Journal *of the* American College *of* Dentists

Commercialism and Journalism in Dentistry: Then and Now

Fall 2017
Volume 84
Number 4

Journal *of the* American College *of* Dentists

A publication advancing excellence, ethics, professionalism, and leadership in dentistry

The *Journal of the American College of Dentists* (ISSN 0002-7979) is published quarterly by the American College of Dentists, Inc., 839J Quince Orchard Boulevard, Gaithersburg, MD 20878-1614. Periodicals postage paid at Gaithersburg, MD.

Postmaster–Send address changes to:
Managing Editor
Journal of the American College of Dentists
839J Quince Orchard Boulevard
Gaithersburg, MD 20878-1614

The 2017 subscription rate for members of the American College of Dentists is $30, and is included in the annual membership dues. The 2017 subscription rate for nonmembers in the United States, Canada, and Mexico is $40. All other countries are $60. Foreign optional airmail service is an additional $10. Single-copy orders are $10.

All claims for undelivered/not received issues must be made within 90 days. If the claim is made after this time period, it will not be honored.

For bibliographic references, the *Journal* is abbreviated J Am Col Dent and should be followed by the year, volume, number, and page. The reference for this issue is: J Am Col Dent 2017; 84 (4): 1-60.

Member Publication
AADEJ
American Association of Dental Editors & Journalists

Communication Policy

It is the communication policy of the American College of Dentists to identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College. The College is not a political organization and does not intentionally promote specific views at the expense of others. The positions and opinions expressed in College publications do not necessarily represent those of the American College of Dentists or its Fellows.

Objectives of the American College of Dentists

The American College of Dentists, in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals.

A. To urge the extension and improvement of measures for the control and prevention of oral disorders;
B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all, and to urge broad preparation for such a career at all educational levels;
C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
D. To encourage, stimulate, and promote research;
E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations, or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.

Correspondence
Address correspondence relating to the Journal to:
Managing Editor
Journal of the American College of Dentists
839J Quince Orchard Boulevard
Gaithersburg, MD 20878-1614

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Business Office
Journal of the American College of Dentists
Tel. (301) 977-3223; Fax. (301) 977-3330

2017 ACD Annual Meeting

Commercialism and Journalism in Dentistry: Then and Now

Issues in Dental Ethics

Departments

Cover image: It is sometimes hard to get the value proposition right in dentistry.

From the Editor

Evidence-Based Overreach

A few years ago I was invited to be the "ethicist" for a consensus conference on dental treatment for pregnant patients. I explained the responsibilities of self-appointed groups in crafting policy, including the obligations to review all evidence and its quality, the trade-off of some receiving better care and some being excluded from the market, and variation in practitioner competence, patient values, and circumstances on the ground.

At the break following my talk, I was pulled aside by the conference organizers, thanked for my "interesting" remarks, and politely informed that I had misunderstood my assignment. I was supposed to tell the group that those who do not follow the guidelines are unethical. Of course, none of those "unethical" folks had been invited.

In ethics, deciding for others is a tender topic. The basic rule is that this is appropriate only in cases where the other is incompetent and the decider has recognized authority to stand in.

I did a little research on clinical guidelines and evidence-based consensus conferences following the meeting. I discovered that this is a booming business. My original search gave me more than 12,000 hits. (Today, these are largely consolidated in discipline-based clearinghouses.) Then I found that in medicine, research shows that generally half of practitioners have no idea of the existence of guidelines in specific areas where they practice, and of these, fewer than half say they would follow the guidelines anyway (Milchak, J. L., Carter, B.L., James, P. A., & Ardery G., 2004. Measuring adherence to practice guidelines for the management of hypertension: An evaluation of the literature. *Hypertension, 44*, 602-608).

Evidence-based consensus work is important. First, only fools practice contrary to science. Second, hospitals and group practices should agree on common protocols as there are handoffs of care involved and each member shares the reputation of all. Third, consensus conferences serve to collect, interpret, and publicize the best and most current thinking. Fourth, policy pronouncements are good public relations for groups seeking to establish their legitimacy.

But there are limits. Controlled research is only part of the foundation for dentistry. "Best evidence" is not definitive evidence. Most systematic reviews start with a thousand or more papers on a clinical practice and, by adjusting the standards for what is acceptable research design, the sample is narrowed down to about a dozen. Usually, the conclusion is that the studies are not really of the best quality and the findings are equivocal. A significant problem is that attention to methodological rigor in the research process is typically purchased at the expense of generalizability. Controlled environments, including single, unnamed practitioners who performed the work, may not be representative. Clinicians are never randomized. EBD research is big on statistical significance but inadequate on applicability to the full range of clinical practice.

Statisticians have a rule that the findings of clinical studies are applicable to any patient, operator, or circumstance that might have been randomly sampled into the study. Sometimes the critical factors in EBD studies are things that were not measured at all. The ADA definition of EBD should be studied carefully. It is clear that strong literature is desirable, but insufficient, to guide clinical practice.

Those who favor guidelines generally divide practice alternatives into two categories: those they favor based on their reading of the evidence and those they would not use and expect others to avoid. A more meaningful division would include a third group: practices that may be justifiable for one dentist and not for others based on variation in operator competence, patient preferences, and circumstances.

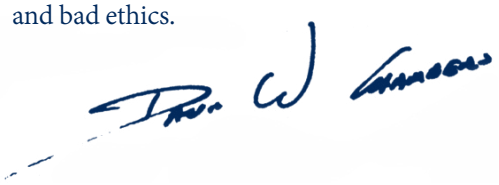
Consider these examples. Several recent systematic reviews have shown that routine screening for obstructive sleep apnea (OSA) is unrelated to long-term treatment participation or outcomes (Cheng L. L., 2017). Uncertainty of screening tools for OSA in asymptomatic adults with treatments varying in effects.(*JADA,*

148 (10), 772-775). This does not mean, however, that screening should be discontinued. Most likely, it should be targeted, triggered by practitioners' clinical instinct, and staged as the first step in directing more fine-grained and invasive diagnostic evaluations.

Treatment philosophies range from the conservative to the aggressive with respect to managing TMD. Although clinical guidelines exist (Greene, C. S., Klasser G. D., & Epstein J. B., 2010. Revision of the American Association of Dental Research's Science Information Statement about Temporomandibular Disorders. *Journal of Canadian Dental Association, 76*, a115), there is no evidence base yet that justifies ruling out or ruling in most across-the-boards approaches.

Controversy remains among advocates of two-phase versus one-phase orthodontic treatment. So far, the evidence has had only moderate effect on practitioner behavior. My own reanalysis of the classical EBD studies (Tulloch, C. J. F., Proffit W. R., Phillips, C., 2004. Outcomes in a 2-phase randomized clinical trial of early Class II treatment. *American Journal of Orthodontics and Dento-facial Orthopedics, 125* 6, 657-677) confirms no clinical advantage for such indicators as mandibular advancement when comparing one- and two-phase treatment over one-phase only. But there is a significant effect (accounting for 80% of the variation) for the interaction of treatment approach and operator. In other words, those who are effective with one-phase treatment get good results and those who are effective with the two-phase approach get good results, all of course, dependent on case selection. It is difficult to make generalizations stick, especially when the practitioner is not considered as a source of treatment success.

Bottom line: It is ethically suspicious to tell colleagues how they should practice. Marshalling the evidence is a useful service. A dentist would be ill-advised to practice contrary to strong evidence indicating that a given practice is likely to produce negative results regardless of the particular application. That will come up in the malpractice trial. Evidence that certain procedures have been found to produce consistently better outcomes should certainly be shared widely. But a grey area is setting up a universal standard without taking into consideration the dentist, patient, and circumstances in particular cases. There is wide variation on these critical factors. Averaging them out, as is the practice in EBD, is bad science, bad practice, and bad ethics.



EBD research is big on statistical significance but inadequate on applicability to the full range of clinical practice.

President-elect's Address

Let's See You Lead

Richard F. Stilwill, DDS, FACD

October 19, 2017
Atlanta, Georgia

Dr. Stilwill maintains a private, general practice in East Lansing, Michigan; toot2toot2@yahoo.com

Congratulations to the new Fellows. We hope you will embrace our mission. Thank you sponsors for recognizing deserving leaders.

The mission of the College is to promote excellence in leadership, professionalism, and ethics. You are special. Your peers nominated you because they believed that you embody this mission. The public expects this of us. Our profession should be all three, Fellow or not. Our profession expects this in your practice; expects this in your giving referrals or receiving them. We expect this of our teachers and our researchers in dentistry.

Getting the Right Start

I believe that most of our profession follows all three. How we develop all of these is a long road and varies with as many as there are individuals in this room. It involves parents, peers, teachers, mentors and models. This begins at an early age, but even today, you and I are still developing. You are here at this meeting to learn so that you can teach patients and peers.

At a young age, you are molded in values by family conversations with siblings and parents. Your home environment was important. Think of your childhood, or if you cannot, think of your children's development. Think of their play groups, grade school, church groups and childhood organizations. I started as a Cub Scout in second grade. We did not have soccer in kindergarten like my grandson does. There are all kinds of groups: 4H, Young Life, Awana, Campfire Girls, Explorers, Indian Guides, cultural heritage groups, and others. They taught us new values, skills, citizenship, religion, and knowledge. Today, there are also preschool, Montessori, youth sports and activities, as well as some of those past activities.

I am an Eagle Scout of the Boy Scouts of America. My brother and father were Eagle Scouts. My three sons are all Eagle Scouts. My eldest son's wife is a Gold Award Recipient through the Girl Scouts of America. For me, Scouting taught me citizenship, leadership, values, and how to work with others to get the tasks done. They taught us how to respect others, accomplish goals, and learn physical and mental skills.

Leadership was accomplished in several ways. Scouting uses the EDGE technique. Educate, Demonstrate, Guide, and Enable. As young Scouts, we rotated group leadership for all to experience success and failure in a safe environment. Scouting uses progressive leadership to develop young adults. For me, Scouting taught me that the group you are leading is only successful if they all see your vision. Big or small, it has to be their vision as well as yours to be successful. Many groups do this in the early to middle childhood. They are valuable lessons.

High schools have drama, arts, sports, music, and clubs to teach and learn leadership and social skills. You develop individual skills and group support skills. College attempts to give you a liberal arts education so that one can understand various cultures and skills to be a well-rounded individual in many or specific fields. After college, you are expected to be able to communicate with most individuals because of your well educated background.

Dental schools are slightly different. Knowledge is passed down and basic skills are developed in diagnosis and treatment. Students debate and work together to understand what is normal and abnormal in prevention and disease. After graduation you are on your own. Hopefully, classmates and mentors help you develop in areas that you enjoy.

Committing to an Ideal

So why do I bring these things up? These are all things you know. Someone before you felt that these skills, these values, these standards are what it takes to be a leader in society—in our case, what it takes to be a leader in dentistry and our communities.

I know you do this every day with your individual patients. You sit with them and discuss and advise them in treatment and health care. You have honed your leadership skills one-on-one. With all the years you have a wealth of experience in leadership. Your patients look to you to be the expert in dental care. They look for your advice and guidance to get them through their treatment plan.

> The White Coat Ceremony signals the beginning of a rigorous educational experience. It is a ritual moment in which students shed old identities and begin to adopt the identity of dentist that embodies new values, skills, and knowledge.

Later today you will be taking the Oath of the American College of Dentist at the graduation ceremony. It is a simple oath put forth years ago. It highlights hopes and responsibilities in the College. The oath asks you to hold high the true ethical concepts of professional life.

The U.S. Pledge of Allegiance is recited in many schools every day. How many pay attention to the words? Some of us do from time to time. It was written by Rear Admiral George Balch in 1887 and was modified several times. The U.S. Congress and Canadian Parliament have oaths. The Boy Scouts and Girl Scouts have oaths and laws that children recite. Lord Baden Powel and Juliet Gorden Low set down oaths and laws in the 1910s that Scouts recite still today.

In our case there is a White Coat Ceremony that is the start of our path in dentistry. Each school that does this, does it differently. Some have

I believe where we need your skills is in the maintenance, development, and vision of our profession. We are striving to represent the leaders and ethics in all of dentistry, not just the majority.

written traditions and others have first-year or second-year dental students that write their own oaths. In 2006, Chris Golde, who was a senior scholar at the Carnegie Foundation, wrote that oaths, such as those taken at the White Coat Ceremony, are commitments to the profession and its ethics. The White Coat Ceremony signals the beginning of a rigorous educational experience. It is a ritual moment in which students shed old identities and begin to adopt the identity of dentist that embodies new values, skills, and knowledge.

We are preparing students to be stewards of the discipline. Golde also says that as stewards of the discipline, we are not managers of our own career but we are adopting a sense of purpose larger than oneself. Those individuals who wrote these oaths and testaments thought that they had enough importance to set up programs and see them through. They volunteered to set up systems and programs to make sure that the profession gets it right.

All of you have done this in your own way by teaching, coaching, mentoring, and serving on committees and boards. In your own way you volunteer because you want the traditions and innovations to hold up in the future. The mission that I believe we all strive for in this room is excellence in leadership, professionalism, and ethics. I believe we want this for all our children and the generations behind us. Not just as a College mission but as a human civic mission.

Keeping the Commitment Alive

I am worried about how my profession will look in the future. The current ADA House of Delegates resolutions highlight my concerns. My attitude is probably an "old guy trait." Roger Allen, who is a contemporary writer, says it best: "In case you're worried what's going to become of the younger generation, it's going to grow up and start worrying about the younger generation." I should have more faith in the younger generations of dentists and the systems being developed behind us. There are many bright lights that are shining behind us.

So, I want you to consider a larger role in volunteering. I am not talking about just at your current level. I am sure many of you are busy with a full plate. You are busy because you have the talents that society needs.

Whether you are a general dentist, specialist, researcher, or a teacher, you can increase your role. I believe where we need your skills is in the maintenance, development, and vision of our profession. Most of you were nominated to the College because you have already taken part in all these. There is really no better group.

It is no secret that the ADA is having problems with the membership numbers. We can and should help the ADA. Younger dentists get a break the first few years of practice with the cost of membership. In years five to ten, the membership numbers drop off. Perhaps the young dentist is finding others who appear to answer their needs. It is up to us to help the next generation to see the value of membership for our profession. They are the future of our profession. No, they are not like us, no matter what your age is. But they come from

similar, but different backgrounds. Their drive is different, but not much. They want the best. They are the future leaders of our profession. Your College has been reaching out lately to diverse groups within our profession to draw from the leadership experience they have to offer. Many of these groups have significantly lower ADA memberships. We are striving to represent the leaders and ethics in all of dentistry, not just the majority.

It has been said that it is not enough to nominate candidates who resemble us. Dentistry is changing its look. The profession is moving toward reflecting the population we serve. The change has a long way to go, but with each graduating class from dental school, our look changes.

Leadership in Ethics

Those of you that are retired or near retirement, take a leadership role in your community. You are skilled in leadership. You honed that skill for many years chairside. Your role in the community reflects on yours and my profession. I know you have done that in the past but volunteerism is down out there. Groups, clubs, and causes are struggling for members. Your skills are needed now more than ever.

I have been a Scoutmaster to many boys, council commissioner, and on my church committees. Like many of you I have had various positions in the dental associations. I have done a MOM or two. We have all said yes to many volunteer opportunities. Not all of your volunteering needs to be in dentistry, although it is an area that is of great need.

What can you do in your own office or home dental society? That's easy. Promote ethics. Many state dental boards have an ethics component for continuing education. Each year brings more states with this requirement.

Did you know our College has nine ethics videos on its website? They depict situations that you might run across in practice. You can use these videos as individuals, in office study clubs, or even state dental meetings. You can have a moderator, maybe yourself or a panel, and engage both dentists and auxiliaries in discussion. The videos are free from the College. We want this information and discussion out there. The videos are done by semiprofessional actors and produced for the College by Indiana University. Eventually there will be 16 videos, including one on specialty practice. Check them out and do something with them. The discussions you could lead are special when done in a group setting.

Your board, along with officers of the Pierre Fauchard Academy and the International College of Dentists, viewed one video in a group session for two hours with discussion. It was probably one of the best continuing education sessions in which I have ever participated. You could do this for dentistry. Give it some thought. You could do it alone, with another ACD Fellow, or as a section project. Next year in Hawaii the Fellows Forum will feature one of these discussions. This is the type of thing that the ACD leaders are trying to accomplish by recognizing professional and ethical behavior. Take that leader role and lead!

Your Time to Lead

I would like to finish by paraphrasing Steven Chan, our past President of the College, from his thoughts in the latest issue of the *ACD News*. Fellows are leaders. They see a bigger picture of our profession. They see beyond the here and now. The first role of the doctor is to teach. The ACD Mission Statement in other words is to help teach character. We are investing in the character of our profession. Leadership by all of us is investing in character. We invest time in people. We in the ACD invest in those that lead. We multiply our return to our profession to groom a few who will touch many. We believe that our work will uplift the image and the dignity of our profession. We care. You care. I care.

So, be that leader that Steve describes. Take the time to think what you can do to guide that young adult, current college student, dental student, or practicing fellow. Be that leader in your community where you have a passion. You have the skills to make your passion successful.

Thank you for listening to one of my passions: Engaging leaders in leadership. Now let's get going and lead. ■

2017 ACD Awards

William John Gies Award

The highest honor the College can bestow upon a Fellow is the William John Gies Award. This award recognizes Fellows who have made broad, exceptional, and distinguished contributions to the profession and society while upholding a level of leadership and professionalism that exemplifies Fellowship. The impact and magnitude of such contributions must be extraordinary.

The recipient of the William John Gies Award for 2017 is **Jerome B. Miller**. Dr. Miller is recognized for his extraordinary record of leadership and accomplishment in dentistry and his community. Among other distinctions, Dr. Miller is a Past President of the College of Diplomates, American Board of Pediatric Dentistry; the American Academy of Pediatric Dentistry; the American Academy of Pediatric Dentistry Foundation; the American College of Dentists; the American College of Dentists Foundation the Oklahoma Dental Association, and the Southwestern Society of Pediatric Dentistry. His support of worthy causes in dentistry has been unparalleled. Dr. Miller's credentials, achievements, contributions, and record of leadership include:

- DDS, Baylor College of Dentistry; MSD, Baylor College of Dentistry
- Past President, College of Diplomates, American Board of Pediatric Dentistry
- Past President, American Academy of Pediatric Dentistry
- Past President, American Academy of Pediatric Dentistry Foundation
- Past President, American College of Dentists
- Past President, American College of Dentists Foundation
- Past President, Oklahoma Dental Association
- Past President, Southwestern Society of Pediatric Dentistry
- Past Member, Board of Directors, ADA Holding Company
- Past President, Board of Directors, Oklahoma Dental Association Services Company
- Past Trustee, American Academy of Pediatric Dentistry
- Past Trustee, Oklahoma Dental Association
- Past Delegate, ADA
- Past Board of Governors, Dental Specialty Board Examiner
- Past Chair, ADA Reference Committee on Budget and Business Matters
- Consultant, American College of Dentists Foundation
- Recipient, Distinguished Service Award, American Academy of Pediatric Dentistry
- Recipient, Dentist of the Year, American Academy of Pediatric Dentistry
- Recipient, Dentist of the Year, Oklahoma Dental Association
- Recipient, Legacy Circle Award, American Academy of Pediatric Dentistry Foundation
- Recipient, Ann Paige Griffin Humanitarian Award, American Academy of Pediatric Dentistry
- Author, over 45 professional articles
- Presented numerous invited addresses to various dental meetings and educational groups

Ethics and Professionalism Award

ASDA
American Student Dental Association

The Ethics and Professionalism Award recognizes exceptional contributions by individuals or organizations for effectively promoting ethics and professionalism in dentistry through leadership, education, training, journalism, or research. It is the highest honor given by the College in the area of ethics. The American College of Dentists recognizes the **American Student Dental Association** as the recipient of the 2017 Ethics and Professionalism Award.

