

Why Our Ethics Curricula Don't Work

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Abstract: The impact our ethics curricula have on students seems marginal at best. Students take the ethics courses we offer and pass the tests we give, but no one's behavior changes as a result. We fundamentally see ourselves teaching *about* ethics, which is slightly different than teaching ethics—and expecting behavior to change as a result of what is taught. The premise of this article is that our ethics courses are inadequate in content and form to the extent that they do not cultivate an introspective orientation to professional life. In some cases they amount to little more than a study of various state dental practice acts or the Code of Ethics of the American Dental Association. Three specific weaknesses are identified in a typical ethics curriculum: 1) failure to recognize that more education is not the answer to everything; 2) ethics is boring; and 3) course content is *qualitatively* inadequate because it does not foster an introspective basis for true behavioral change. A fourth element, an innovation, is directed to this third weakness and entails implementing a precurriculum very early in the dental educational experience to address the disconnect between knowledge and action.

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No one has ever done the right thing because of taking an ethics course in dental school. Can I prove this with scientific certainty? No, but the impact our courses have on students seems marginal, as is surely evident to anyone who has spent much time in dental schools or dealing with dental students. Cheating is common, as any dental educator or administrator can attest. At the very least, if our ethics curricula were working, wouldn't such dishonesty be relatively uncommon? As it is, our students take the ethics courses we offer and pass the tests we give, but no one's behavior changes as a result. Unfortunately, most educators seem just fine with that. After all, it's unimaginable that after an outbreak of cheating, we should call our ethics professors to account for *their* failing.

We fundamentally see ourselves teaching *about* ethics, which is slightly different than teaching ethics—in the sense of expecting behavior to change as a result of what is taught. But in professional education, is it all that unreasonable to expect ethics curricula to positively and beneficially influence the behavioral choices students and practitioners actually make in life? When it comes to ethics, I doubt the disparity could be greater between what we teach in professional schools and what the public thinks

we teach. The selection process for admitting future doctors to dental or medical school combined with some special wisdom purportedly imparted somewhere along the way is just assumed to guarantee graduates who hold themselves to a higher standard. Higher at least than what might be expected from some alternative educational process: one driven, for instance, by the purely bottom line mentality of market-driven capitalism. An example of the latter might be one in which applicants bid on open slots, with the seat going to the highest bidder; or in which professors augment income by agreeing to grade only selected students' tests or to write only selected students letters of recommendation based on additional personal financial consideration.¹⁻³ Thankfully, in the United States such abuses are uncommon; nevertheless, the public might still be surprised by the minimal consideration given to ethics as an admissions criterion, despite availability of some rather creative approaches to discerning this most elusive of attributes.⁴ This difference between perception and reality is all too evident in periodic calls for increasing exposure of students to courses on ethics, usually right after some public disclosure of wrongdoing by a practitioner captures the attention of the media and then fosters a demand for action. The negligent

death or injury of a patient, misconduct of a financial or sexual nature, or simply the suspicion that practitioners are placing their own interests ahead of the people they're supposed to be serving, all lead to demands for something to be done: for universities to do a better job inculcating ethical values in the minds of students.

The scenario is by no means unique to professional education, just starker because the standards are higher and the failings more obvious. When scaled up to the societal level, we end up with an all too familiar litany of malfeasance and scandal. Examples abound: collusion between corporate leaders and the accounting firms that were supposed to be auditing them; university research scientists fabricating data in order to publish papers for promotion and tenure; theft of donated money by leaders of charitable organizations; egregious misbehavior by priests; presidential impeachments with attendant undermining of public confidence in elected officials and in government; greed driving collapse of the savings and loan industry—all examples of systemic corruption, corruption by *professionals*, that enhanced understanding of the principles of ethics is supposed, somehow, to correct. If only it were that easy.

To make the argument more forcefully: when a dentist is caught in wrongdoing and his or her license is revoked, he or she is usually entered into a "diversion" program to be rehabilitated. This typically involves referring the dentist to the local dental school for re-education. But, what are we in the schools supposed to do with them? Enroll them in a continuing education course and then test them on the definition of the word "beneficence"? No one's behavior changes as a result. The mistake is that it's just assumed that the guilty can be slotted into some preexisting and suitably convincing curriculum on good behavior. While the term "re-education" is sometimes used as a humorous euphemism for coercive persuasion, in this context, the difference between knowing the answers to questions on a test and assimilating the meaning of those answers into one's professional and personal identity is crucial. State dental boards, dental associations, legislatures, and the universities themselves should know better. It just doesn't work that way, but we pretend it does (which is an ethical issue in itself). Oxford philosopher and ethicist Simon Blackburn makes this point when he paraphrases Aristotle: "it takes education

and practice [emphasis added] in order to become virtuous. It does not just happen, like growing taller or hairier . . . [and] education is a matter of drawing out a 'latent' potential, at least in the best people."⁵ Alain de Botton underscores the notion that things don't just happen with an analogy that compares living without thinking systematically to practicing "an activity like pottery or shoemaking without following or even knowing of technical procedures. One would never imagine that a good pot or shoe could result from intuition alone; why then assume that the more complex task of directing one's life could be undertaken without any sustained reflection on premises or goals? . . . Perhaps because we don't believe that directing our lives is in fact complicated. Certain difficult activities look very difficult from the outside, while other, equally difficult activities look very easy. Arriving at sound views on how to live falls into the second category, making a pot or a shoe into the first."⁶

