COMMENTARY

Using Patients as Participants in Dental Board Exams for Licensure — A Contemporary Demonstration of *Reductio ad Absurdum*

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The theory of common morality holds that all humans — at least all morally serious humans — have an awareness of certain ethical norms upon which they can all agree and which guide their behavior. In dentistry, that concept is embodied in the ADA Principles of Ethics and Code of Professional Conduct, which is organized around five normative principles: autonomy, nonmaleficence, beneficence, justice, and veracity.

In his centerpiece article for the *Journal of the Academy of Distinguished Educators,* "Do Dental Licensing Exams Help to Ensure the Health and Safety of the Public?", Dr. Alexander Schloss applies these ethical principles in his cogent argument against the use of human subjects in dental board exams for licensure. Furthermore, he lists alternative models, which include the Canadian Model for Licensure (dental) and the United States Medical Licensing Examination (USMLE), that effectively assess students' clinical skills. The Canadian Model uses a station-type examination in which candidate-students review information and answer questions. The USMLE uses actors simulating patients who are interviewed and examined by medical students. No actual clinical procedures are performed on human subjects in either the Canadian or the USMLE Models. However, the Buffalo Model uses human subjects to assess dental students' clinical skills. Legitimate doubt is thus raised about

whether human subjects are truly needed during dental licensing board exams and if such a testing design actually ensures the health and safety of the public. It is an intelligent analysis that is long overdue.

Predoctoral dental students typically complete a comprehensive curriculum in professional school over several years of both didactic instruction in the basic sciences and clinical training in history taking and the acquisition of necessary mechanical skills to restore or replace a patient's dentition. With respect to an assessment of students' clinical skills, experienced and dedicated dental faculty typically supervise students in that critical part of their education. Professional school programs must also meet the accreditation standards of the American Dental Association (ADA) and the Commission on Dental Accreditation (CODA). Upon graduation, a student has thus acquired the necessary didactic education and clinical training to enter practice. How could a clinical board exam for licensure that uses human subjects and lasts only several days at most provide an additional, adequate level of protection to the public? Clearly, it does not. However, such a dental licensing board exam may still be viewed by some as protective for the public against unscrupulous or incompetent practitioners. The clinical licensure exam and its use of human subjects was likely a purposeful and historical stopgap measure because most dental students several decades ago entered directly into private practice upon graduation since postgraduate dental programs were not the norm. Today, however, there are many elec-tive, one- to two-year general practice residency (GPR) programs which allow dental students to acquire additional didactic and clinical skills in a hospital setting, thereby delaying immediate entry into private practice.

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Dr. Schloss does not propose eliminating the dental licensing exam altogether. Rather, he persuasively argues that it is unethical to use human subjects in a board exam for licensure to ensure the health and safety of the public. Human subjects paradoxically accrue relatively little, if any, benefit, and may even suffer harm from a procedure. Other participants in the board exam may be subjected to undue influence from the incentive of financial compensation offered by the student.

Yet another major ethical concern is the integrity of the informed consent process. A standard consent form may not be adequate because it may not accommodate the conditions unique to the licensure exam. Is an additional consent form therefore necessary? Does the informed consent document include adequate information on how the patient can access and obtain emergency care if pain results from a procedure performed during that board exam? Informed consent must be a person-to-person agreement between the healthcare provider and the patient with due consideration given to the patient's needs, desires, financial abilities, and the anticipated procedure. Is that likely obtained given the constraints of time and other logistical issues related to patient involvement during a board exam? If a board participant merely signs the consent form

but does not fully understand all the conditions related to a procedure, then the consent process is not valid. Dr. Schloss rightly argues that the healthcare professional has a moral duty to treat the patient according to his or her needs and desires. Hence, respect for autonomy means that voluntary informed consent cannot be cursory.

Confidentiality must also be preserved whereby the patient decides what private information should or should not be disclosed to others. Autonomy governs informed consent and confidentiality and is central to the conduct of ethical clinical practice.

A Thought Experiment

A thought experiment (a favorite tool of philosophers) may further illustrate the absurdity and impracticality of using human subjects during a board exam for licensure. Thought experiments are devices of the imagination used to investigate the nature of things. Hence, one can step outside of the situation, e.g., the use of patients in a dental board exam, and obtain another more rational perspective. Let us say that a medical student who has graduated from professional school now wishes to become a transplant surgeon. After many years of postgraduate training, that young physician now faces his or her clinical board exam in surgery. Imagine now the use of a live patient who needs a kidney. In this fanciful scenario, what should happen to the participating patient if the transplanted kidney should fail? Must that physician on the verge of frustration and despair now frantically scurry about for another kidney? Where, when, and how is the physician to find it?

Where I Stand

I feel strongly that the absurdity of using human subjects in a clinical dental board exam cannot be overstated. It is logically fallacious. The ratio of risk to benefit may likely be very unfavorable and is thus ethically impermissible. Obtaining fully informed voluntary consent may not be possible. The use of patients in the design and administration of the clinical dental board exam for licensure is also antiquated. Given advances in our current computer and informa-tional technology, board exams that adequately assess the dental students' clinical skills without the use of patients are doable, ethically justified, and should be mandated. ■