

Knowledge, Attitude, and Practices Regarding Medical Ethics among Undergraduate Dental Students

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ABSTRACT:

INTRODUCTION: Morals has been characterized as the study of ethics, that part of theory which is worried about human character and lead; an arrangement of ethics, rules of conduct, and expert norms of direct. A number of reports are accessible on different parts of clinical morals, including practice have additionally been delivered by proficient social orders and associations explicitly for word related wellbeing specialists. " There is a typical reason in these reports, and that is to give direction on what is viewed as right or wrong as far as training.

AIM: The aim of the study is to analyze the knowledge, attitude and practices regarding medical ethics among undergraduate dental students.

MATERIALS AND METHODS: A questionnaire-based survey was conducted among 200 undergraduate students of Saveetha Dental College, Chennai. Electronic web-based questionnaires were shared for receiving the responses. The data was analyzed using SPSS software and results obtained.

RESULTS: 64% of students were aware about medical ethics. Third year undergraduate students are more aware of treating patients fairly and equally, with 48.10%. Third year undergraduate students are more aware of influencing patients directly or indirectly to accept private treatment associated with 30.95% respectively.

CONCLUSION: Within the limitations of the study, it can be concluded that knowledge, attitude, and practices regarding medical ethics among dental students was adequate, especially the third-year undergraduate students. To strengthen the ethical reasoning and judgment in decision making, clinically oriented pedagogical measures like case studies, seminars, interactive workshops, utilizing the work experience of multidisciplinary medical expertise is needed.

KEY WORDS: Awareness, Attitude, Knowledge, Medical ethics, Practice, Undergraduate students, innovative technique.

INTRODUCTION:

Medical practice throughout the world has become increasingly commercialized, and ethics has taken a backseat. Ethics teaching has been shown to have a significant influence on the professionalism and moral qualities of medical professionals (1) Various methodologies have been tried to stimulate better ethical conduct in health professionals, such as lectures, seminars, interactive workshops, and case conferences (2). The effectiveness of clinically-oriented learning approaches is well documented is characterized as the study of ideal human character or good commitment which is neither socially immaterial nor a sound judgment, it is a workmanship and a fundamental expert expertise that increases the reasonable validity (3).

Despite the way that colossal headway has happened in Medical Sciences, numerous moral wellbeing issues have additionally emerged and proficient mindfulness concerning codes of Medical Ethics is needed to manage them (4). Despite the fact that moral codes and guidelines have been set, reports of deceptive behavior by internees and doctors with patients and partners are normal. We need to know and evaluate the predominant good disposition among students as it was seen in an investigation led by graduates who have less familiarity with clinical morals and code of Pakistan Medical and Dental Council (5). In addition, the progress over the course of the years for awareness in clinical morals is stale. Clinical morals is a field that requests consideration as human existence matters. In clinical practice, the issues relating to clinical morals are frequently reflected as grievances about poor moral conduct with respect to inhabitants, colleagues and advisor doctors. We additionally witness an expanding utilization of suits against medical care specialists (6).

Hippocratic Oath decided the meaning of morals as applied to clinical practice. The Oath traces all the way back to antiquated human progress. Notwithstanding, even today it is the core value for moral thoughts and we see a representative adherence to the implicit rules directing the clinical calling, which are rearranged from over the long haul (7). Dr. William Osler has laid an incredible emphasis on morals in his training as a doctor. Clinical morals is a piece of wellbeing experts' preparation educational plan, and there has been a development in the quantity of ethicists and moral

councils. Nonetheless, regardless of this, grumblings against medical services experts seem to multiply. This maybe could be because of improper practices by the medical care experts compounded by expanded mindfulness (8)It is obvious from writing, conventional clinical preparation doesn't offer much in settling the moral predicaments, which are experienced as an issue of schedule, by medical care experts. Notwithstanding, the rehearsing medical care experts are required to have sound information about moral practice. Generally, there have been a few reports accentuating the meaning of fusing moral issues into clinical educational plans (9)

One investigation recommended concurrent educating of clinical morals to the occupants, colleagues and specialist specialists. Occurrences of clinical experts carrying on deceptively with patients just as with their associates have been accounted for in writing (10). This makes space for building up clinical morals preparing inside the clinical calling. A few suggestions have been advanced to plan the educating of clinical morals. Subsequent to assessing the current showing programs, a huge group of writing stresses the significance of fitting clinical morals educational plan as indicated by the necessities of the specific culture inside a society (11). However, the instructing of clinical morals should in a perfect world join the social sensitivities and standards. Moral pondering differs from one society to another. Henceforth all together for the instructing to have an effect, the exceptional social, and financial foundation would have developed it (12)

