

the  
**journal**  
of the

**AMERICAN  
COLLEGE  
OF DENTISTS**

JANUARY 1978

VOLUME 45

NUMBER 1

Alternatives in Oral Health Care IV

Self Worth is More Important  
than Net Worth

Loss of Professional Control

Are We Helpless?

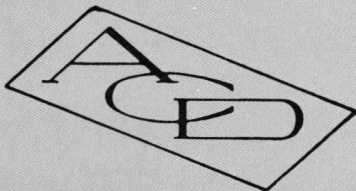


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## NEWS AND COMMENT

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### BOARD ACTIONS

At its recent meeting in Miami Beach, Florida, the Board of Regents took the following actions:

- Approved a motion by President Cassidy that in order to retain the apolitical philosophical stance of the American College of Dentists, no officer or member of the Board of Regents shall publicly endorse any candidate for office in the American Dental Association, thus avoiding any implication of College endorsement of that candidate.
- Approved a motion that, effective in 1978 the term of office of the Treasurer be set at three years, and that he be allowed a second three year term. This will require a by-laws change.
- Adopted a motion that the commission system of the Board be extended to the Section level, to be called "Section Forums" and that this program be constituted and monitored by a special committee on Professional Issues.
- Each Regent is to write to the Section Officers requesting that the Section establish a Project Library Committee, and that the Section purchase at least five sets of library materials for distribution in its area.
- In keeping with the mandatory Section membership provision of the bylaws, the Board noted that the College will subsidise Section activity support, according to the number of Fellows in good standing in the Section on July 1 of each year. These funds are intended primarily for correspondence and communication within the Section.
- Accepted the report of Regent Joseph B. Zielinski that the Illinois Section had contributed \$1000 to the American College of Dentists Foundation.
- Heard a report of the Self Assessment and Continuing Education Program which is still in operation. The comprehensive set of self-test questions is still available from the Executive office.

- Accepted the report of the Mini-SACED program, which is modifying the testing materials and continues to function, with Section co-operation.
- Approved a motion that the president appoint an advisory committee to study a proposal for an Oral History program under College sponsorship.
- Adopted a budget for 1978.
- Expressed its appreciation to retiring officers James L. Cassidy, Henry J. Heim and Richard J. Reynolds for their years of service to the College.

### **CONTRIBUTIONS TO PROJECT LIBRARY TO BE LISTED IN NEXT ISSUE**

In recognition of their support of the Project Library program, all Fellows who have placed packages of books with their local libraries or schools will be listed in the April issue of the Journal. Those Fellows who have been intending to participate may still do so by February 15, which is the deadline for the April issue. Just send a check for \$20 to Bob Nelsen for each set you wish to contribute.

## **SECTION NEWS**

### **Western New York Section**

The Western New York Section held its annual meeting at the Oak Hill Country Club in Rochester, New York, on September 16, 1977, with approximately twenty-seven Fellows and their guests in attendance.

The new Bylaws were presented, revised and accepted by the members present, to be submitted for approval by the Board of Regents prior to Rechartering.

The boundaries of the Western New York Section were discussed and it was decided that the 5th, 6th, 7th and 8th Judicial Districts of the State of New York should define the boundaries. This coincides with the same districts as the Dental Society of the State of New York.

Election of Officers was conducted. For the coming year they are: Howard L. Lyboldt, Chairman; Frederick W. Gray, Jr., Chairman-elect; Richard J. Johnson, Secretary-Treasurer.



### **Southern California**

The Southern California Section held its meeting during the California Dental Association's Annual Scientific Session at Anaheim, California in April. Speaker of the day was a Chinese missionary, Dr. Li, (doctor of divinity) whose brother is a dentist in China. His topic was, "Behind the Bamboo Curtain."

The Section conducted a mini self-assessment test and 120 dentists took advantage of the opportunity.

The Rechartering Program for the Section has been set for Saturday, January 21, 1978, at Anaheim, California. We are working toward an impressive and successful function for the Fellows who will attend.

### **Georgia Section**

The rechartering ceremony of the Georgia Section took place at Callaway Gardens on September 19, 1977. Thirty eight members were in attendance, with chairman Marvin Sugarman presiding.

New officers for 1978 are: Chairman - Robert A. Rainer, Jr.; Vice chairman - John W. Wallace; Secretary-treasurer - Alfred K. Williams.



*Left to right: Alfred Williams, Robert Rainer, Jr., Regent William C. Draffin, President James L. Cassidy, Marvin Sugarman, John W. Wallace, ADA President Frank Bowyer, and ADA Trustee John Faust.*



### **Virginia Section**

The Virginia Section met during the annual session of the Virginia Dental Association in September. The meeting was well attended. Entertainment at dinner was provided by the Sea Chanters, a singing group of the U. S. Navy, who were well received.

### **West Virginia Section**

The West Virginia Section has completed the delivery of nine Project Library packages within its state as a section project. Paul H. Loflin of Beckley, West Virginia presented the packages to Mrs. Mary Graham, librarian of the Raleigh County Library.



*Paul Loflin presenting Project Library packages to Librarian Mary Graham.*

*(continued on page 65)*

# the JOURNAL of the AMERICAN COLLEGE of DENTISTS

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A QUARTERLY PRESENTING IDEAS IN DENTISTRY

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WILLIAM C. DRAFFIN

BALFOUR D. MATTOX

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Charles F. McDermott  
*President 1977-1978*

# The President of the College

Charles F. McDermott, a general practitioner of Pittsburgh, Pennsylvania has been chosen as president of the American College of Dentists for 1977-78. Born in Fayette County, Pennsylvania, he received his baccalaureate and dental degrees from the University of Pittsburgh. During World War II he served as a Major in the Dental Corps of the United States Army.

He has had a lengthy and noteworthy career in a number of dental organizations and civic groups. He is a past president of the Chartiers Valley Dental Association, the Odontolgical Society of Western Pennsylvania and the Pennsylvania Dental Association as well as the Dental Alumni and General Alumni Association of the University of Pittsburgh.

Doctor McDermott has been a member of the Board of Directors and former president of the Pennsylvania Health Council, and a charter member and past president of the Southwest Lions Club of Pittsburgh. He served on the Board of Directors of the Pennsylvania Dental Service Corporation for five years, on the Health Task Force of the Allegheny County Health and Welfare Association, and the Medical Advisory Committee of the Comprehensive Health Planning Board of Allegheny County.

Active in the affairs of the American Dental Association for over forty years, he was a member and former chairman of the Council on Dental Health and served a number of times as a member of the ADA House of Delegates.

Doctor McDermott is currently serving on the Pennsylvania State Dental Council and the North East Regional Examining Board. He holds appointment to the Health Section of the Mayor of Pittsburgh's Committee on Human Resources. He belongs to Kappa Sigma Social fraternity, Psi Omega, and Omicron Kappa Upsilon Honorary Dental Society. His other honors include the Dr. Albert R. Pechan Award of Excellence, the Distinguished Alumnus Award of the University of Pittsburgh School of Dental Medicine and the Pennsylvania Dental Association Annual Award.

Receiving Fellowship in the American College of Dentists in 1960, he has been active in his Section, and was named to a four year term as Regent in 1970. Serving on many committees, his chairmanship of the Committee on Conduct has been particularly noteworthy.

It is with particular pleasure therefore that we salute this distinguished leader, Charles F. McDermott, who in his personal life exemplifies so well the principles of ethical conduct, service and dedication that the College holds dear. We wish him well in his administration, as we look forward to a most productive year.

# President's Inaugural Address

CHARLES F. MCDERMOTT, D.D.S.

The American College of Dentists was founded fifty-seven years ago for the purpose of honoring those persons who had made outstanding contributions to the profession and had directed their abilities to advance the standard and efficiency of the profession. The principal concern of those who founded this American College of Dentists was to further advance the standards and efficiency of the profession of dentistry and of dental care. These founders were the officers of the National Dental Association and the president of the Association of Dental Teachers. The National Dental Association later became the American Dental Association. These men were faced with problems very much like those of today. At that time, there was a report of a study which was very critical of the dental school curriculum. An accreditation program for dental schools was being developed and there was considerable discussion as to whether the dental student was properly medically oriented. Dental journals were for the most part commercially controlled. In many circles, dentistry was looked upon more as a trade than a profession. The affairs of the dental association were at that time published in a proprietary trade journal.

The American College of Dentists set about to examine and resolve these problems by the use of study committees, conferences, commissions, panel discussions, workshops and a thorough reporting, usually at the annual meeting of the College and subsequent publication in the Journal of the American College of Dentists. Several of these comprehensive studies which have had a marked effect upon the dental profession are: The Commission of Journalism's Report on Dental Journalism in the United States, the Workshop on the Image of Dentistry, and the Workshop on Dental Manpower. In addition, the College has cooperated with many other agencies in projects involving the profession such as the "Institute for the Advanced Education in Dental Research" which was sponsored through the National Institute of Dental Research and has had a significant effect by bringing into dental research improved communication with many disciplines not usually associated with dentistry. Additional programs have been supported by the College, such as Project Bookshelf and Project Library. The current program of "Self-Assessment and Continuing Education in Dentistry" is in my opinion one of the most outstanding professional projects of its kind in recent years. This

*Presented at the annual meeting of the American College of Dentists, Miami Beach, Florida, October 8, 1977.*



program is the first of its type to be offered to an entire profession. These programs attest to the high standards of the College and its dedication to furthering the professional nature of dentistry. The College committed over a quarter of a million dollars to implement this program alone. It was original, innovative and this self-test program is now being followed by other professional organizations.

The program which you will hear later this morning, a panel discussion, "Alternatives in the Delivery of Oral Health Care," the fourth in this series is entitled, "Factors Affecting Professional Control of Dental Care." It is most timely and should provide some suggestions for future planning. The United States of America is one of the few countries left in the world today in which its dental profession retains an influence in the delivery of oral health care. It behooves each of us to use his influence for the benefit of the public. If we are not individually and collectively properly responsive to this privilege, it will be rescinded.

Now you might ask, "What is the future role of the College?" Many of the problems facing the profession today involve the same basic ideals of professional decorum, ethics and responsibility to which the founders of the College aspired. The recent ruling of the Supreme Court on advertising by attorneys and the strange actions of the Federal Trade Commission are very hazardous to the concept of professionalism as we see it. An unbiased analysis of third and fourth party payment programs would be of value to the public and the dental profession. These are but a few of the problem areas to which the College today can direct its concerns. I would say one of the most pressing problems is the unrest within the dental community caused by the plethora of parochial interests. As each claims its role as spokesman, little else occurs but a chorus of dissonant voices.

The American Dental Association, its Officers, Board of Trustees, House of Delegates and indeed the general membership are doing a commendable job in contending with the problems which beset the profession today. The ADA Councils, through their workshops and conferences, the Washington office and the staff, all put forth consistent and well-directed effort which in many instances brings the profession to a favorable light. However, we, the dental profession, today find ourselves too often in the position of reacting rather than taking an innovative leadership role. The American College of Dentists, as it has in the past, can be of unique service to the profession as it strives to maintain control of the delivery of oral health care.

The Board of Regents' major effort these past few years has been in rewriting the Constitution and Bylaws and modernizing the organization of the College and the functions of the Executive Office.

A system of Commissions of the Board has been developed which provides an efficient means for the College to examine issues or problems which are within the sphere of interest of the College as it pursues its purposes and objectives.

A rechartering of all Sections of the College is now underway and this will enable the College to function more effectively. Each Regency now has a Regent who can be most effective in communication as well as assisting the Sections in carrying out their proper functions. Over the past few years, the College has been operating on a bare bones budget. The Board of Regents has found it necessary to vote a modest increase in dues which will provide funds necessary to cope with inflation as well as expand the programs of the College, especially at the Section level.

The College bylaws state in Part b of Section 6, "The Board of Regents shall review the purposes and objectives of the College at intervals to determine whether these purposes and objectives are abreast of new developments within the field of dentistry and of those of national trends which touch the interests of the profession and the public. The Board of Regents shall evaluate programs to serve the general purposes and objectives of the College." In context with this directive of the bylaws, I am recommending to the Board that this review be implemented promptly and that whatever steps are necessary to carry it out be taken. I am requesting that each Fellow of the College resolve to participate actively in the rechartering of his Section and to initiate discussions in the Section on the serious problems facing the profession today. I call upon each Section to develop recommendations about the manner in which the College can best serve in solving them and to forward these to the Board of Regents through your Regent. Invite him to your meetings and, if he is unable to attend, convey your recommendations to him by letter.

We have in the American College of Dentists one of the strongest, versatile and capable organizations in dentistry. It is very much needed today. It can serve as it has in the past. We need but to apply ourselves. We need everyone's help. We need your help - your personal, individual, consistent support and cooperation.

The Presidency of the American College of Dentists is a singular honor indeed. I wish to acknowledge this honor by saying to you that I am fully committed to carrying out the responsibilities of this position. I wish to do so by convincing every Fellow of this College that he too has a commitment to the College and to his profession. I say to you, all become involved. Be an active part of the College - and your profession - and your community. Profess your dedication to the full support of our unique American system. Be responsible! Be professional!

# Report of the President

JAMES L. CASSIDY, D.D.S.

I never dreamed that Jim Cassidy would today be making the report of the President of the American College of Dentists to its Board of Regents. In 1968 when I was inducted into the College, right here in Miami Beach, I was overcome with awe at even being invited to Fellowship. To have the honor of serving as the President of this august body nine years later makes one feel very humble. Dentistry has been good to me. I suppose there is really no way in which I could adequately repay the debt I owe it.

The account of my stewardship to the College goes back to 1970 in Las Vegas when Charlie McDermott and I came on the Board as Regents. During this time it has been my good fortune to meet and work with some of the greats in Dentistry. Serving as Chairman of the Committee on Sections for five years brought me in contact with many wonderfully dedicated dentists. This committee laid the foundation for the reorganizing and rechartering of the Sections which we are in the process of accomplishing now. Membership on the Coordinating Committee, under the leadership of Lou Terkla, afforded me the opportunity to participate in the internal reorganization of the College. It was also my good fortune to help in the development of the "Self Assessment and Continuing Education" program and the mini-SACED under the most capable guidance of Editor Bob Kaplan.

During these years officers and Regents have come and gone each contributing, in his own way, to the well-being of the College. However, there has been one driving force which has been the stabilizing factor of the College and has performed the necessary function of continuity. This force is our Executive Director Bob Nelsen and his most capable staff. Under his direction and leadership the College has made a complete turnaround from the stagnation it found itself in during the middle and late 1960's. Bob's prime objective has been to involve more and more Fellows of the College in its affairs and I am convinced that, with our rechartering, we shall do just that. But remember, this is a two way street! The Executive Office cannot accomplish this alone. Each Regent, when he accepts election to the Board of Regents, assumes certain responsibilities inherent with the office he holds. He is the liaison between the Board and the Sections within his Regency. Prior to the reorganization of the College all



Regents were considered "at-large" Regents. It was difficult to cover the whole country. With the reorganization into Regencies each Regent has a geographical location for which he is responsible. This means that he has the obligation to visit the Sections in his Regency in order to get to know the officers and Fellows of those Sections, to get the feel of their thoughts not only about the affairs of the College but also on the philosophy of dentistry in general, and to communicate these back to the Board. The purpose of the College is not to be totally introspective but to promulgate ideas and ideals which affect the whole profession of Dentistry. So you see, the Regents have a vitally important role in the organizational structure of the College. I commend you for the work you have done and are doing, and, I encourage and challenge you to even greater heights in the future.