Is any of this appropriate matter for discussion during the education of one entering a health profession? I contend that it is. For one thing, according to former Harvard president Derek Bok, "most of the sources that transmit moral standards have declined in importance. Churches, families, and local communities no longer seem to have the influence they once enjoyed in a simpler, more rural society. While no one can be certain that ethical standards have declined as a result, most people seem to think that they have, and this belief in itself can erode trust and spread suspicion in ways that sap the willingness to behave morally toward others."⁷ It does seem that universities and professional schools have a role to play.

My premise is that our ethics courses are inadequate in content and form to the extent that they do not cultivate an introspective orientation to professional life. In some cases they amount to little more than a study of various state dental practice acts or the Code of Ethics of the American Dental Association; or, even worse, they offer a set of abstractions: formal definitions for terms like justice, respect, responsibility, caring, virtue, trustworthiness, beneficence or the memorizing of such desiccated notions as "the four components of a moral life." Students catch on fast. They realize that the assumption underlying these definitions is unstated—namely, that they already buy into the behaviors that the definitions describe, that all they really need is catchier

phraseology to cement their commitment to good behavior. While such information should certainly be included somewhere in the dental curriculum, it is just that, information—nothing potentially life-altering or, more to the point, potentially *convincing*. While the ethics courses do succeed in telling students what our expectations of them are, that's about all they do. Knowing our expectations is all that's needed to pass the test. What the courses fail to address is the one question everyone really wants the answer to: Why? Why be good? Why be ethical? Only the answers to those questions have any hope of convincing anyone to actually do anything differently. Our prevailing ethical curricula pretend that everyone already knows and accepts the answers, so we can move on, having laid the flimsiest of foundations. The result? No one is convinced of anything; lives and behaviors do not change, and only the most ruminating of students is likely to pose the questions "Why should I do what *you* say is the right thing? Why should I be even remotely interested in any of this?" At their best, our ethics curricula offer sputtering apoplectic answers. At their worst they offer only silence. The courses make assumptions about what students know and what they value, but such assumptions may not be grounded in reality and thereby render much of the ethics curriculum incoherent to increasing numbers of students.

This article considers three specific weaknesses in a typical ethics curriculum as a starting point for creative thinking about ways to improve. It also proposes one innovation to help remediate students (and I argue that all students require such remediation) not only to make ethics intelligible, but with the sincere aim of positively influencing behavior both in dental school and beyond.

The weaknesses are: 1) failure to recognize that more education is not the answer to everything; 2) ethics is boring; and 3) course content is *qualitatively* inadequate because it does not foster an introspective basis for true behavioral change. A fourth element, an innovation, is directed to this third weakness and entails implementing a precurriculum very early in the dental educational experience to address the disconnect between knowledge and action. By very early, I mean at the beginning of the first year and possibly, under certain circumstances, even before formal matriculation into dental school. By precurriculum, I mean prior to undertaking our current set of ethics courses.

Weakness One: Failure to Acknowledge the Limits of Education

Yale psychologist Robert Sternberg⁶ argues that we act as if there are no social problems for which more or better education isn't the answer. He asserts that the value of education is so convincing that it is sometimes the *only* solution considered, and he points to the endemic belief that education is offered as the answer to virtually every problem. By way of illustration he gives the case of one South American country that appointed in the 1980s a minister for the development of intelligence, believing that higher intelligence would, somehow, create better, more humane people. It strikes us oddly discordant that there are some problems—perhaps the most important problems—for which more education, more knowledge is *not* the answer. Here's a sobering fact: of the 150 people convicted at the Nuremberg war crimes tribunals that followed World War II, twenty were physicians⁹—presumably intelligent and educated people. Among the Nuremberg war criminals it is doubtful that any single profession was as well represented as medicine, unless twenty-two convicted SS officers are counted as all sharing a "profession." Whatever benefits go along with increased intelligence, says Sternberg, wisdom is not one of them. Further, if wisdom is defined in terms of seeing the world as it truly is and acting on that accurate vision, then a key insight follows: it is ethics and wisdom that go hand in hand, not intelligence and wisdom. He also points out that focusing exclusively on the development of academic skills may actually take away from the kinds of activities that could help students develop wisdom. Nowhere is this truer than in professional education. While "increased academic skills may be necessary for many kinds of success," Sternberg asserts, "they are not sufficient. Students need something more." In the long run, success in practice depends on acquiring the kind of practical wisdom Sternberg refers to. Yet this is seldom discussed let alone formally taught in professional school. In fact, Bok asserts, "Professional schools have never shown much interest in providing lectures on moral conduct or surveys of ethical theory. Many of them have simply ignored moral education altogether."⁷ This is especially unfortunate inasmuch as "higher education occupies such strategic ground from which to make a contribution," says Bok. "Ev-

ery businessman and lawyer, every public servant and doctor will pass through our colleges, and most will attend our professional schools as well. If other sources of ethical values have declined in influence, educators have a responsibility to contribute in any way they can to the moral development of their students.”