Subsequently the educational program of clinical morals ought to be custom-made accordingly. In request to plan a clinical morals educational plan which is applicable to the nation as well as the setting inside the country, we need to foster a comprehension of the information and mentality of the medical care individual around there (13). We essentially can't depend on pre-set up norms. Subsequent to deciding the general and focused on needs, we can guide the instructive endeavors to be better adjusted to the public principles. Really at that time can fitting instructive procedures be resolved that are adjusted to all parts of the clinical morals educational plan, including the secret educational program (14). Despite the fact that the male and female doctors cooperate in giving consideration to their patients, anyway they may have contrasts regarding their perspectives towards patient consideration. Moral characteristics of clinical professionalism have a solid bond with moral instructing (15)

The functional use of moral standards in clinical settings require incredible expertise and inclination yet are we truly educating and instilling medical morals in students. In 1993, Mitchell proposed a thought that teaching of moral thinking ought to be a required piece of clinical cases (16). Fundamental clinical moral exercises ought to be in the educational plan to give conceptual and moral thinking, likewise enhancing between actual abilities identified with patients and their problems in medical care facilities (17). Clinically situated methodologies and their effectivities in clinical morals instructing is very much archived with moral struggles goal. Absence of attention to clinical morals is the underlying driver of different issues we face today in the general public, especially featured by mainstream media. In addition, It has been seen that understudies and clinical experts now and then have unscrupulous conduct with their patient and even now and then with partners (18)

Educating and instilling clinical morals in the curriculum ought to be the preeminent worry of administering clinical chambers. Planning the curriculum to instruct clinical morals is one of the greatest challenges (19). To devise homogenous educational programs, associated and applicable to each territorial culture, the essential advance is to know the current fundamental information and approaches of clinical practitioners in that specific culture (20). The after effects of the writing survey inspired that albeit now morals have an acknowledged place in the schedule course of students, extra endeavors ought to be made to warrant that this substance is taught and being evaluated appropriately to upgrade the best out-come for the medical care proficient (21). Insight, information and disposition towards learning clinical morals will assist us with instilling polished methodology by refreshing the present curriculum at the undergrad level so our students can fulfill the rising current guidelines of medical services and contend at International level with sound information on clinical morals.

This study highlights the lack of improvement in ethics awareness corresponding to increasing exposure to medical education over four years. It is important to gather baseline information on ethics awareness from different batches of students to guide the evaluation of the current ethics curriculum along with its teaching methodology.

This research is needed to obtain information on the knowledge, attitude, and practices of medical ethics among undergraduate students and most importantly the ethical issues to be followed in dentistry. Our team has extensive knowledge and research experience that has translated into high quality publications(22),(23),(24),(25),(26-35)(36),(37-39).(40,41). The main aim of this study is to analyze the knowledge, attitude, and practices of medical ethics among undergraduate dental students.

MATERIALS AND METHODS:

A cross sectional, descriptive questionnaire-based survey was conducted among 200 undergraduate dental students of Saveetha Dental College, Chennai. Electronic web-based questionnaire were shared for receiving the responses. A

validated close-ended questionnaire consisting of 15 questions was used to assess the knowledge, attitude and practices regarding medical ethics among the undergraduate dental students belonging to the 1st, 2nd, 3rd, and final year of study [Table 1]. The obtained data was statistically analyzed using SPSS software. The results were displayed in graphs. Descriptive statistics was expressed by Percentages, Frequency and mean, standard deviation. Chi-square test was used to detect the significance between categorical variables. P value less than 0.05 was considered to be statistically significant.