I have purposely concentrated on the Regents as opposed to officers since I feel that the officers of the College are actually extensions of the Regents with certain specific duties which relate to the coordination of the programs of the College. Historically the Officers are persons who have had training in the affairs of the College through serving as Regents.

Over the years, the College has developed many fine programs. The ones we have operating now, the SACED, the mini-SACED, and Project Library are excellent ones, but, like any program, they will not fly alone. The Board must serve as a public relations organization, so to speak, in order to make the profession realize the benefits derived from these programs. In retrospect I wonder if maybe we should have had a public relations firm "sell" our SACED program where it started. Although financially we will probably break even, there's still thousands of individual dentists who could derive great benefits from participating in the SACED program.

There are a couple of thoughts which I want to share with you and give you certain recommendations.

Both candidates for president-elect of the American Dental Association this year have been most considerate of the office of the Presidency of the American College and have put no pressure for public endorsement. However, I can see that sometime in the future the President of the College could be placed in an embarrassing position in this regard. I am not saying that I think the Board members should not be active in the affairs of the American Dental Association, but I feel the Board would be much more comfortable if it had a policy in this matter. Therefore I move it be a policy of the Board of Regents

that in order to retain the apolitical philosophical stance of the American College the Board of Regents or any officer or member thereof shall not publicly endorse any candidate for office in the American Dental Association in order to avoid any implication of College endorsement of that candidate.

For years now our Executive Director, Dr. Robert Nelsen, has informed us that he looks forward to retirement in the next several years. The Board has a tremendous responsibility in finding a successor to Dr. Nelsen. It would seem that the time has come to make preparations for an orderly transition. Therefore I move that the Executive Committee be assigned the responsibility of developing plans for a search committee and reporting these plans to the spring 1978 meeting of the Board of Regents.

The College has many functions but its basic mission—its reason-for-being—is Leadership. It is an organization composed of leaders. You gentlemen of the Board are unique because you have been chosen by these leaders to lead them. You have a great responsibility. As I leave the Board after seven of the most rewarding years of my life I take with me many happy thoughts. Also I leave with the complete confidence that the College will grow and progress in the capable hands of Charlie McDermott. If I were given the opportunity to leave you only one word of advice that one word would be:

#### ENTHUSIASM!

That certain something that makes us great—that pulls us out of the mediocre and commonplace—that builds into us Power. It glows and shines—it lights up our faces—ENTHUSIASM, the keynote that makes us sing and makes men sing with us.

ENTHUSIASM—The maker of friends—the maker of smiles—the producer of confidence. It cries to the world, "I've got what it takes." It tells all men that our job is a swell job—that the house we work for just suits us—the goods we have are the best.

ENTHUSIASM—The inspiration that makes us "Wake Up and Live." It puts spring in our step—spring in our hearts—a twinkle in our eyes and gives us confidence in ourselves and our fellow men.

ENTHUSIASM—If we have it, we should thank God for it. If we don't have it, then we should get down on our knees and pray for it.

# Honors and Awards

## CITATION FOR THE WILLIAM J. GIES AWARD TO CLYDE H. SCHUYLER

Presented by Regent Richard J. Reynolds

Mr. President, Regents and Officers of the College, Fellows, ladies and gentlemen. There are only a few gifted professional men in every generation who emerge as great leaders of their time. Their devotion to the pursuance of knowledge, the advancement of ethical principles and the achievement of the high standard of professional excellence have brought American dentistry to its pre-eminent position in the world.

I am highly honored and privileged to read this citation for the William John Gies Award in behalf of one of our great leaders who manifestly has been more interested in the progress of his calling than in personal reward. Dr. Clyde H. Schuyler, teacher, author, scientist, clinician, humanitarian and practitioner of dentistry is internationally recognized for his distinguished service to dentistry for over a half-century.

Dr. Schuyler graduated with honors from the University of Pittsburgh, College of Dentistry in 1916. He served as a First Lieutenant in the Dental Corps of the United States Army during World War I.

He was engaged in the private practice of dentistry, both general dentistry and prosthodontics, in Jamestown, New York, from 1916 to 1922, and in New York City from 1926 to 1961. He was on the faculty of New York University, Dental College, from 1926 to 1942, serving as assistant professor and then as professor of Prosthetic Dentistry. Presently he is clinical professor in the Department of Post-Graduate Denture Prosthesis at New York University. In addition to being a diplomate of the American Board of Prosthodontics, he holds memberships in many organizations. He was a member of the ADA Council on Dental Education from 1957 to 1962. He belongs to the Dental Society of the State of New York and is past president of the First District Dental Society of New York. He holds memberships in the New York Academy of Dentistry, the Academy of Denture Prosthetics, and is past-president of the Pan American Odontological Association and the American Academy of Restorative Dentistry. He is a charter member of the Greater New York Academy of Prosthodontics, and the



American Equilibration Society, a Fellow of the American College of Dentists, the International College of Dentists and the Federation Dentaire Internationale.

A partial list of awards he has received includes: the Jarvie Fellowship Award by the Dental Society of the State of New York in 1947, the Callahan Memorial Award presented by the Ohio State Dental Association in 1962, the Distinguished Alumnus Award of the School of Dentistry, University of Pittsburgh in 1965 and the New York University Service Citation for continuous service since 1926.

Dr. Schuyler, we are honored to present this award to you in recognition of your substantial contributions and your support of the ideals and objectives of the American College of Dentists.

## CITATION FOR HONORARY FELLOWSHIP TO EWALD B. NYQUIST

Presented by Regent Charles A. Calder

Mr. President, it is a particular privilege for me to read the following citation of Mr. Ewald B. Nyquist. We are aware that your theme as President for the College this year has been 'Renewed Professionalism Within the Family of Dentistry'. Mr. Nyquist is a man who has supported this theme and has been a friend to dentistry and dental education for many years.

Ewald B. Nyquist was born in Rockford, Illinois in 1914. He took his graduate and undergraduate work at the University of Chicago where he received the degree of Bachelor of Science. From 1941 to 1945 he was in the United States Naval Reserve, entering as an Ensign. He now holds the rank of Lieutenant Commander.

From 1945 to 1948 he was Assistant Director of Admissions at Columbia University and from 1948 to 1951 he was Director of Admissions.

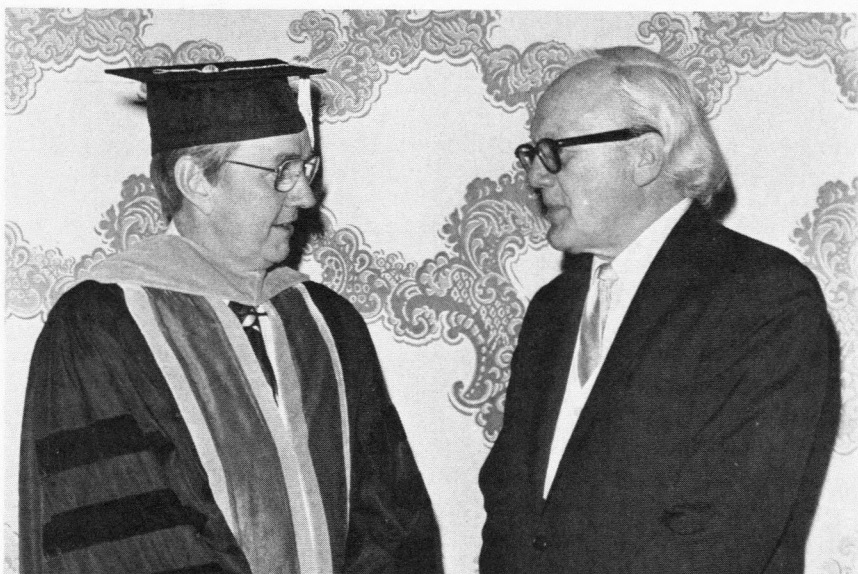
In 1951 he left Columbia and joined the New York State Education Department as Assistant Commissioner for Higher Education until 1955, when he became Associate State Commissioner for Higher and Professional Education. In 1957 Mr. Nyquist became Deputy Commissioner of Education. That same year the Board of Regents of the State of New York officially elected him to the dual-titled position of Commissioner of Education and President of the University of the State of New York.

Ewald B. Nyquist has contributed significantly to the development and maintenance of standards for education and competence in the profession of dentistry. As Commissioner of Education for the New York State Education Department he was delegated responsibility by the Education Law to administer, with the Department, the admission to and practice of all the professions. In performing that responsibility under the supervision of the Board of Regents, and with the assistance of the State Board for Dentistry, Mr. Nyquist cooperated in authorizing various activities which have been importantly progressive. Those include the administration by the Division of Educational Testing, State Education Department, of the National Board Dental Examinations and the National Board Dental Hygiene Examinations within the State of New York as a service to the Council of National Board of Dental Examiners.

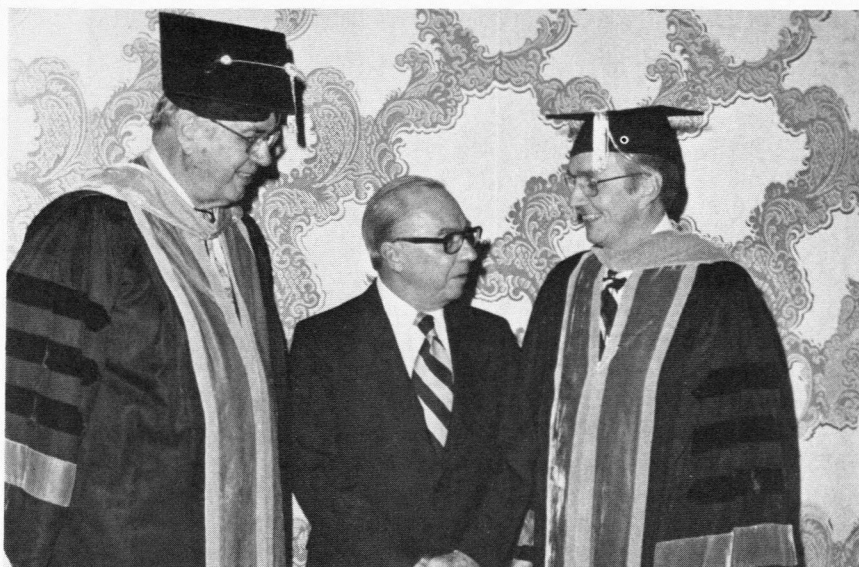
When the principle of the uniformity of clinical examinations for licensure was being studied by the state boards of dentistry now participating in the North East Regional Board of Dental Examiners, Commissioner Nyquist authorized the New York State Education Department to develop and print the simulated clinical examination question booklets and answer sheets to coordinate the scoring of those examinations. This was continued for several years until the central office of the North East Regional Board was able to finance that administration.

In his position as Commissioner of Education he cooperated progressively with the Division of Higher and Professional Education toward assistance to and maintenance of quality of education provided in the dental and dental auxiliary education programs. An example is the cooperation of the State Education Department with the American Dental Association Commission on Accreditation. Prior to 1968, the State Education Department had maintained a standard for licensure of dentists that required graduation from a program of dental education registered by that Department. Then, effective in 1968, the Department accepted the accreditation of the ADA Council on Dental Education as indication of fulfillment of standards equivalent to those required for registration. The Department no longer registers programs of education in dentistry or dental hygiene not located within the State of New York, and accepts national accreditation for purposes of educational requirements for licensure.

He has received Distinguished Leadership in Education Awards, and he holds honorary degrees of Doctor of Laws, Doctor of Pedagogy, Doctor of Humane Letters, Doctor of Civil Law and Doctor of Public Service from colleges and universities.



*President James L. Cassidy and Convocation speaker Dr. Ewald B. Nyquist, President of the University of the State of New York.*



*Regent Joseph B. Zielinski, Howard I. Wells and President James L. Cassidy. Mr. Wells, assistant to the executive director of the American Dental Association was the recipient of the Award of Merit.*



In his spare time, Mr. Nyquist has written many articles and papers, including authorship and co-authorship of eight books. In 1972 he was elected Member-at-Large of the National Academy of Education, and in 1976 he was chosen the Swedish American of the Year by the VASA Order of America.

Mr. Nyquist is married and he and his charming wife Janet have three children.

It is with great pride and privilege that I present to you Ewald B. Nyquist, for Honorary Fellowship in the American College of Dentists.

### CITATION FOR THE AWARD OF MERIT TO HOWARD I. WELLS, JR.

Presented by Regent Joseph B. Zielinski

The recipient of the American College of Dentists Award of Merit, Howard I. Wells, Jr., is a native of Chicago, born there some fifty plus years ago.

He received his baccalaureate degree from Northwestern University in 1948. While there he was awarded the Joshua Nolan Scholarship and was elected to Phi Beta Kappa. He attended the University of Copenhagen in Denmark majoring in the field of Social Welfare Administration.

He served as a captain in the Department of the Adjutant General of the Army during World War II from 1940 to 1945 at Headquarters of the 12th and 13th Armored Division as Assistant Adjutant General in the Seventh Army. His decorations include the Bronze Star and the European Theatre of Operations medal. He is currently a member of the Black Horse Troop of Chicago in the Illinois National Guard.

Mr. Wells has been a member of the staff of the American Dental Association for the past twelve years and is presently the Assistant to the Executive Director of the American Dental Association. Previous to his present assignment he served as Director of the Bureau of Dental Society Services, Director of the Department of Constituent Society Services and Special Consultant to the Office of the Executive Director.

Prior to his joining the staff of the American Dental Association, he served as Executive Director and Consultant to several other organizations, including the Joint Council to Improve Health Care of the Aging, the American Association for Maternal and Infant Care, the American Cancer Society, the American City Bureau, the Federal Council of Churches of Christ in America, the Community Fund of

Chicago and the Northwestern University office of Promotions and Development.

Mr. Wells is a member of the American Society of Association Executives. He received a Citation from the American Medical Association and the American Nursing Home Association for outstanding service as the Executive Director of the Joint Council to Improve Health Care of the Aging.

He has the Humanitarian Award of the National Dental Association, 1971, and its Recognition Award in 1976. He is an Honorary Member of the Association of Component Society Executives, and is listed in Who's Who in America.

Howard Wells has many friends in the dental profession. His enthusiasm and unique ability to get things done has been a significant asset to the affairs of dentistry. In recognition of his consistent dedication to the profession which he serves, it is my privilege to present to you, President Cassidy, Mr. Howard I. Wells, Jr., as the 1977 recipient of the American College of Dentists' Award of Merit.



*Officers of the College (left to right) Editor Robert I. Kaplan, Treasurer Henry J. Heim, outgoing President James L. Cassidy, new President Charles F. McDermott, President-elect Dale A. Hills and Executive Director Robert J. Nelsen.*

# Fellowships Conferred

Fellowship in the American College of Dentists was conferred upon the following persons on October 8, 1977, in Miami Beach, Florida.