Knowledge-based ethics courses accomplish little by way of ensuring exemplary conduct because there is an enormous disconnect between knowing what's right and doing it, between understanding the principles of ethics at an intellectual level and applying them in daily life. Simply put, people do not necessarily do wrong because they do not know what is right. There is something much deeper than simple knowledge at the root of ethical behavior.

Weakness Two: Ethics Is Boring

As to the courses we give, most ethical principles are simply too abstract, dry, and off-putting to have any practical effect. In a word, they're boring. They capture neither a student's attention nor interest, much less make any difference in real life. Thomas Merton saw no value to a person struggling to obtain virtue in the abstract, that is, as a quality for which a person has no direct experience. Such a person, he observed, will never prefer virtue to the corresponding vice that, by comparison, will inevitably seem the more lively, inviting, and exciting.¹⁰ The difference between living ethically and studying ethics is the difference between playing a sport and reading the rulebook.

Furthermore, “poor instruction can harm any class. But it is devastating to a course on ethics, for it confirms the prejudices of those students and faculty who suspect that moral reasoning is inherently inconclusive and that courses on moral issues will soon become vehicles for transmitting the private prejudices of the instructor.”⁷ Ethics courses taught by dentists can rapidly degenerate to moralizing in preachy little sermonettes or, even worse, to a self-indulgent self-righteousness reminiscent of Adam Smith's famous observation that “virtue is more to be feared than vice, for its excesses are not subject to the constraint of conscience.” But even when taught by professional ethicists, such curricula can prove grindingly dull, recounting only various ethical theories *ad seriatim*—empiricism, epicureanism,

logical positivism, materialism, rationalism, skepticism, stoicism, utilitarianism, whatever—and again can fail to deliver. “To the extent that these courses are simply surveys of ethical theory,” writes Bok, “they . . . do little to help the student cope with the practical moral dilemmas he may encounter in his own life.”⁷ Such ethics courses do not help students capture the exciting vision of “who I *could* be”; he continues, they do not “help students clarify their moral aspirations . . . to define their identity and to establish the level of integrity at which they will lead their professional lives.” “Many individuals who are disposed to act morally,” he says, “will often fail to do so because they are simply unaware of the ethical problems that lie hidden in the situations they confront. Others will not discover a moral problem until they have gotten too deeply enmeshed to extricate themselves.” Bok concludes that “students [need to] become more alert in discovering the moral issues that arise in their own lives,” but, even when they do, that knowledge has to somehow change behavior

Weakness Three: Qualitative Inadequacy

Something more is needed than learning about dental practice acts, codes of ethics, and various historical ethical theories. Something *different* is needed, something that helps students identify their core belief structure—possibly modifying those beliefs in light of a new learning experience—and then reconnecting the student's central machinery for action with that set of beliefs, newly discovered and embraced as his or her own. This entails personalizing the curriculum: making it honest and introspective, and coming before formal dental ethics courses. Thus, an innovative precurriculum in ethics must be personalized; it must be honest; and it must be appropriately sequenced.

Difficulty in making the transition between theory and practice is a problem we are very well acquainted with in professional education: between understanding the principles of, say, physiology and applying that knowledge in a practical clinical setting. The same goes for ethics. Recognizing when you're at an ethical decision point and then acting in accord with what you've learned—giving life to the abstract—must be one of the goals of a curriculum in professional ethics. How to make this happen is the question

An Innovation: An Introspective Precurriculum

If the problem lies in the disconnect between theory and practice, then what may be missing is a preamble, offering antecedent—even remedial—ways of thinking with the aim of making subsequent formal courses in ethics more intelligible and more relevant, letting students decide for themselves whether what they have been taught fits with their own personal conception of an ethical life, a moral life, a good life. Before formal ethics courses can make much sense, students have to come to terms with who they really are, what they really want, and what they really believe and why. The personal odyssey by which a student successfully negotiates the arduous path toward professional school does not encourage facing such questions. Instead, they float—reading the signs of the times and circumstances, responding to the pressures and preferences emanating from parents, peers, and professors. They certainly know how they are supposed to act, what they are supposed to say, and what they are supposed to believe. This is especially evident on the day candidates are interviewed for admission. Even in the case-based problem-solving scenarios offered in our ethics courses, students clearly know the answers we're looking for. But, whether they really buy into any of the behaviors that the answers speak to we don't really know, nor—if the truth is told—do they. The question seldom enters the consciousness of most professional school students. This is not surprising. They have been so focused on succeeding in a highly competitive environment to gain admission that serious introspection is a luxury that just never arises, or even worse, is interpreted as a sign of weakness. Yet such introspection—coming to terms with one's own true feelings and beliefs—is essential. It is the foundation for long-term compatibility with one's chosen occupation and for happiness in professional and personal life.