The American Student Dental Association is recognized for its ongoing emphasis on ethics and professionalism. As the major organization representing dental students, this emphasis is crucial to the future of dentistry and, in particular, has increased over the last decade. ASDA was first to address issues of cheating and impropriety

that affected dental education during the middle of the last decade. ASDA created a position at each of its chapters to either support the Student Professionalism and Ethics Club (now SPEA) or serve as a representative to the schools to address the issues more directly. Two years later ASDA released its White Paper on "Ethics and Professionalism in Dental Education," which was distributed to more than 20,000 dental students with thousands more to faculty, staff, and international students. During this time ASDA consistently pledged its support to the SPEA and were a major factor transitioning the organization from a club to a nationwide association. ASDA has also done considerable work on a code of ethics.

Accepting the award for the American Student Dental Association is Nancy R. Honeycutt, Executive Director. The Ethics and Professionalism Award is made possible through the generosity of The Jerome B. Miller Family Foundation, to which our appreciation is extended.

Honorary Fellowship

Honorary Fellowship is a means to bestow Fellowship on deserving non-dentists. This status is awarded to individuals who would otherwise be candidates for Fellowship by virtue of demonstrated leadership and achievements in dentistry or the community except that they are not dentists. Honorary Fellows have all the rights and privileges of Fellowship except they cannot vote or hold elected office. This year there are four recipients of Honorary Fellowship.

The first recipient of Honorary Fellowship is **Nanette R. Elster, Esq.** Ms. Elster currently serves as an assistant professor at the Neiswanger Institute for Bioethics and Health Policy at Loyola University, Chicago Stritch School of Medicine. In that capacity she has taught courses in bioethics, professional ethics, professionalism, and law, among other subjects. Since 2012 she has served with distinction as the Manager of the Ethics Outreach Programs of the ADA and she has expertly assisted the ADA's Council on Ethics, Bylaws and Judicial Affairs. Her knowledge and experience in ethical matters is extensive. Ms. Elster's credentials, achievements, and contributions include:

- BA, English, University of Illinois; JD, Loyola University School of Law; MPH, Boston University, School of Public Health
- Assistant professor, Neiswanger Institute for Bioethics and Health Policy at Loyola University, Chicago Stritch School of Medicine
- Manager, Ethics Outreach, ADA
- Past visiting professor, DePauw University College of Law
- Past visiting assistant vice chancellor for research, University of Illinois at Chicago, Office of the Vice Chancellor for Research
- Past assistant professor, University of Illinois at Chicago, College of Medicine
- Vice President, Spence & Elster, P.C., Professional Law Corporation
- Lecturer, Master of Jurisprudence program, Loyola University School of Law
- Legal consultant, Bioethics Committee, American Academy of Pediatrics
- Chair, Special Committee on Bioethics, American Bar Association
- Member, Board of Directors, Chicago Center for Jewish Genetic Disorders
- Coauthor, *Ethical Dilemmas in Fertility Counseling*, American Psychological Association, 2010
- Member, American Society for Bioethics and Humanities Dental Ethics Affinity Group
- Member, Executive Board, Association for Practical and Professional Ethics
- Guest editor, *American Journal of Law, Medicine and Ethics* (volume 45, number 1, 2017, Informed Consent)
- Presenter of numerous programs on ethics and law, including "The ADA Code of Ethics: Celebrating 150 Years of Putting the Patient First," ASBH Conference, Washington D.C., 2016

- Author of numerous book chapters and scholarly articles
- Named a Remarkable Woman by the *Chicago Tribune*, March 2015

The second recipient of Honorary Fellowship is **Michael A. Graham.** Since 2010 Mr. Graham has served as the Senior Vice President of the Division of Government and Professional Affairs of the ADA. In this capacity he coordinates the activities of multiple outside lobbying firms, directs the ADA's multimillion dollar political action committee, and oversees coordination of ADA state lobbying activities with state dental associations. From 1995 to 2009 Mr. Graham served as the Managing Director and Senior Lobbyist of the Division of Government and Public Affairs of the ADA. Mr. Graham's credentials, achievements, and contributions include:

- BA, American history, The Catholic University of America; MPP, public policy, University of Maryland, Baltimore County
- Senior Vice President of the Division of Government and Professional Affairs, ADA
- Past Managing Director and Senior Lobbyist, Division of Government and Professional Affairs, ADA
- Past Director, Legislative Affairs, National Association for Medical Equipment Services
- Past Associate Director, Office of Government Relations, National Association of Rehabilitation Facilities
- Past Acting Director, Office of Government Relations, Maryland Department of Human Resources
- Past legislative aide and Deputy Press Secretary, Congressman Clarence D. Long, U.S. House of Representatives
- Past Legislative Aide, Delegate Luiz R. S. Simmons, Maryland General Assembly
- Past Assistant Director, Office of Development, The Catholic University of America
- Past Member, Board of Governors, The Catholic University of America
- Past President, Parkwood Residents Association
- Commander, U.S. Naval Reserve

The third recipient of Honorary Fellowship is **Kevin J. Robertson.** Since 1997 Mr. Robertson has served with distinction as the Executive Director of the Kansas State Dental Association. He has also served as President of the Kansas Society of Association Executives, Vice President of Oral Health Kansas, President of the American Society of Constituent Dental Executives, and Chair of the Topeka Convention and Visitors Bureau, among other positions. Mr. Robertson's accomplishments and credentials include:

- BA, political science and history, University of Kansas; MPA, University of Kansas
- CAE certification, American Society of Association Executives
- Executive Director, Kansas Dental Association
- Past account executive, Barbee & Associates
- Past Director of Governmental Affairs, Barbee & Associates
- Founder, Kansas Dental Charitable Foundation and Kansas Mission of Mercy
- Founder, Oral Health Kansas
- Past President, American Society of Constituent Dental Executives
- Past Member, ADA Executive Director Advisory Committee
- Past Member, Kansas Board of Regents Oral Health Task Force
- Past Member, Delta Dental of Kansas Foundation Executive Search Committee
- Past Member, WSU Advanced Education in General Dentistry, Director Search Committee
- Past President, Kansas Society of Association Executives
- Past President, Faith Lutheran Church Congregation
- Past Chair, Topeka Convention & Visitors Bureau, Visit Topeka, Inc.
- Past Chair, Troop 10 Committee, Adult Scout Leader, Philmont Crew Adviser
- Honorary Fellow, Pierre Fauchard Academy
- Outstanding Dental Champion, Oral Health Kansas
- Outstanding Executive of the Year, Kansas Society of Association Executives

The fourth recipient of Honorary Fellowship is **Michael G. Schmidt.** Dr. Schmidt is Professor and Vice Chairman of Microbiology and Immunology; Professor of Stomatology; and Professor of Craniofacial Biology at the Medical University of South Carolina. Dr. Schmidt is an extremely

gifted academician, scholar, and leader. He has a record of outstanding performance and achievement as a leader, educator, scholar, and mentor. Dr. Schmidt's credentials, achievements, and accomplishments include:

- BS, biological sciences, University of Illinois; MS, microbiology, Indiana University; PhD, microbiology, Indiana University; Postdoctoral Fellowship, Microbiology, State University of New York at Stony Brook
- Professor and Vice Chairman of Microbiology and Immunology; Professor of Stomatology; and Professor of Craniofacial Biology, Medical University of South Carolina
- Chair, Branch Organization Committee, American Society for Microbiology
- Co-host, *This Week in Microbiology*, with Vincent Racaniello, American Society for Microbiology
- Chair Elect, Section on Biochemistry, Nutrition & Microbiology, ADEA
- Past Member, MedEdPortal Advisory Board, ADEA
- Member, Task Force—Computerizing Subject Tests, National Board of Medical Examiners
- Past President, South Carolina Branch, American Society for Microbiology
- Past Chair, Presidential Award, South Carolina Branch, American Society for Microbiology
- Editorial Board, *Journal of Applied and Environmental Microbiology*
- Past Associate Editor, *Microbe Radio*, American Society for Microbiology
- Recipient of numerous extramural and intramural research grants
- Member, State Bioterrorism Advisory Committee, South Carolina
- Member, Pandemic Flu Ethics Committee, South Carolina
- Presenter of numerous invited lectures and author of over 250 scholarly articles, papers, book chapters, and reports; author of numerous educational podcasts
- Fellow, American Academy of Microbiology
- Lecturer, Foundation for Microbiology (formerly Waksman Lecturer)
- Nominee, Health Sciences Foundation Teaching Excellence Award

Section Newsletter Award

Effective communication is a prerequisite for a healthy Section. The Section Newsletter Award is presented to an ACD Section in recognition of outstanding achievement in the publication of a Section newsletter. The award is based on overall quality, design, content, and technical excellence of the newsletter. The Ontario Section is the winner of the Section Newsletter Award for 2017.

Model Section Designation

The purpose of the Model Section program is to encourage Section improvement by recognizing Sections that meet minimum standards of performance in four areas: Membership, Section Projects, ACD Foundation Support, and Commitment and Communication. This year the Atlantic Provinces Section, the Quebec Section, the Indiana Section, the Ontario Section, the Louisiana Section, the Oklahoma Section, and the Washington Section earned the Model Section designation.

Lifetime Achievement Award

The Lifetime Achievement Award is presented to Fellows who have been a member of the College for 50 years. This recognition is supported by the Dr. Samuel D. Harris Fund of the ACD Foundation. Congratulations to the following recipients:

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Editor's Note

Introduction

The College was founded at a time when dentistry was changing from a trade dominated by individuals who did not mind making a buck to a profession led by a common body of practice grounded in science and a service ethic. The College was a clear voice for getting commercial interests out of dentistry.

The struggle is now over.

The theme papers that follow certainly look like a collection of old reports about the dying practice of journalism in dentistry. They are that, but more. Let's change the angle on what we are looking at. We might better view these as the high idealism of the American College of Dentists at a crucial time in the history of American dentistry. The conversation, in more direct language than we are used to today, was about commercial influence on values, where to turn for information, and whether we care.

William Gies wrote in a long extinct journal about the dangers of professional passivity. The ACD Commission on Journalism issued a widely implemented 1932 call for action in the form of a 200-page book. The 1955 report of the ACD Committee on Journalism summarizes 30 years of substantial progress. My own paper places these events in context.

The College was founded at a time when dentistry was changing from a trade dominated by individuals who did not mind making a buck to a profession led by a common body of practice grounded in science and a service ethic. The College was a clear voice for getting commercial interests out of dentistry. Proprietary journals all but ceased to exist by the middle of last century (with the largest, *Dental Cosmos,* being gifted to the ADA), supply houses were barred from convention floors, vendors were no longer welcome in schools, our journals were purged of advertisements and product pushing masquerading as research, ethical standards were drafted for publications. Membership in the ADA went from 44% in 1930 to over 90% a decade after the second ACD report on journalism reprinted here. It has since slipped back to 65% and is falling at the rate of a percent per year. There was a time when the ACD battled to push commercialism toward the back of the profession.

The struggle is now over. We have pop-up ads on the websites of virtually every dental organization. We anticipate regular emails from folks willing to help us build a more attractive web presence. There are sufficient numbers of "success experts" and nondental corporate interests eager to employ tooth technicians. It is expected in high places that industry will give a little baksheesh as part of *their business* and we will graciously accept it in the name of *our professional service to the public.*

In 1930, the battle was contested in the pages of journals; today the same battle is fought on the web. Ninety years ago the College was fighting an offensive, and partially successful, war against the intrusion of commercial interests in the profession; today it is a dramatically scaled-back defensive action. ■

The 1932 American College of Dentists Commission on Journalism and Commercialism in Dental Journalism

David W. Chambers, EdM, MBA, PhD, FACD

Abstract

In 1932 the American College of Dentists published the book-length report of the Commission on Journalism. This gave tangible form to an effort begun four years earlier to document the state of dental journalism at the time, with particular emphasis on its commercial tone and control by the dental industry. Creation of the American Association of Dental Editors was a direct result of this process. During the 1930s significant progress was made in curbing the number and influence of proprietary dental publications and in public policy statements opposing industry sponsorship of dental activities. Part of this success can be attributed to the fact that fellows in the college also held leadership positions in other organizations and to its policy of sustained, open, and public discussion of the issue. Numerous specific recommendations of the commission –such as the ADA's publishing a journal for all dentists, creation of a prize for dental editors, publication of a forerunner of evidence-based dentistry, and improving the quality and quantity of scientific, professional, and editorial content–failed to materialize or came about in unanticipated ways.

Dr. Chambers is the editor of the college; dchambers@pacific.edu.

This paper is based on a presentation at the annual meeting of the American Association of Dental Editors, October 8, 2011, Las Vegas, Nevada. It is reprinted with permission from the *Journal of the History of Dentistry, 60* (1), 2-17.

At the Minneapolis meeting of the American College of Dentist in 1928, President Henry Banzhaf called for an investigation of the role of commercialism in the quality of dental journalism. This was a significant undertaking for a professional organization that had been founded eight years earlier, and it represented part of the early tradition in the college of bringing attention to issues that shape the future of the profession. Other early interests included licensure, continuing education, and establishment of specialties.

Over a ten-year period beginning with this call to reform dental journalism, the college completed a comprehensive survey of the status of dental journalism resulting in the publication of a book-length report, founding of the American Association of Dental Editors, development of a comprehensive set of recommendations for the improvement of dental journalism, an unprecedented and not repeated ten-year public discussion in print regarding dental journalism, and monitoring and reporting of progress on the issue that continued until after the Second World War. This period saw a substantial decline in the number of proprietary publications (a change that paralleled the disappearance of nonuniversity-based dental and medical education), and reductions in industry presence on dental convention floors and their behind-the-scenes promotion of continuing education programs.

Context for the Creation of the Commission

The Board of Regents of the American College of Dentists adopted a resolution at its 1928 meeting that chartered the activities of its Commission on Journalism (American College of Dentists, 1932). There were four "resolved" clauses: (a) survey the total amount of dental literature, (b) determine the proportion of the literature not under the control of the dental profession, (c) identify measures to terminate publication of nonprofessional journals, and (d) develop measure to enhance worthwhile dental journalism. Among the eight "whereas" clauses, two particularly convey the sentiments of the college at the time: "Whereas a large proportion of the dental literature and proceedings of dental societies is still published in periodicals controlled by dental trade houses" and "Whereas such condition is not compatible with the maintenance of professional dignity, independence, and idealism." The commission was not asked to "have a look to see whether dental journalism might be enhanced through better quality content." The intent was to eliminate dental industry's influence over professional communication because that was felt to represent an affront to dentistry. As will be discussed below, the college had good reason to believe that propriety interests participated heavily in dental journalism.

Concern had been growing over industry's traditionally strong influence in the affairs of dentistry. This paralleled medicine's early nineteenth century successful initiatives to curb advertising of patent medicine directly to patients (Starr, 1982) and the conversion of proprietary medical schools to university sponsored, research-intensive programs called for in Abraham Flexner's 1910 Carnegie Commission Bulletin #4. William Gies, a biochemist with a faculty appointment at Columbia University's College of Physicians and Surgeons dental school, was a vocal advocate for independent, science-based dentistry (Orland, 1982). He founded the *Journal of Dental Research* in 1919 and edited and controlled its content while protecting it from commercial influence by personally financing the journal, with support from the American College of Dentists William John Gies Endowment Fund Committee for the *Journal of Dental Research*. In 1936 JDR was turned over to the International Association for Dental Research, an organization that Gies earlier founded. Gies authored a comprehensive report on dentistry that echoed the Flexner report in scope and recommendations—except that Gies called for dentistry being independent from, and of the same status as medicine (Gies, 1926). At the Fifth Annual Conference of Independent Journalism in Dentistry in Boston on February 26, 1916, Gies spoke to the position that "professional freedom, self-respect, and efficiency are incompatible with subserviency to trade journalism." (Gies, 1916, p. 577; excerpted in this volume).

What is unusual about this forum is that positions of industry and other sponsors of proprietary journalism were printed unedited in order to ensure a balanced exposition of the issue. These open forums continued until 1938 and included pages of verbatim remarks from editors of proprietary journals.

The ACD Commission on Journalism was formed in 1928 and began its work under the chairmanship of Dr. Bissell B. Parker of New York City, with four other fellows of the college as members: Drs. Ervin A. Johnson, John T. O'Rourke, Benjamin S. Partridge, and Edward B. Spalding. At its 1930 meeting in Denver, the college approved creation of an organization of editors of nonproprietary journals. The purpose of the organization was to "promote in a constructive way the cause of nonproprietary dental journalism, and to facilitate cooperation among the editors of these journals for the advancement of the professional ideals of dentistry" (O'Rourke, 1932, p. 223). On October 19, 1931, five members of the college—Drs. William J. Gies, John E. Gurley, John T. O'Rourke, Bissell B. Palmer, and Robert S. Vicsant—registered a charter for such an organization in the State of Tennessee. Those who registered the charter agreed not to seek office in the organization. The organization was called the American Association of Dental Editors. The first meeting of AADE was held on January 18, 1932 at the Stevens Hotel in Chicago (currently the Conrad Hilton). Thirteen individuals were present. Dues were set at $5, and committees were established for executive, nominations, dental literature, cooperation, and advertising.

The report of the ACD Commission on Journalism appeared as a bound volume running to 238 pages, in 1932. It was published by the American College of Dentists at the Waverly Press in Baltimore, Maryland. Significant portions of the report are summarized in this volume.

The Report of the Commission

The report proper is contained in the first 56 pages of the book and covered the charge to the commission, early history of the dental profession, nineteenth century dental journalism, and the recent evolution of dental and medical journalism. There was a discussion of the relationships between medicine and dentistry—still an issue of concern at the time. Much of the text was given over to characterizations of the proper rule of dental industry (referred to as "trade houses" or "proprietary interests") and how industry had overstepped its proper place. By today's standards, this mostly amounted to high-toned name calling. Six recommendations, presented in nine pages, were offered.