James L. Ackerman, Bryn Mawr, Pa.  
Benoni W. Asdell, Loogootee, Ind.  
Saul Baxt Asnis, New York, N.Y.  
Charles T. Barker, New Bern, N.C.  
James V. Barone, Birmingham, Mich.  
John Bata, Jr., Hyattsville, Md.  
Edward J. Becker, San Lorenzo, Cal.  
John J. Berquist, Timonium, Md.  
Martin H. Berman, Floral Park, N.Y.  
Henry W. Berry, Chicago, Ill.  
Nabil F. Bissada, Cleveland, Ohio  
Arne M. Bjorndal, Iowa City, Iowa  
George W. Bogikes, Alexandria, Va.  
Robert K. Bowen, Columbus, Ohio  
S. Perry Brickman, Decatur, Ga.  
Fred W. Bruner, Flint, Mich.  
John Owens Bumgardner,  
Columbia, S.C.  
Lorenz P. Bunker, Junction City,  
Kan.  
Richard C. Burns, San Mateo, Cal.  
Rosa Iusem Carvel, New Orleans,  
La.  
George G. Charles, Lebanon, Pa.  
Albert Chesney, Knoxville, Tenn.  
William P. Clear, Jefferson City,  
Tenn.  
Pitman B. Cleaveland, Jr.,  
LaGrange, Ga.  
William R. Clitheroe, Houston, Tex.  
Clifford L. Condit, II, Houston, Tex.  
Carl O. Davis, Augusta, Ga.  
Francis D. Davis, Maplewood, N.J.  
Peter E. Dawson, St. Petersburg,  
Fla.  
Edward Deeb, North Hollywood,  
Cal.  
Donald DeFonce, Mantua, N.J.  
Andrew D. Dixon, Los Angeles, Cal.  
George A. Eastman, Flint, Mich.  
F. Lee Eggnatz, Hollywood, Fla.  
Richard T. Evans, Britt, Iowa  
Eugene E. Fischer, Rockville, Md.  
Elmer O. Fisher, Jr., Hampton, Va.  
Marvin M. Fisk, Cleveland, Ohio  
William R. Forrest, Oxon Hill, Md.  
Arthur G. Freeman, Wilmette, Ill.

Calvin J. Gaver, Morgantown, W.Va.  
Regis J. Ging, Ambridge, Pa.  
Harold L. Godshall, Fullerton, Cal.  
Charles M. Goldstein, Los Angeles,  
Cal.  
John C. Greene, Bethesda, Md.  
Julian W. Habercam, Charleston,  
S.C.  
Arthur Lee Haisten, Charleston, S.C.  
A. Edward Hall, Wichita, Kan.  
Harold S. Harada, Culver City, Cal.  
Henry A. Harrison, Jr., Nashville,  
Tenn.  
John H. Hembree, Jr., Memphis,  
Tenn.  
Morris W. Hollis, Sylacauga, Ala.  
William T. Holthaus, Omaha, Neb.  
Joseph E. Hooker, Tiffin, Ohio  
Simon A. Horkowitz, Allentown, Pa.  
William O. Houston, Jr., Boise, Ida.  
Robert A. James, Loma Linda, Cal.  
Paul W. Johnson, Lubbock, Tex.  
Robert H. Kaley, Johnson City, N.Y.  
Lewis A. Kay, Haddonfield, N.J.  
William J. Kelly, Jr., St. Louis, Mo.  
Orval C. Kildebeck, Torrington,  
Wyo.  
Robert S. Kline, San Antonio, Tex.  
Martin G. Kolstoe, Eugene, Ore.  
Alvin A. Krakow, Boston, Mass.  
Jack Landsberg, Miami, Fla.  
Karl W. Lange, Lexington, Ky.  
Jary Jay Larson, Rochester, Minn.  
Ralph E. Lassa, Muskego, Wis.  
Robert E. Lauer, Columbia, Ohio  
Bruce O. Lensch, Chino, Cal.  
Robert B. Litton, Shelby, N.C.  
Joseph W. Looper, Atlanta, Ga.  
J. Harvey Losh, Seattle, Wash.  
Charles M. Ludwig, Harrisburg, Pa.  
Ronald I. Maitland, New York, N.Y.  
Howard I. Mark, Hartford, Conn.  
Maurice H. Martel, Holden, Mass.  
Gordon D. Marx, San Leandro, Cal.  
Harold E. Maxwell, Fayetteville, N.C.  
Robert J. Mazzara, Oradell, N.J.



- James W. McDowell, Abington, Pa.  
Betty Jane McWilliams, Pittsburgh, Pa.  
Edmund R. Mihalski, Hellertown, Pa.  
John N. Miles, Norman, Okla.  
Wray Stockton Monroe, Tryon, N.C.  
John H. Morgan, Macon, Ga.  
Richard W. Mullen, Pompton Lakes, N.J.  
Thomas John Murdoch, Oklahoma City, Okla.  
George A. Murrell, Manhattan Beach, Cal.  
Douglas A. Nelson, Rochester, Minn.  
James A. Newsome, Albuquerque, N.M.  
Harold L. Odden, Oakland, Cal.  
Lawrence G. Osborne, Santa Barbara, Cal.  
Warren A. Parker, San Antonio, Tex.  
Ray E. Parsons, Winfield, Kan.  
Robert N. Phillips, Circleville, Ohio  
Brian F. Pollack, New York, N.Y.  
Watson O. Powell, Jr., Richmond, Va.  
Harold A. Pressman, Billings, Mont.  
Madison R. Price, Newport News, Va.  
P. C. Purvis, Fairmont, N.C.  
Edward H. Quinn, St. Louis, Mo.  
E. J. Rajczak, Hamilton, Ont.  
Jack H. Rayson, New Orleans, La.  
Loy C. Reid, Corpus Christi, Tex.  
Albert A. Reitman, Garden City, N.Y.  
Maurice B. Richardson, Albemarle, N.C.  
Philo Parmer Richardson, Dallas, Tex.  
Tommy G. Roebuck, Arkadelphia, Ark.  
Jean P. Roger, Paris, France  
Curtis A. Rohrer, Winona, Minn.  
Angelo S. Rouss, Birmingham, Ala.  
Samuel P. Rowe, Fort Pierce, Fla.  
Nelson W. Rupp, Chevy Chase, Md.  
Douglas J. Sanders, Pikesville, Md.  
Robert A. Saporito, Newark, N.J.  
Chris H. Sarlas, Palos Heights, Ill.  
Richard E. Schmidt, San Diego, Cal.  
Roman J. Schneider, Santa Rosa, Cal.  
Joseph Schwartz, Portland, Ore.  
William Semiloff, Chicago, Ill.  
Juan Serrano, Menton, France  
Donald E. Shelley, Jersey Shore, Pa.  
Leonard M. Silvergate, Riverside, Cal.  
William E. Smith, Toledo, Ohio  
Philip R. Snow, Camarillo, Cal.  
John Louis Solimine, Perth Amboy, N.J.  
Jack H. Soutar, Miami Shores, Fla.  
W. Robert Spettel, Jr., Fairview Park, Ohio  
A. Burton Stark, Jr., Mt. Kisco, N.Y.  
Stanley M. Stoller, Springfield, Va.  
Richard H. Sullivan, Jr., Brentwood, Tenn.  
Kenneth J. G. Sutherland, Perth, W.A. Australia  
Bernard F. Swafford, St. Simons Island, Ga.  
Thomas O'Dowd Sweet, North Syracuse, N.Y.  
James D. Swenson, Gillette, Wyo.  
Robert S. Terkla, Seattle, Wash.  
Dale A. Thompson, Sacramento, Cal.  
Vincent S. Tiller, Sr., Bristol, Tenn.  
Bernard E. Tofany, Rochester, N.Y.  
Francis W. Towner, Elgin, Ill.  
Justin D. Towner, III, Memphis, Tenn.  
John W. Trinward, Bethel, Me.  
John F. Tylicki, Long Beach, Cal.  
James E. Vaught, Indianapolis, Ind.  
Adalbert L. Vlazny, Western Springs, Ill.  
David S. Wagner, Hazleton, Pa.  
Walter R. Wakatsuki, Honolulu, Hi.  
Mitchell W. Wallace, Spring Lake, N.C.  
Arnold W. Weisgold, Philadelphia, Pa.  
Manuel I. Weisman, Augusta, Ga.  
Ralph J. Werner, Menomonie, Wis.  
Edward F. Whalen, Cooperstown, N.Y.  
Colin C. Wong, Mill Valley, Cal.  
Laurence C. Wright, Buffalo, N.Y.  
Plummer H. Wynn, Jr., Augusta, Ga.  
Jack Young, Pensacola, Fla.  
John T. Ziegler, Carlisle, Pa.  
Jerome M. Zweig, Somerville, N.J.

## Deceased Fellows

The deaths of the following Fellows have been reported to the central office between October 1976 and September 1977.

- \*Amsterdam, Charles, Hollywood, Fla.
- \*Arnot, Leland D., Lincoln, Neb.
- Atwood, T. Galt, Yountville, Cal.
- Belding, James H., Independence, Iowa
- Bonnell, Albert E., Jr., Muskogee, Okla.
- \*Booth, A. A., Sharon, Pa.
- \*Buechele, Keith L., St. Louis, Mo.
- \*Burkart, Howard H., Miami, Fla.
- \*Bushell, Winston C., Quebec, Can.
- \*Butler, Clarence E., San Francisco, Cal.
- \*Carlson, Leroy, Minneapolis, Minn.
- \*Cassel, Carl, Minneapolis, Minn.
- \*Champagne, Joseph L., Birmingham, Mich.
- \*Cooper, David, Vacaville, Cal.
- Cuttita, Joseph A., Henryville, Pa.
- \*Damon, George M., Hopkins, Minn.
- \*Dismukes, Julian M., Paducah, Ky.
- \*Donahue, Lawrence A., Omaha, Neb.
- \*Drake, M. Llewellynn, Cleveland Heights, Ohio
- \*Garrett, William A., Atlanta, Ga.
- \*Goldstein, Max, New Rochelle, N.Y.
- Greek, William J., Springfield, Ill.
- Grove, Kenneth F., Denver, Colo.
- \*Hill, Paul K., Laguna Hills, Cal.
- Hinkson, Thomas E., Wilmington, Del.
- \*Hodgson, Lorin B., Long Prairie, Minn.
- Hoffman, George P., Greenville, S.C.
- Ingersoll, William B., Washington, D.C.
- \*Irish, Russell E., Pittsburgh, Pa.
- Jarabak, John P., Portland, Ore.
- \*Life Fellows
- \*Kelley, Raymond W., Billings, Mont.
- \*Kingsbury, Bernard C., San Francisco, Cal.
- \*Klein, Albert, Perth Amboy, N.J.
- \*Krantz, Morris, Scarsdale, N.Y.
- \*Kraus, Edward E., Milwaukee, Wis.
- Kress, William, Pikesville, Md.
- \*Kulstad, Hugo M., Bakersfield, Cal.
- Leclaire, Ernest F., Worcester, Mass.
- \*Lemley, Ivan M., Ottumwa, Iowa
- Loughry, J. Richard, Scottsdale, Ariz.
- \*Manning, William A., Binghamton, N.Y.
- McConnell, Richard J., APO N.Y.
- \*McCormack, Ormonde J., Syracuse, N.Y.
- McCutcheon, James, Edmonton, Can.
- \*McManus, Edwin T., Santa Rosa, Cal.
- \*Morris, Glenn S., Houston, Tex.
- Mullen, John H., El Paso, Tex.
- \*Nelson, Earl Allen, St. Paul, Minn.
- Opdahl, Miles D., Stockton, Cal.
- \*Ostby, Birger N., Oslo, Norway
- \*Reinke, Benjamin C., San Francisco, Cal.
- \*Robinson, J. Ben, Owings Mill, Md.
- \*Schultz, Wiley F., Lakewood, Ohio
- Sell, Harold H., Manistique, Mich.
- \*Sheffield, Neal, Greensboro, N.C.
- \*Von Deilen, Arthur, Collingswood, N.J.
- Weinstein, Sidney, Birmingham, Ala.
- \*Willis, Edward A., Whitesville, Ky.
- \*Wyman, Eugene B., Weston, Mass.
- Welborn, Joseph F., Chicago, Ill.
- Zlonczewski, Edward B., Jersey City, N.J.

## SYMPOSIUM

# ALTERNATIVES IN THE DELIVERY OF ORAL HEALTH CARE IV

## Factors Affecting Professional Control of Dental Care

The three papers which follow were presented at the annual meeting of the College on October 8, 1977 at the Hotel Fontainebleau, Miami Beach, Florida. The panelists discussed the influence of factors within and without the profession which are leading to a loss of control of oral health care and the disestablishment of dentistry as a true profession. This was the fourth meeting devoted to a consideration of Alternatives in the Delivery of Oral Health Care. The following Fellows took part:

### Moderator

- John L. Bomba  
Associate Dean  
Temple University School of Dentistry  
Philadelphia, Pa.

### Panelists

- Joseph A. Devine  
Private practitioner  
Cheyenne, Wyoming
- Douglas R. Franklin  
Private practitioner  
San Leandro, California
- Louis G. Terkla  
Dean, College of Dentistry  
University of Oregon  
Portland, Oregon



# Self Worth is More Important Than Net Worth

JOSEPH A. DEVINE

I want to talk today, not about the things we have done but about the things we have to do. In order to begin, let me tell you why I am a dentist. I think I'm a dentist because my father was a dentist. He was a founder of the Wyoming Dental Association, and I thought he was a wonderful guy. He died fairly young. He didn't leave a big estate so I didn't expect to get rich in dentistry. He was known and respected in his community and was loved by all his colleagues. When I grew up I thought that was what professionalism was all about. Apparently times have changed. To a lot of people now professionalism is the bottom line of a financial statement.

I want to talk to you about problems in dental education, and will start by telling you what happened to me in dental school. I have often said there are two things I would never want to go through again; one is puberty and the other is dental school. The first thing I heard when I arrived there was the statement, "We're all smarter than necessary." To get into dental school one has to be a lot brighter and a lot more academically inclined than is required to practice day to day dentistry. This is not intended to be a demeaning statement for I believe that any one of us is capable of whatever we want to do. I think it is important that organized dentistry and particularly this College provide us with more intellectual challenge. We would be a happier group if we had something more useful to do with our minds and not quite so much with our hands.

One of the persons who influenced my younger years was Charlie Stebner out in Laramie, a consummate gentleman and an excellent dentist. Charlies told me once about a discussion he had with Doctor Ham Robinson when he was dean of the University of Missouri at Kansas City. At that time, the Kansas City graduates were having a lot of trouble passing the Boards. Charlie tried to explain to the dean that being brilliant academically wasn't the answer. When we graduate

*Presented at the annual meeting of the American College of Dentists, Miami Beach, Florida, October 8, 1977.*

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**“We were so concerned about passing a three day examination that we spent four years getting ready for it.”**

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from dental school we have to have a marketable skill, and we have to be able to treat people's teeth and that is what the examiners try to find out. Basically what we have to offer is skill, care and judgement. One of the reasons for the difficulties that the young dental graduate has is that no one has taught him how to care.

When a young man graduates, he has to have confidence in himself and in his own ability. Unfortunately, the entire system seems designed to destroy his self confidence. In my freshman year nobody ever said a kind word to me. Every instructor criticized me. I never did anything right, always did everything wrong. I was supposed to be there to learn how to care for people, and all I heard for four years was that I had to pass this examination in order to practice. If they weren't going to examine me on a subject, we didn't need to learn it. So we didn't have much training in endodontics, and a lot of the things that I think were important. We were so concerned about passing a three day examination that we spent four years getting ready for it.

I had some good times at dental school and I had some good part time instructors. I want to tell you about one of them. His name was Dr. Rudy Eptock. Rudy was a specialist, he extracted teeth and was a very skillful oral surgeon. He was very good to me, so that was one of the few subjects I excelled in. Rudy told me that he was in business to do the things I couldn't do and when I was absolutely certain that I didn't know what I was doing, then I was to come to him. If there are any specialists in the audience, I hope that you share that attitude. Your job is not to take the work away from the general dentist; your job is to do the things that he cannot do for himself.

