Ethics and the 'Seasons of My Life' as a Dental Educator

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Abstract
Perhaps the first comprehensive ethics program in American dental schools was created in 1990 at the University of Kentucky by then dean David Nash. Nash recounts the emergence of his personal and professional interest in ethics using the structure of Daniel Levinson’s book *The Seasons of a Man’s Life*. Each season brings tasks of evolving and deepening ethical engagement. Being ethical is important; helping others to be so is special. Nash still teaches the course.

Søren Kierkegaard, the early nineteenth century Danish philosopher, was correct: “Life can only be understood backwards; but it must be lived forwards.” We can only really understand who we are as a human being as we look retrospectively at the lives we have lived. And that is why I was happy to accept this opportunity to reflect on my engagement with the discipline of ethics during my life as a dental educator. The editor has requested a personal narrative; therefore, I will respond with a memoir.

I have chosen to include in the title of my comments the expression “seasons of my life.” I appropriate this expression from Daniel J. Levinson’s best-selling book published in 1978, *The Seasons of a Man’s Life*. In the book, then Yale University Professor Levinson reports on his ten-year study of the male life cycle, documenting at least four “seasons,” as well as transition periods between each: (a) childhood and adolescence; (b) early adulthood; (c) middle adulthood; and (d) late adulthood. One of the remarkable findings of his research is that all men go through the same basic stages of the life cycle. Even more astonishing was his finding that they do so at approximately the same ages. Levinson’s book has been widely read and cited. I found it helpful in my understanding of the “seasons of my life,” when I read it in middle adulthood. I continue to find it valuable as I reflect on my existence in late adulthood.

Metaphorically connecting the seasons of the year and the seasons of the human life cycle provides a useful trope. I will use the metaphor in reflecting on my pilgrimage with ethics in my life as a dental educator.

Formative Years: Spring
Ethics is that branch of the discipline of philosophy that studies morality. The philosopher and theologian Paul Tillich defined ethics as the “science of the moral.” Ethics seeks to answer the question “How should I behave?” Morality is behavior focused—how humans behave in social interaction.

My formative years were spent in a family with a strong collective moral conscience deriving from religious commitments. Moral instruction, though not necessarily ethical discourse, was an integral dimension of my childhood. My father was a biblical studies professor for a Christian college in a small community. I was immersed in the tenets of Christian morality from birth. Such an environment, without doubt, set the stage later in my life for more serious intellectual consideration of the basis for human secular morality.

For Levinson, ages 17-22 are transition years from the era of childhood and adolescence to young adulthood—
the college years. My collegiate education, though in science in preparation for becoming a health professional, was in a small Christian liberal arts college, thus continuing the values orientation of my familial environment. In my sophomore year I registered for an introductory philosophy course; the only formal philosophy course I would take for credit until 30 years later. It was only later in life that I would come to realize that a written exercise in that course had become enormously influential in my intellectual quests. The professor asked us to write an essay entitled: “What is human nature?” The question has continued to haunt me. “What does it mean to be?” And, the corollary question “What does being mean?” It could be suggested that the first question is one of philosophy, the second one of religion.

**Early Adulthood: Summer**

Spring gradually transitions during the collegiate years to Summer—early adulthood. Early adulthood was launched for me when I enrolled in the College of Dentistry at the University of Kentucky. I had a phenomenal dental education at UK. Kentucky was a new school at the time, with many innovative ideas about dental education being implemented by an extraordinarily talented faculty. My education at Kentucky between 1964 and 1968 opened doors of opportunity for me that would never have been opened based solely on my personal credentials. Kentucky had a strong Professional Conduct Code. Academic integrity was emphasized. I can honestly say that I was unaware of any of my classmates ever being guilty of academic dishonesty.

I spent two summers while at UK as a summer research fellow in the Department of Community Dentistry, chaired by Dr. Wesley Young, a leader in public health and the community dentistry movement. Dr. Young, as well as the UK faculty, labored diligently to sensitize students to the needs of society. Social sensitivity was a component of the expression that guided the college’s culture then: the education of dentists who are “biologically oriented, technically capable, and socially sensitive.” My experience in such a milieu molded later efforts in my professional life in advocating for access to oral health care for children. The quality of my dental education at Kentucky and my professorial role models, as well as my father’s life as a professor, influenced my eventual decision to pursue life as a dental educator.

