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Truthful, Wise, and Responsible: A Christian Virtue Framework for Artificial Intelligence in Dental Education

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ABSTRACT

Artificial intelligence (AI) is rapidly entering dental education, and recent reviews report both its benefits and recurring concerns about factual inaccuracy, academic integrity, over-reliance, bias, and privacy. Existing responses are largely technical and regulatory; they specify what should be done but say little about the character of the educators and students who use AI. This critical integrative review proposes a Christian virtue framework, grounded in the doctrine of the imago Dei, to guide dental educators and students. Empirical literature on AI in dental and health-professions education was read alongside Catholic and evangelical documents on AI and Christian scholarship on education and personhood. Five virtues, identified from Christian virtue-ethics literature on AI, were mapped to the main AI issues: truthfulness (hallucinated content and academic integrity), practical wisdom (automation bias, overconfidence, and deskilling), responsibility (accountability for AI-supported decisions), justice (bias and unequal access), and love (empathy, the clinician–patient relationship, and privacy). For each virtue, implications for educators and students are outlined. The framework suggests that responsible AI use in dental education is a matter not only of policy but also of formation, and it offers Christian dental schools a basis for curricula and institutional guidance.

INTRODUCTION

Artificial intelligence (AI), including generative large language models and AI-supported diagnostic tools, is entering dental education rapidly. A scoping review of empirical studies found AI being used in preclinical training, diagnostic interpretation, and automated assessment, with reported gains in procedural accuracy and learning efficiency (El-Hakim et al., 2025). A systematic review of 60 studies on ChatGPT in university dental education found that it was used mainly to explain clinical concepts and to prepare for examinations, and that most studies rated it as useful for autonomous learning (Aura-Tormos et al., 2026). Students themselves appear ready for this change: in a multinational survey of 508 dental students, 70.3% supported mandatory AI education, yet only 11.1% had learned about AI through formal coursework and 53.7% felt inadequately prepared (Kavadella et al., 2026).

The same literature documents recurring concerns. Reviews report factual inaccuracies, risks to academic integrity, student over-reliance that may weaken critical thinking, biased data, and threats to privacy (Aura-Tormos et al., 2026; El-Hakim et al., 2025). Among students, 41.7% worried that AI would reduce professional skills and 29.2% feared the dehumanisation of care (Kavadella et al., 2026). A review of institutional guidance on generative AI found no dental-specific guidelines and recommended clear policies, AI literacy, and oversight committees (Uribe et al., 2025).

Responses to these concerns have so far been largely technical and regulatory. An ethical framework for dental AI lists eleven principles, from transparency and privacy protection to prudence and accountability (Rokhshad et al., 2023), and the FDI World Dental Federation affirms that responsibility for any diagnosis or treatment supported by AI remains with human users (FDI World Dental Federation, 2024). Such instruments specify what should be done, but they say less about the kind of educators and students who will use AI well when no rule applies. Christian scholarship has begun to address AI in education, proposing virtue-based and vocational responses for Christian and Catholic educators (Condrey, 2024; Corpuz, 2025), but it has rarely engaged health-professions education, where the stakes include patient safety and the clinician–patient relationship.

The response proposed in this review rests on two foundations. The first is Christian anthropology, in particular the doctrine that human beings are created in the image of God. Herzfeld distinguished substantive, functional, and relational interpretations of the imago Dei and argued that a relational view offers the most fruitful account of human dignity in a computer age (Herzfeld, 2002). Another theological study similarly locates human personhood in relationality and participation in the Holy Spirit, dimensions that cannot be reduced to cognitive functions, and describes AI as at most a form of "simulated personhood" (Hermanto, 2025). Recent church teaching draws the practical consequences. The Vatican note Antiqua et nova distinguishes the functional "intelligence" of AI, which performs tasks, from human intelligence, which belongs to the whole person; it holds that only human persons are moral agents who bear responsibility for decisions (Dicastery for the Doctrine of the Faith & Dicastery for Culture and Education, 2025). The evangelical Statement of Principles likewise affirms that God created each human being with intrinsic dignity and moral agency, and that humans may not cede their moral accountability to AI (Ethics & Religious Liberty Commission, 2019).