Then came two happy events. I graduated and I passed the Wyoming Board, and the faculty member who gave me the most trouble flunked the Minnesota Board. From then on I knew the system was basically honest. When I got out of school, I went back to my home town which had seven dentists, and I started in practice with my father. I got all kinds of help and encouragement from them, and immediately I was given some status in the local dental society. Recent graduates have to be taken in and be given responsibility as soon as possible. So my first charge to each of you is this; greet every new dentist who comes into your community, keep track of every dental student coming from your area, offer any assistance that you can provide and most important of all, when he comes to your town to practice, send him some patients. He wants to be useful and he wants to make a living. It is also very

important to take him to the dental meetings. Don't just tell him about them, take him to them; be sure he attends. I'm going to draw you a picture of present graduates and you will see why all these things are so essential.

When a boy graduates from school today, among the first things he receives are a copy of an unenforceable code of ethics, a substantial bill for his dues to organized dentistry, offers to buy insurance and a copy of the dental practice act in his state, which he learns very quickly is not very well enforced. What he actually needs from his colleagues, from you and me, is help in building his confidence, and patients—patients so that he can pay his debts and hopefully buy his wife and children some creature comforts. I think that every new dentist should have a kind of foster father. I had several, and I think each one of you could take a young man from your community and really look after him.

Let me tell you something about the current dental student. First of all he gets into dental school and doesn't know why he's accepted. He doesn't know whether he's part of a quota or he's in because he is not part of a quota. He doesn't understand the whole system. Something has got to be done about this. There is a man named Allen Bakke who is suing the University of California. The Supreme Court is going to hear that case soon, and will decide whether in effect those quotas will stay. Right in our area, the University of Colorado School of Dentistry (which we referred to Phantom U for quite a few years) finally got started. As you know, freshmen at Colorado pay tuition of \$14,500 a year. The lawmakers of the state in their largesse have said that they will refund or forgive 88% of this if the dentist will practice in an underserved area. No one has ever defined that, but to me an underserved area is one that the Indians abandoned without a fight, the buffalo never did roam there, the deer and the antelope don't play and you don't hear anything but a discouraging word. It seems impossible to tell these do-gooders that the reason there isn't a dentist there is because he either cannot make a living or nobody in their right mind would live there. And I do not think that a dental student ought to have to go someplace he doesn't want to go, and neither does this year's graduating class at the University of Colorado School of Dentistry. They have hired an attorney and they are suing. They say, "You can't make us go there," and I don't know whose side I am on. I believe that those of us who helped organize the school sold them out, but I also think that if they signed the agreement and they are going to be professional men, they have got to honor it. They shouldn't have to go where they don't want to go, but I don't think they should have to pay that money back either.



### THE LOPEZ PLAN

Some years ago, Dr. Ralph Lopez of Santa Fe found out that young people from New Mexico couldn't get into dental school, so he went out and started what I call the Lopez plan. He went to schools and said, "If you will take students from New Mexico, we will give you money." The deans sat up straight when they heard that. They have all the students they need, they need money! So they drew up an agreement. The idea began to spread and we started it in Wyoming. We pay two Universities \$6000 per year per student and we are going to go to \$9000 next year. My alma mater, Creighton, now has 50% of its freshman class as grant-in-aid students. Not only did we solve the problem, but I want to tell you how fair this is. When I went into the Grant-in-Aid Committee in the state of Wyoming, the chairman was a crusty old fellow. He said, "I suppose that if some student from Wyoming wanted to study to be a Marine Biologist, you would want to send him to the University of Florida?" I said, "Yes sir, we would. What's fair for one is fair for all of them". He said, "Young man that is the right answer." Remember that. We still have rights; they haven't taken everything away from us yet. A student has the right to study dentistry and should not have to live someplace he doesn't want to live. But most of all, he should not have to work for anyone he doesn't want to work for.

If he graduates from Colorado he owes this indentured servitude for \$50,000. Up to 40% of our dentists are graduating in debt in excess of \$20,000. Then there is the cost of setting up in practice without any income. It is no closely guarded secret that we are turning out dentists a lot faster than we are producing patients for them. Here is this young man just out of school, who owes a lot of money and is trying to start his practice and no one is doing anything for him. Let me tell you what is going to happen in California, and in Wyoming, and in many other places. Along comes some entrepreneur and hires him; he puts him to work, and you know what can happen. We can lose the battle right in our own ranks simply because we are careless. We do not make it possible for a young man to be what he wants to be—self assured and independent financially and emotionally. This young dentist has started a little slowly and is not making much money, and then one day the world's greatest living authority, the dental supply salesman, comes around. He says, "The reason you're having trouble is because you don't have two operatories." So he sells the dentist another \$20,000 worth of equipment he doesn't need, and this young man is struggling. One day he is going to call you up and say, "Doctor I'm getting all this new equipment, I've been working my tail off, and I'm sitting here figuring things out. I have an electrician and plumber in the next room and I can't gross money as fast as they are charging me. I've

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**“Freedom has been defined as the opportunity for self discipline, but should we persistently fail to discipline ourselves eventually there will be increasing pressure on the government to redress this failure. By that process, freedom will step by step disappear.”**

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got overhead, I've been in school for eight years, I've been in practice for two years, and all the time I was spending all that money and fighting these battles, these men were stringing wires and sweating pipes. I want to know why I went to dental school.” I'll bet you think I have the answer, but I don't. You can tell him he's going to get even, he's going to get ahead, but its going to take a long time. These young fellows need a lot of comfort and I'm telling you that we had better make sure that every boy who graduates, makes it because there are people waiting in line to hire them.

We are supposed to discuss the failure to control our own profession. We're great blamers, we blame consumer groups, we blame the denturist movement, we blame each other. Every time we blame each other we go out and start another organization. We discuss things that are not in the public interest. You know the greatest issue in dentistry is reciprocity. It is never going to be resolved unless the federal government does it for us. They will resolve it for us if we fool around long enough. If I ask each one of you, “Do you think you are qualified to practice in any jurisdiction in the United States?”, everybody would put his hand up. But suppose I asked if you think every dentist is qualified to practice next door to you? Nobody would put his hand up. It isn't going to be solved easily, because its a self-serving thing. The best survey we ever took was about reciprocity, but there is no benefit to the public in reciprocity because it would not redistribute dental manpower fairly.

One of our past presidents, Dwight D. Eisenhower said, “Freedom has been defined as the opportunity for self discipline, but should we persistently fail to discipline ourselves eventually there will be increasing pressure on the government to redress this failure. By that process, freedom will step by step disappear”. We are not controlling our own ranks. We are supposed to protect the public and, are expected to start suspending licenses for treatment of inferior quality. I am not sure that this is entirely fair, but I know we are going to have to do it. Let me tell you what my solution to the problem is; something that we can use to protect the public, serve our own self-interest, and not create too much confusion one way or the other.

## PEER REVIEW

Peer Review can be the answer to our problem. It is the best mechanism we can devise. First it provides equal access for everyone. It is not our instrument alone, it belongs to the public, it belongs to the purchasers who want it and it belongs to us. It can stop bad practice without expensive disciplinary measures like taking a license away. Every dentist has a chance to serve on the review committee. It is not the chosen political few who will run this system. So it will be fair to all of us. Now, what are my conclusions about Peer Review and why do I think we can solve some of our internal problems, the problem that we are not protecting the public? Our first conclusion is this, I am entitled to insist that anyone can provide care as good as I do. Now that is not a self-serving statement. I was not the best student in my dental school class, but I taught myself to be a good dentist and I expect anybody can do the same. If all the dentistry being done today was as good as that being done in your practice, there would be no problem, and you could testify to anyone to the excellent care that is going on in this country. The fallacy in what I am saying is who I am saying it to. If you weren't excellent dentists and honorable men and community leaders, you would not be here today. It is the ones who need to be taught that are not here. It's up to you to carry the message.

Conclusion number two—we have strange criteria of what makes a good dentist and a great tendency to underrate ourselves and to overrate others. For instance, dentists have a hangup on margins. In speaking of a good dentist, they say, "he does nice work; he has nice margins." This same person may overutilize insurance, he may not do anything for his community, he is morally corrupt and criticizes and obstructs every constructive effort of organized dentistry. He is not a good dentist, he is a good technician. A good dentist behaves in a professional manner, he feels a responsibility to his patients, to his profession, his community and his university. Some believe that patient demand and production are major indicators of success. This evening, at dinner you will meet some dentist who will tell you he is booked up for eleven years. He can't see another patient, and he is grossing eleventeen thousand dollars a week. I do not believe he is a good dentist, I think he is inefficient and selfish, because someplace close to him is a young dentist who could use a few of those patients. If he doesn't give them, somebody is going to take them away from him anyway.

Conclusion number three—there is a deterioration of professional standards. I shall give an example that I think is cause for study. I refer to the panoramic x-ray machine. Go to the commercial exhibits at the



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**“The first time you buy a machine to perform a service, because there is a profit in it and not because it is of benefit to the patient, you cease just that little bit to be a professional.”**

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Miami Beach auditorium and look at one. The salesman will tell you it pays for itself. Any idiot can operate it. He proves it as he demonstrates it. It pays for itself! It is a beautiful screening tool, no question about that, any of the educators out there will tell you. It is not a substitute for a standard full mouth x-ray. Dental health officers and insurance consultants hate them. Orthodontists claim they cannot measure the teeth on them. But we are using them, and when we do we are setting a standard. There is an old biblical saying about David and Bathsheba. David didn't commit his first sin when he laid down with Bathsheba; he committed his first sin when he looked upon her. The first time you buy a machine to perform a service, because there is a profit in it and not because it is of benefit to the patient, you cease just that little bit to be a professional. And if enough of us do so, that becomes the standard of the profession. In my view the professional thing to do is to go out and buy some blood pressure equipment. It's a free service, your auxiliaries can be taught to take blood pressure. It doesn't take any of your time, and you are giving the public something. You will find a significant number of people have high blood pressure, and you will have done them a favor by discovering it.

Peer review and common sense can be a substitute for continuing education. We have a resolution coming up in the House of Delegates to have dentists re-examined periodically. I am not going to vote against that, I am going to vote to impeach the council that brought it up. There are a few questions that must be asked. How do we pick the persons who give the examination? What happens if you fail? Do they say you cannot go back to work tomorrow? You have to go back to work for you are going to get all these malpractice suits laid on you because, obviously you have just been informed that you are not fit to practice.

I am going to tell you about a couple of men who practice in my town, and I'll call one Dr. Poorwork and the other Dr. Overproducer. Let me use those names because I don't want to get sued when I come home. Suppose we establish a system of periodic re-examination. Dr. Overproducer would pass the test and we could not do anything to help him. Dr. Poorwork would flunk the test. I do not know what we would accomplish because I do not think we could keep him out of his office. But let us suppose he fails and we immediately arrange to enroll him in some continuing education courses. The committee checks his

record, and finds that he never attends any lectures at the annual meeting or any continuing education program, golfs in the 80's, never discusses dentistry, has no ability to learn, has no desire to learn and what is most important, feels no need to learn. There is no penalty against him, he has a huge practice, a big income, but worst of all, he has the sanction of all his peers. So suppose we take the ultimate step and find a way to order him back to school. We lock him in a classroom for x hundred dollars, and we will succeed in elevating him from hopeless to inept. We send him back to the office, but who controls him there? We would have been better off a long time ago if we had bought him a matrix and a couple of amalgam condensers instead of the ones he is using. We're letting people like him practice as they please and I know that everyone sitting out there has already put a name on this person. The man I am describing has already retired and the only good thing I can tell you about him is that he has provided a lot of work for two new dentists in our community. Suppose instead we approach this man with peer review, and look at some of his cases. We ask him to refund money to the patients, no one would refer patients to him, and it would not take very long till there would be lawsuits. A peer review committee would have to cooperate, since they have already seen the patients. The state board could intervene, the case would be made, and that is all there would be to it. He would have to comply.

What about our friend Dr. Overproducer who passed his re-examination. First of all I expect he will die fairly young of a heart attack. He has four operatories; some of the modern inventions might have saved him. I don't mean the high speed hand piece, I mean the skateboard, so that he could get back and forth a little faster. He is a nice fellow, all his patients like him, nobody was ever turned away. He worked too fast, the work was always bad, he created a vicious circle. Everything he did was done in a hurry; everything he did failed in a hurry. But I learned a lesson about this man. One of his patients went in to one of my friends who was telling her about her dental problems. The patient said, "Doctor I think you're trying to tell me that Dr. Overproducer wasn't a very good dentist." She said, "I want you to know he's a nice man, he's good to me. You just fix my teeth and I'll pay you". The public doesn't want us crucified. There are a lot of people out there like that. They are not mad at this man. They only want a fair shake.

We reviewed this dentist's treatment and got him to redo it without charge. If we get him to go to school, he would profit from it. He might learn to see fewer patients and have a more profitable practice. But most important of all, not only would he be helping his patients, but if he hadn't worked so hard he might be alive today.

I am building a case for the fact that we must re-examine our thinking about many things but most of all our basic attitudes about delivery of care. Many dentists have a blind, totally unreasonable fear that all change is detrimental. Let's talk about expanded duties. When I went to dental school, I thought the purpose of our education was to do away with dental disease, not dentists. And that seems to be what we are up to. We are determined to prove to the public that we can teach people of a lesser education to perform the same services we do. We are producing technicians but not dentists. The public comes to see us. This is the last place where there is the laying on of hands. If we give that away we are going to be in big trouble.

A few years ago, an organization calling itself the American Society for Preventive Dentistry, was formed. I want to pay tribute to one of its leaders, the late Dr. Bob Barkley because he did a lot for dentistry. I did not entirely agree with the concept of his association. I think they encouraged a lot of cheap hucksters, which was a shame. The prevention movement didn't discover anything. Leeuwenhoek did that when he looked in his microscope and found that people had little critters on their teeth. The movement, unfortunately, just turned a great idea into a commercial venture.

### THIRD PARTIES

We fight continually with the third parties. All they want to do is buy care at the lowest possible cost. They haven't yet found a delivery system that works better than ours. We can quote you statistic after statistic after statistic that the cheapest place to buy quality care is still in the private office. We have problems with the government; we cannot understand what they are up to. There appears to be a concerted effort on their part to eliminate private practice. They have been increasing the number of dentists deliberately by giving money to the schools, because they figure they can alter the market prices that way. We have to remember one basic premise, when they come to us. Any time we are forced to work harder, and produce more for less gain, that is a change in the political system, not the delivery system and we do not have to stand for it.

I talked to a young dentist in my state, recently. He lives in a town where they have a school for dental hygiene, and he has taught a dental assistant to do the prophylaxes, because he says he cannot afford to hire a hygienist. He said the government is ultimately going to permit this. No one is requiring him to do so, and the insurance company shouldn't have to pay for it. Periodontal disease occurs below the free margin of the gum; he has not provided any service to



the patient. One of the things we have to learn in this profession, is that the government is not going to make us do anything to anyone. Another thing we have to learn is how to get along with our auxiliaries. We must be honest with them, we have to be fair and respect them. We have to pay them a fair wage. It's that simple. If the auxiliaries have a happy place to work, a fair income and are treated as equals, we will not have any problems with them.

