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COLLEGE
OF DENTISTS**

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NUMBER 1

Dr. Rovelstad Is New Executive Director

Fellowships Conferred

**Government Intrusion Into
State Regulated Professions**



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the JOURNAL of the AMERICAN COLLEGE of DENTISTS

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A QUARTERLY PRESENTING IDEAS IN DENTISTRY

KEITH P. BLAIR, DDS, *Editor*

4403 Marlborough Avenue

San Diego, CA 92116

Spring 1981

GORDON H. ROVELSTAD, DDS, *Business Manager*

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Section News

The "Third Annual American College of Dentists Continuing Education Program" was held at Baylor College of Dentistry on Saturday, September 13, 1980 with more than three hundred dentists from six states and one foreign country registered.

This program was the third in a series begun in 1978 and conceived by the Fellows of the Texas Section of the American College of Dentists with the cooperative cooperation of time and talent by the Faculties of the Texas Dental Schools.

Dr. Gordon H. Rovelstad of Jackson, Mississippi, who is presently President of the American College of Dentists brought greetings from the national office.

The officers of the Texas Section of the American College of Dentists include: Dr. James P. Addison of Dallas, President; Dr. Robert T. Maberry of Fort Worth, President-Elect; Dr. Ernest Besch of San Antonio, Vice-President; and Dr. Robert E. Lamb of Dallas, Secretary-Treasurer.



Third Annual Texas Section-American College of Dentists continuing education program held at Baylor College of Dentistry in Dallas. Pictured left to right: Dr. L.M. Kennedy, Regent, American College of Dentists and former president American Dental Association with Dr. Ralph A. Boelsche former Regent, American College of Dentists.



Third Annual Texas Section-American College of Dentists continuing education program held at Baylor College of Dentistry in Dallas. Pictured left to right: Dr. Richard E. Bradley, Dean, Baylor College of Dentistry; Dr. Gordon H. Rovelstad, Jackson, Mississippi, President, American College of Dentists; Dr. James P. Addison, President, Texas-Section-American College of Dentists.

Do you have items of interest for the Journal?

Reports of meetings?
Pictures of activities?
News of Sections?
Announcements?
News of Fellows?
Articles for publication?

Please send your information to the new Editor

Dr. Keith P. Blair
4403 Marlborough Avenue
San Diego, CA 92116

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The officers of the College, pictured at the October 1980 Convocation in New Orleans. Pictured, left to right, Executive Director, Robert J. Nelsen; Editor Robert I. Kaplan; Treasurer George E. Mullen; President William C. Draffin; President-Elect Richard J. Reynolds; Outgoing President Gordon H. Roveltstad; Vice President Odin M. Langsjoen.

Dr. Keith P. Blair Named New Editor

The Board of Regents has named Dr. Keith P. Blair of San Diego, California to succeed Dr. Robert I. Kaplan as Editor for the Journal of the American College of Dentists. Dr. Blair was selected by the Board at the October, 1980 annual convocation, held this year in New Orleans.

Blair has been a dental editor for over twenty years, serving as editor for the Bulletin of the San Diego County Dental Society and for the Journal of the California Dental Association. He is a past president of the San Diego County Dental Society and has been a delegate to the ADA House of Delegates for several years.

He is a 1947 graduate of the Marquette University School of Dentistry and has been in general practice in San Diego since 1950. Dr. Blair is a native of Little Falls, Minnesota.

He and his wife, Eileen, have three grown children.

Dr. William C. Draffin Is New President of the College

William C. Draffin, general practitioner from Columbia, South Carolina, was installed as the President of the American College of Dentists at its October, 1980 meeting in New Orleans.

Dr. Draffin received his dental degree from the Medical College of Virginia School of Dentistry. He is a past president of the Columbia Dental Society, the South Carolina Dental Association and the South Carolina State Board of Dentistry. He continued his service to his State Board as a Directing Secretary for several years.

He served as Chairman of the Board of Trustees of the Medical University of South Carolina, as a member of the Board of Health in Columbia and as a member of the South Carolina Commission on Higher Education.