The majority of the publication consists of tables and commentary depicting the state of dental journalism in 1928-31. One hundred and thirty-one publications were identified and classified as to title,

owner, name and address of editor, date of first issue, frequency of issue, and "class," and "type." Journals were classed according to sponsorship: (a) dental societies, (b) colleges (apparently meaning dental school alumni publications), (c) national fraternities, (d) publications for hygienists or assistants, (e) trade-house publications, (f) corporate publications (owned by publishing firms), and miscellaneous and unclassified publications. Trade-house and corporate publications were considered proprietary. Each publication was also classified by type as being (a) a "journal" mostly given to scientific, professional, and editorial content, (b) a "bulletin," mostly given to news of the sponsoring organization, or (c) "atypical" by virtue of mixed or other content.

One hundred and seventeen publications were in existence in 1931 (almost 11% turnover in three years), but detailed analyses in the report were based on the entire 131 publications. One-quarter of publications were proprietary and 48% were journals. However, 38% of the nonproprietary publications were journals and 81% of the proprietary publications were journals. The dominant format for nonproprietary publications (44%) was bulletins containing news of the sponsoring organization. Later, the commission would simplify this classification system to parallel the one used for schools by the ADA Council on Dental Education where A = journals controlled and sponsored by dental organizations, B = bulletins controlled by dental organizations but sponsored privately, and C = proprietary publications.

The primary target of the commission was the 20 trade-house and corporate journals represented by the following: *Dental Cosmos* (S. S. White), *Items of Interest* (its own for-profit publishing company), *The Texas Dental Journal* (P. A. Cary Company), *Dental Digest* (Dentists Supply Company of New York), *The American Dental Surgeon* (The Professional Press), *The Dental Brief* (L. D. Caulk), *Dental Survey* (private, profit-making publication of an individual), and the *International Journal of Orthodontia, Oral Surgery, and Radiology* (C. V. Mosby Publishing).

These journals typically had wide circulations and featured articles on diagnosis, restorative techniques, new materials, surgical techniques, cases, and other scientific topics that were typical of the best dental-organization-sponsored publications of the time. Contrary to what might be gathered from the Commission on Journalism's report, a case can be made that more scientific content was offered in the trade journals. Calculating from Table R in the report, industry published an average of 5,873 pages of articles compared with 4,299 pages in journals sponsored by dental organizations. The circulation of these proprietary journals with scientific content was 5.6 times as large as their nonproprietary counterparts. Forty percent of pages in proprietary journals were devoted to advertisements; 37% of pages in nonproprietary journals were ads.

The commission offered no criticism of the scientific or technical content of the trade journals. The quality of copy seemed to be similar across sponsorship as illustrated by this quotation: "That the creation of the *Journal of the American Dental Association* [in 1928] failed to bring to dental journalism the benefits that accrued to medical journalism from the establishment of the *Journal of the American Medical Association* has been a source of great disappointment to the well-wishers of the dental profession. The failure to achieve such a result is undoubtedly due to the fact that, accepting the type of ownership, there has been very little real difference between the journalistic qualities of the official organ of the American Dental Association and those of trade houses and other proprietary periodicals" (American College of Dentists, 1932, p. 33).

The concern of the commission was nature of sponsorship. Fifteen such charges against proprietary dental journalism are enumerated below in bullet form.

- Component dental societies are sponsors of trade publications.
- Proprietary journals publish, as a service to the profession, the announcements and transactions of dental organizations.
- Dental schools advertise to recruit students in trade journals.
- Proprietary journals are distributed on a complementary basis in schools and at dental conventions.
- Dental societies meet in industry facilities.
- Trades provide complementary equipment, supplies, and services to organized dentistry.
- Industry financially underwrites conventions of dental groups.
- Manufacturers offer continuing education courses, subsidize speakers, and pay dentists for endorsements.
- Officers in dental industry sit on boards of dental organizations and receive honorary recognitions.
- Trade journals publish position comments on matters that affect the profession.

- Trade journals engage in "puff"—complementary shout-outs to those in the profession whose views they find congenial.
- Fear that dentists will not pay for subscriptions to publications of organized dentistry when they receive free journals or journals at reduced rates.
- Trade publications promote a "status of success" over service.
- Dental industry is given credit for philanthropy in supporting the profession when the real nature of their contribution is advertising.

The situation becomes clear when comparing the *Journal of the American Dental Association* with *Dental Cosmos.* The *Journal of the American Dental Association* was distributed (as part of association dues) to 36,572 practitioners in 1928. It contained 2,340 pages of scientific, professional, and editorial copy, and 25% of its pages were advertisements. *Dental Cosmos* charged a fee of $1.50 per year to approximately 28,000 subscribers, contained 5,506 pages of scientific, professional, and editorial copy, and 17% pages of advertising. Not only did *Dental Cosmos* carry announcements of society and state and specialty meetings and conventions, it also published minutes, proceedings, and speeches of such organizations. It printed public notices of interest to dentistry, such as the 1918 announcement that property belonging to the defunct Pennsylvania College of Dental Surgery was being held in probate and inviting those with a legitimate interest in that property to contact the court-appointed officers. *Dental Cosmos* was the website of the day for dentistry. Very likely, if a dentist were asked to name the single most useful source of information on the profession, the answer would have been *Dental Cosmos*.

The findings of the commission can be summarized in this quotation: "Dental journalism was dominated by dental trade-houses, and it was conducted not 'in the interest of the dental profession' as the trade-houses so frequently proclaimed, but primarily as an effective means to advertise to the profession the dental products manufactured or sold by the owners of the periodicals" (American College of Dentists, 1932, p. 13).

An extensive set of recommendations was offered in the *Report of the Commission on Dental Journalism*. They are summarized here, in a slightly different arrangement, under three headings: (a) squeeze out proprietary publications, (b) replace these with higher quality dental journalism, and (c) miscellaneous other initiatives. As we will shortly discover, dentistry succeeded in one of these aims.

The principal goal of the commission was to replace proprietary sponsorship of dental journalism with sponsorship by dental organizations. Toward that end, the commission recommended:

- Urging societies to withdraw participation and sponsorship in proprietary publications
- Removing trade publications from dental conventions
- Urging dentists to drop subscriptions to proprietary publications
- Blocking the republication of articles originally appearing in proprietary journals in nonproprietary ones
- Urging schools to switch their advertising and distribution to students from proprietary to nonproprietary journals
- Urging libraries to stop display and circulation of trade publications
- Urging dentists to discontinue writing for trade publications
- Seeking policies that would bar industry from participation in dental meetings and conventions and block participation by dentists in industry, as in serving on boards or developing product innovations with commercial applications

To compensate for the loss of proprietary publications, there would be improvements in nonproprietary dental journalisms. One major thrust would be to increase the number of pages and frequency of publication of nonproprietary journals. This would be accomplished by converting proprietary journals to nonproprietary sponsorship, merging the struggling society publications, developing more specialty journals, publication by the American College of Dentists of a handy summary of proven techniques (proto-EBD) to be called *Dental Abstracts*, and distribution of the ADA journal to all dentists regardless of membership.

The other major thrust was to be carried out by the newly formed American Association of Dental Editors. This group, to be limited in membership to those affiliated with nonproprietary journals, would develop standards for content, authorship, advertising, and the free exchange of material among nonproprietary editors and the exclusion of propriety ones. They were to collaborate with the American College of Dentists to award an annual prize, a medal, to editors. In particular they were to protect the profession from commercialism disguised as science and to drive out the "repetitious and the banal" from the pages of dental journals and to limit advertising to what is "true, moderate, and dignified."

The third category of recommendations involved ad hoc changes such as standardizing the titles of publications to reflect the "journal" and "bulletin" distinction, systematic republication of the most important literature by the American College of Dentists, and expressions of cordiality toward and openness to exchange of ideas between the profession and industry on the profession's terms.

The *Report of the Commission on Dental Journalism* was written in ringing tones of the highest idealism. It used the term "pachydermatous" to describe the problems faced by dental journalism. That does not mean having a trunk like an elephant; it means having a thick or insensitive skin and clumsy digits that are a handicap for doing proper work, like an elephant. The authors of the report accused industry of taking money and influence out of the hands of the profession through its sponsorship of journalism. It was the messenger, not the message, that the commission found objectionable. "Dentistry suffers to the extent that the boundary between profession and trade is unclear; progress requires that dentistry defines the boundary" (American College of Dentists, 1934, p. 46) and "only indifference or lack of idealism in the leaders of dentistry makes it possible for the illicit relationship to continue" (American College of Dentists, 1932, p. 36).

The authors of the report accused industry of taking money and influence out of the hands of the profession through its sponsorship of journalism. It was the messenger, not the message, that the commission found objectionable.

And Then…

The *Report of the Commission on Dental Journalism* was stupendous in the rigor and extent of its empirical base, its presumptions, and the scope of its challenge to the profession. It is in the tradition of the Flexner and Gies Reports and the Surgeon General's Report on Dentistry (2000). It exceeds modern efforts such as the Hollingshead (1961), Institute of Medicine (1995), and ADA reports on dentistry (2001). What makes it almost unique is what happened over the years immediately following its publication. It was not shelved; it was put into active play by the American Association of Dental Editors, the American College of Dentists, and the American Dental Association, which followed with the formation of the Council on Journalism.

The report drew very little response in print. A few individuals associated with proprietary organizations cautioned against libel, and the ADA Judicial Council raised concerns over comments made in the report (Palmer, 1934). Virtually all of the recommendations of the commission that could be carried out by the trade houses were affected. The *Texas Dental Journal* was donated to the Texas Dental Association, *Pacific Dental Gazette* was donated to the University of Southern California dental school, *Dental Economics* stopped publication, and other voluntary transfers were made (Palmer, 1935). Beginning in January 1937, *Dental Cosmos* combined its 1055 pages with the 2070 pages of the *Journal of the American Dental Association*. The following year the new *JADA* publication only included 1465 pages, demonstrating the trend that the overall number of publications increased during the decade but the overall number of pages of scientific, professional, and editorial content did not (American College of Dentists, 1938). By 1940, there were 110 nonproprietary dental publications listed in the Index to the Dental Literature and only 13 trade-house publications. The same pattern from a decade earlier persisted, however, with 38% of the non-proprietary publications (the plurality) being bulletins devoted to society news. Eight of the 13 proprietary publications (62%) remained journals, devoted to scientific, professional, and editorial content (Black, 1940). The American Association of Dental Editors grew in its first decade to 233 members representing 86 publications (roughly its present size), and it continues to address itself to the issues identified in its founding charter and the Commission on Journalism report (Black, 1938).

A comparable positive response was forthcoming from state dental associations, state dental boards, dental schools, and specialty organizations (Palmer, 1936; American College of Dentists, 1934a). Numerous resolutions were passed at the state level condemning proprietary journalism and opposing industry sponsorship of educational programs at state meetings or through participation in dental school programs (American College of Dentists, 1932). Those who had

registered such positions by 1932 included Rhode Island, Tennessee, Pennsylvania, New York, North Carolina, New Hampshire, Wisconsin, New York Academy of Dentistry, the Dental Education Council of America (predecessor of the American Dental Education Association), Harvard (and later many other dental schools), and a dozen others. The chair of the Commission on Journalism in 1938 reported that only a single society continued to publish its proceedings in a proprietary journal, no schools advertised in proprietary journals, no continuing education courses sponsored by industry were announced, and virtually all fellows of the college had resigned their associations with trade companies (Black, 1938). The Kentucky State Dental Association passed a resolution "prohibiting the appearance on the program of any of its meetings any salesman or representative or any person whatsoever regardless of his degrees or qualifications who is in the employ of a manufacturer or dealer in dental supplies or accessories or who is directly or indirectly interest in the manufacture or sale of medications or accessories intended for public use" (American College of Dentists, 1932, pp. 28-29).

It is likely that the constructive response from industry and state associations and schools during the decade following the creation of the Commission on Journalism is a function of the organizational structure of the American College of Dentists. The college had no financial interest in the outcome of this debate and its fellows, selected because they represented the leaders in other components of organized dentistry, were in positions (in those other organizations) to exert influence through those channels. Four of the editors of the 20 trade-house or corporate proprietary publications identified in 1930, including Dr. L. Pierce Anthony of *Dental Cosmos*, were fellows of the college and all but one relinquished this affiliation (American College of Dentists, 1932).

A further mechanism that appears to have been instrumental, and to my knowledge has not been replicated by other organizations that advance policy positions, was a ten-year effort to monitor the outcomes of the recommendations and an open and balanced forum for public discussion on the topic. The *Journal of the American College of Dentists* was created in 1934. It contains transcriptions of committee meeting over the 1930s where the contemporary state of dental journalism was documented. There were reports of efforts on the part of leaders in the college to garner endorsements from state organizations and conversations with industry leaders. There was also a public debate reported over several years in the pages of the journal regarding the issue. What is unusual about this forum is that positions of industry and other sponsors of proprietary journalism were printed unedited in order to ensure a balanced exposition of the issue (American College of Dentists, 1936; Brandhorst, 1936). These open forums continued until 1938 and included pages of verbatim remarks from editors of proprietary journals. There were even republications of editorials, such as from Dr. Elmer S. Best, an early and constant critique (Best, 1937). Consistent with the historical tradition of the American College of Dentists, all sides of the matter were presented rather than the officers of the college deciding what the profession should think and then attempting to present only that view. (See editorial mission of the college printed on the inside front cover of any issue.)

Despite its success in curbing the commercial influence of industry in dentistry and launching the American Association of Dental Editors, the Commission on Journalism failed in most of its other aims. The American Dental Association absorbed *Dental Cosmos*, but did not increase the number of pages devoted to scholarly articles or reduce the advertising, nor did it offer a publication to all members of the profession. At least until the Second World War, the number of nonproprietary dental journals increased slightly while scientific content remained unchanged.

There is a miscellany of small promises from the founding days of AADE that did not come to fruition. The ADA did not take up the expectation that it would publish the minutes of the AADE (first the *Journal of Dental Research* and then the *Journal of the American College of Dentists* did that). The prize for dental editors that ACD and AADE were to create suffered four years of torturous development in committee and, despite framing an excellent set of criteria (American College of Dentists, 1934b), died in 1937 (thankfully to be taken up by the International College of Dentists). Plans by the AADE for a student publication foundered (to be picked up as it should have been by the students themselves through the American Dental Student Association).

And the recommendation that the American College of Dentists create a publication of scientifically grounded practice tips called *Dental Abstracts*…, there is a tale to tell here. In the mid-1930s the American College of Dentists informed the editor of *Dental*

Survey, a personally owned proprietary journal, that the publication was classified as Level C (proprietary). The editor was the same Dr. Ernest S. Best who had consistently challenged the work of the Commission on Journalism and had created a short-lived rival Dental Editors [sic] Club for the propriety publications. Best informed the American College of Dentists that *Dental Survey* was in fact under the sponsorship of a new academy and thus technically not a proprietary publication. As reported in the *Journal of the American College of Dentists* (Black, 1940): "The commission being unable to find any record of the [claimed] organization wrote the editor for further information." Best replied that "he would be sending a copy of the constitution and bylaws and a copy of the agreement between the publisher and the sponsoring organization, the Pierre Fauchard Academy, an honorary Best created for the purpose of providing such sponsorship. Soon thereafter, *Dental Survey* became *Dental Abstracts*. Although still sponsored by PFA, *Dental Abstract*s is now managed by the proprietary publishing firm Elsevier, which also manages *JADA*.

The fight over dental journalism in the 1930s needs to be understood correctly. It was not a crusade to eliminate commercialism from dentistry or dental journalism. The goal was to wrest control of dental journalism from the sponsorship of industry and transfer it to the sponsorship of the profession. As Dr. J. Cannon Black, chair of the Commission on Journalism in 1939 stated: "Our literature is now virtually in our own hands" (Black, 1939). ■

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Independent Journalism versus Trade Journalism in Dentistry

An Irrepressible Conflict

William J. Gies, PhD

Reprinted, with selected editing from the *Journal of the Allied Dental Societies, 1916, 11* (4), 577-622.

As an invited guest, at the dinner following the Fifth Annual Conference on Independent Journalism in Dentistry (Hotel Vendome, Boston, Feb. 26, 1916), I had the very great pleasure of responding to the toast: *"Professional freedom, self-respect and efficiency are incompatible with subserviency to trade journalism."* I spoke extemporaneously, from a fund of earnest convictions on this subject, and, after the dinner, was requested by many, orally and by letter, to "publish the address." I concluded, in response to these expressed desires, to dictate promptly to a stenographer, in a form as nearly like that of the original comment as possible, the remarks I made in response to the toast. Urgent duties continuously interfered with the execution of this purpose, however; and now (Nov. 7), confronting a serious editorial demand for the production of the promised manuscript without further delay, I present for publication, not a reproduction of the Boston speech, but, instead, a statement of a few convictions in this relation, as they occur to me, as an independent contribution to a subject of special professional interest to dentists.

II

Trade is conducted primarily to secure individual advantage or profit in sale, purchase, or barter. *This* is exchanged for *that*. The one who offers the commodity aims frankly to obtain equal or greater worth in return; the one who accepts the commodity has avowedly the same purpose—to get "*his* money's worth," and more, if possible. In the mutual desire of seller and buyer fairly to *obtain* from each other *as much as possible* (the inherently personal and selfish feature of trade), prices usually register the equilibrium between opposing purposes to *obtain the maximum value for self*—the balance between the give-and-take of "supply and demand."

The one who offers merchandise for sale usually knows more about any existing deficiency in the goods than does the buyer (before the sale), and the seller does not invariably tell all he knows in this regard while the prospective buyer reflects upon the possible advantages, to himself, of purchase. When the trader's business is advantageous to the community, such service as he renders is usually, so far as he himself is concerned, *incidental* to his primary purpose to sell goods and to "make money." The tradesman is seldom in "business for his health" or generously for the benefit of the community. Too often his motto is: "The public be damned." Trade is essentially and frankly selfish, though it need not be objectionably so. When it is conducted openly, fairly, and squarely, trade affords, by common consent, a livelihood that is creditable to, and honorable for, the one who achieves it. Such trade is a convenience or a necessity in every community.

High degree of productiveness of the farms; intensive conduct of, and contentment in, the industries; and wide extension of voluminous trade in useful products, afford the substantial basis for a nation's prosperity, and foster the public service that the professions accomplish.

Every *profession* is conducted primarily for the avowedly *generous* performance of highly trained *service*. The professional man performs this service for that remuneration—and he aims to *get*, in each instance, *greater* worth than the value he receives in return. The professional man, unlike the tinker, plumber, or other tradesman, understands that nearly all his professional knowledge was originally established by altruistic research, by public spirited discovery, by unselfish invention, by free and privileged professional communication, and through the expenditure of large funds from public or philanthropic sources. The professional man realizes that much of his professional training and skill was initially derived from instruction by underpaid teachers who, as professional educators, gave him that instruction as a part of *their* public service. The professional man is aware that his professional efficiency and opportunity depend upon these and other types of *generous gifts to him* and, through him, to society; he sees clearly that the money paid by him for his professional training was not, and could not have been, a payment in full for value received. The professional man comprehends, therefore, that he is "a *debtor* to his profession" and, through his profession, a *debtor* for life, also, to society—to *society*, which is the abiding trustee of the special knowledge the professional man is encouraged and *assisted* to acquire and to use, *under the state's regulation and jurisdiction*, primarily for the promotion of the public welfare. Consequently, the professional man does not, like the tradesman, expect to obtain, or exact, in money, full equivalent of what his service is worth to the one who benefits from that service. The professional man does not seek to obtain, *and never permits to accept*, in return, a value that is *greater* than his service is worth to the one who received that service.