The premise of the precurriculum is that courses on professional ethics, even very well done and engaging ones, are effective in explaining to us what it means to be good, but much less effective in convincing us to *be* good, that is, to act on that understanding. What does it take to *act*? What kind of intellectual matter can we present to students that, were their brains to marinate in it for a period of time, would lead to positive changes in action? The

answer is: matter that provokes meaningful introspection so that students are continually incubating insights that they have discerned for themselves. This is something currently missing from dental education, maybe because we just presume students are naturally introspective. If they are, nothing in the dental curriculum promotes that orientation.

Apart from the decline in influence of the traditional vehicles for transmitting moral standards in our society, considering such matters before embarking on the formal study of professional ethics has added importance in light of the increasing diversity of society and the professions. An increasingly diverse social, cultural, ethnic, racial, and gender composition of the professions means that students do not necessarily share any single cultural heritage or belief structure. Finding common ground between students and faculty, indeed between groups of students themselves, is not easy. Counterintuitively, the increasing diversity of the people who populate professional schools makes the discussion about core ethical issues easier. Why? Because each person must ultimately devise his or her own personal synthesis anyway, possibly borrowing from many disparate sources and coming up with what works for him or her, while at the same time achieving compatibility with the lofty aspirations of the profession. If nothing else, diversity can breed openness to new views and different ways of thinking—necessary if they are ever going to learn to think for themselves.

Students do not usually enter professional school expecting to reconstruct for themselves a whole new way of thinking and behaving. It's hard for all of us. As Blackburn observes, "Any moderately sober reflection on human life and human societies suggests that we are creatures easily swayed, constantly infected by the opinions of others, lacking critical self understanding, easily gripped by fantastical hopes and ambitions. Our capacity for self-government [which, by the way, is what professional Codes of Ethics are all about] is spasmodic, and even while we preen ourselves on our critical and independent, free and rational decisions, we are the slaves of fashion and opinion and social and cultural forces of which we are ignorant. It would often be good, and no signal of disrespect to ourselves, if those who know better could rescue us from our worst follies."⁵ Therefore, no one should be particularly surprised if students do not feel up to the task. This is where students can benefit from some help in formalizing a schema for introspection that can serve as a preamble to professional life. One that does not teach values,

ethics, or morality *per se*, but provides an approach and a syntax for students to both begin thinking about these things for themselves and to *want* to do so.

When would such a curriculum be undertaken and what would be its content? The “when” question is the easier of the two: very early, certainly during the first year, possibly as an intensive several-day experience during orientation week, hence a precurriculum. If necessary, it could also occur as a self-study experience in the summer before professional school begins, the so-called golden period between the letter of acceptance and actual matriculation, when students are thinking most idealistically and when they might actually do the assignment. In any case, it must occur before the inevitable bonding as a class that our lockstep dental curriculum imposes, and before the maladaptive cynicism that sometimes sets in when students’ collective identity as a class congeals. The premise of a precurriculum is that professional school students are fundamentally idealistic, or they were when first attracted to the health professions. That idealism bespeaks a spark of introspection to begin with. This residual idealism has to be captured, cultivated, and maintained. As Bok writes, “We should be willing to assume that most students will have sufficient desire to live a moral life that they will profit from instruction that helps them to become more alert to ethical issues, and to apply their moral values more carefully and rigorously to the ethical dilemmas they encounter in their professional lives.”⁷

Such a precurriculum would almost certainly necessitate curricular materials¹¹ that by current standards would be unconventional, at least until appropriate adaptations could be devised. But the content itself would be aimed at three central tenets that, though rife with my own personal opinions, are at least worth discussing.

Doing Well, Doing Good

Dental students admittedly want to do well, in the financial and material sense; but they also want to do good, in the sense of serving others, adhering to the idealism that motivated them to become doctors in the first place. Is it possible to do well in all the ways so valued by a materialistic society, while at the same time not giving up on a life of altruism? This first central idea of the precurriculum says that there is no intrinsic conflict between doing well and doing good, between personal material benefit and helping meet the needs of other people. In fact, when

things work right, these two aspects of personal behavior can be mutually reinforcing, reflective of a life in overall balance. It also assumes that we must be completely honest with ourselves and with others. Fundamental to such honesty is a recognition and acceptance of our own secret motives. This is essential for professional do-gooders, which includes doctors. To paraphrase Thomas Merton, the desire for virtue is frustrated in many people of good will by the distaste they instinctively feel for the false virtues of those who are supposed to be good but who do not live up to their own stated ideals. He contends that persistent wrongdoers actually have a very keen eye for false virtues and a very exacting idea of what virtue should be in a good person. If individuals who are supposed to be good only “see a ‘virtue’ which is effectively less vital and less interesting than their own vices, they will conclude that virtue has no meaning, and they will cling to what they have although they hate it.”¹⁰ The same point is made more directly by Blackburn, who insists that we “confront what really bothers people about the subject.” Namely, “the many causes [students] have to fear that ethical claims are a kind of sham”¹⁵—that is, that even we the professors don’t really believe what we’re teaching.