### QUALITY CONTROL

A good example of our resistance to change is the irrational fear of what we call quality control. We envision thousands of ex faculty members with mirrors and explorers coming into our offices and scraping our margins. Quality control is not something we cannot live with. Patients are entitled to their money's worth, no matter who provides the service - private dentist, clinic, hospital or dental school. It doesn't make any difference. We must remember this most important point—whatever benefits the patient and improves his dental health and the quality of care, will ultimately benefit the entire system. The public is entitled to a fair shake and we are not going to suffer a loss of income. Everything is going to come out all right, if we are just honest and fair. Let me close with some good news. First we are way ahead of whatever system is second. As recently as 1974, 95% of all dental care in this country was delivered on a fee for service basis in the private office. A survey taken by our own government proves this. 91% of the patients are satisfied with their dental care. 94% preferred seeing the dentist in his own private office. 64% were satisfied with the cost of service. Please do not forget our greatest asset, our ability to relate to patients. Let's start when we get home. Use a little simple story, not a complicated lecture. Say things like this. "Sure you want free care, but you don't want more taxes. You can't have one without the other. If you want higher payroll taxes with 40% of it spent for administration in Washington to have your teeth fixed free, that's what you're going to get. But it won't be free." Trouble with the politician is that he robs Peter to pay Paul and then expects Paul to vote for him. Now that's pretty basic, they can relate to that. The last thing I want to tell you here is do not be bashful about fees. When the dentist ask for payment whether from a private patient, insurance carrier or government agency, he fulfills his obligation. A dentist must pay all his salaries, rent, equipment, retirement and hopefully generate a profit. So do not be embarrassed to ask for it.

In closing, I should like to tell you about my hero, who is an Indian. He is Chief Joseph. His name was Thunderbolt on a Mountain, but you

couldn't get that on a campaign button so he goes down in history as Chief Joseph. I would like to tell you that Chief Joseph and his people won their battle, but they didn't. They started out, of all places in Oregon. Even in the good old days the government knew what was good for them. The first thing they did to Chief Joseph and his Indians was to steal their land. They persecuted him and changed his lifestyle, until he decided it was time to fight. They all fought, the men, the women and the children. They fought the U.S. Army from Oregon clear across the northern United States. We remember them in Wyoming because the biggest victory they had was at a place called Dead Indian Pass. They were lured there in the winter which is nearly any time you get to Wyoming, and they got them up in the mountains and just froze them to death. Chief Joseph escaped from Wyoming and nearly made it to Canada but finally had to give up. He didn't give up because he lost his pride, he never changed his mind. He gave up because he was just defeated, but he kept his pride. They sent him to Washington to plead his case. I am going to read you what he said. Now remember, when they sent him to Washington, they sent one Chief, they only had one Chief; they didn't have a chief of tooth straighteners, they didn't have a chief of gum pickers, and they didn't have a chief of extra-course-getters. They just had one chief with one voice and he didn't take a hundred page policy statement with him. This is what he said to the congress of the U.S. "If the white man wants to live in peace with the Indian, he can live in peace. Treat all men alike, give them all the same law. Give them all the same chance to live and to grow. All men were made by the same great spirit chief. They are all brothers. The earth is the mother of all people and people should have equal rights upon them. We only ask an even chance to live as other men live. Let me be a free man, free to trade, free to work, free to choose my teachers, free to follow the religion of my fathers, free to think and talk and act for myself. I will obey every law or submit to penalty. I am a proud man, I want to stay proud; I am a free man and I want to stay free. I have never asked anything from the government but the chance to be free no matter what any government agency says, I have committed no crime."

There is a lesson here for all of us. Let us remember then, this simple motto, "Self Worth is More Important than Net Worth."

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# External Factors Leading To The Loss Of Professional Control Of The Delivery Of Oral Health Care

DOUGLAS R. FRANKLIN, D.D.S.

Nearly one billion dollars. That is the annual expenditure on dentistry in California. Whereas 60% of that amount is covered by prepayment, dental practice in my community, for all practical purposes, is 100% prepayment. For the better part of my 26 years of practice I have been, to the computer, a license number, providing procedure numbers for a social security number, paid for by a group number providing the treatment plan has been approved by a consultant, whose number is a secret. It is little wonder that today, dentistry is often referred to as the "dental business".

It has been said that if it were possible to stand the United States on edge, everything that is loose would fall into California. In today's market we have witnessed every gimmick and end run a dental huckster can invent. A partial listing would include such incentives as free transportation for patients, free tickets to Disneyland, free hamburgers, free theater tickets, free motorcycles, cash drawings, clowns, live entertainment, and the Western Dental Association, complete with caduceus, happens to be the name of a third party program.

Although the American Dental Association currently recognizes three categories of auxiliaries, which includes the laboratory technician, California law recognizes five categories, without the technician. The California Legislature has assured the public that health care shall be available at the lowest cost by legislating the transfer of the financial risk of health care from the patient to the provider, and that law has already been cited in a judicial decision involving dentistry.

The same legislature has proposed that denturists be licensed, has proposed awarding a D.D.S. degree by legislative fiat rather than

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educational experience, has proposed the removal of all restrictions on professional advertising, and not to be outdone, the governor has proposed that nurses be allowed to practice medicine upon completion of a few courses at night school.

The professional boards in California are now loaded with public members who are non-professionals and who are consumer oriented. Their chief administrator, a former Nader Raider, has echoed the Federal Trade Commission with an epitaph to the past and a blueprint for the future. The epitaph states that licensing concepts for professionals lays the ground work for inhibition of free competition and may result in social costs that are not justified by the benefits from that regulation. His blueprint for the future coincides with the goals set by the F.T.C.

The F.T.C. almost dares organized dentistry in California to challenge those hygienists who have acquired their own facilities, book their own patients, attempt to bill third parties directly, and in spirit, are led by a hygienist who is operating a dental practice utilizing the hired services of her own "team", consisting of dentists. This hygienist is challenging the State from precluding public display of her own shingle.

At Sears, the public can conveniently enter the dental center anytime day or night, seven days a week, where, it has been said, one can obtain a new set of teeth as easy as buying a garden hose, or have root canal therapy performed as easy as selecting a light globe. The Sears dental center is a pilot project for Your Town, U.S.A.

For \$150 the more progressive dentist can attend a seminar to learn how to average \$380 per prepayment patient, while other dentists proceed with their antitrust suit against the service corporation, which in turn, is suing the State for reimbursement. While Dr. Free, D.D.S., roams the streets of San Diego in his converted dental van, other dentists have filed bankruptcy and have moved on, leaving behind 15,000 colleagues to carry on.

Be it ever so humble, that, briefly, is a profile of where I come from, and I ponder what to use as a reference point to initiate a discussion about factors leading to the loss of professional control in the delivery of oral health care.

There seems to be no consensus as to where we are or where we are going. Viewpoints vary with geography and experience. As time passes, the professional knows less and less what is happening, and even less, what to do about it.

The parameters of the profession continually grow more obscure, and the chasm separating that what is, and that what will be, grows wider. Building bridges to cross that chasm seems impossible,

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especially when the new Secretary of HEW proclaims that the Carter administration intends to control health care whether the doctors like it or not. Although each state may be privileged to tint the dental community various shades of grey, there is little doubt that the destiny of all professions lies within the federal government.

The impact on our profession by society, accompanied by the pressures of government, border on the unthinkable. However, through analysis of cause and effect, and by titrating the external factors involved, I find the issues precipitating some rather simplistic conclusions.

Along with everything else, the dollar cost appears uppermost in everybody's thoughts when discussing dental care, but I prefer to use the "esteem of the profession" as my reference point.

These are probably the most profound words found in our Code of Ethics, but you will not find a worthy definition anywhere. Briefly, it can be said that over a century ago, through the efforts of organized dentistry, operating through the free enterprise system, the profession emerged out of a world of hucksterism. Today the professional services we offer to the people of this nation are unmatched by any other system of government; alleged illegalities notwithstanding. That, to me, is the esteem of the profession, and we have nothing in our past that we should be ashamed of or find necessary to defend.

But something happened along the way. Not too long ago, for the first time in our history we changed from a nation of primarily agricultural and industrial production to a nation that now has services as its chief employer. As the percentage of the labor market became more dominated by those providing services, so did the interests of government and labor organizers in regulating and controlling this major segment of society. It is not surprising, therefore, when those who profess that the health professions must be harnessed for the good of the public, also ignore the record of the dental profession and look upon us as an adolescent adjunct of medicine; treating the entire status quo as though it were venereal disease, one that must be eradicated as quickly as possible.

No matter what the challenge may be, or from where it may come, we have no justifiable response to this onslaught other than to protect and

preserve the best interest of the public we serve, letting the chips fall where they may. I firmly believe that fundamental doctrine shall continue to be objectively applied by the profession, but not mutually shared by those who profess to be consumer advocates and who have some axes to grind.

### PREPAYMENT

By now, all of you have had some degree of indoctrination of the intervention by the third party into the delivery of oral health care. Most professionals have had some concerns regarding third parties, similar to those expressed to you last year from this forum. Nevertheless, this entity has been our houseguest long enough for us to recognize that we now have an inlaw of our professional family. What is most significant about prepayment, is that it is part of the free enterprise system. The profession has had some, and only some, influence over this contemporary factor. Resolutions have emerged from the ADA House of Delegates which grumbled about this or that, however, corporate profits and economic controls overshadow the interplay of all participants. No matter how distasteful it may seem, experience has demonstrated that the group purchase mechanism in itself has brought about administrative contests, which have led the profession to treat claim forms instead of patients, and the actions taken by a small minority of our members have eventually ended in more and more controls by those holding the purse strings for dental care.

The consumer, however, exerts considerable influence over prepayment as he continues to look for the most bang for the buck. Some consumers have terminated two year contracts with four or five carriers and are still seeking the carrier who will fulfill that great promise - to financially take care of all of their dental needs. As the market became more competitive, some carriers promised more than their premiums could deliver and absorbed heavy losses. They have since left the dental care field. That is the way the free enterprise system works, as opposed to government which never goes broke but proceeds indefinitely into further indebtedness.

Our experience in prepayment has tentatively provided some significant information. Foundations, capitation programs, closed panels, and other alternatives to oral health delivery, although still alive, are not, as originally proclaimed, necessarily cheap. Even though corporations continue their efforts to penalize employees through contractual arrangements which limit available dental benefits to a specified facility, the public has refused to be intimidated. Out of seven million people now covered by fee-for-services



prepayment in California, only one percent have opted for capitation programs. When given enough time, it appears the public can recognize phoney contractual promises, delays in treatment, the exclusions in the small print, and the ultimate cost of dental care. For the most part, therefore, evolution will answer most questions on dental prepayment but only as long as government permits the free enterprise system to exist.

### DENTURISM

Denturism is no longer synonymous with illegal dentistry, at least that is true in one state.

The National Association of Dental Laboratories says officially that it opposes the concept of denturism while at the same time history shows that the NADL has never accepted our blessing and baptism as an auxiliary. Why is it that legislators seem dead set on recognizing and granting public service privileges to a group who claim to be only 2%, in numbers, as large as the esteemed American Dental Association? From where does even a smaller percentage of that number get their financial and political clout, especially when their official financial resources are only a small fraction of that of the ADA, and no part of that small amount, it is claimed, is committed to the support of denturism? We need only to review the stormy historical relationship between the dental profession and the laboratory industry to notice how well the concept of denturism neatly fits into the grand plan of government and organized labor - a plan aimed at the ultimate fracture and control of the professions.

The dental profession has historically resolved that the technician is, and always shall be, an auxiliary-part of the "team", we proclaim. The technician, equally adamant, resolved that his always has been, and always shall be, an independent industry. In trying to find some middle ground the profession brought forth a highly touted certified dental laboratory program, while the technician countered with his concept of a certified technician program - a program whereby the laboratory industry, rightly or wrongly, would prefer to have full control of any certification process of its members. Neither side would budge, and like so many domestic disputes, there have been periods when both sides officially would not communicate with each other.

The official creed of the technician says in part, "I seek no privilege but to serve the dental profession *only*". There are several interpretations as to what that means, or should mean. There are many who doubt if the industry's interpretation is anywhere close to what it says, and there is little question as to the interpretation given by those who support the denturist concept.

Current reports indicate that our relationship with the laboratory industry remain formal, but cool. Neither side has budged from its traditional position. But why should the industry yield to professional pressures? There now exist powerful and influential forces who are supporting the more "progressive" technician, inasmuch as it serves a much broader goal, and what is more, the only thing the profession has approaching a closed shop are laws that have become more political than altruistic.

For instance, the denturist bill introduced in California, defines a denturist as a person who engages in the fitting of a removable prosthesis directly in the human mouth, *AND ALL PROCEDURES THERETO*. There is the catch all, *ALL PROCEDURES THERETO*. To placate the dental profession, who, it is said, is a monopolistic alarmist, the same paragraph of the above proposed legislation states that a denturist *shall not practice dentistry*. That smokescreen harmonizes with the actions taken by the technicians in Oregon, who seek a legal injunction to stop further enforcement of the law, which, it is said, is unconstitutional since denture skills are *separate from dentistry*. With any reasonable definition of the practice of dentistry we should recognize this type of politics for what it is - sheer hypocrisy. The truth is, such action proposes to remove one segment of the dental profession and *reduce it to a mechanical trade*. To avoid any road blocks in that transition in California, legislation proposes that a committee be formed consisting of three laboratory technicians, and three non professional public members, who undoubtedly would overwhelm any input from proposed professional representatives consisting of one oral surgeon and one prosthodontist. One additional person, an unidentified chairman, could also be a technician or public member. Unmasked, that is the profile of a political charade.

Let us not delude ourselves into thinking that once given legal independence to perform services directly to the public, the laboratory industry will be content to merely fill prescriptions or work under the supervision of the dentist. And inasmuch as "low cost" dentures in those countries already supporting denturism now approach fees charged by the professional, let us not be so naive as to conclude that the long term goal of those supporting denturism is to provide a financial windfall to the public. The fact is, government and other external forces have wrapped the denturist issue with a false mask of competition, proclaiming consumer interest and the protection of his pocketbook for justification of their ultimate goal which is to remove, as much as possible, the dental professional, from the health care field, and bring forth what has already been labeled the dental care industry.

There exists strong support for that concept in the ranks of organized labor, and government has already asserted its intention to regulate the industry with F.T.C.-manufactured laws governing trade and commerce. The most regrettable fact of all, is that the only protection the public now has in upholding high standards of professional care is being methodically destroyed.

I have given the Canadian Denturist Association an opportunity to address themselves to the question of quality control of services that are provided by its members, and reply to any claim of erosion of professional standards of care. To date, they have chosen to remain silent.

### EXPANDED FUNCTION AUXILIARIES

Not far behind the denturist confrontation is the question of expanded function auxiliaries.

It is now apparent that in the sixties, government spent billions of dollars convincing society that this nation faced a tremendous shortage of health manpower. Along with others, the dental profession took the bait, and as recently as the early seventies, the expanded function auxiliary program was geared to meet what was labeled, "a manpower crisis".

We had to meet the public's demands, it was said, or was it needs? Nobody was ever quite sure which goal we were pursuing.

In the middle sixties the profession resolved to identify those functions which could be delegated to auxiliaries while working under the direct supervision of the dentist. In so doing the profession felt confident it would have the last say in the matter, even though it was pointed out that research, especially government financed research, could not be restrictive in its conclusions.