Table 1. Questionnaire: Knowledge, attitude and practice regarding medical ethics

S:No	Questions	Options
1	Gender	Male Female
2	Year of study	1st year 2nd year 3rd year 4th year
3	Are you aware of medical ethics among dental students?	Yes No Not aware
4	If yes, the medical ethics to be followed among dental students?	Justice Beneficence Autonomy All the above
5	Which is not a principle of medical ethics?	Veracity Beneficence Punctuality Not aware
6	Are you engaged in a private medical practice?	Yes No Not aware
7	Should the doctor take informed consent from the parent?	Yes No Not aware
8	Neither AIDS/HIV status legally notifiable?	Yes No Not aware
9	Dentists treat patients fairly and equally?	Yes No Not aware
10	Respecting patients' dignity and choices?	Yes No Not aware
11	Protecting confidentiality of patient information?	Yes No Not aware
12	Dentists explain procedures before treatment?	Yes No Not aware

13	Dentists care properly about patients?	Yes No Not aware
14	Doctors have no rights to shout at patients?	Agree Disagree Not aware
15	Dentists should not harm patients physically or psychologically?	Yes No Not aware
16	Dentists influence patients directly or indirectly to accept private treatment?	Yes No Not aware
17	When prescribing a drug brand name should be after generic name?	Yes No Not aware

RESULTS:

The outcomes of the study are depicted in Figures 1-9.

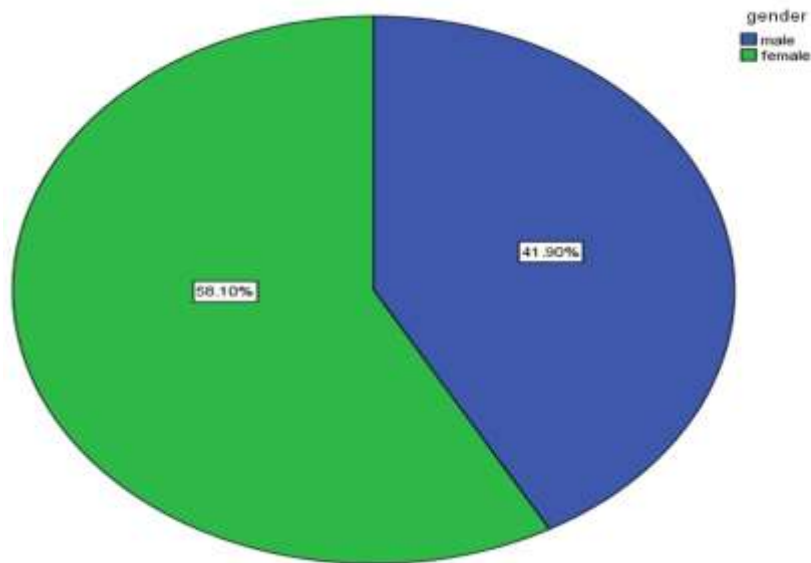


FIGURE 1: Graph represents gender distribution of the population.

Blue colour denotes male with 41.90% Green colour denotes female with 58.10%.

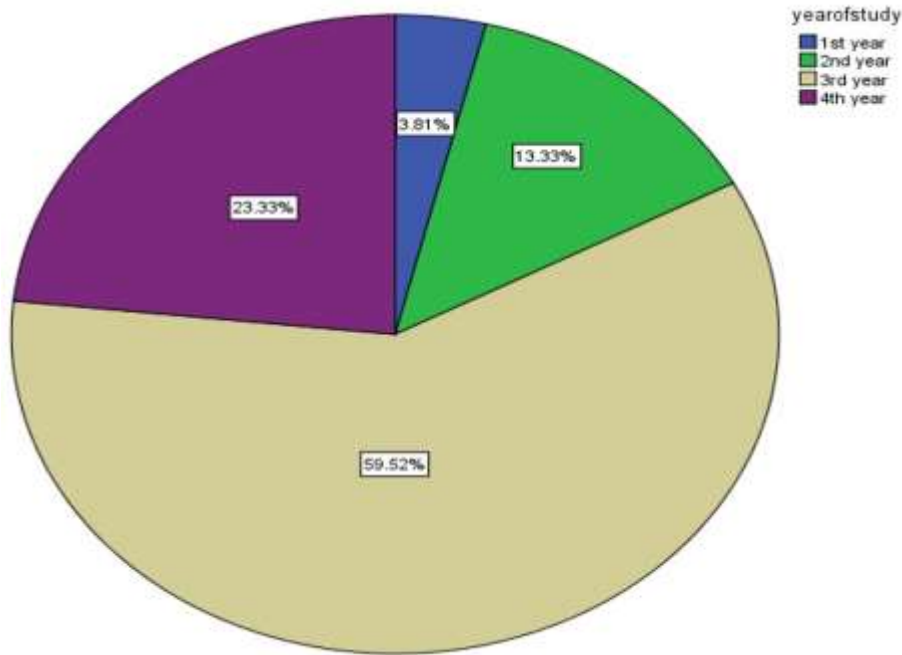


FIGURE 2: Graph represents distribution of the population based on year of the study. Blue colour 1st year associated with 3.81%. Green colour represents the 2nd year associated with 13.33%. Sandal colour represents 3rd year is more evident associated with 59.52%. Purple colour represents the 4th year associated with 23.33%.