In the health professions the sentiment is commonly expressed that the patient’s welfare always comes first, that the patient’s needs must come before the needs of the practitioner. This is a noble sentiment; it is also untrue. No serious effort at fostering ethical behavior in professional practice can be based on a principle, however hallowed, that is on its face, false. Physicians and dentists do not place the patient’s welfare before their own. The platitude that they do so is only passably credible to the extent that the patient’s and the practitioner’s interests are not usually in conflict. On those occasions when the patient’s and the practitioner’s interests do conflict, each person—patient as well as practitioner—can be reliably counted on to place themselves first (as most conspicuously displayed in all malpractice litigation). Practitioners do indeed often place the patient’s welfare above their own convenience, but this is a different thing entirely. The purpose of much of the educational, social, cultural, and economic environment that society has created around health care is to prevent conflicts between the welfare of the deliverer and the welfare of the recipient of care from ever arising. It sounds discordant to doctors and patients alike, but each person is either overtly or secretly pursuing their own interests. Society has

shrewdly concocted an arrangement wherein most health professionals are accorded highly privileged lives and thus, by helping others, help themselves—most of the time. This unspoken social contract between health care providers and the public simply reflects the importance society places on its own health. The precurriculum proposed in this article acknowledges that there is nothing wrong with individuals (including doctors) pursuing their own enlightened self-interest. The trick is to structure professional practice (and one's entire life) in a way that allows one's own best interests to be pursued while concomitantly furthering the interests of others and of society and to learn to recognize and avoid situations in which one's own best interests and those of others are in conflict. In other words, dental educators need to help students learn how to maximize win/win situations while minimizing win/lose situations that inevitably deteriorate toward lose/lose scenarios in which both patient and provider lose.

Being Bad—Being Blind

The second central idea is “being bad—being blind.” The essence is that people who engage in unethical conduct do so not because they actually want to be bad, but because they choose to be blind. In other words, the fundamental error of the criminal (or the unethical practitioner) is that they misconstrue where their own true interests lie. Once one accepts that there is nothing wrong with pursuing one's own best interests, it becomes important to know what, exactly, those interests are. What appears to be in one's self-interest over the short term can be manifestly disastrous over the longer term.

As Blackburn notes, clearly recognizing one's true interests is not all that easy, after all, when considering what “is required for a life of reason or a life of *true* flourishing, we will find people are perfectly ready to settle for a good fake.”⁵ Many forces cloud the issue, aiming to get us to think and act in particular ways: to make us productive, controllable, a good citizen, and a hard worker. The message is often subliminal but is powerful nonetheless, exerting hidden influence and frequently coming from the people in our lives we trust the most—parents, teachers, friends, spouses, pastors—people who really do have our best interests at heart but who can themselves be deluded. Not to mention others who do not necessarily have our interests at heart: corporate advertisers and the media, for instance. Blackburn describes the problem of “thinking poisoned by an en-

veloping climate of ideas, many of which may not even [be] conscious. For we may not be aware of our ideas. An idea in this sense is a tendency to accept routes of thought and feeling that we may not recognize in ourselves, or even be able to articulate. Yet such dispositions rule the social and political world.”⁵ Hidden influences affect everyone in society, including students entering dental school. The difference is that we are trying to get dental students to adopt a code of behavior that is higher than the societal norm, a task made impossible if we never talk about those influences and their effects on decision-making.

Meekly accepting others' decisions—call it a Code of Ethics—is precisely what we faculty devoutly hope students will do. But the point is that there can be no ethical decision-making if students have no experience making decisions for themselves, weighing the evidence for themselves, and drawing their own conclusions—inventing for themselves principles they can live by with comfort and confidence. This entails questioning everyone and everything, including our own most cherished and firmly held beliefs, developing the attitude that such beliefs, however revered, are always held only contingently. Are our beliefs based on what others have told us and that we have mindlessly accepted without close examination, or have we questioned what we have been told? Have we discovered for ourselves what we genuinely hold to be true, what we actually believe, not what we *say* we believe in order to keep peace with everyone else? Are dental students ever stimulated to consider their attachments, their beliefs, and their fears? Typically students consider their beliefs to be what makes them who they are: their fears, what keeps them safe, their attachments, what makes life exciting—in a nutshell, what got them into dental school in the first place.¹¹ But, conscious and formal consideration of these deeply held and personal qualities can expose them as decisive filters of the incoming stream of reality upon which the student is making life decisions: a highly filtered view that can engender biases, prejudices, and most importantly, misconstrual of one's own true interests.