During this time, much of the manpower question fell upon the shoulders of the educators, who quickly fell prey to the government regulated subsidy. Even today, although virtually nobody believes that the manpower crisis ever existed, or will exist, the dental schools, with few exceptions, still must yield to the syndrome of costly expansion programs in order to qualify for the government hand out. Most educators confide that they don't like this arrangement. However, like so many of the problems we face, once a bureaucratic program is functioning, the profession seems to lose whatever influence it may have once had over the future.

When some of the auxiliary research began to surface, so did the concern of many about who was going to do what. When auxiliaries, public members, and government bureaucrats were invited to help



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gain a consensus, the resulting Task Force report blossomed the expanded duty concept into seven categories of auxiliaries, excluding the laboratory technician. It was proposed in the report that a new auxiliary, not readily identified, should not be limited to merely placing restorative materials. In fact, any limitation of the exact duties could not be established and was left for others to define sometime in the future.

Although some praised this report as being “realistic” and proclaimed this effort would lead to “effective programs”, the ADA House of Delegates firmly closed the door on any new category of auxiliaries. The number of auxiliaries remained at three, which again, included the laboratory technician.

Apprehension still prevailed, however, and there was a cry for “guidelines” for those states who were off and running with the auxiliary question. Guidelines soon became the “Requirements For An Accredited Dental Assisting Program” - a program which provided dentists with a qualified “team”, geared for increased productivity and increased income, and all this was accomplished without sacrificing the quality of services. At long last, we were sailing efficiently into the expanded auxiliary sunset - under the full control of the supervising dentist. At least, that is the way it looked to the professional.

We had failed to recognize, however, that the mythical manpower crisis was, in actuality, a cost constraint program, conceived and supported by the same forces who, in later years, frosted the cake with denturism. A review of past legislative efforts and the widely distributed report of labor’s famous “100”, tells us that is the way it was, and to many, still is.

As soon as the more “progressive” auxiliaries became aware that perhaps there was more room for them in the market place, in fact much more room, and this concept was being supported by powerful elements of society, it became only a matter of time before that position was publicly asserted.

The signals are clear. The hygienist referred to earlier, the one who has her own facilities and claims to be totally independent, is temporarily linked to the profession only by a prescription. She employs her own “team”, and plans to recall her own patients. Upon

recall, if any clinical problems surface, the hygienist will, at her discretion, refer the patient to a dentist.

These actions are quite a departure from traditionalism, but they appear to have the support of just about everybody, that is, everybody except organized dentistry and existing law. The hygienist does not beat around the bush as she writes in the official publication of the Hygienist Association, "Dentists talk about the team approach. They say we are all part of the dental team. But it never can be as long as the dentist feels he must be in complete control. We are a separate licensed profession". Legal counsel to the California Legislature says hygienists in California may not act as independent contractors, however, as with the denturists, the final resolution of that statement will be in the hands of the politicians and the courts.

But the foregoing may be only the beginning. As reports of government subsidized research continues to identify those procedures, including the restoration of teeth, which predictably shall be transferred from the professional to the sub-professional, it is inconceivable that the profession's agencies continue to debate whether to identify this fracturing of the profession as being expanded duties, expanded functions, or intra oral duties. As with the denturists they are missing the point! Like the hygienist said, "let the profession resolve whatever it wants, my lawyer informs me we are a separate licensed profession."

It is not difficult to compare this current trend in the dental profession with the ophthalmologist, who is facing proposed legislation which would allow complete eye examination and subsequent prescription to be performed by licensed optometrists. A third category in the field of eye care, the dispensing optician, would continue to fill prescriptions for eyeglasses. If such legislation becomes law, perhaps ophthalmologists, someday, will be forced to limit practice to those disciplines more closely identified with medical care. Similarly, as traditional dental procedures are gradually and inevitably delegated by law to those we have historically referred to as auxiliaries, it is not inconceivable that the day may come when the dental profession will become a specialty of medicine, practicing the medical aspects of stomatology. That is about where we were over a century ago, and in strange ways history may repeat itself. And that brings us to that great benefactor, who has become all things to all people, government.

### GOVERNMENT PROGRAMS

There is nothing new in the proclamation by government which says

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**“Government, with its endless scandals, would do well to find out why it has such a dismal record, while our voluntary health system, under a banner of free enterprise, has withstood the test of time and is alive and well.”**

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that our professional marriage with the public is on the rocks. Recall those in the 1960s who were going to bring the underprivileged into the mainstream of American life with the programs of the Great Society. Their proposals fed on mythical economic barriers to dental care, derived from distorted statistics or, in most cases, no statistics at all, and they predicted a shortage of health care manpower that eventually would lead to chaos.

The programs of the Office of Economic Opportunity, and the like, were designed to succeed - regardless of the cost to the taxpayers or the effect they would have on the ethics of society and mankind in general. Billions of dollars later most of The Great Society faded away. Nobody speaks of that great mainstream of life anymore, however, the bureaucratic system and its programs had unleashed new economic forces that have created a new, even more senseless attitude towards ethics in Society - and this has conceived yet a new monster.

Now we have the dilemma of such things as food stamps, Medicaid, and indigents, even wealthy indigents; a situation that President Carter has referred to as a horrible mess. The government designed Prepaid Health Programs in California, are supposed to be the model of National Health Insurance; they are a nationally publicized disaster. These programs now spend more time shuffling paper than treating patients. With one fourth of the State budget already committed to health programs, authorities now admit that the situation is out of control, but what is really frightening, the programs are so big they are essentially uncontrollable. While such things as air and water are discussed in terms of quality, health care is almost exclusively discussed in terms of cost, and needed cost constraints.

The profile of the Department of Health, Education and Welfare is not much better. All three agencies of the Department seem to fall short of their goals in direct proportion to government intervention. All three seem to perpetuate the promise that people will get more for less - something that in the long run, never seems to happen. In our profession such conduct is unethical, for we are *directly* accountable to the public. Government, with its endless scandals, would do well to find out why it has such a dismal record, while our voluntary health system, under a banner of free enterprise, has withstood the test of time and is alive and well.



Nearly one half of all health expenditures are now derived from government sources. While government has attempted to solve all the problems of society through more and more spending, ironically it has pointed to whatever imperfections we may have and has concluded that the free enterprise system which made this country great costs too much. Government bureaucrats continue to repudiate the contemporary health system and cry out that in the interest of the people we need more laws, more controls, and it is concluded that this endless effort could eventually cost the American public whatever professional standards they now enjoy and more money than this nation will ever have.

The bureaucracies of the federal government are already spending 200 million dollars *per hour* of every working day. And where does this money go? One half of the entire federal budget is earmarked for something called transfer of payments, that is transferring money from the pockets of the taxpayers to the pockets of other people. This is done through programs such as Welfare, Medicaid, Social Security and the like.

Inasmuch as government remains directly unaccountable to the people for its endless rise in indebtedness, one of its programs, Social Security, is on the verge of bankruptcy, even though it now collects more Social Security taxes than it does income tax. As government threatens its inability to honor lifelong payments by millions of people into the Social Security Retirement Trust, it says it wants to contract yet another so called insurance program - precisely, National Health Insurance.

#### NATIONAL HEALTH INSURANCE

President Carter says he plans to "phase in" National Health Insurance. Translated that means government does not have the money to do the job. It would be embarrassing, to say the least, if government was made to follow the steps of free enterprise, and was required to file with any responsible lending agency a loan application accompanied by a financial statement. Such a statement would reveal very poor experiences in the health business, a history of spending considerable more than its derived income, a current indebtedness of 700 billion dollars and an annual expenditure of 38 billion dollars just to service that indebtedness, and finally, a disclosure that its future source of income remains rather indefinite; nevertheless, the loan application would state that government would like to borrow yet another 100 billion dollars for the *initial* capitalization of a new business venture, A National Health Insurance Program. Needless to

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**“The government and its bureaucrats fail to realize that humans can not be standardized into assemblyline production methods and that the very heart of providing decent health care is *judgement* that is supported by ethics.”**

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say no responsible lending agency would consider such a proposal, and Congress also seems rather perplexed about the whole thing.

We need only to look to England to discover the end result of government fully controlled health programs. When the money runs out, healthcare becomes a real jungle. In England there is a two year waiting list for any surgery, other than emergencies. Older patients are passed over for the younger more hopeful cases. Alas, the truth is, after government giveth, the government taketh away. That too, is frightening.

Even though this nation may be the richest country in the world, and there are some who disagree with that, there is no way that a major health program can be successfully financed while maintaining all of the other current programs now covering the broad spectrum of society. As priorities are necessarily established in any new health program, dentistry probably will border on tokenism, and for that small consideration the dental profession will have to pay a big price. We should take notice that while 8% of the health dollar is spent for dental care in the free market, only one third of that amount is available for dental services in the most liberal of any government program. In some states funds for indigent dental care are non-existent. As the list grows of those states choosing to opt out dental care in Medicaid it seems likely that dental services are still identified as an elective luxury rather than a needed health service. The Secretary of HEW has indicated that just about all health care and its expensive associated cost is under the direction of the professional. He left little doubt that cost constraints shall be the order of the day. The established course of government indicates that elimination of the professional, along with the sacrifice of professionalism, will be at the top of the cost constraint list.

Those outside the profession, who are legally empowered to nationally regulate health care and toy with our ethics, have never treated a human being suffering from dental disease or racked with pain. Apparently they have been captured by the six-million dollar man syndrome. In regulating the dental profession, they compare its services with machines that spit out plastics and chemicals by the hundreds of thousands, manufacturing products that are sold over the counter. The government and its bureaucrats fail to realize that humans can not be standardized into assemblyline production

methods and that the very heart of providing decent health care is *judgement* that is supported by *ethics*. If government or anybody else is finally successful in removing these essentials, if these essentials are real, only the remnants of a profession will be left, minus incentive and without a conscience. Everything else will belong to the Federal Trade Commission.

### FEDERAL TRADE COMMISSION ATTACK ON DENTISTRY

The FTC and antitrust laws have been around for nearly a century. Why is it that government has waited until now to attack our profession, charging that a conspiracy exists to monopolize the delivery and the cost of professional care. Perhaps the answer lies somewhere between that which is "good politics" and that which some consider to be a Congressional cop-out. By this it is implied that Congress now capitalizes more than ever on a legislative system that allows the creation of popular, but perhaps unrealistic domestic programs, knowing full well that the nitty gritty implementation of such legislation will have to be executed by the Executive Branch. Congress, under this format, becomes the hero for whatever goes right, while the Executive Branch becomes the fall guy for whatever goes wrong.

In today's society Congress seems willing to sacrifice much of our individual freedom in order to protect us from each other. To nail down that concept in the area on consumerism, Congress increased the power of FTC in 1975, from merely pursuing overt illegal activities in commerce to pursuing activities that *may effect commerce*. That action gave the FTC complete discretionary powers over the entire free enterprise system, the system our forefathers fought and died for. The FTC defines these powers as weapons for a crusade. These legal powers include administrative, legislative and judicial authority. It interprets its own doctrine of fairness on other laws. It can make its own investigations, issue its own orders which have the force of law and which, the FTC says, preempts State laws. It can enforce its own orders, conduct its own litigation and represent itself in courts which just happen to have its own FTC hired judges who pass on disputes. Finally, the Commission itself has the power to uphold or reverse the decision of the administrative judge.

### REGULATION BY EDICT

One can appeal an FTC action outside the system only after one has been through the cumbersome, but powerful, legal machinery of the system itself. That appeal could take years and for many may be a



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**“Much of the new power granted to the FTC has not been tested in court, and it does not appear that any corporate structure is ready to undertake that task in the near future.”**

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prohibitive costly process. Competitive equilibrium has become virtually regulation by edict. The entire spectrum of the free enterprise system is under attack in a war-like fashion. Many consider this authority to be the greatest challenge this nation has ever faced - a challenge to the democratic principle that says the people shall govern themselves through their elected representatives. By relinquishing its responsibility it is seriously doubted that the Congress is any longer a coequal with the Executive Branch as provided in the constitution. Much of the new power granted to the FTC has not been tested in court, and it does not appear that any corporate structure is ready to undertake that task in the near future.

It is not by chance that the first step the FTC took in addressing its powers to the dental profession was to publicly reduce the profession to an industry. By so doing the profession automatically and immediately fell prey to the jurisdictional powers of FTC and became entangled in the web of whatever regulation the FTC may choose to create. The FTC says cost consciousness by professionals for their services seems relatively non-existent, that the attack on our Code of Ethics is only one thrust by which that situation shall be corrected; increasing competition in health manpower practices shall be another. When the FTC-designed regulations finally do surface, they will, for the most part, determine what professional duties shall be transferred from the professional to the subprofessional, and the FTC shall determine if current educational and examination requirements preclude less qualified persons from entering the profession. Others have legally charged that even requirements for specialty practice are anticompetitive. All this seems to make State laws and the administration of those laws rather superfluous.

As the FTC tears asunder the structure of the dental profession, it says, it is *not* going to set standards of professional care for the public. While declaring that the profession conspired to monopolize the cost of professional care through its Code of Ethics, the FTC simultaneously has declared, that some future standardization of the dental profession by the FTC is apparent. One can only conclude, therefore, that in the name of the consumer, utilizing its own unilaterally designed doctrine of fairness as its charter, the FTC proposes to completely ignore the standards of professionalism and attempt to anticompetitively regulate and fix the cost of dental care.

That action would duplicate the alleged action of the ADA which, the FTC says, is illegal and not in the best interest of the public. That position is a flagrant dichotomy and bum rap!

Meanwhile, the U.S. Supreme Court, staying within the bounds of sterile legalities, has also avoided an in depth discussion about the standards of professional care, ruling that quality is not susceptible to precise measurement or verification.

Who, then, will pass judgement on the quality of services the public will receive?

There has been a rather pragmatic approach to quality in the prepayment arena inasmuch as the computer does not appear to be concerned until the cost of services reaches a specified amount, usually one hundred dollars.

The Attorney General's Office in California, testifying at a hearing on professional advertising, pointed out that "there are substantial dangers in quality control", and admits that "it does not have the magic answers; that misleading advertising could be a quagmire".

The testimony pointed out that if somebody said he could treat such and such disease better than somebody else this office would undoubtedly throw up its hands, for it admits that only laws between doctors can prevent this. That is as close as you can come to admitting a need for a professional code of ethics that is established by professionals. Regardless of what is said elsewhere, when it gets right down to objectively monitoring the standards of care, only one's peers can pass judgement on the professional.

It is proposed as an objective fact, that no federal or state agency can handle the profound quality question, and what is most important, that issue *can not* be divorced from the so called consumer's rights. In discussing those rights any reference to The National Health Planning and Resources Development Act, The Health Systems Agency, or the Professional Standards Review Organizations, should include the fact that so far, these are health programs on paper only, replacing other paper health programs that have proved unworkable. All such programs have one common denominator, they all ultimately depend upon professional health care services before they can achieve any benefits for the public. To that principle, however, the FTC has issued a somber warning with added emphasis, "But not at any price. Not at any price."

If there is anything we can learn from history, it should start with the premise which says that the uncoordinated and cumbersome entanglement of bureaucracy, a system which currently knows no limit to regulation or subsidy, deserves the right to fail; that when encroachment by government on the health community results in a

deterioration of health services, the public deserves the right to return to the system it now enjoys, if that be its choice. The courts and the legislative process probably will play the leading roles in any resolution of that question.