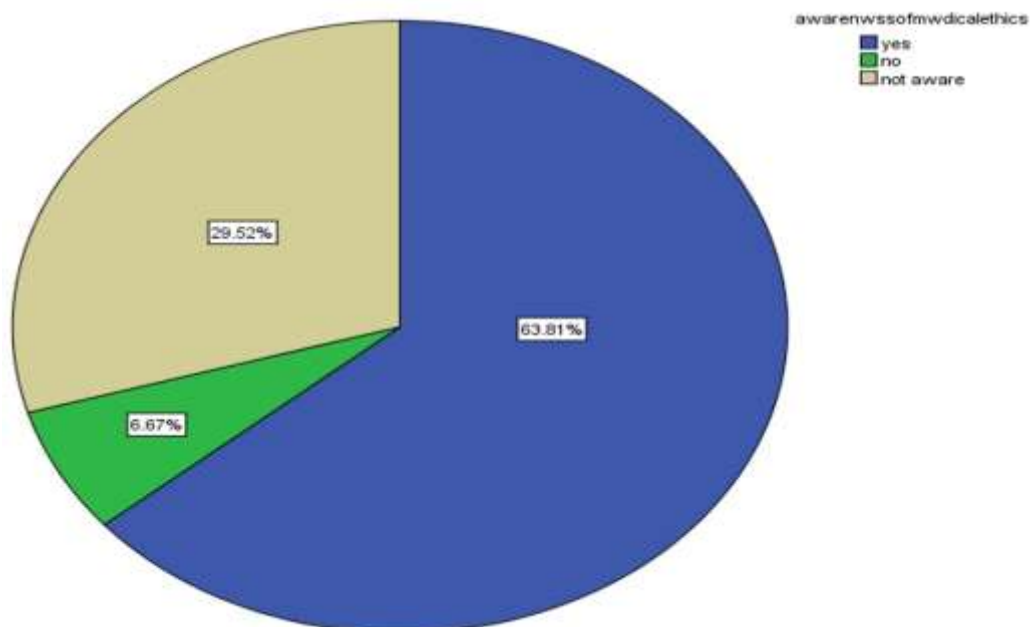


FIGURE 3: Graph represents awareness of medical ethics associated among the study participants. Blue colour represents yes is more evident associated with 63.01% respectively. Green colour represents no associated with 6.67% respectively. Sandal colour represents not aware associated with 29.52% respectively.