He has been a delegate to the ADA House of Delegates for twenty years, is a charter member of the South Carolina Academy of Practice Administration and a member of the American Association of Dental Examiners.

Dr. Draffin is a member of the Sigma Chi, Delta Sigma Delta dental fraternity and the Omicron Kappa Upsilon honorary dental fraternity. He is the recipient of the Thomas P. Hinman Meritorious Service Certificate.

Of particular note, his father was a dentist; his wife, Margaret, is a dentist who graduated with him as a classmate in 1941; his son William, Jr., is a dentist and his other son, David, is a physician. He also has a college-age daughter, Rosalee.



Dr. William C. Draffin

Dr. Rovelstad is New Executive Director

Dr. Gordon H. Rovelstad of Jackson, Mississippi, a pedodontist who has had a long and distinguished career as a teacher, clinician, author, researcher, administrator and academician, assumed his duties as the new Executive Director of the college in January 1981. Born in Elgin, Illinois, the son of a prominent dentist, he took his pre-dental studies at St. Olaf College and studied dentistry at Northwestern University where he received successively his D.D.S. degree, a Master of Science degree in pedodontics and his Ph.D. in dental pathology.

After an internship at Passavant Hospital in Chicago, he practiced in Elgin and later Chicago. Entering military service with the United States Navy, he saw active duty as a dental officer with the First Marine Division in Korea. His efforts were recognized with a Commendation Ribbon and he later received the Meritorious Service Medal and the Legion of Merit upon retirement from the service.

During his Naval career he headed the Research and Sciences Division of the Naval Graduate Dental School, Bethesda, Maryland, was Director of the Dental Research Faculty of the Naval Training Center, Great Lakes, Illinois, and was officer-in-charge of the Naval Dental Research Institute at Great Lakes.

In academic activities, Dr. Rovelstad has taught anatomy, oral surgery and pedodontics at Northwestern University, physiology at Georgetown University Dental School and physiology and biophysics at the University of Mississippi Medical Center. He is currently professor of pediatric dentistry and assistant dean for educational programs at the University of Mississippi School of Dentistry. He is also attending pediatric dentist at the University Hospital.

He is a past-president of the American Academy of Pedodontics, a diplomate of the American Board of Pedodontics and former president of its examining board, past-president of the International Association for Dental Research, a fellow and former councillor of the dental section of the American Association for the Advancement of Science and chairman of the graduate section of the American Association of Dental Schools. He is a member of the educational board of the American Society of Dentistry for Children and serves as a consultant to the Advisory Committee of the National Caries Program.

Dr. Rovelstad's research activity has been in salivary gland physiology, dental caries etiology, epidemiology and oral biology.



Dr. Gordon H. Rovelstad

He has been awarded the honorary degree of Doctor of Science by Georgetown University and holds membership in Sigma Xi, Omicron Kappa Upsilon honorary dental fraternity and the New York Academy of Science. He is a recipient of the Thomas P. Hinman Memorial Medallion and the Northwestern University Alumni Merit Award.

He is the author or co-author of some seventy-five publications research reports and has presented sixty papers before scientific organizations in all parts of the world.

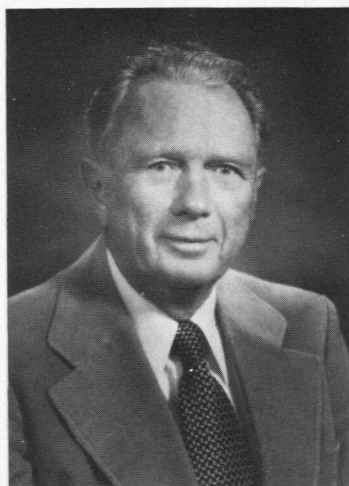
He and his wife, Barbara, have two sons and a daughter. He has been active in the Boy Scouts, church work, Rotary Club, Kiwanis Club and in musical organizations.

The College is privileged to have, as its Executive Director, so competent and versatile a leader as Dr. Gordon Rovelstad. He succeeds Dr. Robert H. Nelsen who has retired after twelve years of service at that post. Dr. Rovelstad will be only the third Executive Director in the sixty year history of the American College of Dentists, following Dr. Otto Brandhorst and Dr. Nelsen.