A professional man never knowingly profits from misjudgments or mistakes by those he serves—in his professional relations he never takes the tradesman's view that he is "not his brother's keeper" and that "business is business." The professional man aims, on the contrary, to give faithfully and generously of his professional service, as liberally as he himself has received from his profession's store of inherited knowledge—he aims to give much *greater* value to those who seek his service than that received by him, in return, in money or any value. The professional man is well satisfied and fully content, as a public servant, so to serve his day and generation as to merit and gradually to acquire a competence, i.e., an income sufficient reasonably to provide permanently (for himself and family) the necessaries and conveniences of life without superfluity, a just and honorable recompense for a career devoted primarily to public service; he does not, and will not, degrade his professional purpose, activity, and efficiency, to the low, selfish level of "money grubbing."

> If the professional man "makes money," his financial success is incidental to his primary purpose to serve the public.

Charges for professional service, by the true professional man, do not "register the equilibrium between opposing *purposes to obtain the maximum value for self*," as prices do in trade. Professional charges are not merely fair charges—they are *generously fair* charges—because in fixing his charges, the professional man retains a modest and intimate

comprehension of the inherent deficiency of his best service; he puts into his judgment of values the gentlemanly sympathy, for those he has the opportunity to serve, that is a part of his professional attitude; and he yields to his high purpose to give to, and serve, *consciously* and *conscientiously*, the public, through generous helpfulness to every individual it may be his duty or privilege to aid. If the professional man "makes money," his financial success is *incidental* to his primary purpose to serve the public.

The professional man rarely spares himself in the performance of his acknowledged and accepted duty to society. The professions are characterized by unselfishness—and the more altruistic its service, the higher a profession's standing in public estimation and respect. When it is conducted in accord with its greatest opportunities and responsibilities in public service, a profession affords, by common consent, a livelihood that represents one of the highest and noblest forms of public usefulness. The practice of the professions is a necessity in every civilized community. High degree of proficiency, and wide extension of effective service, in the professions improve the health and happiness of a nation; and, supported by material prosperity, afford a spiritual basis for a people's growth in intelligence and civilization.

Trade is occupation that may be successfully conducted with little or no training and is often a temporary pursuit. A profession cannot be successfully conducted without extensive preliminary preparation and is usually life-work. Tradesmen of a particular kind, in a given community, are rivals and usually are in each other's way as *competitors*. The members of a profession, in a given community, are colleagues and unite to *cooperate* in serving the community.

The dominant note in trade is: *obtain!* The essence of a profession is: *give!* Trade is based on *fairness* in exchange. The professions express *liberality* in service. In trade, "*honesty* is the best policy." In a profession, *generosity* is the best purpose. Trade, at its best, is exchange of commodities representing *equally* desired values: equity. A profession, at its best, is performance of greatly needed service for a monetary value that is avowedly *less* desirable: generosity.

Some tradesmen honor themselves by conducting their business on the higher plane of a profession. Very many professional men degrade themselves and their professions by rendering service on the lower plane of common, even dishonest, trade.

I have been regarding dentistry as a *profession*—a profession that is coequal, in usefulness, opportunity, and dignity, with the profession of any other branch of medicine, the great art of preventing and curing disease. I protest against any attitude, inside or outside of dental circles, that delays or prevents the development, acceptance, and operation, of the highest professional ideals in dentistry. I am unwilling to admit that a tradesman engaged in the practice of dentistry (and there appear to be a number of clever tradesmen in such practice) is properly or suitably called a dentist, for dentistry is more than skillful practice of a mechanical art.

III

Journals published by tradesmen, in the name of a trade *or of a profession*, with or without the cooperation of professional men, are commonly and conveniently called "trade-journals," because such journals are conducted (often frankly) in the financial interest of the traders or tradesmen who own them and, *ultimately*, to the detriment of the professions such journals are permitted to represent. I believe it is quite as generally comprehended that the employment, by tradesmen, of professional men as editors in such trade journalistic projects, results, as a rule, in the degradation of the professional status of such employees, and, in time, in the prostitution of the professions such men represent, without elevating the employing tradesmen's journalistic motives or procedure to the plane of professional *principle*.

In view of the prevalence of such convictions as these among professional men generally, regarding the dishonor involved in the subservience of a profession to trade journalism, it is astonishing to find that dentists, as a body, appear to see nothing professionally reprehensible or discreditable in the present dominance of dental journalism in this country by periodicals issued from, or by, supply-houses.

I have spoken frankly, on several public occasions, in criticism of this professionally degrading situation in dentistry. The readers of this journal know that I have an earnest respect for dentistry as a profession. They have learned, from various statements in papers published in this journal, of my ardent hopes for the continuously rapid progress of dentistry in effectiveness, usefulness, dignity, and public esteem, as a branch of the great profession of healing and preventing disease. With cordial good-will for

dentistry as a profession, and for the hundreds of dentists I have the honor and pleasure to know individually, I now address to the dental profession the following remarks on this unpleasant and dangerous subject, *against a system, not against individuals*. I do so in the conviction that the sincerity of my purpose, and the earnestness of my plea, will protect both purpose and plea from misunderstanding and against *successful* misrepresentation. I do so in the belief, also, that such protests as this, even if they should have the misfortune to err in details, will stimulate the discussion and hasten the action, by dentists, that may terminate very soon the dominance of trade journalism over professional journalism in dentistry in this country —and wherever else dental trade journalism may flourish or take root.

IV

Civilization has evolved from barbarism. Democracy has evolved from despotism. Professions have evolved from trade. "Times change and customs with them."

Medical journalism and medical education have evolved from trade journals and proprietary schools. Dental journalism and dental education have entered the path of similar evolution.

Medical men realized, long ago, that trade interests and professional ethics in medicine are usually incompatible. Accordingly, in the interest of professional ethics (a dignified way of saying in the interest of sufferers from disease), *medical men have driven trade medicine back to trade, where it belongs*. As a result, the business of producing and selling medical supplies—*an important and worthy business*—is eminently successful and honorable in the hands of honest business men; and medical practice, by doctors of medicine (not tradesmen disguised as such), is on a very high plane of professional proficiency and self-respect—ever rising! As another result, medical schools are no longer educational makeshifts—not the transparent money-making schemes they used to be—but represent earnest and untiring professional efforts, with the aid of permanent funds from public and philanthropic sources, to the maximum of medical training and medical inspiration to those who seek the best foundations for careers in the art of preventing and healing disease. As a further result, the influential medical journals are not the miserable trade prospectuses, or the supply-house catalogues, they once were, but are strictly professional periodicals, that reflect earnest medical opinion, that present real medical knowledge, that elucidate the best in medical practice, and that preach medical doctrine—and do it all learnedly, effectively, critically, honestly, frankly, and faithfully, without reference to help for, or harm to, the business of medical supply-houses, or the "rake-off" for the owners of surviving proprietary medical schools, or the interests of the owners of the few journalistic outcasts that continue to sell-out medicine.

> The dominant note in trade is: obtain! The essence of a profession is: give! Trade is based on fairness in exchange. The professions express liberality in service.

[…Omission (four paragraphs on nineteenth century commercialism in medicine)…]

V

One of my remarks in the Boston speech, that I recall almost verbatim, was this:

> "*Trade journalism in a profession is a form of vulgar autocracy. When it is benevolent, it pauperizes; when it is benignant, it patronizes; when it dominates, it demoralizes. Like autocracy, it exploits those who maintain it; it misrepresents those who trust it; it seeks to destroy those who challenge it.*"

I cordially invite editors of trade-journals in dentistry to show, in the interest of *orientation and progress in dentistry*, that the foregoing assertion, by me, is untrue in any degree or unfair any sense, to anything or anybody. If this invitation is accepted, I hope any or all who reply will respond, also, to the following questions that I address, respectfully, not only to the dental profession at large, but particularly to the editors of all the existing trade-journals in dentistry.

1. Why is it that the trade-journal in medicine (almost an extinct species) is without influence, standing, or repute among medical men? Is it because doctors of medicine have more professional self-respect than doctors of dentistry; or because medical men regard medicine as a profession and not a trade; or because physicians have learned that, *as a rule*, medical men cannot serve the financial interests of proprietors of patent

I am unwilling to admit that a tradesman engaged in the practice of dentistry (and there appear to be a number of clever tradesmen in such practice) is properly or suitably called a dentist, for dentistry is more than skillful practice of a mechanical art.

medicines, or of traders in medical apparatus and instruments, etc., without betraying the medical profession, and defrauding the public, in behalf of the selfishness such medical renegades would thus represent on a trade basis?

2. Why is it that trade-journals have no standing or influence among scientific investigators—men who, *as a rule*, are particularly representative of the ideal of unselfishness in public service? Why is it that the journals representing the sciences have been, and continue to be, completely independent, and professional in character and conduct?
3. It is frequently said that trade-journals in dentistry can be, and usually are, conducted with *large* financial profit to the owners. Why is it that trade-journals in dentistry are usually very successful, financially, whereas independent dental journals are often conducted at a financial loss to those who establish and manage them?
4. Can anyone name a dental journal now under trade control and, today, under competent and laudable editorial conduct, that would not become permanently more efficient and professionally more acceptable, if the salaries of its editors and managers were paid from, say, an endowment fund provided, directly or indirectly, by the dental profession; and if its editors and managers were *expected* to serve, and were wholly *free* to express, their highest individual and collective conceptions of professional function, opportunity, and duty, in *all* departments of the journal, *including that devoted to advertisements*, if any were admitted?
5. To what degree are editors of trade-journals in dentistry paid by the owners for their editorial work, and *to what degree for their professional standing and as trade assets?* Is it probable that the greater the influence of the editor among his colleagues, the *smaller* his editorial salary? Do supply-houses do business on such a basis?
6. If it is conceded that trade interests and professional purposes often conflict, how can dentists believe that, in accepting employment or fees in behalf of trade projects in dentistry, their status as professional men is unimpaired?
7. If I were to permit John Smith to exploit a dentifrice of variable composition, and of doubtful prophylactic value, bearing my name as professional sponsor and factotum in his business, would I (presumed to "know a thing or two") be giving the use of my name and professional position primarily in support of the statements on the label and for the "advancement of the profession," or primarily in behalf of his trade and my pocket? What is the difference between dentifrices and trade-journals in this respect?
8. Why should a journal *that is conducted in the name of a profession*, and presumably in behalf of that profession, be managed for *private* profit? Can it be done without exploitation of the profession that journal is assumed to represent? Would it not be quite as appropriate to conduct the churches on that basis—"they would be so much better managed, you know, and less expensive besides?" Would it not be to the interest of a profession if profits from its journalism were put into its journals instead of into trade pockets? If trade-journals in dentistry are "conducted in the interest of the profession," why do the owners of such journals, and the high minded dentists in their editorial employ, *keep the profits for themselves and resist the progress of independent journalism?*
9. Why is it that dental editors of trade-journals insist privately to their self-respecting colleagues, often publicly, that they (the accredited representatives of dentistry) do not accept personal or professional responsibility *for the policies and practices of the advertising departments of their*

journals? Is it because these dental editors mistrust, and are *not permitted* to control, the advertising policies and practices which they are obliged to ignore in order to draw the editorial salaries they receive?

10. Could the owners of a supply-house reasonably ask more from any dentist than that, in editing their journal and helping to give it high editorial worth and great *circulation* he would *leave all the advertising business "to the house"*—and mind his own business besides?
11. To what extent may a dentist serve a powerful interest not in accord with the aims of his profession, *e.g.*, a supply-house journal, without losing his professional standing among dentists? Are not some men, of presumably most general professional acceptance in dentistry, showing periodically, through their actual or pretended editorship of trade-journals, that the dental profession appears to accept anything that may be imposed on it in this connection?
12. What would be your opinion of the President of the United States, if, while President, he were to accept appointment to the position of attorney-in-chief for the "Association of American Railways?" *The railways are essential public utilities. We want their owners to derive substantial profits their operation; we expect these public utilities to afford excellent general railway service at fair rates.* But why do we require public officials, from the President down, to refrain from accepting "retainers" from the railways? Is it because we know that the special financial interests of the railways and the general public welfare may, and often do, conflict, and that an *honest* man could not simultaneously serve both the railways and the public, *manfully*, under such conditions, *however honorably he might serve either?* Is it because we know that the function of public service cannot be subordinated to financial exploitation of that function, without detriment to the public? Can the profession of dentistry be subordinated, by dental editors, to the tradesman's journalistic exploitation of dentistry, without serious detriment to dentistry?
13. Do you expect the owner of a trade-journal to conduct his journal primarily "for the benefit of the profession" or primarily "for the benefit of his business?" What do you presume the owner of the trade-journal *expects and requires?*
14. Free speech is as essential to progress in dentistry as it is to liberty in a democracy. Can the editor of a trade-journal in dentistry reasonably expect anyone to believe that *he* believes he is always *free* to speak professionally on trade relationships and commercial interests in *dentistry—while he holds his editorial job?* Is it reasonable to believe that the editors of trade-journals are entirely free to ignore the specific demands and particular interests of individual trade ownership? Can the editor of a trade-journal expect to be above the very strong and justifiable suspicion that he "hears his master's voice" and harkens to its behests?
15. Are the owners of trade-journals in dentistry conspicuous in any dental relationship that does not involve financial benefit *primarily* for themselves? How much of the claim that their journals are "conducted in the interest of the profession" is justified and how much is transparent humbug?

I have addressed the foregoing questions, as I stated at the outset, *"to the editors of all the existing trade-journals in dentistry."* I request them, if they pay any attention to this paper, to be unsparing in their criticism of any misstatement, or of any injustice, in my remarks or implications. Any unfair comment by me is wholly inadvertent. I am shooting at a system. I am aiming at men only as *representatives of that system.*

VI–VII

[…Omission (18 paragraphs praising the S. S. White Company for producing excellent products but criticizing it for publishing Dental Cosmos*–the most popular dental journal of the day–supposedly "in the interest of the profession")…]*

VIII

In order that I may not be misunderstood, in this relation, I wish to add that I recognize, as I must, that *trade ownership* of any journal obviously involves legitimate *trade use* of that journal. The owners are justified, from the purely *trade* point of view, in aiming to obtain for themselves, so far as they can, every legitimate *trade* advantage that may be derived through the agency of their property. By "*legitimate* trade advantages" I

mean *trade* advantages *obtainable within the law*.

When I say that "by legitimate *trade* advantages I mean *trade* advantages *obtainable within the law,*" I refer to what, from the professional standpoint, is a source of some of the most insidious dangers from, and fundamental objections to, supply-house journalism in dentistry. I have already suggested that "some tradesmen honor themselves by conducting their business on the higher plane of a profession." Such tradesmen would decline to accept any trade advantages that would lack generous fairness to their competitors. Would that all business was conducted on a plane so high—there would then be no objection to supply-house journalism in dentistry! Other tradesmen, however, engage in business operations which, although productive to them of legitimate, *i.e.*, lawful, trade advantages, are practices that are "sharp" enough to suggest the ruthless selfishness of brutes. Certain clever lawyers are reputed to be uncommonly efficient in guiding their clients' trade projects very close to the limit of the law's allowance and the public's forbearance, without carrying those projects beyond "the letter of the law" and without landing their clients in jail. What guarantee does any profession have that supply-house journals conducted in its name would not be dominated, or influenced, by trade practices which, while "within the law," would demoralize and degrade the profession such trade-journals are allowed to represent? Does the dental profession have any assurance on this point that the medical profession did not have when the latter profession evolved away from confidence in trade journalism in medicine?

The owners of supply-house journals, and their editorial employees from the professions such journals assume to represent, have all due legal freedom to derive, for themselves, every attainable lawful *trade* advantage, however selfish, unsocial, and unprofessional, each such advantage might be. There is no possibility of denial of this fact. It must also be admitted, in view of this fact, that the owners and dental editorial employees of supply-house journals, in dentistry, are free to obtain such legitimate *trade* advantages as would accrue to the owners from the execution of any, or all, of the following *policies (among others)* within the lawful "business option," of the owners of such journals, to apply to the conduct of their journals in their own trade behalf, if, or whenever, they see fit to do so.

1. Refusal to publish communications from contributors whose hostility, direct or indirect, "the house" may experience, or anticipate, from one direction or another.
2. Publication of innocuous communications of no particular professional value from and about many whose friendship for, and influence in behalf of, "the house" it is important to retain and to increase. Excessive quantity and superficial attractiveness of the "literature" presented not only give the advertisements a pleasing dress, but also (quite profitably for "the house") blunt the reader's sense of literary discrimination.
3. Publication of selected editorial comment, correspondence, special papers, etc., that tend to maintain respect among dentists for trade influence in dentistry, and for the owning supply-house and its supplies in particular.
4. Publication of selected editorial comment, correspondence, special papers, etc., that tend to reduce or remove the *influence* of houses and products that compete effectively with the owning supply-house and its wares, respectively.
5. Publication of items of propaganda, direct or indirect (including "blurbs," "puffs," "taffy," and "soft-soap") to strengthen men, measures, and institutions, in support of *trade* influences in dental societies, in dental education, in dental journalism, and in dental thought and practice.
6. Further manipulation of men and their activities through the influence of "the house," its journal, and its editorial employees, in such ways and at such times as to influence dental thought and conduct to the advantage of "the house," as a continuing and aggressive influence in professional affairs.
7. Maintenance of the trade-journal, in effect, as "*the house's*" *advertising periodical*; and, by using the funds that would otherwise be expended on similar advertising in other journals (together with collateral advertising profit), also some of the proceeds of resultant increases of trade, to support "the house's" journal at an attractively low subscription rate (almost nothing), with consequent assurance of wide circulation of the journal; of extensive distribution of "the house's" advertising, sales, and trade influence; and of complete

discouragement of free and independent professional journalistic projects not supported financially to the same degree. By such pauperization of the dental profession, journalistic initiative would tend to be paralyzed and journalistic independence destroyed.

8. Maintenance of a staff of experts to report and "capture," for "the house's" journal, the proceedings of leading dental societies, publication of such dental transactions putting the societies and their members under direct obligation to "the house," and giving, *very profitably*, to "the house's" advertising periodical, an official air and an authoritative position that it could not otherwise embody.
9. Publication of "the house's" journal in close accord with the most temporary and superficial intellectual and professional requirements of its readers—"It giving our readers what they want"—to keep *down* publication expenses, to keep *up* trade profits, and to keep *off* the cranks who stimulate dental criticism, who incite dental introspection, and who struggle for more idealism in dentistry. Cold water thrown on certain types of efforts to exalt professional aspirations in dentistry, and the blockade of an important journalistic channel for the *free* expression of professional convictions, result easily in "letting well enough alone" and in delaying the overthrow of trade dominance in dental affairs.
10. Acceptance of *trade* advantages for keeping "the house's" journal *silent* on various important debatable matters of professional import, especially if the house has no *trade* interest, near or remote, in the outcome.
11. Acceptance of special rates for advertisements on goods that do not compete with "the house's" products and about which "the house" is indifferent, but which goods receive the benefit of extensive advertising, are well supported financially, and, even if *doubtful* in utility, are subject to trade acceptance until the profession overwhelmingly speaks against them, "the house's" journal having no *professional* responsibility for the *quality* of the goods advertised, its concern relating solely to *trade* charges for the "ads" and "getting the money" therefore.
12. Conduct of the journal's affairs in such a way that the editor may be free, not only to help "the house" to augment its trade, but also, by suitable manipulations, to create and maintain political combinations to increase his personal power (and through him "the house's" influence) in the counsels of the profession.