The second foundation is Christian virtue ethics. Rules and checklists are necessary but incomplete, because much of the decision-making about AI in education happens in situations that no policy anticipates. Virtue ethics asks instead what kind of person acts well in such situations. Corpuz applied theological and cardinal virtues to AI in Catholic education and identified justice, honesty, responsibility, and care as foundational, with prudence guiding their application (Corpuz, 2025). Condrey, writing from a Reformed perspective, framed the Christian educator's response to generative AI as prophetic, priestly, and kingly, beginning with "casting a moral vision of truthfulness" (Condrey, 2024). Ecumenical AI-ethics documents converge with these accounts: the Rome Call for AI Ethics names transparency, inclusion, responsibility, impartiality, reliability, and security and privacy as its principles and calls for education that makes students aware of both the opportunities and the critical issues of AI (Pontifical Academy for Life, 2020).

Drawing these strands together, this review uses five virtues as its analytic lens: truthfulness, practical wisdom, responsibility, justice, and love. Each is rooted in the Christian tradition and corresponds to a cluster of concerns documented in the dental-education literature.

This review therefore asks two questions. Which Christian virtues should shape how dental educators and students use AI? What do these virtues imply for teaching and learning? It proposes a virtue framework grounded in the doctrine of the imago Dei and drawn from ecumenical Christian sources, intended for dental schools regardless of institution or denomination.

METHODOLOGY

This study is a critical integrative review, a form of conceptual inquiry that brings empirical and normative literatures into dialogue in order to build a framework rather than to estimate effects. Sources were identified through purposive searches conducted on 30 September 2026, using combinations of the terms "artificial intelligence," "ChatGPT," "generative AI," "dental education," "dental students," "hallucination," "deskilling," "Christian," "theology," "imago Dei," and "virtue ethics." Three types of sources were included: (a) empirical studies and reviews on AI in dental and health-professions education published between 2020 and 2026; (b) professional ethics frameworks and policy statements on AI in dentistry; and (c) Christian theological and ecclesial documents on AI, personhood, and education, without date restriction. Sources were read in full or, where full text was unavailable, at the level of the published abstract and official summary. The analysis was thematic: concerns reported in the empirical literature were grouped into clusters and then interpreted through the virtues identified in the theological literature. For each virtue, implications were derived separately for educators and for students.

The five virtues were selected in two steps. First, candidate virtues were drawn from Christian scholarship on AI in education: Corpuz identifies justice, honesty, responsibility, and care as foundational AI-related virtues, with prudence as a higher-order virtue that guides their application (Corpuz, 2025), and Condrey places a moral vision of truthfulness at the centre of the Christian educator's response to generative AI (Condrey, 2024). Second, a candidate virtue was retained only if it corresponded to at least one cluster of concerns documented in the dental-education literature. Honesty was expressed as truthfulness, and care as love, its theological root in the Christian tradition. The resulting five virtues are truthfulness, practical wisdom, responsibility, justice, and love.

RESULTS AND DISCUSSION

The concerns reported in the empirical literature fell into five clusters: inaccurate or fabricated content; over-reliance, overconfidence, and loss of skill; unclear accountability for AI-supported decisions; bias and

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unequal access; and threats to privacy and to the clinician–patient relationship. Each cluster corresponds to one virtue, discussed below.

Truthfulness: Hallucinated Content and Academic Integrity

Generative AI produces fluent text that can be false. In an analysis of 636 citations generated for 84 short papers, 55% of the GPT-3.5 citations and 18% of the GPT-4 citations were fabricated, and many of the real citations contained substantive errors (Walters & Wilder, 2023). In dentistry, a recent article in the British Dental Journal warned that hallucinated references have already been cited in the published literature and that uncritical reliance on AI-generated content threatens evidence-based practice (Allareddy et al., 2026). Reviews of ChatGPT in dental education list misinformation and threats to academic integrity among the most frequent concerns (Aura-Tormos et al., 2026).

For the Christian educator, truthfulness is more than avoiding plagiarism. Antiqua et nova warns that AI can generate false content that misleads precisely because it resembles the truth, eroding the trust on which communities depend (Dicastery for the Doctrine of the Faith & Dicastery for Culture and Education, 2025), and a moral vision of truthfulness lies at the heart of the Christian educator's response (Condrey, 2024).