### CONCLUSION

In conclusion, it should be mentioned that there are those who find reason to bad mouth professionals, especially in these critical times. Earlier in this paper a reference was made to hucksterism by the dental professional. As a member of The Judicial Council of The California Dental Association, it is obvious to me that hucksterism currently plays an insignificant role in our profession. I believe the integrity of the dental profession is such that it will remain that way. Furthermore, one vital conclusion has surfaced many, many times. A proliferation of laws and controls, reform followed by reform, be substituted for ethics. You can perfect and control a machine, you can even perfect and control a robot, but you will never, never perfect and control a human who is void of ethics - even if that human is the President of The United States.

The issue before us, therefore, is not prepayment, or denturism, or expanded functions, but whether or not long standing concepts supporting professionalism and free enterprise can survive. All professions are now vulnerable to that challenge, perhaps the dental profession most of all.

I am very proud of the dental profession and have been privileged to have this opportunity to share that feeling with you. The more others talk in abstractions and wield their power it become obvious they have very little to offer. While pondering the rights of the consumer perhaps some of you have recognized the absence of any sound alternative from the so-called consumer advocate to the professional administration of quality. This is because if the professional were to relinquish his traditional and accepted responsibility of care, then professional judgement would also fall by the wayside. For this and other reasons it is evident that while external forces tinker with our voluntary health system it has become the awesome responsibility of the health professional to provide some stability to the vitality of health care. By so doing, hopefully those canons that escalated the dental profession to the platform it now enjoys will, in the long run, help determine the destiny of the health of all mankind, and American History will record who better served the public.

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## Are We Helpless?

LOUIS G. TERKLA, D.M.D.

My assignment is to speak to the means of contending with those factors - both external and internal - which further the loss of control of oral health care delivery by the profession. The incredible depth, complexity and ramifications of that problem have been outlined through the perspectives of the two preceding panelists, both of whom are private practitioners. As I wrestled with the alternatives available to us to meet this challenge, I often have wished for the understanding of a private practitioner who has been in the midst of these battles. The lack of such a frame of reference may be evident as I share with you a dental school administrator's perspective about this issue.

The contemporary challenges before our profession are painful because the public does not comprehend why the control of the dental profession and oral health care delivery by dentists is in their best interest. Our long history of significant contributions to public well-being is not well known or appreciated. I know that you are as proud of that history as I am, but it appears as though we are being blamed for the emergence of most of the problems that we face. We are partly responsible, but not totally responsible for failures to meet public need. There are failures elsewhere - in government, in the public health service, and in the public sector.

For at least the past ten years, we have heard the warnings from within the dental profession that if we do not make plans to meet the perceived oral health care needs of the people, somebody else will under conditions which we will not like. That "somebody else" always was implied to be a group of government bureaucrats. Having listened to the preceding papers by Drs. Devine and Franklin, one must conclude that the warnings have become fact, at least in California, and the "somebody else" is not only a group of government bureaucrats but also the lay citizens (so-called consumers) and some members of the dental profession. This gives rise to the questions whether these happenings are an inevitable part of our evolution, how

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**“The contemporary challenges before our profession are painful because the public does not comprehend why the control of the dental profession and oral health care delivery by dentists is in their best interest.”**

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much we as a profession contributed to them by our inaction and whether there is anything that can be done about them. Evidently, there are many among us who have “fought the good fight” in our own geographic areas, have lost and are now rather cynical about our ability to stem the slow, steady, insidious loss of control of the dental profession by professionals. To those people, I hesitate to suggest any action whatsoever, because the response is likely to be, “we tried that and it didn’t work.” If I thought that such a feeling were held among the majority of the dental profession, I would stop here and suggest that we pick up our marbles and go home. On the contrary, my perception is that the dental profession must realize its treatment franchise, granted to it by the public, and continue to be the major and most important resource available to the public in designing programs to meet their oral health care needs, under a system which recognizes the role of professional judgment in the maintenance of the best kind of care. Further, I believe that the dental profession will be allowed to remain in control as long as it demonstrates recognized sensitivity and takes actions toward meeting the oral health care needs of the public by very visible means - basically by putting hands in mouths. There has been much talk about the difference between need and demand and many pronouncements that the profession continues to meet the demands for care. The issue is not our ability to meet the demand, but our inactions toward accommodating the need for care among people who want it but have inadequate resources to seek it from the marketplace. Some of these people are too proud to accept handouts - notably many senior citizens - and they want to pay something for their care, but cannot pay the current fees in private practices. The need is there; these people are poor but not indigent; they feel that our services are not affordable; and denturism looks like the answer to their prayers. These people do not affect the demand for care, which we proudly proclaim that we have always met, because they are not in the marketplace.

To those of you who already are churning inside with the thought that it is not the dental profession’s responsibility to meet all of the oral health care needs of the public, please be assured that I agree with it to the extent that it is not the dental profession’s *sole* responsibility. That responsibility must be borne by city, state and federal governments

and consumers, but with professional direction. Our share of that responsibility should be to assume a prominent and aggressive role in designing the programs to meet this public need instead of resting complacently behind the "we are meeting the demand" motto.

### CHALLENGES TO DENTISTRY

There is ample evidence that the public and the courts are challenging our right to self-regulation and discipline because, from their perspective, we have not been sufficiently responsive in meeting their oral health care needs. Because our perception of how to meet those needs often has been apathetic and self-servicing and has differed widely from the public's perception, and because the organized health professions appear rigid and uncompromising, society is challenging the validity of our privilege of self-regulation and discipline that it has granted to us. Generally, the public's main concerns have been access to, availability of, and cost of health care. Almost without exception, every challenge that the dental profession faces today can attribute its beginning to these concerns. For example, the Federal Trade Commission has probed into our practices and principles of ethics with the objective of driving the cost of dental care down and of improving access to and availability of care by eliminating advertising restrictions and encouraging the legalization of persons who can provide dental services at lower cost than practicing dentists. The issue of advertising already has been settled, perhaps, by the Supreme Court. Meanwhile, the objective of Congress seems to be to regulate the education of health professionals and the licensing of physicians and dentists under its commerce power and spending authority, thereby attempting to control the cost and availability of and the access to health care. The public's acceptance of the denturist movement is intimately related to the cost of services and the urgent need to provide dental care to the underserved and those not served at all. The press of the public health service to encourage the development of expanded function dental auxiliaries, coexistent with the liberalization of state dental practice acts, is focused on reducing the cost of care and increasing its availability. Efforts on the part of the practicing profession to enlighten the public on the relationship between the quality of care and the existing systems of professionalism and education have been absent or inept. Consequently, we are accused of protectionism and status quo-ism.

The essence of all of this is that the public is assuming greater control of those factors that for so long we have taken for granted as being under our control. The *quality* of health care is difficult if not impossible for the public to judge; the *cost* of it is easy for them to



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judge; but the two do not always correlate. Using large sums of money to combat illegal dentistry will not enhance our public image if the public regards the illegal operators as being more sensitive to public need than we are. A more productive thrust would be to spend our money on the development of delivery systems that will begin to meet the oral health care needs of the public, combined with plenty of good public relations to vocalize the story.

#### ALTERNATIVES FACING THE PROFESSIONS

In view of the fact that Congress has concluded that it has a constitutional right to regulate health professions education and the licensing of physicians and dentists, and in view of the fact that the public, independent of us, is influential enough to get health care bills passed by legislators, it is past time to admit that our destiny as a profession is not completely within our own hands. Therefore, there are two ways to go. One is to assume leadership roles in assisting the public to meet its health care objectives which in effect is joining hands with them and thereby assuring adequate voice in where we are going; and the other is to resist and antagonize the public by not responding significantly to their needs, thereby designating ourselves as passive recipients of whatever the public wants to do with us. I believe that we must accept the challenge of joining hands with the people whom we serve and enlightening them that our present system of professionalism and pluralism is the soundest means yet devised for the expansion of health care to everyone.

Our profession is full of prophets, but there are no messiahs whom we can rely on to come up with the solutions to our problems. All we can do is to try as fallible humans to make suggestions, share ideas, implement our convictions by doing instead of just talking, and hope that they will be viewed as good works by the public. The suggestions that I am about to propose will not be widely accepted. Some will be considered as naive and some will be considered as unworkable. If you are uncomfortable with any of them, just consider their source, but in so doing, please give some thought to the responsibilities that you believe we must assume - with great haste - to stem our loss of control and direction of the dental profession.

## THE EXTERNAL ENVIRONMENT

### Communication

The basis for most misunderstandings, false perceptions, and lack of mutual respect can be traced to the inadequacy or absence of communication between parties. Although the American Dental Association's P.E.P. program was designed to cover this gap, at least partially, I do not believe that its impact among the citizens of my home state of Oregon is even measurable. The ADA took on an impossible task that can succeed only if each of us and our component and constituent dental societies *establish long-term public education and communication programs in our own states and communities*. Each dental practitioner has the opportunity to influence several thousand persons each year. Multiply that by the total number of active dentists in the United States and a giant public relations force emerges for much of our population. Prior to the overwhelming threat of denturism, I would have given the Oregon Dental Association and its members a failing grade for this important activity. Until that time, we never initiated much dialogue with the public on local problems associated with oral health care. On the basis of recent experiences, I believe that constructive and frequent communication with the people on a community and statewide basis is an essential activity for the dental profession. Stated another way, it means go to the public to *listen, learn, teach* and *change*. We must "go public" to display our intentions, our values and our dedication. Only then can we identify oral health care needs as the people perceive them, assess the validity and magnitude of the challenge and design meaningful delivery programs. The following actions are recommended:

- 1 Employ a reliable and effective public relations firm.
- 2 Hold annual community and statewide forums on access to, availability, cost and quality of dental care, involving social service agencies, senior citizens organizations, legislators, councilmen, lay citizens, unions, and others representing a broad cross-section of the people in your geographic area.
- 3 Publish a guide on how to select a family dentist, dental disease prevention, emergency care, insurance, costs, how to register a complaint, where to find routine and special services, payment plans available, a glossary of terms and other helpful information.
- 4 Establish a free oral health information and referral service telephone number on a statewide "WATTS" line.
- 5 Advertise the dental profession's good works; make the public aware of all existing dental care programs for the underserved.
- 6 Appoint a constituent dental society task force on consumer education.

**Legislation and litigation**

Many members of the dental profession feel that all issues about who will control its destiny will be decided in the courts. Already, one court has decided that we cannot prohibit our members from advertising, and no doubt we can expect other kinds of litigation in the future which will further erode our base of control. In the legislative arena, our posture has been one of reacting to health legislation sponsored by others. Rarely do we as professional people draft proposed legislation on health care matters and seek its introduction. Our posture in regard to both litigation and legislation customarily has been a defensive and reactive one which often leaves us in a negative light and gives substance to the characterization that we are professional "againststers." Surely, there is much that we are "for" as a profession. I hear it all the time. Why can't the dental profession, locally and nationally, assume an offensive posture in the legal and legislative arenas in addition to its defensive position. In recognition of the reality that the profession must be both defensive and offensive in these areas, the following actions are recommended:

- 1 Using the best legal counsel available, counter-attack any person or group that attempts to remove the profession as the authority in the management of oral health care delivery and push unrelentlessly for the prosecution of people who practice dentistry illegally.
- 2 Sponsor legislation to mandate fluoridation of public water supplies in every state and make it a first priority nationally.
- 3 Sponsor federal and state legislation that will help to provide solutions in meeting the oral health care needs of the public through the private practice system. Some examples of this are:
  - A Requiring the state Public Welfare Division to establish a pilot dental care program for certain low income persons over age 60 and appropriating sufficient funds to implement it, possibly using third party programs to reduce administrative costs.
  - B Requiring an ad valorem tax to be levied on all taxable property within a state to establish a Dental Care Fund from which citizens may borrow for dental care.
  - C Requiring the granting of credit against personal income tax to providers of medical and remedial services with the amount of credit set as the difference between usual and customary fees and the amounts received as medical assistance payments from the Public Welfare Division.
  - D Sponsor legislation to require your state to match funds to



initiate dental care programs through Medicaid, if it has not already done so.

### **Schools and day care centers**

Children have always been identified as society's hope for the future. In a like manner, the dental profession has looked upon the development of appropriate behavioral attitudes in children as the hope for the control of dental caries and periodontal disease within our population. The United States Public Health Service has fallen far short of meeting the lion's share of this responsibility, and the dental profession also has fallen far short of meeting its share. At the turn of the century, I believe that the profession was ahead of its present position in favorably molding the attitudes of the young toward their health. I remember seeing photographs of mass "brush-ins" conducted by the teachers in Portland's primary schools, and I remember the existence of dental operatories in some schools before a budget crisis eliminated them. I recall the profession's appeal to reinstate funding for the operatories, but when that failed and the space was taken away, even volunteer services by the profession could not keep the facilities open. We have made little progress in teaching the young how to prevent and/or control oral diseases, and our national research effort, which is counted in billions of dollars for the prevention of dental caries alone, has not altered the prevalence of the disease. The result is that the oral health of American children borders on a national disgrace. The following actions are recommended:

- 1 Local dental societies must influence the curriculum planners, teachers and administrators of primary and secondary schools and day care centers to provide sufficient emphasis on the prevention of oral diseases, using the dental profession as its major resource.
- 2 Local dental societies should convince school boards of the necessity for employing a sufficient number of dental hygienists to maintain school programs in oral disease prevention.
- 3 Local dental societies, in cooperation with state and federal public health officials, should press for the implementation of weekly fluoride mouth rinse programs at the primary and secondary schools within nonfluoridated communities.
- 4 Local dental societies should press for the removal of junk foods from school vending machines, using the legislative route if necessary.
- 5 Local dental societies, in cooperation with other civic groups, should press for adequate nutrition education in primary and secondary schools.

- 6 Local dental societies should appoint task forces to implement action programs.

## THE INTERNAL ENVIRONMENT

### **Delivery of care**

I do not believe in large welfare programs; I do not believe in socialized health care for everyone; I do not believe that every dentist should be committed to providing unreasonable amounts of free care. But I do believe that as a profession, we have been remiss in agreeing on and making a commitment to at least some elements of a national dental care plan that can be implemented in the majority of America's communities through the leadership of constituent and component dental societies. Basically, we are still managing things in traditional ways, pretty much independent of each other, and with a philosophy that is little understood and rarely appreciated by the dissident public, not all of whom are poor and unhealthy.

We have passed up many leadership opportunities to establish and meet some significant national dental health goals, even without bundles of government money. A good place to begin is in our own back yards - your town and my town - and in our own states. At this juncture, we are in a dilemma. There is no national health plan at the federal level and there is no national dental health plan to which each of us is committed. The federal bureaucrats envision our future one way; we envision it another; and the public doesn't care about the protection of the dental profession as we know it if it means that they must do without care because of high cost and/or no access - so the public may envision still another type of future for us.

The best responses of the dental profession to public need often come after dentists are forced into corners by consumers. When this occurs, the public takes credit for the profession's good works simply because there was no spontaneous effort on the part of the profession to initiate programs prior to the application of public pressure. The heart of our future seems to be in developing initiatives from within the profession that will meet societal needs and in convincing the public - especially legislators - not to place health care in the hands of the unqualified. We must counter "social programs" with "professional expert social programs."