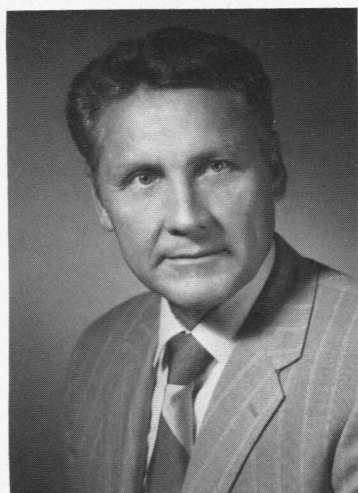
Officers of the College (continued)



Dr. Richard J. Reynolds
President Elect
Memphis, Tennessee



Dr. George E. Mullen
Treasurer
New Milford, Connecticut

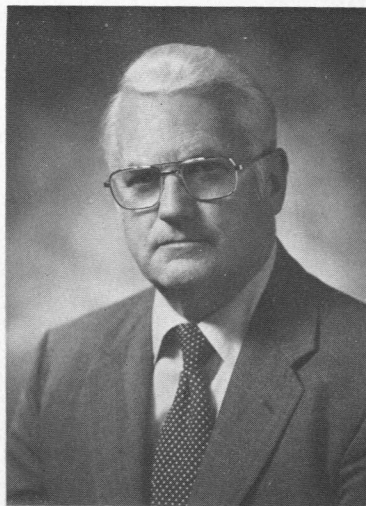


Dr. Odin M. Langsjoen
Vice President
Duluth, Minnesota



Dr. Keith P. Blair
Editor
San Diego, California

Executive Director Dr. Robert J. Nelsen Retires



Dr. Robert J. Nelsen, who has been the Executive Director of the College for the past twelve years, has retired after a career in which he has contributed greatly to the dental profession. He will be best remembered for his work in inventing the turbine handpiece, which was one of the greatest advancements in dental science in this century. His original prototype is now on display at the Smithsonian Institute in Washington, DC, with proper credit to Dr. Nelsen.

He has been a professor of operative dentistry, scientist, researcher, inventor, lecturer, editor, author, and administrator.

His creative and innovative mind led him to early research on the panoramic X-ray and the front-surface dental mirror. At the National Bureau of Standards, he wrote and produced several scientific motion pictures on the "Hazards of Dental Radiography."

Dr. Nelsen has been honored in many ways for his contributions to dentistry. Among other recognitions, he has been the recipient of the Hollenback Award in Operative Dentistry, the New York Jarvie-Burkhardt Award and the Outstanding Achievement Award from the University of Minnesota, his alma mater.

His scientific abilities, leadership and able administration of College affairs have earned him much admiration and respect during his term as Executive Director of the College. He is recognized as one of the outstanding leaders of the dental profession, a man truly deserving of the honors he has received.

Robert J. Nelsen is a man to remember.

Editor Dr. Robert I. Kaplan Retires



Dr. Robert I. Kaplan of Cherry Hill, New Jersey has retired as Editor for the College after nearly twelve years in that position. He has had an illustrious career as a practitioner, teacher, writer, lecturer, editor and dental leader.

As a teacher, he was a professor of Pedodontics at the University of Pennsylvania for many years and is currently still teaching as a professor of Community Dentistry at the New Jersey Dental School Extension in Camden, N.J. his home town.

His role in dental leadership extends from being president of his component dental society, later president of the New Jersey Dental Association, to his last post as First Vice President of the American Dental Association. Along the way, he was a delegate for ten years to the ADA House of Delegates and served on many Committees and several Councils during that time. He was a willing and able spokesman for dentistry and frequently testified before state legislative and Congressional committees.

His career as a dental editor followed a similar rise, first as component editor, then as editor for the New Jersey Dental Association, finally as editor for the ACD Journal. He is a past president of the American Association of Dental Editors. His ability for editorial writing has been recognized with several prestigious awards. He has produced many publications.