For educators, truthfulness shapes both assessment and example. Assignments can require students to trace each AI-generated claim and reference to its primary source, to annotate which parts of a submission were drafted or edited with AI, and to correct an AI-generated draft rather than simply submit one. Showing students real examples of fabricated references, which remain present, although less frequent, in newer models (Walters & Wilder, 2023), makes the risk concrete. Where dental-specific guidance on generative AI is still lacking (Uribe et al., 2025), educators need not wait for institutional policy: they can state expectations for disclosure in each course and model that disclosure by acknowledging when they have used AI to prepare teaching materials (Condrey, 2024).

For students, truthfulness is a daily habit of verification. AI output should be treated as a draft to be checked against textbooks, clinical guidelines, and primary studies, never as a source to be cited. Students should disclose how AI contributed to their work and should not present an AI interpretation of a case or a radiograph as their own clinical judgement. This matters beyond the classroom: hallucinated references have already entered the published dental literature (Allareddy et al., 2026), and future clinicians will either protect or erode the evidence base on which their patients depend.

Practical Wisdom: Over-Reliance, Automation Bias, and Deskilling

A systematic review of generative AI in healthcare identified automation bias, the tendency to over-trust machine outputs and undervalue human reasoning, in ten studies, and deskilling effects in nine; medical trainees who relied heavily on ChatGPT showed reduced independent diagnostic reasoning (Al-Anezi, 2026). In dental education, reviewers have noted that AI struggles to assess nuanced competencies such as clinical judgement and that over-reliance may diminish critical thinking (El-Hakim et al., 2025). The FDI World Dental Federation explicitly urges dental professionals to use AI as an assistance system and to safeguard themselves against automation bias (FDI World Dental Federation, 2024).

Practical wisdom (prudence) is the virtue that knows when and how to act, and prudence is also one of the eleven principles of the dental AI ethics framework (Rokhshad et al., 2023). Antiqua et nova observes that some AI systems simply provide answers instead of helping students arrive at answers themselves (Dicastery for the Doctrine of the Faith & Dicastery for Culture and Education, 2025).

For educators, prudence means sequencing AI use so that foundational clinical reasoning is built first. In preclinical and early clinical courses, students can be asked to record an independent diagnosis or treatment plan before consulting AI, and then to compare the two and explain any discrepancy. Such exercises turn automation bias from an abstract risk into something students can observe in their own reasoning (Al-Anezi, 2026). AI literacy should be taught as part of clinical reasoning rather than as a separate technical skill (Uribe et al., 2025), and educators can discuss real or simulated cases in which AI output was plausible but wrong, so that students learn to notice when a confident answer does not fit the patient in front of them.

For students, practical wisdom means learning to recognise when AI supports learning and when it replaces the effort through which competence is formed. A useful habit is to attempt a problem first and to use AI afterwards to check, extend, or challenge one's own reasoning. Heavy reliance on generative AI has

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been associated with reduced independent diagnostic reasoning among medical trainees (Al-Anezi, 2026); the skills students outsource during training may be the skills they lack in the clinic. When an AI suggestion does not fit the clinical findings, the prudent response is to stop, re-examine the patient, and consult a supervisor rather than to follow the tool.

Responsibility: Accountability for AI-Supported Decisions

When AI contributes to a diagnosis, a treatment plan, or an assignment, it can become unclear who is accountable for the result. The FDI World Dental Federation is explicit that responsibility for any diagnosis or treatment deduced from AI assistance remains with human users, and the dental AI ethics framework lists accountability and responsibility among its principles (FDI World Dental Federation, 2024; Rokhshad et al., 2023). Yet clinicians in studies included in a recent systematic review placed excessive confidence in incorrect AI suggestions, and students often lack the understanding needed to take responsibility for the tools they use: only 34.7% of the students surveyed understood dental AI applications, although 76.2% reported understanding AI in general (Al-Anezi, 2026; Kavadella et al., 2026).

In the Christian tradition, responsibility follows from the dignity of the human person as a moral agent. Antiqua et nova holds that only human persons are moral agents and that full moral causality belongs to personal, not artificial, agents (Dicastery for the Doctrine of the Faith & Dicastery for Culture and Education, 2025). The evangelical Statement of Principles denies that humans can or should cede their moral accountability to AI, and Christian virtue-ethics scholarship names responsibility among the foundational virtues for AI in education (Corpuz, 2025; Ethics & Religious Liberty Commission, 2019).