I have not alluded, above, to "advantages" that would be unlawful. I have referred only *to illustrations* of the "advantages" that, accruing from trade ownership of dental journals are, collectively, as I said before, *legitimate*, i.e., l*awful, trade* advantages. I have not suggested, it will be observed, that such "*legitimate* trade advantages," based on such "policies" of editorial management as I have mentioned, are *desirable* for, or *creditable* to, those who would accept them, or that the execution of such journalistic "policies" is good for dentistry. On the contrary, the fact that such "policies" are regarded, by general consent, as common *business* "policies" that may characterize the supply-house management of a trade-journal without disgrace, from the *business* standpoint, to those involved, is a sharp indication of the nature of some of the dangers to dentistry from *trade* dominance of its professional journalism.

> Trade journalism in a profession is a form of vulgar autocracy. When it is benevolent, it pauperizes; when it is benignant, it patronizes; when it dominates, it demoralizes. Like autocracy, it exploits those who maintain it; it misrepresents those who trust it; it seeks to destroy those who challenge it.

Who can say that such *trade* "advantages" are anything but selfish advantages? Who would deny that the procurement or acceptance of such "advantages" by *professional* men is unprofessional, unsportsmanlike, and destructive of professional self-respect? Does not the difference between trade propriety and professional impropriety, in the acceptance of such "advantages," illustrate an *essential difference between dental trade and the profession of dentistry?*

[…Omission (21 paragraphs quoting and refuting S. S. White claims to present only material in the interest of the profession)…]

X

In order that readers of this paper who are not in sympathy with the general views here expressed, may be assured of the fact that this discussion is not entirely superficial in its import, I shall refer, by way of *illustration*, to two incidents which show that the views expressed in this paper accord with current medical and scientific thought on the relation between trade and the professions—thought that I feel should, and hope will, characterize, as well, the mind of dentistry.

The Society for Experimental Biology and Medicine, which is national in scope, so far as geographical extent of membership is concerned, and which numbers among its members the leading investigators in this country in the medical and biological sciences, expressed itself by formal vote, in May, 1905, on the question of adoption of the following proposed amendment to its constitution:

> "Any member of this Society who may *consent to the use of his name in any way that would aid in increasing the sale of any patent medicine, proprietary food preparation, or any similar product*, known to be of doubtful value, "shall forfeit his membership."

[…Omission (27 paragraphs describing a forfeited membership under this policy)…]

XIII

From the beginning of my association, in research, with the Committee on Research of the Dental Society of the State of New York, I have made it clear to the chairman, as pleasantly as possible, that I could not accept, with professional propriety or with personal satisfaction, the necessity of publishing, in *Dental Cosmos*, the official reports of our research. I stated that the other papers and reports from our laboratory were not published in trade-journals, because we object to the impertinences of, and demoralizations by, trade influences in professional affairs, and because we do not intend to lend support to such influences, directly or indirectly, purposely or indifferently. I also said it was personally and professionally humiliating, in the distribution of reprints from such journals, to seem to be hucksters for the supply-houses involved. My objection is to the *system and its abuses, not to a particular journal representative of it*.

> Is dentistry so cheap a profession and are dentists so trivial personally, that the individual dentist will not cheerfully pay $5 a year [roughly $100 in today's dollars] for an up-to-date and strictly professional journal in dentistry?

In presenting this objection to the publication, in *Dental Cosmos*, of our first scientific report, I learned of the apparent helplessness of the Research Committee in the matter of responding to my desire to publish our report, originally, in an independent dental journal; and then, confronted by the necessity of deciding either to go ahead under that embarrassment or to abandon the higher purpose to endeavor to be professionally useful to the Society, I chose the latter alternative, in the conviction, and with the mental reservation involved in that belief, that it could not be long before the Dental Society of the Empire State would *feel* the professional impropriety of accepting financial favors from supply-house journals and would not *oblige* or *expect* its investigators to submit their reports to exploitation in trade-journals. Five years have passed and the situation seems to be unchanged.

I have recently informed the Research Committee of the Dental Society of the State of New York, of my desire to retire from my present relation with that Committee, and from my service in behalf of dental research under the Society's auspices, because I am unwilling any longer to submit reports of our work for original publication in *Dental Cosmos* or in any other supply-house journal. I have taken this action confident that the work of research now in progress under the Society's auspices will be carried forward by others who are quite as eager as we are to proceed, but who may have less objection, for the present at least, to publication of their reports in advertising periodicals issued by dental supply-houses.

I make this early public statement of my desire, in this relation, in order to give the S. S. White Company ample opportunity to show openly the strength of its permanent influence with the Dental Society of the State of New York. This company will realize that *Dental Cosmos* would be all the more powerful after the elimination

of another troublesome "crank" who can't be flattered into submission, but who *can* be completely flattened. This early announcement will also give this and other supply-houses an exceptional opportunity to mobilize dental politicians in their service for a "fine killing," in the matter of publication of the Society's transactions.

[…Omission (two paragraphs thanking the individual representing the S. S. White Company who attended the meetings of Research Committee of the Dental Society of the State of New York and recorded Gies's regular oral reports for publication)…]

XIV

I do not think, and have not suggested, that independent professional journalism is *necessarily* meritorious. It will not take care of itself. It may be indifferent, incompetent, and ineffectual. Compared with the enterprising, alert, and effective conduct of a journal in the success of which some person or persons have something particular, substantial, and selfish to gain, independent journalism, with the indifferent, dull, and incompetent management that often results when the work promises no one any pecuniary profit, is often utterly disappointing, to say the least. Independent journalism needs the business and material foundation and security of trade journalism, with the vision, devotion, integrity, generosity, and spirituality, of the true professional man.

Independent journalism in dentistry is a form of professional democracy. It has been said that a cure for the ills of democracy is more democracy. I believe a cure for the ills of independent professional journalism in dentistry is *more and better* independent professional journalism in dentistry.

XV

There are three additional questions that I desire to address to the dental profession:

1. Would not independent journalism do, for the advancement of dental science and practice, what it has for the promotion of medicine, if dentists had the sense, the vision, and the unselfishness, adequately to support the highest type of dental journalism?
2. Has dentistry been hypnotized by trade journalism—by its *cheapness*, its convenience, its plausibility, and the clever sophistry of its exponents?
3. Is dentistry so cheap a profession and are dentist so trivial personally, that the individual dentist will not cheerfully pay $5 a year [roughly $100 in today's dollars] for an up-to-date and strictly professional journal in dentistry? (Practically all college professors, on notoriously small salaries, make payments of that or much larger amounts for their professional journals, *as a matter of course*).

One of the striking features about dental journals is the exceptionally low price of subscription per volume. Trade-journals in dentistry are distributed almost gratuitously. It has always been to the advantage of supply-house journalism to appear to give very much journal (especially paper) for very little money. Proprietarization and pauperization of the dental profession, in its journalism, has been a keen trade purpose and a supply-house advantage.

The *cheaper* the trade-journal, the less is expected of it by the most exacting and the less its deficiencies count against it. The *cheaper* the trade-journal, the more it is desired by the least exacting. The *cheaper* the trade journal, within *trade* capacity to "pay the freight," the wider its circulation, the larger its advertising value and revenue, and the greater the net financial profit in conducting it. As a corollary of the latter fact, the more the owners of the trade-journal pay for *quality*, or for the *semblance* of quality, of editorial effort and service, and the more acceptable, as a consequence, the dental trade-journal can be made to appear to the largest number of dentists (whatever their expectations may be), the better satisfied the main body of dentists will *remain* with the *paternalistic* journalism thus afforded, the more effectively dental journalistic *independence* will be discounted and discouraged, the greater the influence of the dental *trade-journal* will become and the firmer will grow its grip on the dental profession—and the faster the further net profits from its publication will pile up.

Supply-houses have dominated dental journalism so completely, by trade initiative and trade competition, and have so effectively frozen the dental mind in the idea that "a good big journal should cost only one dollar a year," that the fiscal policy of such independent dental journals as aspire to worthy careers is inevitably thrown toward the low level of that of the trade-journal.

The management of the independent dental journal, having no selfish purpose to advertise either itself or products sold by itself, unlike the supply-house owners of the dental trade-journal, cannot regard a portion of the publication expense of its journal as the cost of clever

advertising of itself at great financial profit for itself. Therefore, in order to meet the competition of the dominant trade-journal, in the matter of low subscription price, and to help the management to pay its journal's way, the independent dental journal is practically forced to accept a minimal amount of advertising matter. Thus, independent dental journalism faces, at its very inception, and while it is getting on its feet, a serious financial obstacle that it cannot expect to surmount, to the highest advantage of the dental profession, unless it receives unselfish and ungrudging financial help from dentists as a body—unless it is supported by the spirit that leads men to do earnestly and spend money generously for the profession of their faith and devotion.

[…Omission (one paragraph and two tables comparing the cost of dental journals to those in other professional fields)…]

So far as its pauper journalism is concerned, dentistry is far below the journalism of many trade organizations. Thus, the *Journal of the American Leather Chemists' Association*—the leading American "leather" journal—costs the members of the Association $5.00 per volume (annual), and "non-members, $6.00 per volume." The *Journal of Industrial and Engineering Chemistry* costs $6.00 per volume (annual). It seems to me that the hypothetical *Archives of the American Hobo* would circulate freely, among the "knights of the road," on a higher subscription price than $1.00 per volume per year [that dentists expect to pay for their journals].

Can dentists expect to establish *and* maintain real professional dental journalism, on a basis of professional self-respect and efficiency, so long as dentists as a body refuse to pay, for professional journals, what such journals, when devoted *wholly* to the interests of the profession, cost to conduct and should be worth? Can dentists be proud of the fact that the *journalistic exploitation of the dental profession by supply-houses*, with the well-paid assistance of clever editorial employees from the ranks of dentists, is financially so profitable that the supply-house owners of trade-journals can beguile dentistry into accepting, without effective protest, "a lot of paper for a little money"—practically pauperizing the dental profession into journalistic servility, with quasi-professional periodicals supported *with money derived largely from profits from trade relationships with the dental profession?*

Again I ask the question, and I hope the well-informed editors of dental trade-journals will supply the answer: Why is it that *trade-journals* in the professions, which are always provided at relatively low subscription prices, are *financially profitable to their editors and owners*, whereas independent *professional* journals find it difficult to meet expenses at subscription prices that are comparatively high?

XVI

If any interested reader, having rambled with me through the preceding sections of this paper and believing that he could not see the woods because the trees obstructed the view, will step out into the open a little farther and look back, he will see the forest in these outstanding features among the trees.

Trade is a matter of fairness and *equity* in the sale, purchase or barter, of commodities. Profession is a matter of fairness and *generosity* in service for remuneration (II).

Dentistry is dishonored and demoralized, as a profession, by its subservience to supply-house ownership and control of the leading journals published in the name of dentistry (III).

Medicine has broken the grip of proprietarism on its journals; why not dentistry (IV)?

Trade-journals in dentistry have no virtues, and exhibit many defects, that the same journals would not possess under strictly professional control. These trade-journals lower professional thought and purpose to the selfish level of trade (V).

The S. S. White Dental Manufacturing Company has had an *honorable and useful commercial* career, as a producer and seller of excellent dental supplies (VI).

Instead of "sticking to its last"—the honorable and useful business of producing and selling excellent dental supplies—the S. S. White Company continues to exercise its *trade* "voice and influence" in dental journalism, through the company's advertising periodical, *Dental Cosmos*, which it publishes as a quasi-professional journal (VII).

A supply house may derive "legitimate *trade* advantages" from the ownership and control of its organ of publication that are inimical to the best *professional* interests of dentistry (VIII).

[…Omission (criticism of S. S. White as hypocritical)…] (IX)

Current views against trade influence in the affairs of the professions is *illustrated* by the attitude of the Society for Experimental Biology and Medicine in opposition to the coinage of individual professional standing, among biological and medical men, into personal gain against the interests of the community (X).

The author's suggestion that he *may* be competent, in *some* degree, to discuss the subject of this paper, is supported by his relation to the attitude of the Society for Experimental Biology and Medicine, above referred to (X).

And also by his part in public discussions of the demoralization of professional purposes by certain types of trade influences (Xl).

And by his editorship of the *Biochemical Bulletin*, an independent and strictly professional journal that ignores *all* trade influences (XII).

The author stated his purpose to decline to conduct research in dental science, under the auspices of the Dental Society of the State of New York, after the end of the current research year, if he is obliged by the Society to publish, in *Dental Cosmos* or in any other trade-journal, his official reports to the Society (XIII).

Independent journalism in dentistry is not *automatically meritorious. It will not take care of itself*. It may be as useless as any other kind of journalism, if it is conducted ineffectively (XIV).

The intrinsic cheapness and meanness of the financial attitude of dentists, as a body, toward professional dental journalism is shown, strikingly, by a comparison of the low subscription prices of the leading journals in dentistry ($1.00–$2.00 per annum) with those of important journals representing medicine and the medical sciences (XV).

Expression of the spirit of this paper, and its convictions, may be condensed in a paraphrase of Lincoln's immortal summary of the case of the "Union against slavery": *"A house divided against itself cannot stand."* Dentistry cannot attain the status of a real profession, *permanently half trade and half profession*. I do not expect dentistry to fail to attain full professional stature —I do not expect the house to fall— but I do expect dentistry will cease to be half trade and half profession. It will become, in effect, all one thing or all the other. Either the opponents of trade dominance in dentistry will arrest the further spread of it, and place trade control where the public mind will rest in the belief that trade influence in dentistry *is in the course of ultimate extinction* and that dentistry will become a true profession; or the advocates and supporters of trade dominance in dentistry will steadily increase their hold on dental thought and dental purpose, and will make of dentistry a trade and nothing more.

[…Omission (three paragraphs composed of an addendum promising additional articles on this topic)…]

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Independent journalism in dentistry is a form of professional democracy. It has been said that a cure for the ills of democracy is more democracy. I believe a cure for the ills of independent professional journalism in dentistry is more and better independent professional journalism in dentistry.

The Status of Dental Journalism in the United States

Report of the Commission on Journalism of the American College of Dentists 1928-1931

Ervin A. Johnson
John T. O'Rourke
Benjamin S. Partridge
Edwin B. Spalding
Bissell B. Palmer

Excerpts from a 234-page publication of the college in 1932.

At the Buffalo convocation of the American College of Dentists on September 11, 1932, the Commission on Journalism of the College presented as of July 19, 1932, in the form of a confidential proof, the results of the Commission's study on the status of dental journalism. After discussion at the convocation…the following report was adopted by the College, and its publication authorized by a vote of the Board of Regents.

Introduction

The American College of Dentists was organized in 1920 to stimulate the advancement of the dental profession, to encourage the elevation of its ideals, and to acquaint its younger element with the existing opportunities for service to both the profession and the public. The degree of Fellow of the American College of Dentists is awarded to the members of the College, which is composed of those who have been identified with the development of dentistry, and have performed meritorious services in its behalf. In Minneapolis, in 1928, Dr. Henry L. Banzhaf, in his presidential address, made the following statement:

> The American College of Dentists may now be said to be established on a sound basis. It has passed the preparatory period that is a necessity for all associations which are to endure—the period when the energies of its members are directed primarily to improving the organization and building up the right kind of membership. The time has come when the College must begin its work of service—it must begin to fulfill the expectations of its founders. The tremendous potential energy for good that this organization possesses must be released.

Dr. Banzhaf then offered a number of constructive suggestions that were adopted by the College, and which led to the appointment of several important standing committees.

At the same convocation of the College the following resolution was introduced, adopted by the Regents, and unanimously approved by the College:

WHEREAS, dentistry as a profession dedicated to the service of mankind must accept its responsibility and maintain its dignity and ideas; and,

WHEREAS, a profession is weighted and judged by its educational standards, its accomplishments for the public welfare, and the dissemination of its contemporary knowledge and advancements; and,

WHEREAS, the educational standards of dentistry are now practically on a par with those of medicine, and dentistry's accomplishments in relation to the public health are well known and acknowledged; and,

WHEREAS, a large proportion of dental literature and proceedings of dental societies is still being published in periodicals which are financed and controlled by dental trade houses; and,

WHEREAS, such a condition is not compatible with the maintenance of professional dignity, independence, and idealism; and,

WHEREAS, broad advancement in dentistry would come through the elevation of its journalism to a place appropriate to the importance of dental relations to the public health; and,

WHEREAS, the American College of Dentists aims to advance the standing of the dental profession; now therefore be it

RESOLVED, that the American College of Dentists create a commission whose function shall be to survey the present situation in dental journalism and report to the College within one year, in particular respect to:

A) The total amount of dental literature published per annum.

B) The proportion of that literature published in periodicals not under the auspices or control of the dental profession.

C) Measures which may be effective in terminating the non-professional publication of dental literature.

D) Measures which may be undertaken to develop a journalism having capacity sufficient to publish all the worth-while contemporary dental literature.

Subsequently the president appointed Dr. Ervin A. Johnson, Dr. John Oppie McCall (succeeded in October 1931 by Dr. John T. O'Rourke), Dr. Benjamin S. Partridge, Dr. Edward B. Spalding, and Dr. Bissell B. Palmer, Chairman, and the Commission on Journalism. The Commission presented its first preliminary report at Chicago, March 16, 1929; its second, at Washington, D.C., October 6, 1929; and an abstract of its final report, with conclusions and recommendations in full, at the Denver Convocation, July 20, 1930. On October 18, 1931, at Memphis, Tennessee, the Commission presented a supplementary report with additional recommendations, which were adopted, including authority to publish the complete study by the Commission.

In compliance with the provisions of the resolution creating the Commission, an effort has been made to secure all the pertinent facts regarding every dental periodical published in the United States during the period from January 1, 1928 to December 31, 1931. The task has presented numerous difficulties, some of which were discounted in advance, but others were unexpected. Among the time-consuming handicaps met by the Commission have been the rapid sequence of birth and death of a number of the periodicals; frequent changes in editorships; incomplete files; lack of cooperation in the study by a few of the editors; and, above all, procrastination and inaccuracy in answering the questionnaires of the Commission, thereby necessitating protracted correspondence to secure accurate data. Many of these factors

The American College of Dentists was organized in 1920 to stimulate the advancement of the dental profession, to encourage the elevation of its ideals, and to acquaint its younger element with the existing opportunities for service to both the profession and the public.