He is a member of the Omicron Kappa Upsilon Honorary Dental fraternity. Robert I. Kaplan has been a most productive person in his forty-five years of service to the dental profession. His leadership will be missed.

The College and Its Individual Members Must Demonstrate Leadership

Address of the President Elect, Dr. William C. Draffin, at the New Orleans Meeting of The American College of Dentists, October 1980

Fellows of the College, candidates for fellowship and guests, one of the high privileges of the office of president elect is to address you on this outstanding occasion. I am cognizant that this privilege carries an immense responsibility and I am also mindful of the list of impressive and outstanding persons who have preceded me in this office. There is little wonder then that, in spite of the high honor, there is also some hesitance to rush in. Nevertheless, having reached this point and bolstered by the faith expressed by you in electing me to this office, I would like to share a few ideas and thoughts with you. These are to deal in several areas—a stewardship report, some objectives for the future and some thoughts on professionalism and our responsibilities.

In the last two years the board of regents has faced a problem that, though not unique, occurs only rarely, but is nonetheless enormous when it does. Dr. Robert Nelsen's retirement from the position of Executive Director has not been taken lightly by anyone. My close association with the American College over the last seven years has provided an opportunity to observe the ingenuity and unselfish devotion of a truly great individual. Bob has prodded the officers and regents in a gentle but effective manner to keep the college viable and in a position of leadership. By his example and management he has maintained a stewardship of funds and resources that should make you proud as well as thankful for his integrity. One example of this is demonstrated in a quote from a recent newsletter indicating that the present dues of \$50 is actually less than the \$35 paid in 1968. In equivalents based on 1968 dollars, the present dues amount to \$21.45 and the college continues to operate in the black in spite of the almost \$14 loss of dollar values. Bob Nelson has meant much to the

American College and to the profession but because of the quiet unassuming nature, few of us know how much. His place can never be filled or taken. I say this with no intent to diminish the stature of his successor but to give proper and deserved credit to this outstanding leadership and service. We are fortunate to have Dr. Nelsen with his ability, experience and staunch convictions for service as a resource person in future times.

In seeking and choosing a successor for Executive Director, the search committees were fortunate to have the finest dentists in the country from which to choose. For the cooperation and expressions of willingness to serve, the Board thanks each and every candidate. Because of the high quality of the individuals considered, the final choice required considerable deliberation. However, we feel that the action of the Board in securing Dr. Gordon Rovelstad was the best step to insure an uninterrupted, efficient, effective and productive operation of the American College of Dentists. In addition to the fine qualifications of the other candidates, Gordon has a current first-hand knowledge of the programs and workings of the College. Having worked under his leadership this year we, The Board, look forward to working with him in the capacity next year and in the years to come. I know that I bespeak your support also.

The Board has considered and plans to implement several programs under the various commissions.

This implementation will require action by the sections and individual fellows. We look for your support when you are called upon.

In the face of a faltering economy and a runaway inflation, the number of resignations of Fellows of retirement age has increased. The loss of these able members has been of growing concern to the Board for some time. The Board considered several plans affecting dues, retirement and life membership.

In his address last year, President Rovelstad pointed out that dentistry was on the brink of its greatest accomplishments, a new peak in our history. Even outsiders were interested. The interest of outsiders is great but can also be fraught with danger if this interest evolves into uninformed meddling or out and out efforts to exploit the public and the profession.

The pressures and restrictions of state and federal agencies, the ever rising inflation rate, the uncertain economy and oppressive taxation are distracting many dentists, young and old. These factors make private practice less attractive in comparison with institutional or salaried positions where these problems are left to someone else.

As was pointed out in a recent editorial in *News and Views*, a large conglomerate type corporation is active in setting up offices, handling administrative responsibilities and hiring dentists for group practices in Sweden and Finland. The same thing can occur in the United States. Under these conditions, who will eventually control quality of service and patient welfare? Will the close patient-to-dentists relation flourish in this atmosphere? Can we believe that the profit urge of the conglomerate will be a secondary consideration to quality of service? We must realize that the advent of fourth party sponsorship by a non professional entity is a reality today. It is difficult to see any good in this set up. Someone needs to publicly address the concept of "Trust and Confidence" that must exist between patient and professional if we are to retain the high public esteem that dentistry holds today. The patient must continue to feel that decisions about his welfare are the primary consideration and come before any thought of financial remuneration or reward for the professional.