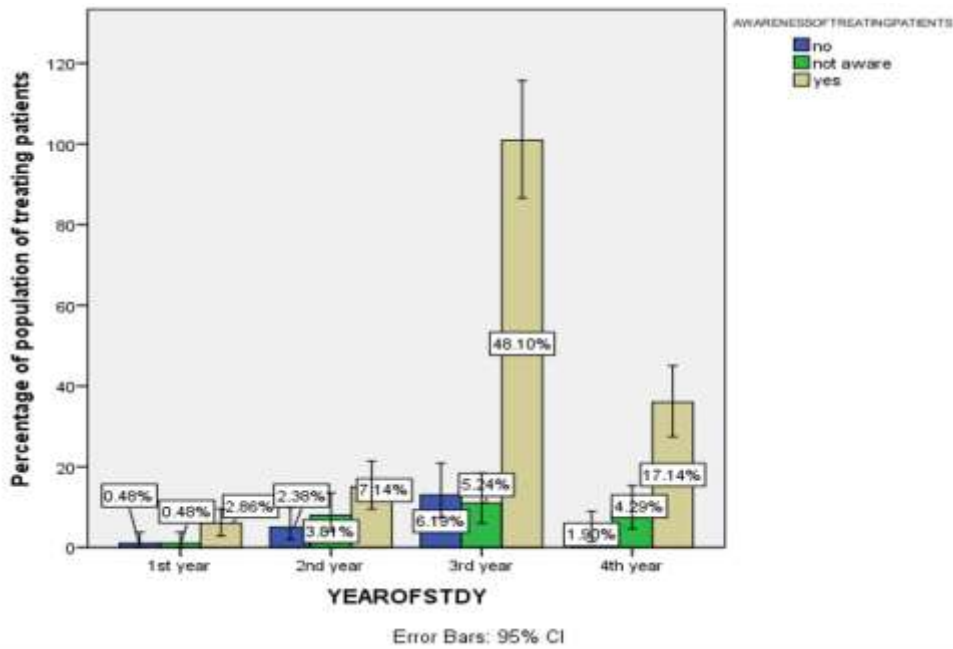


FIGURE 4: Bar graph depicting association between year of study and responses of the participants regarding medical ethics.

The X axis represents the year of study and the Y axis represents the percentage of response of participants if the dentist must treat patients equally and fairly. The 3rd year undergraduate students are more aware of treating patients fairly and equally, with 48.10% respectively. Chi square test was done and the association was found to be statistically significant. Pearson chi square test shows p value is 0.07 (P value<0.05). Hence it is statistically significant.

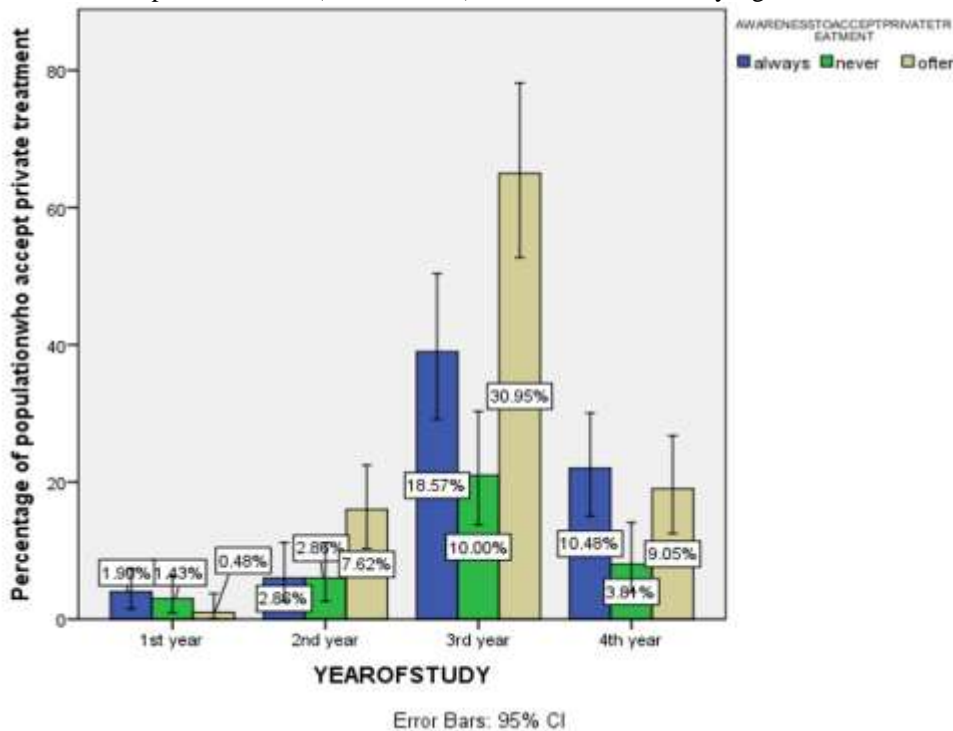


FIGURE 5: Bar graph depicting association between year of study and responses of the participants regarding medical ethics.

The X axis represents the year of study and the Y axis represents the percentage of response of participants regarding awareness of factors influencing patients to accept private treatment. 3rd year undergraduate students are more aware regarding influencing patients directly or indirectly to accept private treatment and are associated with 30.95% respectively. Pearson chi square test shows p value is 0.01 (P value<0.05) and the results were statistically significant.