The distinguished developmental psychologist, Erik Erikson, characterized this period of life as one in which the psychosocial task of developing intimacy is critical. He suggested that the failure to achieve an intimate relationship with another leads to isolation. I resolved that task successfully with marriage to my wife, of 45 years, Phyllis. Levinson suggests that early adulthood is a major
I can identify age 38 (1980) as the year my midlife transition began. Professional and family life had settled somewhat and I began to more seriously and critically consider life assumptions that I had held through early adulthood. The precipitating event was a sabbatical I was able to arrange in order to conduct educational research in The Netherlands, research supported by an NIH Fogarty International Fellowship. The family was off to Holland for an extended period—our first trip to Europe. My host at the University of Nijmegen, Dr. A. J. M. (Fons) Plasschaert, became a dear colleague, and today is one of my closest friends. What an awakening it was for a kid from the Appalachian foothills of eastern Kentucky to encounter the culture of the Dutch. They did things differently! As I am sure happens with many individuals, once having had the opportunity to travel internationally—the mind is opened to new possibilities and to a challenging of former assumptions—ideas about life and culture that had just been taken for granted. It happened to me. That sabbatical experience launched my midlife transition. I returned to the United States with a renewed determination to better understand human nature, and my place in the “great chain of being.”

Shortly after my return from Holland in the Autumn of 1980, I commented to our educational psychologist at West Virginia University, Dr. Jack Hutton, that I was puzzled by an observation I was making about some of our graduates. A couple of individuals who had been outstanding students, gifted intellectually and clinically, were developing reputations in practice that would characterize them as charlatans. Yet some of our graduates who had struggled, one taking more than the customary four years to complete the curriculum, were developing excellent reputations as clinicians and becoming leaders in the profession. Probably somewhat startled by what he perceived as my naiveté, he commented that such was not a surprise as there was empirical evidence—to which he referred me—that clinical performance among health professionals is most closely correlated with the trait of integrity—not with intellect or learned skill. As I was committed to educating “good” dentists, I began to understand, in a new and more profound sense, that learning biomedical and clinical dental science and being skillful in clinical techniques are necessary but not sufficient conditions, for being a “good” dentist. Thus my interest in professional ethics in dentistry was sparked.

In the summer of 1982, Dean W. Robert Biddington, always a kind and encouraging supporter of my professional development, generously funded my participation in a weeklong workshop at Colorado College in Colorado Springs entitled Professional Ethics, sponsored by the Hastings Center, a major United States bioethics think tank. Following my sabbatical, it continued my life-changing experiences. Ironically, it also happened to be the summer I turned 40! There I would meet individuals whose insights would further the process of transforming my thinking. The first evening, at a wine and cheese social, I met the former director of campus ministries for the United Methodist Church. During our conversation I told him of my religious background, including the theological questions with which I had been struggling. He suggested that on my return home I should read the writings of the theologian/philosopher Paul Tillich. I did—I consumed Tillich. He changed my entire orientation to theology and religion. And, the change derived from a chance meeting! Speakers at the workshop included individuals
who would later become colleagues, so helpful in my thinking about ethics:
Dr. Daniel Clousser, who had the distinction of being the first philosopher appointed to a medical school faculty in the United States, and who also established the Department of Humanities at the University of Pennsylvania School of Medicine; Dr. Bernard Gert, professor of philosophy at Dartmouth College, author of the book, *Morality: A New Justification of the Moral Rules*, whose paradigm for thinking about moral behavior I still use in the dental ethics courses I teach; and William May, whose article “Code, Covenant, Contract or Philanthropy” was required reading for the workshop. While May was a challenging read, he deepened my understanding and appreciation of the sociological concept of profession, as well as what it means to be a learned professional. Understanding dentistry as a classical learned profession has permeated my thought, speaking, teaching, and writing ever since.