The shortest and easiest way for a constituent dental society to become knowledgeable about the oral health care needs in its state is to go to the people and ask. I have no doubt that the responses will lead the society to conclude that it must assume a leadership role in implementing profession-sponsored programs to meet the most

urgent of the needs identified, at least on a temporary basis while more permanent solutions are being planned. Generally, this means volunteer manpower which I believe is unreliable over the long haul, but necessary initially to demonstrate professional sensitivity to public need. The dentists in every community in the country can set up these delivery programs. The following actions are recommended:

- 1 Establish volunteer service programs, using dentists to provide care to the underserved in private offices, special community clinics, mobile clinics and the like. Seek the assistance of the area Health Service Agency to establish a screening and referral program. Follow this with similar programs in which the dentists and office personnel are salaried. An example of this is a program in Oregon operated by the profession and called "Dental Care for Seniors, Inc." which will serve Oregon citizens age 60 and over who cannot afford dental care and who are not receiving treatment.
- 2 Establish a toll-free WATTS line telephone number which anyone can call for referral to low cost denture care or other services; place newspaper ads to inform the public of these services.
- 3 Establish emergency dental care programs for anyone.
- 4 Work to improve transportation systems to provide access to oral health care.
- 5 Set up oral health screening and referral programs for all types of dental care.
- 6 Establish a constituent dental society task force on the delivery of oral health care.
- 7 Collect data from all oral health care programs to substantiate the profession's response to need.
- 8 Become involved in designing every dental insurance program that is being considered in your state.

### **Dental Auxiliaries**

The common denominator in the evolution of auxiliaries and the expansion of their functions would seem to be economics. Not only are dental auxiliaries a cheaper source of manpower to prepare but also the cost of their services is less than if those same services were provided by the dentist. The dental hygienist has proven this fact in performing the so-called traditional functions, and it is logical to presume that the same would hold true for expanded functions. Experience and research have demonstrated that there need not be a loss in the quality of the services provided when properly monitored. At this point in time, the dental profession is opposed to the further expansion of duties for auxiliaries, principally because of the threat



that they will seek professional independence. Although there is evidence of some movement in this direction and Dr. Franklin has cited an astonishing case in California, it seems to me that existing laws would permit the prosecution of such persons - certainly, at least, when the law required auxiliaries to work under the supervision of dentists and certainly in cases where the auxiliary is practicing dentistry illegally. In these cases, the profession should not be reluctant to press hard for prosecution. Irrespective of whether an auxiliary has or has not been taught expanded functions, it would seem that our state of professional evolution in dentistry and cultural evolution in society lends itself to the exploration of independence by auxiliaries, and this event could possibly occur in the absence of expanded functions.

It seems logical to relate the increased production of dental auxiliaries and expansion of their functions to specific oral health care needs of the public which can be met on a long term basis at an affordable cost under the supervision of a dentist. The provision of low-cost denture care to the low-income elderly is a current example of such a rationale, outside of the dental office, and the one which has spawned the denturist movement. Dentists cannot compete with denturist fees without subsidizing the care simply because of overhead; yet dentists are expected to meet the need for denture care among the low-income elderly. Although we must do everything we can to seek prosecution of persons who practice dentistry without license, we cannot ignore the expressed needs of the public that provide the base for these unlicensed operators. The profession must sponsor programs that will resolve the denture care crisis, and in considering the alternatives, expanded function dental auxiliaries, working under dentist supervision, represent a source of manpower to meet such a specific public need on a long-term basis at an affordable cost. The position of the ADA Board of Trustees as expressed in Report 7 to the House of Delegates should not be a surprise to anyone who has been intimately involved in the denturist movement. This report recommends that individual examining boards and constituent societies revise present practice acts to allow an expansion of duties oriented to prosthetic care for any or all of its presently recognized auxiliaries, dental assistant, dental hygienist and dental laboratory technician. The report emphasizes that the educational system now in place be used for training, that denture care expanded functions be taught to the existing auxiliary workforce through continuing education programs, that auxiliaries be represented on the examining boards and that these auxiliaries operate under the supervision of the

dentist. I believe that expanded function dental auxiliaries, working under dentist supervision, must be viewed as a viable alternative to denturism and other forms of the unlicensed practice of dentistry. Coexistent with consideration of expanding the functions of dental auxiliaries, the practicing profession and dental educators should join in the simultaneous consideration of expanding the functions of the dentist. The following actions are recommended:

- 1 If the public need for low-cost denture care in any state cannot be met by the practicing dentists of that state, the profession should encourage accredited schools of dental hygiene to add denture care to their curricula. The profession also should seek revision of the state dental practice act to legalize this added function and require supervision of the dentist.
- 2 The dental profession should establish continuing dental education courses for practicing dental hygienists to learn denture care expanded functions.
- 3 If the expanded function dental hygienists and dentists in a given area are unable to meet the denture care needs of the low-income elderly, the profession in that area should consider expanding the function of other auxiliaries but maintaining the requirement of dentist supervision.
- 4 The functions of the general dentist should continue to be expanded in the Nation's dental schools in close coordination with the assumption of expanded functions by dental auxiliaries.

#### **Professional discipline**

All of us know that there is some erosion of the principles of professionalism from within by some practicing dentists who have lost the incentive, ability and responsibility to make satisfactory moral and value judgments when dealing with the public. Professional opportunism and self-interest have replaced the concept of placing public service first and foremost. Rigid adherence to the traditional tenets of professionalism has been strained by the cultural liberalization of society and the various distortions of advocacy law. Professional health service is now labeled and "industry" and is subjected to competitive business practices that place professional ethics low on the priority list, if at all. Any weakening from within is readily recognized by a perceptive public, and it plants the seed of doubt about the value and validity of codes of professional ethics and the mechanism of self-discipline. It has been speculated that dental schools lack sufficient emphasis on the professional orientation of students and that the admission process is weak in its ability to identify those applicants whose characters would be suited best to a

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**“The inability to put sufficient bread on the table within the confines of professionalism may have the greatest influence of all on the behavior of a practicing dentist.”**

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professional career. There is no question that dental schools have a responsibility to improve the ability of the admissions process to identify candidates who possess characteristics that will support the concept of professionalism, to do their best to transmit the professional ethic to students to the issues inside and outside of the profession. The internal erosion of professionalism often is blamed on dental school faculties who are likened to parents in terms of their responsibility to mold character. I submit that the dental school experience and the influence of professional peers in practice play a small role, if any, in remolding a character that has been firmly cast during its formative years with qualities that obstruct a deep understanding and faith in professionalism. The inability to put sufficient bread on the table within the confines of professionalism may have the greatest influence of all on the behavior of a practicing dentist. In my view, that leaves us with two critical areas of concern - the dental school pre-admission screening process and the postgraduate process of peer discipline. The following actions are recommended:

- 1 Dental school faculties must strive to improve their abilities to identify undesirable characteristics within applicants and to reject those whose sense of values would be erosive of professionalism, irrespective of grade-point averages.
- 2 Dental school faculties must demonstrate, through example and teaching, the dependent relationship between professional ethics and the delivery of high quality oral health care.
- 3 Dental school faculties must orient students to current issues within and outside of the profession that will demand of them response and action after graduation.
- 4 The dental profession must develop an internal unity on major issues that is easily recognized by the public as oriented primarily to public well-being.
- 5 Constituent dental societies and state examining boards must conduct mandatory, periodic evaluations of the knowledge and skills of their members as part of their dental relicensure programs.
- 6 Constituent dental societies and state examining boards must establish remedial programs through which marginal



practitioners can raise their knowledge and skills to an acceptable level.

- 7 Constituent dental societies and state examining boards must clean out the deadwood among us by denying relicensure to the hopeless.
- 8 Dental schools must clean out the deadwood on their faculties, especially in clinical dental education.
- 9 The dental profession must develop relevant, fair and impartial licensure examinations.
- 10 The dental profession must develop some form of reciprocity or licensure by credentials that will provide a greater freedom of movement for its members.
- 11 The dental profession must avoid the temptation to begin advertising its services despite the fact that it is no longer considered a violation of ethics.
- 12 Every member of the dental profession must search his or her conscience about the degree of public service that he or she provides and measure it in relationship to public need and expectations.
- 13 Appoint a constituent dental society task force on education of professionals.

### CONCLUSION

The intrusion of undesirable public and governmental direction and philosophy into the existing, traditional, private practice system of delivering dental care and into the dental schools can be combatted effectively only if the dental profession understands the social issues involved with health care and develops effective alternatives to resolve them. We must recognize that the public has given us a sole franchise for dental treatment and we must live up to it - or give it up. Dentists and their auxiliaries represent a vast, if not unlimited, pool of oral health care providers who are professionally capable of delivering services in their practices or in volunteer clinics to many of the people who are outside of the mainstream of care. If we can devise the means to reach these people within the traditional system of private practice, we will not only eliminate the target of socialized dentistry, but also prove the effectiveness of that system. The image of the profession in the eyes of the public certainly will rise accordingly. The preservation of our traditional system requires convincing proof to the public and the government, including its bureaucrats, that the system has changed internally to meet the needs of society and will continue to do so.

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**Section News** (*Continued from page 4*)**Minnesota Section**

The annual meeting of the Section was held in Minneapolis in April in conjunction with the annual meeting of the Minnesota Dental Association. Following lunch a short business meeting was held during which the following Section Officers were installed: Roger J. Fredsall, Chairman; Earl Behning, Vice-Chairman; and Robert Weithoff, Secretary-Treasurer.

Vice president Dale Hills, presented some informative comments on activities of the College. New Regent, Odin M. Langsjoen, was introduced to the group and used the occasion to stress the importance of rechartering. The main speaker for the program was Executive Director Robert J. Nelsen who presented a concise and thought-provoking paper on professionalism.

Immediate past Section Chairman Lyle Brecht has been appointed Rechartering Chairman and plans are underway for a January, 1978 rechartering date.

**NEWS OF FELLOWS**

Rear Admiral **Paul E. Farrell**, Dental Corps, United States Navy, has been appointed Chief of the Navy Dental Corps, succeeding Rear Admiral **Robert W. Elliott, Jr.**, who has retired from active duty.

The National Council on Radiation Protection and Measurements has announced that Sir Edward Pochin has been selected to give the Second Lauriston S. Taylor Lecture on Radiation Protection and Measurements. The lecture series honors **Lauriston S. Taylor**, an Honorary Fellow of the American College of Dentists, who retired from the Presidency of the NCRP in March 1977 after more than 47 years of service.

**Rex Ingraham**, distinguished professor of dentistry at the University of Southern California and co-chairman of the school's restorative division, received the Torch of Learning Award from the American Friends of Hebrew University at a recent dinner of the organization's dental division.

**Jose E. Medina**, former dean of the College of Dentistry at the University of Florida and director of space planning and utilization at the UF's Health Center, has been promoted to assistant vice president for facilities planning and operations and professor of operative dentistry.



**Jack Pollock**, associate professor of dental hygiene at Loyola University and retired Brigadier General, Dental Corps, U. S. Army, was awarded the Distinguished Service Medal during ceremonies on the Loyola campus recently. Dr. Pollock is only the second dentist to ever receive this prestigious non-combat award.

**Homer N. Hake**, former Regent of the College was honored recently by the University of Iowa College of Dentistry Alumni Association which named him Dental Alumnus of the Year for his many years of outstanding service to the profession and the public.

**Albert G. Paulsen**, periodontist of Falls Church, Virginia has been awarded a Certificate of Merit upon his retirement as Rear Admiral in the Dental Corps of the United States Naval Reserve. The certificate cited Dr. Paulsen for his 32 years of service and "his outstanding leadership and devotion to duty throughout his distinguished career."

**Edmund F. Ackell**, an oral surgeon, has been appointed president of Virginia Commonwealth University in Richmond. He formerly served as special assistant for government affairs at the University of Southern California.

**Marcus D. Murphey** of Houston, and **Willis H. Murphey, Sr.** of Fort Worth, brother orthodontists, received the Martin Dewey Memorial Award for outstanding service to dentistry and orthodontics at the annual meeting of the Southwestern Society of Orthodontists in Tulsa, Oklahoma recently. Both are past presidents of the Society.

Regent **L. M. Kennedy**, an alumnus of the Baylor College of Dentistry and past president of the American Dental Association, delivered the principal address at the dedication of new and renovated facilities of the College recently marking the completion of an extensive three year building program.

**William K. Bottomley**, a recognized authority in the fields of diagnosis and dental education, has been appointed associate professor and chairman of the Department of Oral Diagnosis at the Georgetown University School of Dentistry.

**Sidney I. Kohn** of Englewood, New Jersey, was elected as president-elect of the American Society of Dentistry for Children at the 50th anniversary meeting of the American Society of Dentistry for Children in San Francisco.



**Henry C. Rivetti** of Wayne, New Jersey has been appointed chairman of the Department of Prosthodontics at Fairleigh Dickinson University's School of Dentistry. He had served as acting chairman of the department since 1976.

**Ralph Lopez** of Santa Fe, New Mexico was honored by a proclamation of the Mayor of Santa Fe designating August 31, 1977 as "Dr. Ralph Lopez Day." This tribute was in recognition of "his accomplishments in his profession and service to his community and state", citing his service to thousands of indigent and underprivileged children for almost 40 years through the Santa Fe Maternal Child and Health Center.

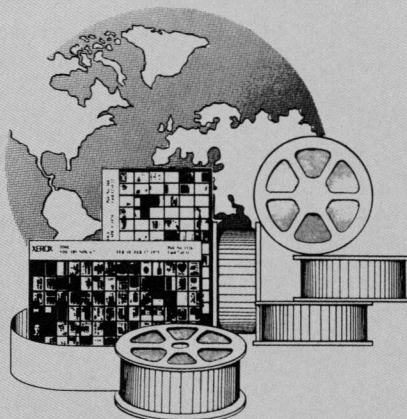
**Richard G. Topazian**, of West Simsbury, Connecticut, a professor of oral and maxillofacial surgery who holds appointments in both the University of Connecticut's School of Dental Medicine and School of Medicine has been elected president of the medical staff of the University of Connecticut Health Center's John N. Dempsey Hospital in Farmington.

**Vasil Vasileff** has been appointed acting dean of the School of Dental Medicine of Southern Illinois University at Edwardsville.

At the annual meeting of the American Dental Association in Miami Beach recently, College past president **Frank P. Bowyer** of Knoxville, Tennessee was elected to the presidency. Other Fellows elected to office were **Joseph P. Cappuccio** of Baltimore, Maryland, president elect; **John H. Mosteller** of Mobile, Alabama, first vice-president; **John W. Tiede** of Le Center, Minnesota, second vice-president; **Burton M. Press** of Walnut Creek, California, re-elected speaker of the House of Delegates; **John L. Bomba** of Philadelphia, Pennsylvania, trustee of District 2; **Asher G. Chavoor** of Washington, D. C., trustee of District 4; **Edward V. Austin** of Charlotte, North Carolina, trustee of District 5; **Robert H. Griffiths** of Charleston, Illinois, re-elected trustee of District 8; and **Joseph Cabot** of Lathrup Village, Michigan, trustee of District 9.

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I certify that the statements made by me above are correct and complete.

Robert I. Kaplan  
Editor

## *The 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;

(d) To encourage, stimulate and promote research;

(e) Through sound public health education, 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; and

(h) To make visible to the professional man the extent of his responsibilities to the community as well as to the field of health service and to urge his acceptance of them;

(i) In order to give encouragement to individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions in dental science, art, education, literature, human relations and other areas that contribute to the human welfare and the promotion of these objectives — by conferring Fellowship in the College on such persons properly selected to receive such honor.



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