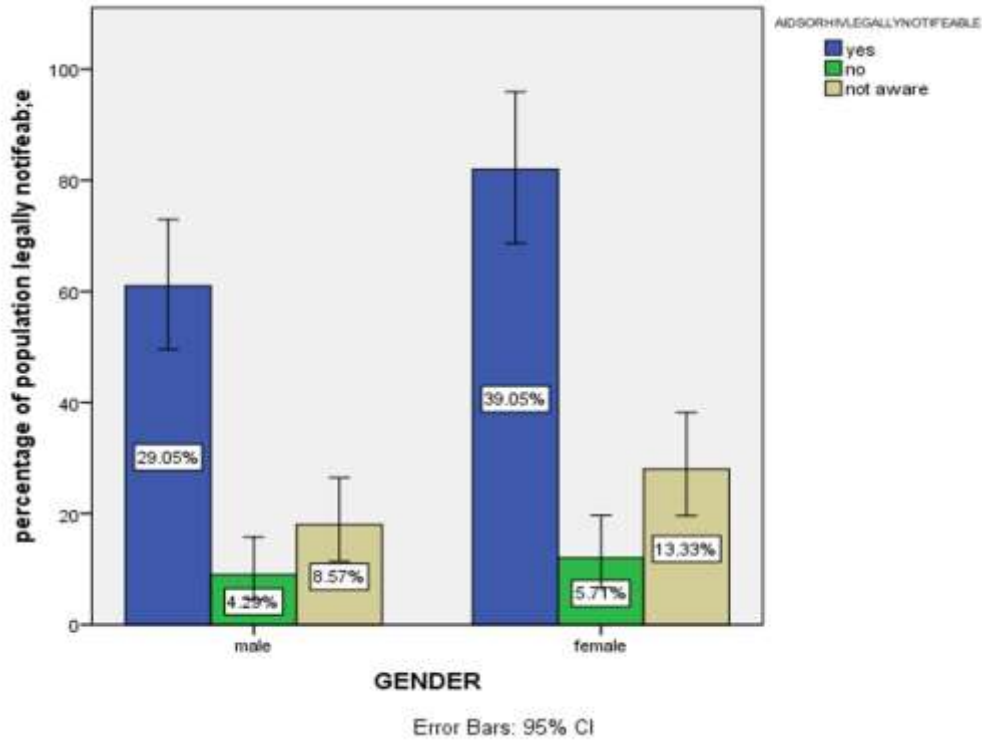


FIGURE 6: Bar graph depicting association between year of study and responses of the participants regarding medical ethics.

The X axis represents the gender and the Y axis represents the percentage of response of participants regarding awareness of population legally notified. More females (39.05%) were aware of it than males (29.05%). Chi square test was done and the association was found to be statistically significant. Pearson chi square test shows p value is 0.01 (P value<0.05). Hence it is statistically significant.

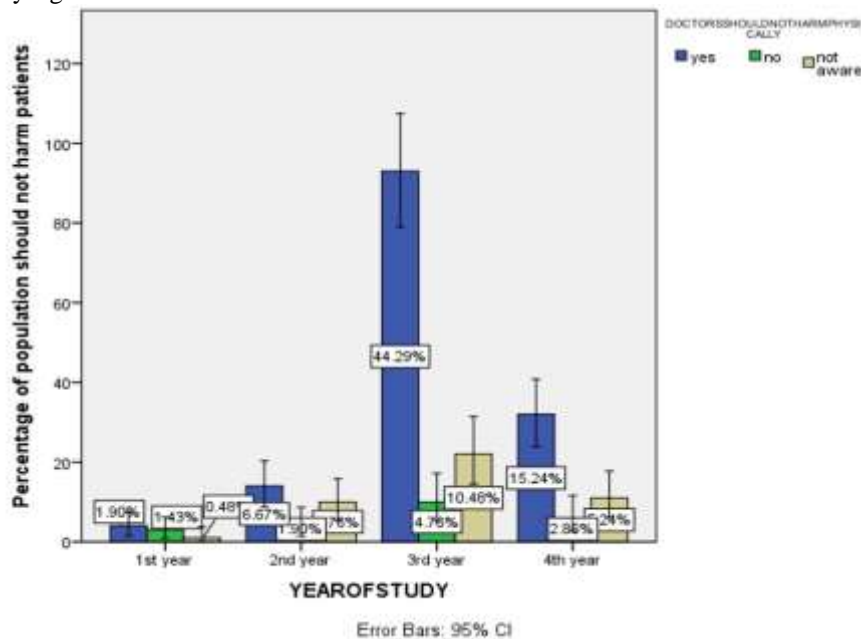


FIGURE 7: Bar graph depicting association between year of study and responses of the participants regarding medical ethics.