Many dentists, as individuals, have complicated the situation by an attitude of indifference to their forfeiture of self-respect and independence, and to the loss of control of their professional affairs. This is shown by the difficulty generally experienced in obtaining financial support from dentists for the ordinary actives of their profession.

are undoubtedly associated with any survey, but some seem to be peculiar to this particular effort.

The first move by the Commission was the compilation of an authentic list of all the current dental periodicals. This made it necessary to determine what constituted a dental periodical. It was decided to include all dental publications issues at definite intervals, regardless of sponsorship to obtain the names of all the periodicals, a list was prepared of all those known to the Commission, and copies of it were sent to the deans of all the dental schools. The secretaries of all the state dental societies and state boards of dental examiners, the librarians of all dental and many medical libraries, the editors of all known dental periodicals, and to the office of the Surgeon General in Washington, D.C. with the lists were sent letters requesting deletions, corrections, or additions. One of the greatest surprises of the survey was the number of additional periodicals discovered by the Commission after the revised list had been made up from the information received from the aforementioned sources.

Next came the necessity for deciding what information was desired concerning each periodical. It was concluded that, inasmuch as even a moderately complete report would consume so much more time and effort that had been originally estimated, it would be desirable to take as much additional time as might be necessary to compile a complete report, so that there could be found in it the answer to almost any practical question that might be asked concerning any dental periodical.

It was necessary to seek the desired information from the editors of the periodicals, or from officers of dental societies owning periodicals, or from officials of corporations published dental periodicals. Some of these authorities responded within a few days, others took a few weeks, several waited a number of months, and the Commission regrets to report that a few have never answered. Whenever possible the data concerning each periodical have been obtained over the signature of a responsible official. Otherwise the statistics have been worked out by the Commission itself, or have obtained from sources considered authentic. In the tables of data appearing in our report, we have made an effort to indicate by appropriate footnotes the sources of information when other than official.

While this work was being advanced, a bibliography was compiled of all the literature concerning "dental journalism" from 1839 to date. A study was also made of the history of the important early dental periodicals, and salient findings were recorded regarding each. Early medical journalism also was studied. The Commission believed that journalistic comparisons between the two professions would be valuable.

Your Commission offers the following report in the hope that a recreation of interest in American dental journalism will ensure, to the end that the virtues of our dental journalism may be more fully recognized and appreciated, its inadequacies understood and remedied, and its development made a source of pride and inspiration to dentists everywhere.

Early History of the Dental Profession [Omitted]

Early Dental Periodicals [Omitted]

Further Evolution of Dental Journalism [Omitted]

Evolution of Medical Journalism [Omitted]

Evolution of Relationship between Dental Profession and Dental Trade Corporations

As dentistry has advanced, members of the profession have contributed a succession of inventions of materials, instruments, and appliances that have developed the art of the practice of dentistry to a remarkable degree of efficiency, with manifold benefits to humanity. The evolution in the practice of dentistry has required the manufacture of a vast amount of equipment, tools, instruments, artificial teeth, and a host of other products, all on a mass production basis. This led to the development of a great industry for the manufacture of dental materials, and called for heavy monetary investments. The dental manufacturing companies have performed highly meritorious service by the production and distribution of these materials in quantities sufficient to meet the needs of a rapidly growing profession and population. Professional and public good will, in recognition of such worthy services, in addition to the concomitant financial rewards that normally go to successful manufacturers, should be considered and actually are adequate returns on the capital invested and efforts put forth. *Influence and power in the dental profession, and the right to dictate to it, should be neither expected nor sought by trade-houses as part of their compensation as producers and distributers of dental merchandise.*

In the early days of the dental profession many situations arose that made it possible for the dental supply-houses of the time to perform, what seemed to be, acts of friendly cooperation. In addition to their publications of dental literature, the supply-houses of those days offered the use of their quarter for meetings of dental societies. As recently as the last decade of the previous century, one of the largest district dental societies in the country held its monthly clinical meetings in the sales rooms of one of the prominent trade-houses. Dental manufactures and dealers frequently donated the equipment and material for demonstrations by clinicians; supplied stenographers to record proceedings of dental societies; and, besides practically financing the large conventions offered many other similar services. This relationship originated at a time when the profession would have found it financially difficult, if not impossible, to conduct these activities independently, although there must have been serious misgivings in the minds of the dental leaders of those days. Yet the easiest way seemed the best way—or at least was the way taken. But even if the early conditions did seem to justify the paternalism of the dental trade toward the profession, such factors have long since been eliminated; and only indifference, or lack of idealism in the leaders of dentistry, makes it possible for the illicit relationships to continue. The dental trade-houses have been permitted to come down through the years in close association with our professional activities, and have constantly sought to develop the impression that their relationships with the profession have been beneficial, philanthropic, and altruistic. Actually, the prime purpose of these companies has been the natural one of making money for their stockholders. It is a fair assumption that their expenses incidental to the aforementioned pseudo-philanthropic activities have been charged off to advertising, and the establishment of good will. Such transparent humbug as the legends "devoted to the interests of the profession," and "published in the interests of the dental profession," and similar insincere expressions implying disinterred philanthropy, deceive no one, excepting the manufacturer who believes that by this pretense he is fooling the members of the profession.

The history of the dental profession clearly indicates that the tentacle of dental trade has unceasingly searched for a hold upon those activities within the dental profession that would be productive of financial and political advantage. Your Commission has found few instances of successful efforts on the part of the profession to break such ties once they have been established, and their utility to dental trade has been demonstrated.

Comfort, inertial, and irresponsibility are paralyzing conditions. The intensity of their grip on individuals or organizations increases directly in proportion to the length of time such tendencies are fostered. Dentistry, having accepted the various proffers of assistance by the dental trade-houses as a convenience in its formative days—and as a comfort, a line of least resistance, and as a means of shrinking its own responsibilities in its more recent years—has cuddled itself into a state of lassitude in these relationships, and has serenely drifted along, entirely oblivious to the wise admonition: "Beware of the Greeks bearing gifts." We evince little concern over the question as to who pays the expenses of our profession or why. This chronic lack of sensitiveness regarding these matters has weakened our professional conscience; it has impaired our sense of the moral fitness of things. Otherwise, various conditions that

now exist in dentistry would be recognized and rejected as incongruous and vicious. Many dentists, as individuals, have complicated the situation by an attitude of indifference to their forfeiture of self-respect and independence, and to the loss of control of their professional affairs. This is shown by the difficulty generally experienced in obtaining financial support from dentists for the ordinary actives of their profession. Until dentistry shakes off this lethargy and recovers the full measure of its self-respect by developing a truly professional attitude in these matters, it cannot raise itself to a higher opinion in the minds of those outside of dentistry, who observe the profession's deficiencies.

Despite the advances of the profession in so many other directions, the intrusion of dental trade-houses into professional affairs is today at a high point. The Commission knows that the worthy dental trade-houses are engaged in an honorable business, and believes they deserve success and profit, commensurate with the effort, efficiency, and vision they bring to it. In the report on Dental Education published by the Carnegie Foundation [the Gies report] appears the following reference to this well-recognized fact:

> Dental manufactures and supply houses have been remarkably successful in the production and distribution of invaluable merchandise, and the advanced practice of modern dentistry would be impossible without a continual abundance of the best products of the dental industries. Too much cannot be said in commendation of the enterprise that has developed this solid foundation for the material evolution of oral health-service. Dental business, having been effectively organized, is competent to continue and to develop his important public service, which alone is more than sufficient to tax its greatest ingenuity and all of its integrity, and which assures honorable profits and contentment.

However, it should be clearly recognized that trade-houses are agencies for the manufacture and distribution of materials and produces *used by the dental profession in its service to the public.* Trade-group activities that go beyond these functions are improper and ill-advised, and are unwelcome to a rapidly increasing group of thinking dentists who are developing a professional sensitiveness and resentment to such trespassing.

In addition to usurpation of the prerogatives of the dental profession in respect to its journalism, trade-houses have busied themselves in various other fields of activity that are fundamentally professional. One of the most serious of these offenses, which cannot be condoned, is the intrusion of trade-houses into post-graduate teaching of dental subjects [CE, not formal residency training]. For a number of years, the dental trade had a serious grip upon many of the dental colleges in this country, even, in some instances, having in the college buildings stores for the sale of their goods, but the pressure of important professional opinion, and the eradication of the proprietary undergraduate school, have almost entirely eliminated these evils. Evidently trade-houses now seek a boarder and more profitable field in dental education, namely, postgraduate teaching.

Dental journalism is an integral part of post-graduate dental education. Even the editors of trade-house periodicals admit this, as demonstrated by the following quotation from an editorial by Dr. R. Ottolengui, who for many years has been identified with trade-house journalism: "All of the dental journals assist their readers in this way [education], but, for the past thirty years, *Dental Items of Interest* has made a specialty of bringing practical postgraduate knowledge to its readers."

Now that dentistry had rid itself of proprietarism in one phase of education by eliminating the proprietary dental schools, how inconsistent it is for us to countenance proprietarism in another important phase of education, journalism, by submitting to the continued dominance of trade-house journalism.

There are certain fundamental differences between a profession and a trade that cannot be compromised without destroying the idealism of the profession and the quality of the service it renders to those in need of its ministrations. One of the most beautiful conceptions of the meaning of "profession" was expressed by President Faunce of Brown University in an address before the Rhode Island Medical Society; he said:

> Trade is occupation for livelihood; profession is occupation for the service of the world. Trade is occupation for joy of the result; profession is occupation for joy of the process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is cooperation with which one is identified for life. Trade makes one the rival of every other trader; profession makes on the cooperator with all his colleagues. Trade knows

only the ethics of success; profession is bound by lasting ties of sacred honor.

It is difficult to express the ideals of professionalism in a more effective manner than that used by President Faunce. Undoubtedly the inherent difference between a profession and a trade is that the former gives and the latter takes.

Professional men and women cannot be given post-graduate education under the auspices of a group that "knows only the ethics of success" without the risk that during the process there will be inculcated into the student various purposes of business self-interest that would degrade the true relationship between dentist and patient.

We find the trade group overemphasizing the economics of dental practice with the result that graduates of their courses are living in a trade atmosphere of "salesmanship," instead of a professional atmosphere of service. *Salesmanship has no place in the relationship between patients and administrators of health service.* "All the traffic will bear" may or may not be sound as a business principle, but it has no place in a profession.

The trade-houses that have gone for post-graduate dental education have done so with the same naïve demeanor they assumed when they went into dental journalism. The trade-houses would have it believed that out of a full heart, bursting with philanthropy, they would give post-graduate education to the members of the profession. Within recent years a partner in a well-known dental trade-house told a member of this Commission that one of the trade corporations had spent over $200,000 [over $3,000,000 in 2017 CPI adjusted terms] for post graduate "dental education" in one year. He made this statement in all seriousness, and with an attitude of pride such as might be expected of one describing a public spirited contribution. He failed to add the explanation that this sum of money had been expended by the corporation in a huge advertising campaign, to bring the sale points of their own products before the dental profession in the most effective way possible. It is the opinion of your Commission that the funds so expended were charged off to advertising, and properly so. If the automobile industry pretended, in the same way, that, in expending $200,000 a year for the driving instruction of prospective buyers, they did so to educate the public in the principles of engineering, the claim would be regarded as a joke. It is not within the province of this Commission to dwell at any length on corrective measures that might be taken to eliminate the evil influence of trade-house education in dentistry it is obvious that full acceptance of the responsibility for post-graduate teaching by the university dental schools would, in a large measure, automatically eliminate this very undesirable condition.

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One of the more recent forays of dental trade-houses into professional fields is the organization of the Dental Acceptance Company of Chicago to finance the patient for the payment for dental service fees [an HMO]. The acceptance company, upon receipt of the data, loans 85 per cent of the fee to the dentist in advance, taking as security for the money the note of the patient endorsed and guaranteed by the dentist, thus assuming almost no risk, but charging a substantial fee for the "service." It is interesting that the company recommends to the dentist that this 15 per cent surcharge be added to the patient's bill, so that in effect the dentist receives his fee net. On this plan, however, in addition to the interest charged for the arrangement the patient has to pay the acceptance company's "service" charge, a large percentage of which is presumably clear profit for the company. Certainly the problem of "the cost of dental care" is not made less complicated by an arrangement whereby a patient pays about $118.00 for $100.00 worth of dental services. Furthermore, inasmuch as the dental trade-houses are the stock-holders of the acceptance company, the system, if followed to its logical conclusion, would bring about a situation in which the dental profession would become greatly indebted to the trade-houses through the acceptance companies, with all the hazards that would accompany such a condition.

Another activity of the trade-houses, which is also said to be philanthropic in nature, is their so-called "research." It is perfectly legitimate and very desirable for any company to endeavor to improve its products by scientific research to the

end that the products will be in greater demand than those of its competitors, and its profits consequently increased thereby. The trade-houses, however, should not concern themselves with biological problems, responsibility for the solution of which is distinctly the province of the various professions interested. Particularly is it offensive for a trade organization to utilize, in a biased manner, only those phases of the results of research that seem to be profitable "to the house."

Another serious situation is that brought about by this intrusion of trade-houses into the consideration for the profession's fundamental problems. This is effected by biased editorial participation of the trade-house periodicals, which attempt through their large circulations to influence the opinion of the profession in such matters. It is difficult to imagine that the attitude of the editor of a dental trade-house periodical would ever be detrimental to the financial interest of his employer should a situation arise in which he had to choose between those interests, and the interests of the dental profession. It is one of the evils of trade-house journalism that in such a situation the editor is forced either to betray his trade-house employer, upon whom he depends for a livelihood, or to become a Judas within his chosen profession. Trade-houses, through political activity—by their dentist employees—also intrude into affairs that are intimately related to the organization of the dental profession. In recent years, the growing influence of trade-houses in this connection has been manifested by the more frequent appointment and election of their employees to important offices in dental organizations. One of the most striking examples was the election in 1928 of the associate editor of the *Dental Cosmos*, owned by S. S. White Dental Manufacturing Company, to the National Board of Dental Examiners, thus giving to one of the most powerful corporations in the industry, a voice in granting licenses to practitioners. The professional degradation involved in such an arrangement and the possibilities linked to the commercial ramifications are such that the relationship was highly obnoxious.

The effective manner in which trade-house representatives have built up their influence in dental organizations is attested by the fact that some have been elected to honorary membership in our state societies.

[Passage from Gies omitted here as it is part of the Gies paper appearing elsewhere in this volume.]

Those members of the profession who refuse to acknowledge the importance of the morals, principles, or ethics involved in professionally owned and controlled journalism, and who being indifferent to all arguments except those founded on a practical basis, frequently ask the question: "What is the danger in trade-house journalism?" The Commission believes that it should point out that a trade corporation is entitled to secure for itself every legitimate trade-advantage that can be derived through the agency of any of its faculties. Many of these legitimate trade-advantages, although justifiable from the viewpoint of "trade," would be considered questionable practice in a profession, for let us not forget President Faunce's statement that "trade makes one the rival of any other trader; and trade know only the ethics of success." The seeking of trade-advantage is often not an obvious activity, and consequently carries with it an insidiousness the influences of which are difficult to trade or attack.

Following are a number of policies that could be instituted by the owners of trade-house journals in an effort to obtain trade-advantages, and which would be prejudicial to the interests of the dental profession:

1. Refusal to publish contributions from those who may have antagonized the trade-house, or from whom the corporation may expect hostility.
2. Publication of articles of little professional importance by those, or about those, whose friendship and influence in professional circles is looked upon as a desirable asset.
3. Publication of selected material tending to increase the influence of the trade-houses in professional activities, and increase the respect within the profession for that influence.
4. Participation of the corporation, its journals, and its editor employees in political manipulations to the end that the prestige and power of the trade-house would be continued as an important influence in dental affairs.
5. Publication of a trade-house journal, with low subscription price made possible by the collateral value of the publication to the corporation, is in itself a trade-advantage that is seriously detrimental to the journalism of dentistry, for by pauperizing dentistry with free publications of proceedings on one hand, and stifling competition with low subscription prices on the other, independent dental journalism is seriously affected.
6. Scheming to secure rights of publication of dental society

proceedings, which when published in the corporation's adverting medium (its dental periodicals), injects an appearance of official endorsement that adds to the trade effectiveness of the journal.

7. Publication of material tending to devalue certain efforts to elevate dental ideals and ambitions, with the resultant delay in over-throwing the influence of trade in dental affairs.
8. Avoidance of editorial comment on important debatable matters of professional importance, when it is advantageous to trade do to so.

Relationship of Dentistry and Medicine in Health Service [Omitted]

Conclusions

1. We believe that, as a preliminary groundwork for further advancement of the dental profession, it is imperative that dentists individually should feel and apply a new psychology, embracing an increased self-respect as dentists, and a realization of dentistry's important function in health-service for the nation. Dentists should be conscious and proud of their opportunity to become parts of the broad movement in health-service.
2. Dentistry, because of the importance of its proven relationship to the public health, is entitled to recognition as a dignified and honored profession.
3. For many years this recognition was withheld because of the inadequacy of our educational standards and our indifference to the obvious duty of conducting important research—and also as a result of lack of professional dignity, pride, and idealism, as exemplified by the obvious failure of influential dentists, and of many important dental organizations, to realize that certain fundamental differences exist between a profession and a trade.
4. Recently we have so elevated our educational standards, and so stimulated important dental research, that the condition of these two factors no longer justifies destructive criticism of dentistry. But, despite these advances and the high idealism of many dentists, our profession still suffers from an inferiority complex which is symbolized by its continued willingness to be subsidized and paternalized by a trade that is inherently subordinate to it.
5. Dental-trade corporations, which from an ethical viewpoint should engage only in the manufacture and distribution of dental supplies and in similar lay services, have, with increasing confidence and boldness, been broadening their intrusion into those field of activity that obviously are wholly professional in character. This zeal for influence, power, and expansion of corporate earnings is evident in the following spheres: (a) dental journalism, (b) dental education, (c) dental research, (d) dental organization, and (e) dental economics.
6. So long as this demoralizing and pauperizing condition is allowed to continue, and a pachydermatous dentistry by supine acquiescence makes it impossible to judge where professional control ends and trade domination begins—just so long will dentistry be denied the respect that rightly belongs to it.
7. We believe that the next forward step in our progress in this relation will be taken when dentistry, having

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become professionally conscious and insistent, sharply defines the limitations of its relationship with dental trade. This must include the development of independent professional journalism, and the eradication of trade-house control of dental journalism.