With these problems being perpetrated upon the profession, it is not surprising that the overflow is affecting the activities of the American College. With the invasive restrictions fostered by a meddling and biased Federal Trade Commission, the deteriorating economy and the disappearance of any patient backlog, more dentists are being tempted to succumb to the "Primrose Path" promises of Madison Avenue type publicity. A review of conditions that prevailed within the profession of dentistry at the time of the founding of the American College of Dentists shows that the public was being seduced and hoodwinked through advertising and exploited by the unscrupulous practitioner. This bears a striking resemblance to what the invasive bureaucracy advocates for the future. No one with any sense of pride or knowledge of the past would accept the propagation of these ideas. It would set the profession back sixty years. Indeed, one might well suspect that the true purpose is to destroy the profession.

Congressional leaders must be convinced that this interference is not in the best interest of the public. The facts of the situation must be impressively presented. Money and availability of service are not the sole answer to dental health. Professionalism and quality control on the part of the practitioner, patient participation in financing and appreciation of the service are also requirements. Without these, service all too often becomes valueless. In the final analysis quality control is with the individual dentists. Policing is a minor factor in that when it has to be brought into action, the damage has already

occurred. This personal integrity can be encouraged by high standards of education and licensure. These accomplishments are brought about not by words alone but also by example. We must demonstrate our concern for the health needs of the public by the day to day, one on one impression we make on the patients in our care.

In facing various issues the collective "We" is gone for now. Legal decisions have denied us the right to say "We believe this and so adhere to a specific set of standards." Perhaps this is good for it challenges the individual courage again. The courageous "I" is now most important. Nothing prevents me from saying "I do this" or "I believe this" and "I do not do that because my experience dictates that this way is right and promotes professional integrity and that way does not insure the interest of the patient public." Indeed, we must serve the profession by example. The cost to you is effort and even though it may often go unthanked, the reward is great in personal satisfaction and the profit to the profession immeasurable.

Because of conditions existing at this time—conditions of finance, of professional psychology and individual aspirations and priorities, the future of the American College is at a crossroads. It can continue as an influence for good, a catalyst for professional integrity, a stimulant for thoughtful and well considered change. It may degenerate into a fraternity atmosphere and lose its effectiveness or it may meet an untimely demise and cease to exist altogether. What it does and where it goes depends on the current membership.

Today you are attaining the ultimate in recognition of your potential for leadership. Even though you are honored for your accomplishments to date, you are being asked to pledge your potential to the concerted effort of the American College for the advancement of its aims and objectives as defined in the Fellowship Manual.

An area of professional psychology that needs addressing is the mass syndrome so prevalent in undergraduates today. In high schools and secondary schools, the idea that one maintains a low profile and stays in the pack, neither in a standout position nor a below average position is dominant. The idea spreads over into professional schools and becomes a degrading habit following graduation. It could be a deterrent to the number of potential candidates eligible for induction into the College. It can deprive us of the leaders we need to keep the profession great. It can also affect education and research. The message should be made clear to the potential students that the day that they decide to become a health

care professional, they have elected to stand out, to become a leader. They have renounced mediocrity and it is not too much to require a demonstration of exceptional ideals and abilities if professional rank is to be awarded them. If the obliteration of this mass syndrome is to be accomplished, it will require the efforts of deans, faculty, and practitioners. Schools must accept the responsibility of screening out the misfits and of intensifying the efforts to see that each individual attains his or her potential. In this effort the various administrations must have the support and understanding of the practicing segment.

No one can doubt that dentistry as a profession is at a peak of popularity and scientific accomplishment. With these potentials making the areas of development so fertile, it is a certainty that proper leadership must direct the progress and prevent the prostitution of the profession by pretenders and outright entrepreneurs.