The X axis represents the year of study and the Y axis represents the percentage of response of participants regarding the doctors should not harm patients physically. Most 3rd year undergraduate students were aware and replied that doctors should not harm patients physically or psychologically with 44.29%. Chi square test was done and the association was found to be statistically significant. Pearson chi square test shows p value is 0.01 (P value<0.05). Hence it is statistically significant.

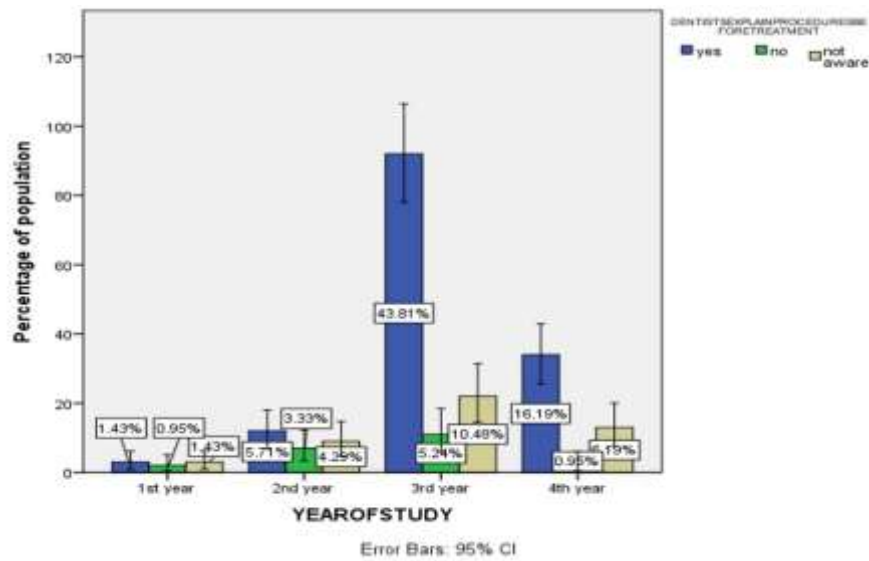
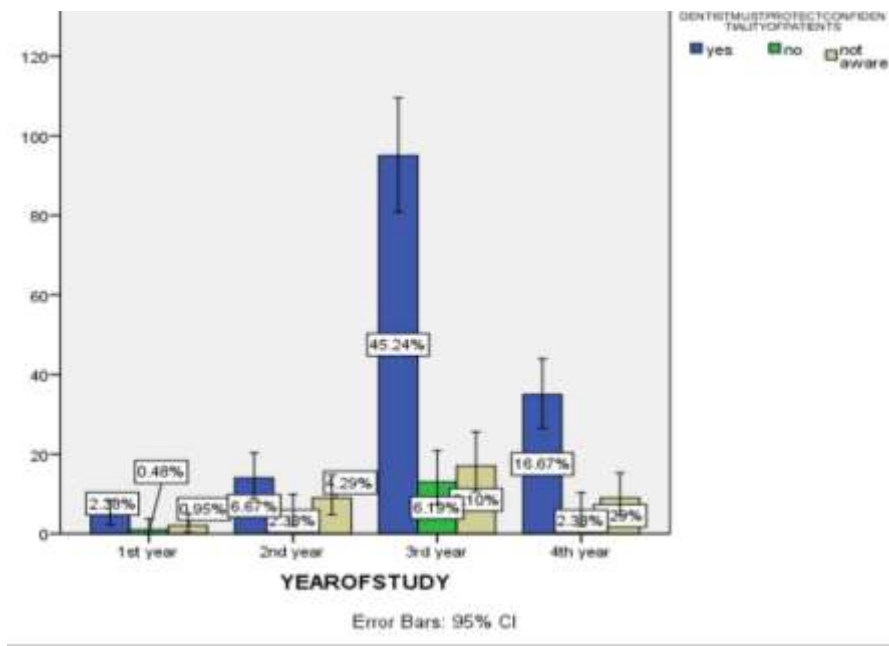


FIGURE 8: Bar graph depicting association between year of study and responses of the participants regarding medical ethics.