Allied to the matter of blindness and the misconstrual of one's own best interest is the misery factor. Unethical people are extremely unhappy. They are not unhappy because they are unethical; rather, they are unethical because they are unhappy. They conceive of one or another unethical act as a means of overcoming their misery—a seemingly small price to pay for achieving happiness. They have given up

seeking a cure for their unhappiness; what they want is relief: "a good fake." True criminals are a case in point. They want what someone else has. Why? It is a question I ask students during my ethics lectures. I pose the question: what do you want in life? We then play the game of "Five Whys." Whatever they say they want, I ask why?—doing so five consecutive times. Before the fifth why, the answer almost always ends up being "because I want to be happy." In this sense they—all of us—are not all that different from the criminal; we all want the same thing: to be happy. Only our means differ. Happiness and ethics are inseparable. Moreover, ethical practice is just a part of an ethical life, and an ethical life is just a part of a broader, healthier, and more robust experience of life itself.

Beyond the matter of ethics (and as part of it), misery is also worth talking about in professional education because it may manifest not only in unethical behavior but also in other maladaptive schemas. Dentists in particular have a well-known reputation for a high incidence of suicide. Why is this never discussed in dental school? Whether it's true is arguable; nevertheless, even if dentists and physicians have no higher rate of suicide (or depression, anxiety, anger, addiction, divorce, etc.) than the population in general, what kind of accomplishment is that? How is it that educated people with impressive credentials, degrees, and titles who have near certitude of financial security, prestige, and recognition—all things we've been told to work toward—are not protected from the same hazards that attend the lives of others who, in most ways, are much worse off? These questions are seldom asked in professional school and are therefore never answered. A cycle of maladaptive behavior can begin long before professional school. It can persist and, significantly, be rewarded in dental school and practice. But it culminates eventually in a feeling of being trapped: a feeling that engenders unhappiness and counterproductive behaviors both in professional practice and in life. When it does, it can lead in turn to unethical activity—activities the practitioner, in a delusional fog, is convinced will bring happiness. The tragedy of such behavior is that the doctor, desensitized, living "a good fake," no longer sees life the way it truly is (or can be).

Trained to Be Bad

The third central idea of a possible precurriculum is honestly acknowledging and confronting the truth that in the professions we are almost trained

to be bad. Professional people can be uniquely vulnerable—unintentionally trained to be unethical. People who go to dental, medical, law school, etc. are accustomed to competing to get what they want. Competition entails winners and losers. Professionals are at the top of a highly competitive pyramid and have become acclimated to (even acquired a taste for) being the winner. Professionals such as dentists are equally accustomed to seeing a lot of losers along the way and become hardened to the notion that there are always going to be losers. Unfortunately, the stance that "what I want is what's right" easily becomes "what's right is whatever I want." As stated earlier, there is nothing wrong with pursuing one's own best interest. Knowing one's own legitimate needs, pursuing them, even aggressively, is fine provided what we want is really in our best interest and balanced by the legitimate needs of others. You winning does not mean I have to lose. In fact, from a purely pragmatic perspective, to construct a life wherein you consistently win, often at the cost of others, is to create for yourself an intrinsically unstable situation, like the successful mobster who is fabulously wealthy but installs bars on the windows of his home and is afraid to go outside. Or, as expressed by Harvard Law Professor Mary Ann Glendon, "people remember, and they get back—with interest."¹²

Most of us make the assumption that most people are honest most of the time. This is almost certainly true. But it's also true that most people are dishonest some of the time. Herein lies a conflict. There is throughout professional education a subtle, almost subliminal, and unjustifiable assumption that professionals are honest and ethical all of the time; in other words, people *like us* never do wrong. We know it isn't true, but we pretend it is, and we teach our ethics courses as if it's simply a lack of knowledge that leads professionals to wrongdoing. Based on this false foundation, the rest of our ethics curricula become a house of cards. The truth is we are *exactly* the kind of people who commit unethical acts. We could not possibly be better trained, cultivated, and rewarded for doing so. Any assumption that academic credentials or high test scores immunize us against wrongdoing is imaginary and dangerous.