Permit me a note of sentimentality. The Colorado Springs workshop began on the evening of July 4th, Independence Day. That afternoon, while waiting for the initial session, I visited a local mall and happened to purchase a relatively inexpensive watch. After wearing the watch for many years, it took on the status of a valued memento of my inaugural professional development experience in ethics. I finally had it engraved to reflect the new found intellectual independence I gained beginning July 4th, 1982 at Colorado College. It is on my wrist as I type. Yes, I know—I am a romantic!

I was serving as an officer of the Supreme Chapter of Omicron Kappa Upsilon (OKU) in 1982-83. I suggested, and the Executive Committee agreed, that we promote the concept of human values and ethics education in dentistry by conducting a symposium at the American Association of Dental Schools (now the American Dental Education Association) annual session in March 1983. My new found colleagues, Dan Clousser, Bernie Gert, and William May, all agreed to speak at the symposium entitled, “Human Values and Ethics Education in Dentistry.”

In the summer of 1983, I had the privilege of attending a second major weeklong workshop on ethics—Georgetown University’s annual Intensive Bioethics Workshop. Whereas the Colorado College program had focused specifically on professional ethics, the Georgetown workshop expanded my horizon by broadly dealing with issues of bioethics. There I sat at the feet of such notable bioethicists as Dr. Edmund Pelligino, Dr. Tristham Engelhardt, Dr. Robert Veatch, Dr. Tom Beauchamp, and Dr. Laurence McCullough.

In 1984, OKU again sponsored a symposium at the AADA annual session, this time with the title, “Professional Ethics in Dental Medicine.” Guest speakers were individuals I had met the previous summer at Georgetown—note a pattern here! Drs. Engelhardt, Veatch, Beauchamp, and McCullough all participated. Their addresses were subsequently published in a special issue on ethics in the *Journal of Dental Education* in April 1985.

Probably as a result of my role in organizing ethics programs for OKU, though I never knew for sure, I was invited to write an article on professional ethics in dentistry for a new journal on health care that Case Western Reserve University was launching. I accepted, and my first article on professional ethics, “Professional Ethics in Dental Medicine,” was published in 1984, in the second issue of *Health Matrix*. The

Learning biomedical and clinical dental science and being skillful in clinical techniques are necessary but not sufficient conditions, for being a ‘good’ dentist.
article was dedicated to the memory of Dr. Wesley Young, my University of Kentucky community dentistry professor. I elaborated on that initial article on ethics by writing a more complete critique of the American Dental Association’s Principles of Ethics and Code of Professional Conduct that was published in the Journal of the American Dental Association in October 1984.

When I returned from sabbatical in Holland in 1980, I had enrolled in a doctoral program in higher education administration at West Virginia University, where I was teaching. I concluded my studies and research and was awarded the degree in 1984. In retrospect, I believe I completed my “midlife transition” that year, and at age 42 entered full middle adulthood—autumn. Harvest time.

**Middle Adulthood: Autumn**

Activities in the midlife transition had not only resulted in an expansion of my intellectual horizon, but also my professional one. In the autumn of 1986, I was asked to interview for the deanship at my alma mater, the University of Kentucky. In March 1987, I assumed that position and remained in it for ten years, until 1997 when I returned to my customary role as a professor of pediatric dentistry. Being the dean of a college of dentistry offered numerous challenges; however, it also afforded many opportunities. Among the opportunities was being able to develop a curriculum in professional ethics for student dentists. In 1990, I began phasing in a multiyear professional ethics curriculum of approximately 48 clock hours in length. The curriculum’s goals and content were described in a 1996 issue of the Journal of the American College of Dentists.

While adjustments have been made over the past 21 years, the essential elements of the curriculum are still intact. I remain the course director and instructor for the courses. In 1997, I began offering the curriculum in a modified fashion as a correspondence course for members of the profession through the Kentucky’s continuing dental education program.