The X axis represents the year of study and the Y axis represents the percentage of response of participants regarding dentists explaining procedures before treatment. Most 3rd year undergraduate students were aware and replied that doctors should explain procedures before treatment with 43.81%. Chi square test was done and the association was found to be statistically significant. Pearson chi square test shows p value is 0.01 (P value<0.05). Hence it is statistically significant.

FIGURE 9: Bar graph depicting association between year of study and responses of the participants regarding medical ethics.



The X axis represents the year of study and the Y axis represents the percentage of response of participants regarding protecting patients' confidentiality by dentists. Most 3rd year undergraduate students were aware and replied that doctors must protect patients' confidentiality with 45.24%. Chi square test was done and the association was found to be statistically significant. Pearson chi square test shows p value is 0.01 (P value<0.05). Hence it is statistically significant.

DISCUSSION:

Various studies have compared the knowledge, attitude, practice regarding medical ethics among dental students with parameters like age, gender, year of study. The results of the present study showed that knowledge, attitude, practice regarding medical ethics among dental students was well known by 3rd year undergraduate students (42). 3rd year undergraduate students are more predominant influencing patients directly or indirectly to accept private treatment associated with 30.56% respectively, whereas all other undergraduate students are less prevalent (43). The primary cause

for lack of hindrance in access to medical ethics was dental students lack of confidence and training in treating the patients from vulnerable groups. Patients and caregivers have communication issues. There is a lack of awareness of culture and disability issues. Decreased energy and motivation associated with depression can have an impact on dental students on medical ethics. This can be prevented by creating more workshops, multidisciplinary expertise, seminars needed for more investigations. The findings of the study were similar to the published study in which undergraduate students are more evident (44).

On the contrary, studies have shown that the undergraduate students in 4th year are predominant about the knowledge, attitude, and practice regarding medical ethics among dental students (45). But another cross-sectional study was conducted among 500 middle aged school children and revealed that there was statistically significant difference in the pattern of distribution of knowledge, attitude, practice regarding medical ethics among dental students between age and also between the genders (46). Moral contentions are normal during the underlying long periods of a clinical expert's vocation which makes the teaching of a sound establishment in clinical morals fundamental. The reaction rate in the current investigation was 91%; thus, the outcomes can be considered as illustrative of the mindfulness and assessments of clinical understudies of Midnapore Medical College at the time that this examination was conducted (47). This features the requirement for the regulatory part of instructing emergency clinics to pitch their work at ordinary spans to support students. The institutional morals advisory group ought to distribute reports identified with its contribution in various wellbeing related exercises inside the organization, and these are ought to be circled among the understudies also (48).

Understudies were not exceptionally clear about whether "moral lead is simply imperative to keep away from legitimate activity". Understudies frequently communicated conflicting perspectives in various spaces of moral issues e.g.- While managing treatment of patients, most understudies consented to clinging to "patient's desires", then again almost $\frac{2}{3}$ of the understudies thought that "specialist ought to do what is ideal" overlooking the patient's assessment (49). Essentially, while undertaking a personal assessment the lion's share is dedicated to "look after secrecy". Simultaneously most understudies said that the security of one patient might be overlooked to assist instructing purposes. Purposes behind this couldn't be clarified as expected, however maybe the understudies were most keen on fostering their clinical discernment as opposed to morals.

A similar study was conducted over other department groups who were not much exposed towards dentistry with a sample size of 300 where the results showed no statistically significant difference in the knowledge, attitude, and practice regarding medical ethics among dental students (50). In this study, the related trends with knowledge, attitude, and practice regarding medical ethics among dental students created more prevalence among 3rd year undergraduate students (51).

The limitation of the study is unicentric with a limited demographic area of smaller sample size. Investigating the knowledge, attitude, and practice regarding medical ethics among dental students with age and gender might help in further broadening the existing knowledge about medical ethics.

CONCLUSION:

Within the limitations of the study, it can be concluded that knowledge, attitude, and practices regarding medical ethics among dental students was adequate, especially the third-year undergraduate students. To strengthen the ethical reasoning and judgment in decision making, clinically oriented pedagogical measures like case studies, seminars, interactive workshops, utilizing the work experience of multidisciplinary medical expertise is needed. Students are lacking in some aspects of basic ethical knowledge especially during clinical years. Teaching ethics and professionalism is indispensable at the moment. This should be an ongoing process to continuing medical education.

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CONFLICT OF INTEREST:

This study has no conflict of interest to be declared by any author.

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