Why are highly intelligent people almost uniquely vulnerable to certain kinds of mistakes and wrongdoing? Perhaps because the intrinsically subjective nature of our own intellects causes us to overvalue what we know and to undervalue what everyone else knows. Down deep, we think we're smarter

than others—even in the face of evidence to the contrary.⁸

Perhaps the most important aspect of a precurriculum would be to help students understand that there are no real gurus. No one can teach you anything when it comes to learning the truth of an ethical life. Whatever you learn, you have to teach yourself. Regrettably, the language of good behavior can sound terribly clichéd. “Professors are often reluctant even to talk about this subject,” says Bok, “it is so easy to seem censorious or banal.”⁷ It is why, despite Sternberg’s urging that we teach wisdom as part of an academic curriculum,⁸ Hesse’s Govinda asserts that “wisdom is not communicable. The wisdom which a wise man tries to communicate always sounds foolish. Knowledge can be communicated, but not wisdom. One can find it, live it, be fortified by it, do wonders through it, but one cannot communicate and teach it.”¹³ Whatever the body of wisdom that informs one’s life, it cannot be procured in a package. Mentors and guides can help point the way—the purpose of the precurriculum—but in the last analysis, the discoveries have to be the student’s alone. Thus, this is not about teaching values; rather, it is about encouraging each student to develop his or her own values while understanding multiple points of view and considering even his or her most firmly held beliefs in a strictly contingent way, open always to change in the face of new evidence.

Regarding the exact structure of such a course, I envisage an approach similar to one used at the University of California, San Francisco (UCSF) for the past four years. This one-quarter, one-hour per week course titled “Leadership and Values” is for all practical purposes identical in content to the precurriculum described in this article with its focus on the three central ideas discussed here and with emphasis on the student’s attachments, beliefs, and fears. It is, however, somewhat different in form, inasmuch as the present course is an elective not a requirement (and therefore consists of students self-selected on the basis of their own preexisting interest in the subject matter). It has been open to all students regardless of year, rather than coming at the very beginning of dental school. But, like the proposed precurriculum, the format is small-group, seminar-style. Some years a waiting list of more than fifty students has been generated—more than could be accommodated, reflecting a high level of interest among students when the course content became known among students generally. Specified readings are distributed to students prior to class, and two stu-

dents self-identify as discussion leaders for that session. Classes consist of a brief oral introduction by the instructor to frame the kinds of questions addressed by the readings, followed by both student-led and instructor-led discussion. Classes conclude with general scenarios that are quite likely to arise in the life of a dental student before the next class session. Most predictable are those scenarios that involve anxiety, depression, or anger and the misconstrual of one’s own true interests under the sway of these highly charged emotional states. The subsequent class session includes a discussion of these actual events during the intervening week before moving on to new material. There are no examinations or assignments apart from the readings and participation in discussion. The content of the proposed precurriculum would be the same, but adapted and possibly intensified by a more concentrated experience during orientation week or, conceivably, as a self-study program prior to beginning dental school.

Do I think implementation of such a curriculum would really work, that is, would it influence behavior? I do, at least for some students, and over time. Why? Because the intent of the precurriculum is not to provide information; rather it is to cultivate a beneficial way of thinking, one to which the student will become habituated if it is reinforced throughout the dental school experience. The intent is not to teach the student to see everyone and everything in the light of an oppressing morality, but rather to see everyone and everything in the light of their own true interests. To place themselves at the center of the universe, which everyone does anyway, but to do so consciously and from the honest perspective of their own well-ordered life. Seeing the world in this way will promote professional standards if we really do believe that living an ethical life is not only best for the world, but best *for us*. Further, the potential impact of such a precurriculum has to be assessed with the understanding that attaining an ethical life does not occur overnight. It is literally a whole-life project, occurring in fits and starts, two steps forward, one step back. It requires that students and practitioners, who do on occasion fail to do the right thing, learn from the experience. This can only happen after the event, when the dust settles, provided they are introspective enough to perceive the occurrence as a failing in the first place; a failing having an ethical dimension; and a failing that offers an opportunity for behaving differently next time—an opportunity for growth.

How will continual reinforcement occur? It presumes faculty members capable of modeling a “reflective practitioner” mode of introspection and accustomed to exercising critical appraisal in their own lives. Having faculty members undergo a precurriculum experience themselves could be an important faculty development activity. There is some anecdotal evidence that such retreat-format experiences can make a difference in people’s lives.¹¹ But even if well-run faculty development retreats are not possible, it would still be a big help if faculty could simply understand that when it comes to teaching, there is a difference between the information they give to students and the information they give off to students;¹⁴ that the content of what we teach is one thing, but the form in which we teach it is another;^{15,16} and that “the content of a lesson may be the least important part about learning.”¹⁷ All of this is expressed most succinctly by the great nineteenth-century educational theorist John Dewey who said, “The greatest of all pedagogical fallacies is the notion that a person learns only what he is studying at the time. Collateral learning in the way of formation of enduring attitudes . . . may be and often is more important [than the intended content of what is taught].”¹⁷ At the very least, sensitivity to these issues may help prevent faculty from unintentionally undoing whatever is accomplished for students through a precurriculum.

Such an approach could create a climate of opinion within dental schools where introspection could be discussed without embarrassment as an important part of one’s professional education: a climate that helps students understand that it isn’t enough just to do the right thing, that what is also required is to *want* to do the right thing. The difference is as subtle as it is immense. The effect could be to resensitize students and faculty to the truth that some problems for which we as a profession do not now have answers are, at their root, ethical in nature. It involves perceiving subtleties that, upon reflection, become glaring truths that students would never detect without a more introspective approach to professional life.