The need for the College to afford leadership to bolster the resistance of the profession to withstand the meddling of bureaucracy and the seductive promises of Madison Avenue type publicity is also at a new high. We must encourage the retention of the hard line ethics of the recent past. We must do this by example. American College leadership is more important at this time than it has been in recent years. The need is great. If the college membership lives up to what is expected of it, to its heritage, if we live up to what we owe our predecessors, yes, if we fulfil our obligations to those who come after us, we will be that necessary catalytic source. Let us go forward in unity of spirit and purpose to confront the future.



HONORS AND AWARDS

CITATION FOR THE AWARD OF MERIT TO MR. ERIC M. BISHOP

Presented by Regent Dr. Lynden M. Kennedy

The Award of Merit of the American College of Dentists was established by the Board of Regents for the purpose of recognizing the unusual contributions made toward the advancement of the profession of dentistry and its service to humanity by persons other than Fellows of the College. How exquisitely appropriate it is that the 1980 recipient of this Award is Eric M. Bishop, for he has demonstrated to a truly remarkable degree those qualities embraced by this Award.

Mr. Bishop received his Bachelors of Science and his Masters of Arts degrees from Marquette University in Milwaukee. His talent for writing and for editing surfaced early. He served as Book Editor for the University Press at Marquette and after two years of military service became the Assistant Editor of the Rotarian for Rotary International. His native intelligence and his background experience made him particularly well suited for the following eighteen years of association with the American Dental Association.

In 1960, Mr. Bishop became Assistant Director, Bureau of Public Information of the American Dental Association. From 1963 to 1973 he was the Associate Director for the Washington Office of the Association and from May of 1973 until he resigned in August of 1978 he was the Assistant Executive Director—Health Affairs back in Chicago.

Mr. Bishop has authored and co-authored more than twenty publications on a wide variety of subjects, all relating to the dental profession and its service to the public. In addition, he has served as an able representative and an eloquent spokesman for the profession. He has the rare ability to quickly identify and put into focus the essential aspects of issues. On occasion, he has been known to play the part of the devil's advocate—but never the part of the devil. He has the gift of being soft-spoken and persuasive—of showing both sides

of an issue in a pleasant, logical and inoffensive way. He has a quiet way of illuminating his points with clean humor. Most importantly, however, his unique talents and tireless dedication are always directed toward improving the profession and its service to mankind.

How does one measure the contributions of another? Not by pounds or inches or liters or kilograms to be sure. Perhaps the best measure is the respect and affection one generates from his peers and those who know him best—by the esteem in which he is held. By that measure, Eric Bishop is ten feet tall.

In presenting this Award, the American College of Dentists publicly acknowledges his service to the profession of dentistry and through the profession, to all mankind.

Mr. President, I present to you, Mr. Eric M. Bishop as the recipient of the 1980 Award of Merit of the American College of Dentists.

CITATION FOR HONORARY FELLOWSHIP TO DR. DAVID E. ROGERS

Presented by Regent Dr. Norman H. Olsen

Fellows in the American College of Dentists, Honored guests, Ladies and Gentlemen. It is a singular privilege and honor for me to present Dr. David E. Rogers to you for Honorary Fellowship in the American College of Dentists.

Claude Bernard in his treatise "An Introduction to the Study of Experimental Medicine" in 1865 stated: "Great men may be compared to torches shining at long intervals, to guide the advance of science. They light up their time, either by discovering unexpected and fertile phenomena which open up new paths and reveal unknown horizons, or by generalizing acquired scientific facts and disclosing truths which their predecessors had not perceived." So it is today, the American College of Dentists awards Honorary Fellowship to Dr. David E. Rogers at its annual Convocation. It is interesting that in every walk of life there are a few individuals who distinguish themselves above their peers. It is such a man that we honor today.

Dr. David E. Rogers has been the President of the Robert Wood Johnson foundation since 1972. Prior to this appointment, he served

as the Dean of Medicine and Vice President of Medical Affairs at Johns Hopkins University and the Medical Director of the Johns Hopkins Hospital for four years. Dr. Rogers is also currently an Adjunct Professor of Medicine, Cornell University. Before moving to Johns Hopkins, he was Professor of Medicine and the Chairman of the Department of Medicine at Vanderbilt University from 1959-1968.

