influence of the hippocratic model on learning (PUPLAKSIS and RAMOS, 2006), and that students and professionals who had already studied bioethics presented a broader view of the practical application of ethics (PRADO and GARRAFA, 2006).

4 CONCLUSION

The NCGs represent a guideline for each institution to organize its curriculum in order to provide its students with a humanized training, based on ethical/bioethical principles, and that encourages critical thinking and the performance of actions aimed to benefit each individual and the collectivity. Considering a teaching scenario where technicality and ethical guidance are historically privileged through pre-established rules in the code of professional ethics, the insertion of bioethics in the curriculum can be

considered an additional alternative for the construction of the profile recommended in the NCGs.

Studies published to quantitatively evaluate the insertion of this bioethics in the curriculum, showed that the number of dentistry courses that offer this discipline was still small. However, it is worth noting that this is a dynamic data, and that the investigations explained the reality of that moment.

In the institutions where bioethics had already been inserted, it was possible to evaluate that this discipline, offered in a theoretical way and disconnected from the others, did not reach the desired result by the NCGs, while, in the institutions where this discipline was already articulated with other methods of teaching, the results were more positive.

The commitment and ethical posture of all teachers can also be considered important in the moral and humanistic formation of students, since they represent a model in which students are mirrored for the construction of their identity, especially with regard to the “treatment” and respect for the dignity of patients in teaching clinics.

The small number of studies published to assess the inclusion of the bioethics discipline in the curriculum, especially with updated data, points to the need for further research on this topic.

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