For educators, responsibility begins with making accountability visible. Students can be required to document which AI tools they used, for what purpose, and how they evaluated the output, and to justify every AI-assisted decision in their own words. Because far more students report understanding AI in general than understanding dental AI applications (Kavadella et al., 2026), educators also need to teach how dental AI tools are developed, what they can and cannot detect, and where they are known to fail. Educators model responsibility when they acknowledge their own errors openly, including errors in judging AI outputs, rather than presenting themselves as infallible.

For students, responsibility means owning every AI-supported decision as their own. AI can serve as a second opinion that must be weighed, but not as an authority to which responsibility can be transferred; responsibility for any diagnosis or treatment supported by AI remains with the human user (FDI World Dental Federation, 2024). In practice, a responsible student should be able to say of any decision in a case report or clinical encounter, "I decided this, and this is why," whether or not AI contributed to the reasoning.

Justice: Bias and Unequal Access

AI systems learn from data, and data reflect the populations and settings from which they were drawn. Reviews of AI in dental education list data bias among the principal ethical concerns (El-Hakim et al., 2025), and the dental AI ethics framework includes diversity, equity, and solidarity among its principles (Rokhshad et al., 2023). The FDI World Dental Federation stresses that dental AI should reflect diverse populations to reduce inequity in care (FDI World Dental Federation, 2024). Much of the empirical evidence on AI in dental education comes from a limited number of countries, and how well AI tools and the evidence about them transfer to low- and middle-income settings remains an open question.

Justice in the Christian tradition includes particular attention to the vulnerable. The Rome Call names inclusion and impartiality among its core principles and insists that education should leave no one behind (Pontifical Academy for Life, 2020), and the evangelical Statement of Principles calls for continuous human oversight to identify and remove bias (Ethics & Religious Liberty Commission, 2019).

For educators, justice implies teaching students to appraise AI tools critically: to ask whose data trained a given tool, which populations may be under-represented, and for whom its outputs may be less reliable (FDI World Dental Federation, 2024; Rokhshad et al., 2023). Educators should also ensure that access to AI tools does not create new inequalities among students, for example when some can afford paid versions and others cannot, and that assessments reward competence rather than access to technology.

For students, justice implies a commitment to equitable care in which AI serves every patient, not only those best represented in the data. This includes remaining alert to outputs that may be less accurate for certain patient groups, refusing to let AI-supported efficiency become a reason to give less time to patients who are harder to treat, and respecting the rights of patients whose images and records may be used to develop or test AI tools.

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Love: Protecting the Clinician–Patient Relationship and Privacy

Dentistry is practised in relationship. Antiqua et nova warns that if AI were to replace rather than support the clinician–patient relationship, it would reduce a crucially important human relational structure to an impersonal one, and it holds that decisions about patient treatment must always remain with the human person (Dicastery for the Doctrine of the Faith & Dicastery for Culture and Education, 2025). The FDI likewise places responsibility for AI-supported diagnoses and treatment with human users and calls for a balanced approach to data protection (FDI World Dental Federation, 2024). Students share these concerns: nearly three in ten of those surveyed feared that AI would dehumanise care (Kavadella et al., 2026).

Love of neighbour gives these principles their deepest motive. The evangelical Statement of Principles describes AI-enabled advances in medicine as expressions of God's common grace to people created in his image, while affirming privacy as a right that should not be violated (Ethics & Religious Liberty Commission, 2019).

Love also explains why AI cannot replace the human clinician. Generative AI can produce language that sounds empathetic, but it does not perceive, suffer with, or care for the person it addresses; in theological terms, it offers at most a form of simulated personhood (Hermanto, 2025). Empathy, understood here as the capacity to perceive another person's experience and to respond to it with care, belongs to beings who exist in relationship, and a relational reading of the imago Dei locates human dignity precisely there (Herzfeld, 2002). This is most evident in clinical care. A frightened patient in the dental chair needs more than an accurate diagnosis: the patient needs someone who notices the fear, explains, reassures, and remains present while treatment is carried out. AI can support this work, but it cannot bear the relationship on which the work depends (Dicastery for the Doctrine of the Faith & Dicastery for Culture and Education, 2025). Empathy and care are therefore not optional additions to clinical competence but the part of it that AI cannot supply, and they must be deliberately learned and taught.