Recommendations

[Commentary on recommendations omitted]

The Commission on Journalism offers the following recommendations in the belief that they will, if adopted, go far toward correcting the current deficiencies in dental journalism, and be productive of a distinct advance for the dental profession:

1. An immediate increase in the publishing capability of the non-proprietary journals in dentistry is recommended so that the profession may be able to publish all its important current literature in its own periodicals; this development to be brought about by:
   a. Increase in the total number of pages per volume of existing non-proprietary periodicals.
   b. Increase in the frequency of publication of non-proprietary periodicals.
   c. Amalgamation of existing non-proprietary dental journals having small circulations and insufficient financial resources to create unit journals of strength and importance.
   d. Conversion of historically important trade-house publications into non-proprietary journals by appropriate negotiation between owners of such periodicals, and representatives of responsible professional organizations.
   e. Creation of new non-proprietary periodicals by: (a) dental societies having large memberships, (b) sectional groups of societies having smaller memberships, and (c) various societies representing dental specialties.
   f. Creation of a journal, to be known as *Dental Abstracts*, as already approved by this College. The Commission recommends that the American Dental Association sponsor, as soon as conditions permit, a new monthly periodical to be given some such general name as *The American Dentist*, to be distributed gratis to every dentist in the United States.
2. An organization of the editors of all the non-proprietary dental periodicals is recommended [this had been accomplished by the ACD in 1931 through incorporation of the American Association of Dental Editors]. Such an association could further the cause of non-proprietary journalism by mutual agreement to:
   a. Insist upon a higher type of dental literature by eliminating: (a) articles containing nothing new or timely, (b) material of poor literary or scientific quality, (c) papers lacking a sense of professional responsibility, (d)

contributions of pseudo-research, and (e) literature not free from the appearance of commercialism.

b. Disallow the reprinting, by commercial interests, of articles appearing originally in non-proprietary dental journals.

c. Create a high standard for the acceptance and publication of advertisements.

d. Standardize terminology in the title of non-proprietary periodicals. (a) The term "journal" is recommended as party of the title of a periodical that publishes original articles, or scientific proceedings of dental societies, or which is obviously intended to serve primarily as a publication for the dissemination of dental literature, and not primarily as a bulletin to announce current activities. (b) The term "bulletin" is recommended as part of the title for a periodical primarily intended to convey to the members receiving it current society news, notes and information regarding coming programs and events, etc.

3. The Commission recommends that, after a sufficient development of the foregoing program, including the opportunity presented in recommendation (1, d), as may be determined by vote of the College, professional recognition be withdrawn from any remaining dental trade-house periodicals, and the following procedures be instituted:

a. Dental societies: (a) Refrain from publishing proceedings in trade-house periodicals. To avoid embarrassment in this relation universal adoption is recommended of the current position of many dental societies that the rights of publication of all papers read before it rest with the society. Such an arrangement brought to the attention of an essayist at the time of extending the invitation, would eliminate all questions regarding subsequent publications. (b) Adopt resolutions disavowing trade-house journalism. (c) Exclude trade-house periodicals form exhibit space at their conventions. (d) Urge their members to subscribe toward support of the non-proprietary journals. (e) Refrain from reprinting in their own journals articles previously published in trade-house periodicals.

b. Dental schools: (a) Refrain from advertising in trade-house journals. (b) Include in the lectures on ethics, references that will impress the students with the degrading influences of trade-house journalism in a profession. (c) Refrain from displaying trade-house journals in dental school libraries, and refuse permission for their withdrawal.

c. Dental essayists: (a) Decline to present essays before dental societies that publish their proceedings in trade-house journals. (b) Refuse to permit their writings to be published in trade-house journals.

d. Dentists generally: (a) Cease subscribing for trade-house periodicals. (b) Support all worthy measures for the advancement of the cause of non-proprietary journalism in dentistry. (c) Withhold official positions of trust and responsibility from those dentists who through commercial tendencies, or lack of professional pride and idealism, refuse to support measures intended to correct the present deficiencies in dental journalism.

4. It is recommended that members of the dental profession decline to accept appointment to the editorial staffs, or invitations to contribute to the pages, of proprietary periodicals.

5. It is recommended that the dental profession declare a doctrine of independence that will continue: (a) an expression of cordiality toward the dental trade-houses in their proper cooperative sphere, and an appreciation of the scientific and artistic development of dental materials, appliances, instruments, equipment, and supplies and (b) a declaration of the capability and inclination of dentistry to conduct all its professional affairs without trade-house guidance or interference. And we further suggest that this recommendation be disseminated throughout the organizations of the profession, and that its import be effectively emphasized and reiterated.

6. It is recommended that reprints of important writings expounding the cause of non-proprietary dental journalism be secured whenever practicable, and that the effectively distributed in the name of the American College of Dentists [as is being done here].

Data on American Dental Periodicals: January 1928 to December 1931 [Omitted]

Reference to Literature [Omitted]

Appendix [Omitted]

Committee on Journalism

Annual Report 1955 (Selections)

Carl O. Boucher
Leroy E. Kurth
Walter A. Wilson
T. F. McBride
Harry Lyons

This year your Committee has elected to consider itself somewhat as "blue-printing" group. It hopes to initiate a new survey and study of dental journalism as related to certain current problems.

An Activity Chart has been drawn up. This is the committee's concept of plans for attention and action, in the immediate years ahead, to aid in making dental journalism that which it might and should become.

These plans and projects represent areas of activity with which the Committee will concern itself for at least the next five years. The recommendations will suggest various ways and means to resolve these problems. The comments, suggestions, and additions that the College membership offer are in order, are solicited and welcome.

The planning contained in this report is based on the fact evident to many interested observers, that there is a need within the profession for a reactivating force in the general improvement and betterment of dental journalism. Your Committee, in cooperation with the American Association of Dental Editors and the American Dental Association, hopes to become a part of that stimulating force.

Development of Reader Interest

This is the major project: to find methods to instill in students, and create in practitioners, an interest in dental periodical literature; to make suggestions for ways to get them to want to read and to continue to want to read; to devise and suggest ways to bring about maximum utilization of professional literature.

Present dental education procedures, in attempting to show the student the "right way," tend to produce in him a certain smugness regarding the amount of knowledge he possesses. As a result, frequently he sees no need for reading beyond his lecture notes. Also current practices in dental teaching, for one expedient reason or another, do not promote adequate training in the study and evaluation of scientific articles. Then too the multiplicity of poorly written articles in the run-of-mine dental journals does not inspire study and reading.

The stimulation of interest in dental journalism should have its inception during the undergraduate years. Reading of current literature might be one of the requirements for a passing grade in all subjects. By following such a procedure, the student should be impressed with the desire to become familiar with all modern developments in dentistry. This desire would then unquestionably continue throughout his professional career, and reader interest would not be a problem.

It is difficult to stimulate such a desire in men who have not been properly conditioned in their undergraduate days to the value of professional literature. The further development and promotion of courses in Technical Composition,

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as originally outlined and suggested by the American Association of Dental Schools, would be considered. Consultation and cooperation with the Association would be necessary. Thus, the situation would be approached at the undergraduate level in the attempt to encourage periodical reading, to produce adequate dental writers (and subsequently editors), and to raise the general level of dental journalism.

Stimulation of editors to become more proficient and of writers to become better craftsmen in journalism are the essential problems in the development of reader interest. Ways and means to improve the caliber of both editors and writers will have to be found. Also ways and means must be devised to show both students and practitioners the value of reading. The more wide-spread utilization of existing manuals, guide-books, and bibliographies might be promoted. The compilation, condensation, and publication in monograph form of the many excellent articles on dental editing and writing, contained in forgotten reports of the American Association of Dental Editors, the American College of Dentists, and the American Dental Association, deserve study.

This 1955 report of your Committee, you are reminded, is but a planning endeavor. At this time no specific recommendations in the areas outlines will be made. However, in the development of reader interest, we plan to investigate further (a) the instituting of Technical Composition course in more dental schools and (b) the idea of collecting past articles on dental writing and editing and presenting them in an available and usable form. These should be made available to dental editors for distribution to dental authors.

The Status of Dental Journalism in the United States

This was the title of the monumental report of the first commission on Journalism of the American College of Dentists (1928-31). The use of that title in the present report does not imply that his committee is embarking on a similar study. However, some facets of the current status will be investigated; some of the data compiled in the first Report will be brought up-to-date; and some of the findings of the first Commission will be evaluated in the light of contemporary dental journalism.

Our primary endeavor in this area of activity will be to gather certain statistics on all dental periodicals currently being published in the United States. As a point of illustration, to our knowledge there is no complete and over-all listing available showing the number and type of periodicals appearing in the dental field.

Your Committee plans, during the next year we hope, to prepare a summary table presenting [details of all current dental publications].

Here, even before this information has been gathered, your committee wishes to stress the need for adequate financial support to the specialty publications. Dentists generally must be educated to the point where they see the need for, recognize the value of, and give support to these journals of the specialty groups. Your committee will comment further on this matter in subsequent reports.

The Training of Dental Editors

Both the American Association of Dental Editors and the American Dental Association have accomplished much, and are continuing to, in this direction. But looking at the problem realistically, much more can and must be done to increase the capabilities of dental editors.

In many respects this matter is tied up and directly involved with the development of reader interest. For example, as stated earlier in this report

the promotion of underrate courses in Technical Composition, while aimed at producing capable dental writers would, in addition, aid in producing capable dental editors. Again, the suggestion of preparing a compendium on editing and writing as projected would be of inestimable value in the matter of editorial training.

Other methods could be considered: the preparation of a bibliography on editorial methods, procedures, and the like, for distribution to dental editors; the institution of a Workshop in Dental Editing, similar to those being offered in other dental subjects, by some responsible group in the profession (this would not conflict with the ADA Conferences—it would be more detailed and intensive); the presentation of post-graduate courses in dental editing by those schools where the dental and university faculties are ideally able to offer such courses.

For the present, your Committee will study further the above considerations before making specific recommendations. In the meantime, your Committee will approach the idea of training dental editors through the projects under study in the section of this report dealing with the development of reader interest.

Current and Recent Activities for the Betterment of Dental Journalism

There are now three major agencies in the profession working for the improvement and betterment of dental journalism: American Association of Dental Editors, Council on Journalism of the American Dental Association, and this Committee on Journalism of the American College of Dentists.

It appears that the plans and accomplishments of the AADE and the ADA would influence greatly the objectives, scope, and direction of any long-range planning by the ACD. The Committee, therefore, has thought it to be interesting and productive to include in the present report, and to continue to do so annually or at appropriate intervals, a summation of the recent accomplishments and future objective of the other two groups.

It must be understood that this summation is merely an attempt to provide a method whereby all interested in dental journalism may keep abreast of what is going on, who is doing it, and how it is progressing. The only purpose of this summarization is to focus attentional, indicate direction, and help avoid duplication of effort. It is hoped that this survey will contribute to the coordination and increasing productiveness of effort, and perhaps prove of some value to all who are concerned in the continuous betterment of our journalism. There is no thought of evaluation or criticism.

American Association of Dental Editors

In 1931, as a result of urging by the ACD, the AADE was organized "for the purpose of engaging broadly in all those activities that will tend to promote, directly or indirectly, the advancement of all phases of non-proprietary dental journalism and dental literature." Through these years, many areas of activity have been studied and many problems resolved by this group of editors. To list a few:

- The formation of a list of basic abbreviations for dental periodicals, and bibliographic methods for use in reference work.
- Suggestions for procedures in making reprints available.
- Creation of a Survey Committee to recommend desirable projects for betterment, and the establishment of a Development committee to implement those projects.
- Drafting of an Advertising Code for guidance of dental editors (1940, recently re-issued to all editors, 1954).
- The preparation, collection, and distribution of member periodicals, through a Cooperation Committee, of short articles.
- The development of methods for writing abstracts and the release of these to member periodicals.
- A study of dental school publications (student and student-alumni) in an attempt to stimulate development in that area.
- The suggestion and promotion of a standardized page size for dental publications.
- The consideration of and suggestions for tenure of office for dental editors.
- The preparation and publication of a *Manual for Dental Editors* (1949); the revision and publication of a second edition (1953).
- The presentation of committee reports, particularly of the Survey Committee, containing considerable material of value to editors for their effective development.
- The publication of the *Transactions* of the annual meeting. In addition to making available committee reports for reading and study, many worthwhile papers and articles have been presented. A great number of these have been excellently prepared; they contain a vast amount of information of definite and immediate use to editors. The writers have been outstanding men in the field of general and allied professional journalism, newspaper publishing and reporting, and printing.

American Dental Association Council on Journalism

In 1947, a group of members of the AADE proposed that a Council on Journalism be set up by the ADA. Subsequently, when the Constitution and Bylaws of the ADA were revised, such a Council was established (1948).

The Bylaws state: "The duties of the Council on Journalism shall be to sponsor annual conference on dental journalism and to develop standard methods and programs for the advance-ment of dental journalism in accordance with the rules and regulations adopted by the House of Delegates."

One of the first tasks undertaken was survey of state, or consistent, publications for the purpose of evaluation. These items were considered: number of issues and number of pages; number of pages and location of advertisements, ratio to text, and ratio of local to national advertisers; cover stock; cover design; body stock; quality and location of contents; and general typography.

This comprehensive study led to the preparation of "Standards for Constituent Dental Society Publications." This was approved by the House of Delegates of the ADA in 1952. It was published in the *Journal of the American Dental Association* (1954, 49:711-712) and in early 1955 was sent to all dental editors.

In 1954 the council again examined the constituent journals regarding the function of such publications, particularly in respect to policy and practice. The council reported that over the three-year period there was a noticeable general improvement in dental periodicals.

Another accomplishment of the council was a survey of state dental journal advertising and associated mechanical requirements. This was done under the direction of Mr. John J. Hollister, business manager of the ADA. Mr. Hollister then prepared a paper on "A cooperative advertising program for constituent dental society journals," (1953) inasmuch as the council had developed an interest in the possibility of such as project.

The Council has recommended conformance of a 6 x 9 inch page size for dental journals. The Council has recommended the investigation of possibilities for group purchase of paper stock. The Council has recommended the investigation of possibilities for the establishment of a joint advertising program for those interested publication that have a 6 x 9 inch page size.

The Council has prepared an exhibit showing the status of current constituent dental society publication. It has been, and will be shown at the meetings of the ADA, the AADE, the State Society Officers' Conference, and in the scientific exhibits of the ADA.

In June, 1952, the Council and the AADE jointly sponsored a Conference on Dental Journalism; this was held in the Central Office, Chicago. The following year a Second conference, similarly sponsored, was held; June and the Central Office being the time and place. In July of 1954 a Third Conference was held.

In 1955 the conference was held in Allerton Park, Ill., in June and the faculty of the University of Illinois School of Journalism participated. At this conference a program designed to increase the advertising income of state dental journals was undertaken. The Council voted to develop an advertising rate and data publication, containing the information needed by advertising space buyers interested in state journals. The book will be sent to the more than 400 manufacturers and advertising agencies on the ADA mailing lists. Mr. John J. Hollister pointed out that the development of this publication would facilitate buying by potential advertisers as information on advertising space rates in dental journals nation-wide would be complied in one book. The standardization of journal page size has made possible the use of the same advertising plate in all journals, thus improving the opportunity of the journals to get national advertising accounts. This rate and data book was to be completed in September.

Also at this 1955 meeting the Council voted to make a survey of component publications similar to that made of the state, or constituent, journals. An exhibit of these component journals, will be prepared; it is hope that it will be presented at his San Francisco session.

Your Committee is pleased to note the following resolution adopted by the ADA Council on Journalism, June 12, 1955:

> *Resolved: that the Council on Journalism of the America Dental Association keep the Committee on Journalism of the American College of Dentists informed of the progress of our council by sending them copies of the minutes of the annual business meetings and Proceeding of the annual Conferences on Dental Journalism.*

[Three pages of comments about activities the Committee on Journalism might consider in future have been omitted.]

Ethics of Precision Dental Medicine

Correspondence
Address correspondence regarding Issues in Dental Ethics to:
Bruce Peltier; bpeltier@pacific.edu

Steven Daws
Hassan Khan

Abstract

There has been a surge in efforts to develop a precision medicine model of healthcare in the United States, which has the potential to greatly alter the landscape of biomedical ethics. Precision medicine endeavors to individualize treatment at the cellular and molecular level, through the incorporation of panomic analyses–including genomics, proteomics, metabalomics, transcriptomics, microbiomics, and similar disciplines. This article seeks to explore and forecast the functioning of principlism within a precision dental medicine context. Should the promise of precision medicine be realized, autonomy will be increasingly central to the patient-provider relationship, though it will also be weighed against the needs of the greater society. Dentists will be cast into the role as panomic counselors, managing and explaining a range of molecular biology technologies including genomics, proteomics, metabolomics, and transcriptomics. Dentists will be forced to consider veracity and confidentiality while honoring beneficence. Justice will need to be assured both systemically and clinically, due to potential discrimination on the basis of panomic findings. Overall, dentists must be cautious of their future role in a precision medicine model to honor normative ethical principles in protection of patients. While panomic dentistry promises great benefit, there are potential dangers lurking in the mix.

Steven Daws and **Hassan Khan** are both Master of Bioethics and Doctor of Dental Medicine candidates at the University of Pennsylvania; sdaws@upenn.edu, hassank@upenn.edu.

Introduction and Background

During his 2015 State of the Union Address, President Barack Obama announced the Precision Health Initiative (PHI). The program allocated 215 million dollars for precision medicine research and called for the formation of a national research cohort of one million individuals (Alessandrini, et al, 2016). There has since been a proliferation of efforts to achieve the vision of the PHI, and to move healthcare in the United States towards a precision medicine model. Precision medicine seeks to individualize treatment at the cellular and molecular level, through the incorporation of panomic analyses including genomics, proteomics, metabalomics, transcriptomics (the study of RNAs), and microbiomics (the study of microbes in a particular environment). In a healthcare system founded on precision medicine, each individual would have their panomics analyzed—perhaps at birth—which would then be used to dictate pharmacological dosing, treatment options, and risk-factor mediation, among

other clinical or even financial decisions. Much of the relevant research has centered on genome-wide association studies (GWAS), used to identify genomic variations that correlate to various risks and outcomes. In order for such studies to have statistical validity, they require enormous sample sizes—which was the impetus for President Obama's million-person cohort. As a result, precision medicine has become inextricably tied to the discipline of "big data" and its associated ethical implications. Overall, precision medicine has the potential to radically alter the healthcare landscape, and along with it, medical and dental ethics. Several precision medicine efforts have ventured into the sphere of dental care, and so transformations in dental ethics can be anticipated as well.

Precision Dental Medicine

Many disease states of the oral cavity have been correlated with important genetic components. Dental caries and periodontal disease all have genetic contributions, as do other pathologies such as recurrent apthous stomatitis and Sjogren's syndrome (Kornman & Polverini, 2014; Akintoye & Greenberg, 2005; Liu et al, 2015). GWAS have already been performed in search of loci associated with chronic periodontitis (Divaris et al., 2013). One of the promises of precision medicine, enabled by genome-sequencing technology, is the creation of personalized genetic risk profiles. Essentially, dentists would be armed with information about a patient's likelihood of developing particular pathologies, and could alter treatment accordingly. Genetics also plays a role in drug response and bioavailability, typically referred to as pharmacogenomics, and thusly would dictate selection and dosing for analgesics, anxiolytics, steroids, parasympathomimetics and other drugs employed in dental care (Shukla, et al, 2015). Similarly, orthodontists will potentially be able to use genetic information to anticipate growth and development (Iwasaki et al, 2015). Management of maxillofacial malformations such as cleft palate, Pierre Robin sequence or craniosynostisis could be guided by genetic information as well, significantly altering the practice of oral surgery (D'Souza et al, 2013; Hupp, 2015).