To deal with the increasingly complex ethical issues associated with hospital-based care, hospital ethics committees began to emerge in the early 1980s. In 1994, the director of the University of Kentucky Hospital realized that the UK hospital needed to establish such a committee. He was a close working colleague and aware of the College of Dentistry’s comprehensive professional ethics curriculum. He asked if I would establish the committee and chair it. From 1994 until I stepped down from the chair’s position in 2005, my understanding of bioethics and the issues of intensive care and end-of-life issues grew significantly. It was intellectually challenging to develop new hospital policies related to ethics, and emotionally difficult to manage complex case consultations on a regular basis. Teaching grand rounds and seminars for hospital staff came a little easier, as I was, and am, primarily a teacher.

Healthcare reform became an issue in the early 1990s with the election of William Jefferson Clinton as the President. Advocacy for access to health care, including basic oral health care, is grounded in moral argument—an argument for social justice. I had the opportunity to speak and write on justice and health care during this period. The theme of access to oral health care would reemerge vigorously in 2000 as a result of the Surgeon General’s Report, Oral Health in America. That report documented (among other issues) the disparities and inequities in oral health, and access to oral health care, between the economically advantaged and the economically disadvantaged. Since the appearance of the Surgeon General’s Report, I have focused much of my energy on advancing moral arguments for expanding the dental workforce to help improve access to care, specifically for our most vulnerable population, our children. The change model for which I have advocated is the school dental nurse, now designated a dental therapist, who has cared for the children of New Zealand since 1921.

I had been grappling with the nature of human existence all of these years—as well as issues of ethics; actually intimately and integrally related concepts. As the issue of human nature had first arisen in a philosophy course, I determined to formally revisit philosophy. In 1990, I began enrolling in philosophy classes regularly on our campus—sometimes for credit, other times only auditing.

In 1995, through an announcement in the Chronicle of Higher Education, I became aware of a six-week National Endowment for the Humanities/National Science Foundation workshop at Dartmouth College entitled “Integrating Human Nature and Human Nurture.” I
applied, and no doubt as a result of the gracious and generous comments of one of my University of Kentucky philosophy professors was one of the 25 fortunate individuals selected to participate. What an experience it was! We were taught by some of the nation’s truly outstanding biologists, primatologists, psychologists, philosophers, neuroscientists, and anthropologists, who had been recruited as guest lecturers. Finally, answers, or if not answers, avenues to answers for my many questions about existence as a homosapiens were emerging. Research in the field of evolutionary psychology has burgeoned in the past 30 years, enabling us to effectively grapple with the biological origins of our humanity. A requirement for participating in the workshop was that individuals return to their respective universities and develop teaching materials on the subject. The course I developed has been offered through the Department of Behavioral Science of our College of Medicine, and is entitled Evolutionary Biology and Human Behavior.

In June 2010, I attempted to address, in writing, the issue of human nature—the question that had remained with me since college. I published an article in the Journal of Dental Education entitled, “Ethics, Empathy, and the Education of Dentists.” The article was my attempt to unite my understanding of human nature and ethics, and appropriate that understanding to the task of educating the “good” dentist, the original goal I had when I first became intrigued with ethics and dentistry 30 years previously. I had come full circle.

**Late Adulthood: Winter**

According to Professor Levinson, I have already passed the late adult transition, and, approaching 70 years of age, am well established in late adulthood—winter. Unfortunately, the research of Daniel Levinson on the human life cycle was cut short by his untimely death. His research extended only through middle adulthood, the autumn of life. He did speculate that late adulthood was a period of helping foster adult development in others, of being a mentor. I suspect that my colleague Dave Chambers had such an intention in mind in asking for reflections on one’s life pursuing an understanding of ethics.

**Moving Forward**

Erik Erikson, referenced earlier, characterized life as existing in “eight ages.” The polarities of the psychosocial tasks of his last “age” of life are “integrity versus despair.” Can individuals review their lives as ones in which they actualized their potential—were able to be all they could be—to use Abraham Maslow’s expression. Or, must they acknowledge that their lives had been ones of missed opportunities or unrealized potential.

In the introductory professional ethics course I teach to student dentists, one session is entitled “The Ethics of Aspiration.” I spend two hours with our first-year students reviewing the perspectives of philosophers and psychologists, both ancient and contemporary, who have addressed the topic of the well-lived life. In the winter of one’s life, one can profoundly hope to be a mentor.