For educators, love has two directions. Toward patients, it implies teaching empathy and care as deliberately as technical skills, through supervised patient encounters, reflection, and feedback on how students communicate with anxious or vulnerable patients, and assessing that communication, not only technical accuracy. It also implies teaching consent and data protection whenever patient images or records are used with AI tools (FDI World Dental Federation, 2024). Toward students, it implies practising the care that educators hope students will show their patients. Students learn empathy less from lectures than from being treated with patience, attention, and respect by those who teach them. AI cannot replace the gift of human presence in education (Corpuz, 2025); educators who know their students, notice when they struggle, and correct them with kindness offer a model of care that no AI tutor can provide, in keeping with the priestly, caring dimension of the educator's role (Condrey, 2024).

For students, love means learning empathy and care as part of becoming a dentist, not as an optional personal trait. Students can practise listening before explaining, noticing signs of anxiety or pain, explaining procedures in language the patient understands, and asking for feedback on how they communicate. AI

Table 1. A Christian virtue framework for AI in dental education

Virtue	AI-related concern	Educator practice	Student practice
Truthfulness	Hallucinated content; fabricated citations; academic integrity	Require verification and disclosure of AI use; model disclosure	Verify every AI-generated claim and reference
Practical wisdom	Automation bias; over-reliance; deskilling	Build reasoning before AI use; teach AI literacy within clinical reasoning	Discern when AI supports and when it replaces learning
Responsibility	Unclear accountability; over-trust in AI outputs	Require documentation and justification of AI-assisted decisions; teach how dental AI works	Own every AI-supported decision; treat AI as a second opinion
Justice	Data bias; unequal access	Teach critical appraisal of training data; ensure equitable access	Commit to equitable care for all patients
Love	Privacy; depersonalised care; AI cannot empathise	Teach and assess empathy and communication; teach consent and data protection; model care toward students	Learn empathy and care; use AI to free attention for the patient, not replace presence

Note. Framework developed by the authors from the sources reviewed

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should be used to support this work, but never to replace the listening and presence that care requires, because AI cannot empathise. Love also includes protecting patients' privacy, for example by never uploading identifiable images or records to public AI platforms without consent. Behind each case is a person created in the image of God (Ethics & Religious Liberty Commission, 2019), who deserves to be met by another person, not only by a tool.

A Christian Virtue Framework for AI in Dental Education

Table 1 summarises the framework. Each virtue addresses a distinct cluster of AI-related concerns and yields practices for both educators and students.

The five virtues are interdependent. Truthfulness without practical wisdom can become suspicion of every tool; responsibility without love can become mere rule-keeping. The framework therefore suggests that responsible AI use cannot be secured by policy alone. Policies define boundaries, but virtues form the people who act within them. This echoes the emphasis in Christian educational thought on the educator as a person who forms others by example (Condrey, 2024; Corpuz, 2025).

CONCLUSION

AI offers genuine benefits to dental education, but the concerns documented in recent reviews, namely inaccuracy, over-reliance, overconfidence, bias, and depersonalisation, are ultimately questions of character as much as of technology. This review proposes five virtues, truthfulness, practical wisdom, responsibility, justice, and love, grounded in the doctrine of the imago Dei, as a framework for how dental educators and students should use AI. For dental schools, especially those with a Christian identity, the framework suggests three practical steps: institutional AI policies that include verification and disclosure; AI literacy taught as part of clinical reasoning and professional ethics; and deliberate formation of educators, who shape students' habits by example. Future research should test the framework empirically, for instance through surveys and interviews exploring how dental educators and students in different countries understand and practise these virtues when using AI.

Limitations

As with all reviews there are short comings to this one. Since this was done using a purposive, integrative review some literature may have been left out. Many of the empirical sources we used were viewed at the abstract and summary level. Most of the Christian based literature came from catholic and evangelicals there for may not represent all aspects of Christian beliefs. We chose these five virtues based on our understanding of the literature. There are many other virtues that can apply to dental education such as intellectual humility. This framework will need to be tested in a empirical study with dental educators and/or students.

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