However, genetics is not the sole contributor to oral disease, therefore precision dentistry would seek to make use of many other types of patient-specific information. Research efforts have looked at saliva as a potential source of proteomic (large scale study of proteins) and metabolomic biomarkers (unique characteristic metabolites) for not only oral disease, but systemic disease as well (Kuo, 2015). The United Kingdom already collects salivary samples from volunteers, allowing for the creation of a national dental biobank (Eng, et al, 2012). The oral cavity is also an epicenter of the microbiome

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(the combined genetic material of microorganisms in a particular environment), and analyses of a patient's oral flora may also facilitate personalization of treatment and antibiotic selection (Zarco, et al, 2012). Central to the movement towards precision medicine, is the promise of oncogenomics, the study of cancer associated genes. By sequencing the genomes of neoplasms, therapeutics can be targeted specifically to the molecular changes driving malignancy, allowing for enhanced prognostics, classifications, and outcomes (Razzouk, 2014). The Oral Cancer Genome Project, funded by the National Institute of Dental and Craniofacial Research, is currently working to transition clinical management of head and neck cancers towards a precision medicine model, searching for genetic loci conferring risk and contributing to pathology (Garcia, et al, 2013).

One prime example of precision medicine currently utilized in dentistry is the Marshfield Clinic's "oral-systemic personalized medicine" model. Through the use of biorepository data from its large network of regional centers and integrated informatics, the Marshfield Clinic has been able to apply a precision medicine approach to managing co-morbidities of diabetes and periodontal disease (Glurich, et al, 2013). The approach depends on the use of a complex infrastructure of centralized information to guide clinical intervention. Overall, precision medicine has the ability to penetrate many facets of dental practice, and alter the role of the dentist as a healthcare provider.

Principlism

As precision medicine gradually enters the domain of dentistry, dentists should strive to not be reactionary, but rather proactive in addressing potential ethical concerns certain to arise from this particular paradigm shift. Principlism, a four-principle approach originally articulated by Beauchamp and Childress, has become an important basis for normative ethics in the practice of dentistry and medicine. This approach affirms a common morality, which includes the principles of respect for autonomy, nonmaleficence, beneficence, and justice as moral norms (Beauchamp & Childress, 2001). Practical moral problems often require that we make our general moral norms specific for a particular case. Thus, balancing of principles is especially important for reaching judgments in individual cases, and an important component of principlism. Justified acts of balancing entail that good reasons be provided, not merely that the healthcare practitioner is intuitively satisfied. This article seeks to forecast the application of principlism to a precision medicine model of oral health care. See Clouser & Gert (1990) for a critique of principlism.

Autonomy

Precision medicine will arm patients with powerful information regarding their own health. Because many diseases involve both genetic and environmental components, patients will be asked to take a more active role in their own health by changing their behavior to mediate risk factors. As a result, the concept of autonomy will be central to precision medicine. However, the ability of the patient to embrace this role is largely dependent on the medical professional's ability to inform and motivate. Dentists will ultimately be asked to act as panomic counselors, which poses numerous challenges. One is the additional educational burden on the dentist, and the failure to attain and maintain that education might constitute ethical failure. However, that panomic risk is not an easy concept to convey, especially when it comes to highly variable diseases. Dentists will be ethically obligated to ensure patients fully understand degrees of determinism and the patient's role in outcomes. That is to say, patients must be made to understand that, for example, a genetic predisposition to a disease does not necessarily mean that the disease will manifest, and that the patient can engage in behaviors to change the likelihood that it does indeed manifest. Insofar as dentistry focuses on prevention it will be relatively well prepared to take on this task. For example, dentists are accustomed to encouraging patients to maintain adequate oral hygiene by brushing their teeth, a behavior modification aimed at mediating risk of caries development. There is a concomitant risk, however that increased genetic information might tempt dentists to practice paternalistically. Since they think that they can predict future pathology, the may feel compelled to take what the feel to be appropriate action on behalf of their patient. To do so without adequate discussion and patient understanding would constitute a violation of autonomy. This may require that dentists perform more chairside education; it may not be an appropriate duty for most assistants. This implies that many dental providers will have to up their game regarding panomics and communi-cation skills, as well.

Essentially, dentists would be armed with information about a patient's likelihood of developing particular pathologies, and could alter treatment accordingly.

As previously mentioned, research within precision medicine demands enormous patient cohorts to achieve statistical power. Consequently, the average dentist will be expected to take on a greater role in research, as researchers seek to assemble their subjects from wherever possible, and through increasingly expansive administrations and centralized outlets. President Obama's initiative called for a cohort of one million volunteers, and there is a utilitarian argument to be made for the mandatory donation of specimens to a central repository, as that the information could benefit enormous swaths of the human population. However, mandatory donation would be in direct violation of the principle of respect for autonomy and perhaps confidentiality. Though coerced or required donation may or may not become the standard, dentists will potentially play an increased role in sample acquisition. In the absence of required donation, dentists will need to balance patient autonomy with the needs of the collective. It is here that the principle of respect for autonomy comes in conflict with beneficence and non-maleficence. Dentists have an obligation to do good, and there is a great deal of good to be attained through precision medicine research, implying an obligation to donate saliva, blood, or tissue. However as is true with most significant research, there is the possibility of harm to subjects, ultimately amounting to maleficence. Informed consent will be of paramount importance, in discussing the risks of participating in a biobank, as well as the possible social obligation to assume such risk. The primary risk is of course the risk to privacy and confidentiality. However, this is a risk that will partly be addressed at a systemic level through the management of stored repository data. Charles Perrow, in his book, Normal Accidents Living with High-Risk Technologies, argues that it is guaranteed that highly complex information structures (such as those designed to protect accumulated patient information) will ultimately fail (Perrow, 2011). A primary duty of the dentist when obtaining informed consent and acquiring patient information will be honestly informing the patient of the near inevitable breach of their privacy.

Respect for autonomy is derived from a more general respect for persons. It is important to note that precision medicine, despite being centered on the individual human being, holds the potential for dehumanization. Precision medicine is often viewed as a development from personalized medicine—personalized medicine being the basic idea of catering care to the specifics of the individual, not necessarily at the cellular or molecular level. In some sense, the transition from personalized medicine to precision medicine, as the language suggests, can result in a scope that ignores the person. Many would argue that the reformulation of a human to a mathematical figure poses threats to a human being's intrinsic worth, the source from which autonomy is derived. This threat is something of an extension of the existing challenge that dentists face when they treat a person rather than a tooth or patient or case. It is important that dentists be cognizant of these shifting panomic conceptualizations, to remember they are treating a human and not a mathematical figure or abstraction, in order to ensure ethical care.

Veracity

There are many situations in which a dentist may wish to withhold information regarding a patient's panomics, in direct disregard for veracity. Typically, veracity is viewed as a corollary of autonomy, as autonomous decisions can only be made with accurate information. Just as the potential justification for mandatory sample donation would be rooted in the challenging prioritization of beneficence and nonmaleficence, so too would the justification for withholding information. When disclosing aspects of a panomic risk profile, it is important to consider the practical value, meaning the extent to which the knowledge of determinants can be acted upon. As an example, assume research uncovers an immensely powerful genetic or microbiomic determinant for severe generalized periodontitis that is not known to interact with any environmental

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factor. Based on their risk profile, no matter what the patient does, no matter how well they manage their home care, no matter how they modify their diet, it is almost a certainty they will develop severe generalized periodontitis. Will more good than bad result from informing the patient? The patient will live knowing their teeth will ultimately be extracted, which may or may not weigh heavily on the psyche. They may neglect their homecare entirely, viewing their oral health as a worthless investment, putting them at extreme risk for caries and infection. Similar scenarios and arguments can be found in conversations about the benefits and potential harm related to genetic testing and breast cancer. A case can be made that genetic information can be, on balance, a detriment to the patient's quality of life. This is a generic example, but it demonstrates the need to consider actionability (whether or not the information given can be therapeutically acted upon) when calculating the beneficence to be achieved through panomic counseling, and when questioning whether some knowledge may actually be unwanted knowledge. Situations in which beneficence is given precedence over veracity, and a diagnosis is deliberately withheld, are done so on the basis of what is termed therapeutic privilege (Beauchamp & Childress, 2001). Though severe generalized periodontitis is a significant pathology, it is unlikely it would qualify for therapeutic privilege due to the lack of mortality associated with its morbidity. However, precision medicine offers the possibility of uncovering diagnoses that may ultimately justify the prioritization of beneficence over veracity or autonomy. It may perhaps be prudent to preemptively discuss with the patient what information they do and do not wish to receive – an act that would embrace patient autonomy. Additionally, in circumstances where veracity is being prioritized, and a patient is to receive an unactionable and difficult diagnosis, the role of the dentist is expanded from a panomic counselor to a psychological counselor as well, which carries additional professional obligations to ensure non-maleficence. This is a significant professional burden, to be sure.

Another important consideration related to veracity and beneficence is the reality that panomic information is also relevant to the biological relatives of the patient, in that they are likely (but not certain) to share many of the same genetic features. Dentists must be aware when performing their role as genetic counselors that the information and its conveyance may also affect related individuals. One can imagine a dentist honoring beneficence by informing a patient's kin that they likely (or certainly) possess a particularly actionable genetic factor for a severe disease due its discovery in the primary patient. However, this would come at the cost of violating the primary patient's confidentiality, and autonomy. It is also possible that patient inform their kin themselves. Overall, it is important that dentists consider all parties potentially affected when monitoring veracity, confidentiality, and beneficence during panomic counseling.

Justice

At a systemic level, ensuring justice (equal treatment) is of paramount concern when establishing a system of precision medicine. The costs of genome sequencing have plummeted in recent years, with current costs to a

patient approximating one thousand dollars (NHGRI, 2016). While this dramatic increase in affordability is indeed what makes precision medicine more than a fantasy and renders it feasible, this cost is still prohibitive for many who could benefit from this service. Additionally, possessing the requisite finances does not necessarily guarantee access. As is generally true of technological progress, advances in biomedical technology are often initially a privilege of the upper socioeconomic classes. Dentistry will have a unique and specific interest in microbiomics, which may or may not become central to the precision medicine schema, and thereby analyses of the microbiome may be a more limited commodity. The promise of precision medicine is immense, and thus its potential for distributive injustice is immense as well. However, even if all individuals have equal access to precision medicine, the inherent nature of precision medicine generates concerns and opportunities regarding principled justice.

Additionally, the moral argument against the "free rider" is still present, meaning those who assumed no risk by declining to donate will benefit from those who did assume risk and donated.

Racial inequalities are very commonly discussed in American society. In our current model of healthcare, the division of patients into groups is often used in clinical decision-making. Divisions based on race, though tragically misappropriated historically and not biologically based, are commonplace within the biomedical landscape. Precision medicine seeks to advance past this population-level thinking, by focusing on the individual. In some sense, this shift in thinking could help alleviate racial inequalities within the American healthcare system, to great positive effect. However, as previously mentioned, precision medicine research demands statistical power derived from enormous patient cohorts. When the immense quantity of research subjects cannot be attained, research often resorts to gene pooling strategies, in which individuals likely to have more similar panomics are grouped together, thereby making variation more significant. The predominant demographic used for gene pooling is ethnicity. Should this research uncover medically relevant genetic variants unique to an ethnic group, these variants could ultimately become the basis of discrimination.

Discrimination in general is a concern of precision medicine. An individual's risk profile could be potentially condemning. One can readily imagine insurance carriers basing prices or coverage decisions on a patient's genetic risk. Similarly, employers may wish to access such protected health information when making hiring decisions. In order to protect against these possibilities, the Genome Information Nondiscrimination Act was passed by American lawmakers in 2008 (Eng et al., 2012). Systemic large-scale discrimination may not even be the greatest concern, given the possibility of discrimination at the discretion of the individual dentist. One can imagine a dentist consciously or subconsciously viewing patients with certain panomic risks as potentially good or bad investments. This sort of thing certainly happened when HIV-AIDS was first recognized in dental patients. For example, a patient with a high risk for oral disease could be viewed by a dentist as a valuable source of income. Whereas another dentist may view that same patient as a lost cause and be more inclined to render treatment below the standard of care. Some dentists may prioritize patients with higher risks, essentially allocating their services in a manner they perceive as optimal. Overall, the lens through which patients are viewed may change dramatically as a result of precision medicine. The question of whether all patients should receive identical treatment opportunity regardless of outcome probability becomes critical. Essentially, does inequality at birth justify—or even demand—inequality in care during life? This is ultimately a question of rationing, as dentistry seeks to determine the most just distribution of its resources. It is also a question that will likely be answered by dentists in their everyday practice within a precision medicine model.

Conclusion

It is important to note that several philosophical and practical approaches to ethics (such as casuistry and utilitarianism, as well as Ozar and Sokol's "Central Values of Dental Practice" (2002)) are relevant to precision medicine and the challenges to come. This discussion has adopted classic biomedical principlism as its foundation for discussing the ethical landscape of precision dental medicine. Patients will be asked to ponder their autonomy and comply with professional recommendations on panomic risk mediation, and may be called upon to sacrifice for the needs of the collective. Veracity and confidentiality will potentially be put in conflict with beneficence, as dentists, acting as panomic counselors, will need to consider the

duties and ramifications of imparting information to patients and their biological relatives. Justice will need to be ensured at both a systemic and clinical level, through both proper structures for protecting patient privacy, and consideration of the possibility of necessary rationing. Overall, dentists must be proactive in anticipating ethical quandaries they will face in clinical practice as a result of a shift towards a precision medicine in dental practice. ■

> Should this research uncover medically relevant genetic variants unique to an ethnic group, these variants could ultimately become the basis of discrimination.

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2017 Manuscript Review Process

In addition to the 20 published theme papers and four article reviewed by the American Society for Dental Ethics, eight unsolicited manuscripts were considered for possible publication in the *Journal of the American College of Dentists* during 2017. Two manuscripts were accepted for publication with minor revisions. Two were determined by the reviewers as not meeting publication standards and four were declined without detailed review because the content did not match the mission of the *Journal*.

Eighteen reviews were received for the four manuscripts for which full reviews have been complete, for an average of 4.5 reviews per manuscript. Consistency of reviews was determined using the phi coefficient, a measure of association between review recommendations and the ultimate publication decision. The phi was 0.739, where 0.00 represents chance agreement and 1.00 represents perfect agreement and 0.300 is typical in the peer review process. The college feels that authors are entitled to know the consistency of the review process. The editor also follows the practice of sharing all reviews among the reviewers as a means of improving calibration.

Instructions for authors and instructions for reviewers can be found on the website of the college. Journal reviewers are encouraged to use a sequential set of standards in evaluating manuscripts. The first concern is that the manuscript presents a topic of significant interest to our readers. Those that meet this criterion are evaluated for absence of bias in the presentation. The third standard is clarity of presentation.

The editor is aware of three requests from others to republish articles appearing in the journal received and granted during the year. This is a 15% republication rate.

The college thanks the following professionals for their contributions, sometimes multiple efforts, to the dental literature as reviewers for the *Journal of the American College of Dentists* during 2017.

Nareg Apelian, DDS
Montreal, ON

Joel Berg, DDS, MS, FACD
Seattle, WA

Greg Chadwick, DDS, MS, FACD
Greensboro, NC

Steve Chan, DDS, FACD
Fremont, CA

David Gesko, DDS, FACD
Minneapolis, MN

Joseph F. Hagenbruch, DDS, FACD
Harvard, IL

William Meyers, PhD
Birmingham, AL

Bruce Peltier, PhD, MBA, FACD
San Francisco, CA

M. Kenneth Randall, DDS
Hixson, TN

Lindsay Robinson, DDS, FACD
Grass Valley, CA

Harriet Seldin, DDS, FACD
San Diego, CA

Robert Sherman, DDS, FACD
Honolulu, HI

Charles F. Squire, DDS, FACD
Wichita, KS

George J. Stratigopoulos DDS, FACD
San Diego, CA

Submitting Manuscripts for Potential Publication in JACD

Manuscripts for potential publication in the *Journal of the American College of Dentists* should be sent as attachments via e-mail to the editor, Dr. David W. Chambers, at dchambers@pacific.edu. The transmittal message should affirm that the manuscript or substantial portions of it or prior analyses of the data upon which it is based have not been previously published and that the manuscript is not currently under review by any other journal.

Authors are strongly urged to review several recent volumes of *JACD*. These can be found on the ACD website under "publications." In conducting this review, authors should pay particular attention to the type of paper we focus on. For example, we normally do not publish clinical case reports or articles that describe dental techniques. The communication policy of the College is to "identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College."

There is no style sheet for the *Journal of the American College of Dentists*. Authors are expected to be familiar with previously published material and to model the style of former publications as nearly as possible.

A "desk review" is normally provided within one week of receiving a manuscript to determine whether it suits the general content and quality criteria for publication. Papers that hold potential are often sent directly for peer review. Usually there are six anonymous reviewers, representing subject matter experts, boards of the College, and typical readers. In certain cases, a manuscript will be returned to the authors with suggestions for improvements and directions about conformity with the style of work published in this journal. The peer-review process typically takes four to five weeks.

Authors whose submissions are peer-reviewed receive feedback from this process. A copy of the guidelines used by reviewers is found on the ACD website under "How to Review a Manuscript for the *Journal of the American College of Dentists*."

An annual report of the peer review process for JACD is printed in the fourth issue of each volume. Typically, this journal accepts about a quarter of the manuscripts reviewed and the consistency of the reviewers is in the phi = .60 to .80 range.

Letters from readers concerning any material appearing in this journal are welcome at dchambers@pacific.edu. They should be no longer than 500 words and will not be considered after other letters have already been published on the same topic. [The editor reserves the right to refer submitted letters to the editorial board for review.] Where a letter to the editor refers specifically to authors of previously-published material or other specific individuals, they are given an opportunity to reply.

This journal has a regular section devoted to papers in ethical aspects of dentistry. Manuscripts with this focus may be sent directly to Dr. Bruce Peltier, the editor of the Issues in Dental Ethics section of *JACD*, at bpeltier@pacific.edu. If it is not clear whether a manuscript best fits the criteria of Issues in Dental Ethics, it should be sent to Dr. Chambers at the e-mail address given above and a determination will be made.

Journal of the American College of Dentists, Volume 84

2017 Article Index

Editorials

Letters to the Editor

College Matters

Theme Papers

Manuscripts

Issues in Dental Ethics

Journal of the American College of Dentists

2017 Statement of Ownership and Circulation

The Journal of the American College of Dentists is published quarterly by the American College of Dentists, 839J Quince Orchard Boulevard, Gaithersburg, Maryland 20878-1614. Editor: David W. Chambers, EdM, MBA, PhD.

The American College of Dentists is a nonprofit organization with no capital stock and no known bondholders, mortgages, or other security holders. The average number of readers of each issue produced during the past twelve months was 4,873, none sold through dealers or carriers, streevenders, or counter sales; 5,018 copies distributed through mail subscriptions; 4,829 total paid circulation; 189 distributed as complimentary copies. Statement filed with the U.S. Postal Service, October 6, 2017.

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