By way of example, in dentistry, our failure to see certain problems as fundamentally ethical in nature frustrates attempts at workable solutions. The shortage of faculty in dental schools (and all public sector careers) might be a case in point. This problem is almost never cast in an ethical light, but it could be: we still act in universities as if entering a profession is a noble calling for which some sacri-

fice is expected. The problem is that society as a whole has moved on. “The Victorian ideal of a life devoted to duty, or a calling,” says Blackburn, “is substantially lost to us. So a greater proportion of our moral energy goes to protecting claims against each other.”²⁵ No one feels this change more directly than dentists in practice who see first-hand how the world works and what it values. Thus, the usual argument runs something like this: students have high debts and practitioners make a lot of money—depending on the specialty, perhaps three times what a typical faculty member earns.¹⁸ Therefore, dental graduates are justified in avoiding faculty jobs in favor of practice in order to do the right thing by paying off their debts. But consider an alternative view, one that recognizes that as a profession, dentistry is accorded an extraordinary degree of self-governance on the grounds that it is party to a binding social contract based on service to the public.

Has dentistry delivered on its part of the bargain? The Surgeon General’s report on oral health in America offers rather dramatic evidence of a positive correlation between a population’s per capita income and the number of dentists in a community.¹⁹ In other words, dentists have gone where the money is, establishing isolated conclaves of what O’Neil calls freestanding suburban bungalow practices.²⁰ They have avoided practicing in both rural areas and the inner city just as they have avoided faculty positions or public sector careers. Many dentists also refuse patients on public assistance, patients under the age of three, patients over the age of eighty, patients with serious illnesses, or patients who are in nursing homes. If dentists distributed themselves more equitably among all different types of communities (and accepted all kinds of patients) as required by dentistry’s social contract (the basis of its autonomy), the net income of dentists, though still high, would not be as high as it is. In this light, the problem is not only that faculty salaries are too low; it is also that private practice incomes are too high—achieved at the social cost of taking care of only those who can pay, but not those who need care and are unable to pay. In other words, market-based capitalism rules. Were we to extrapolate this principle to academic life, we would be back to the notion of selling seats in dental schools to the highest bidders and offering letters of recommendation at a price. Under those circumstances, the problem of paying faculty enough to compete with private practice would dissolve overnight.

Have dental educators themselves contributed to the problem of student debt by failing to control costs and by encouraging everyone and anyone to assume however much debt is needed to pay for their education? Do faculty concern themselves with the compromises the new dentist will make in order to relieve the fiscal burden we've talked them into taking on? Have faculty been fixated obsessively on maintaining outmoded teaching technologies that continue to make dental education among the most expensive in the university? Do state dental licensing boards insist on testing students on technical procedures having little relevance to contemporary practice and that require faculty to teach students not what they need to know but what they need to pass—and at enormous expense? Do dental license examiners argue that only live patient examinations prove competence, but at the same time excuse themselves from periodic re-examination under the same terms? All these questions have an ethical dimension.

It's been said that the only Zen you find on mountaintops is the Zen you bring up there with you.²¹ Correspondingly, the only ethics students generally find in professional school is the ethics they bring in with them. Our earliest childhood notions of doing right by others can hold us in astonishingly good stead throughout life. But for professional school students who will routinely have the life and welfare of other human beings in their hands, wouldn't a more mature and conscious understanding of one's own code of life and behavior, including the beliefs underpinning them, constitute a worthwhile goal? Isn't an important opportunity lost for the professions by not helping students deliberate such matters for themselves in a very practical way? Perhaps in the process students could discover an approach to living they can subscribe to not only intellectually but also at the deepest emotional levels—an approach that is continually modified or reinforced by faculty throughout the clinical experience of dental school. Something that casts ethics in a vibrant and positive light rather than obsessing over what one is *not* supposed to do—a continuing project, robust and person-building.

Perhaps a professional ethicist would argue that the content of the precurriculum discussed in this article isn't really ethics at all; it is actually a course on introspection. I concede the point. However, cultivating as a matter of habit the thought patterns such a curriculum could foster is badly needed in professional education, whatever it is called. It does in-

volve taking risks, but the objective is simply to become as sensitive to the ethical environment as we have become of the physical environment. "We know that we depend upon [the physical environment], that it is fragile, and that we have the power to ruin it, thereby ruining our own lives," says Blackburn. "Perhaps fewer of us are sensitive to what we might call the moral or ethical environment. This is the surrounding climate of ideas about how to live. It determines what we find acceptable or unacceptable, admirable or contemptible. It determines our conception of when things are going well and when things are going badly. It determines our conception of what is due to us, and what is due from us, as we relate to others. It shapes our emotional responses, determining what is a cause of pride or shame, or anger or gratitude, or what can be forgiven and what cannot. It gives us our standards—our standards of behavior. In the eyes of some thinkers . . . it shapes our very identities."²² This seems something worth taking some risks for.

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