Dr. Rogers obtained his undergraduate education at Miami University, in Oxford, Ohio and at Ohio State University. He obtained his medical education at Cornell University Medical College in New York, receiving his M.D. degree in 1948. He became Chief Resident in Medicine at New York Hospital and subsequently joined the faculty. He was also a senior fellow at the Rockefeller Institute in New York and became Chief of the Division of Infectious Diseases at New York Hospital-Cornell Medical Center.

Dr. Rogers is a member of numerous medical societies and organizations and has been editor of *The Year Book of Medicine* since 1966. He is author of over one hundred scientific publications in the field of infectious diseases and more recently in the field of medical education and the problems in the delivery of medical care.

Dr. Rogers has received numerous honors, including an honorary (Sc.D.) degree from Thomas Jefferson University in Philadelphia, Pennsylvania; he was selected as one of the Ten Outstanding Young Men of the Year by the United States Chamber of Commerce; the Centennial Achievement Award from Ohio State University; and the Award of Distinction from the Cornell Alumni Association.

Dr. Rogers has a most fascinating and interesting hobby; he is a sculptor of some renown. His sculptures are the product of a forty-year avocation. The subject of the sculptures—female figures, animals, and abstract forms—were suggested by the characteristics of the original pieces of wood, and the texture, grains and shapes of the raw materials are preserved and incorporate in the finished pieces. Dr. Roger's avocation as sculptor has been a personal and private outlet of creative energy.

He explains his hobby best by stating, "In medicine you start with the totality, the human being, and then begin to dissect out what might be causing the problem, working through smaller and smaller levels. For me, sculpture is the reverse process—visualizing the final product, beginning to see within a piece something that you would like see emerge from it, and then working towards totality."

Dr. Rogers in his capacity as the President of the Robert Wood Johnson Foundation has made a most significant contribution to the advancement of dentistry and to the public welfare. The dental

profession has benefited greatly from this man's efforts and influence and we are proud to now honor Dr. David Rogers with Honorary Fellowship in the American College of Dentists.

CITATION FOR THE WILLIAM J. GIES AWARD TO DR. MILES R. MARKLEY

Presented by Treasurer Dr. George E. Mullen

The William John Gies Award of the American College of Dentists attests to the fact that the recipient has performed unusual services in dentistry. As one scans the list of worthy Fellows who have had conferred on them this distinguished award, it would be most difficult to pinpoint an individual who has offered more to his profession, towards its advancement and excellence, than Dr. Miles R. Markley.

Dr. Markley was born in Juniata, Nebraska, November 5, 1903. His early interest in our profession was received from his father, Dr. Melvin Markley, a general dentist who retired in 1946 at the age of 86.

Miles Markley graduated from the University of Denver School of Dentistry with the highest honors in 1927 and continues to this day a very active general practice and teaching schedule. He is truly a unique individual in many areas. He has made significant contributions to dental research, dental practice and dental education during the last fifty years.

A probing keen intellect sought him to question the cavity preparations of G. V. Black. This, at that time, constituted professional heresy. Today, most teaching institutions have accepted the modifications in G. V. Black's preparations due to the efforts of Dr. Markley and others. These new concepts he worked with and researched from 1931 to 1951 before publishing the results in the Journal of the American Dental Association in 1951.

Different matrices, instruments and aramentarium were all necessary due to the new principles of conservative cavity preparation. All eventually became available due to Dr. Markley's continuing efforts and his excellent rapport with the dental manufacturers of this country. Parenthetically, he has no financial interest in, nor does he derive personal gain from, these industries. It should also be added

he accomplished all this within the framework of a private dental practice, without the aids available to the Academician.

Pin retained restorations are certainly not new, but when one studies the recent history of this phase of restorative dentistry, the name of Dr. Miles Markley is most prominent in the literature. His efforts from the late 1930's on cemented pins led the manufacturers and researchers to seek out further methods of pin retention, and so the driven and screw-type pins soon followed.

Dr. David E. Beaudreau, Dean, University of Georgetown School of Dentistry recently stated:

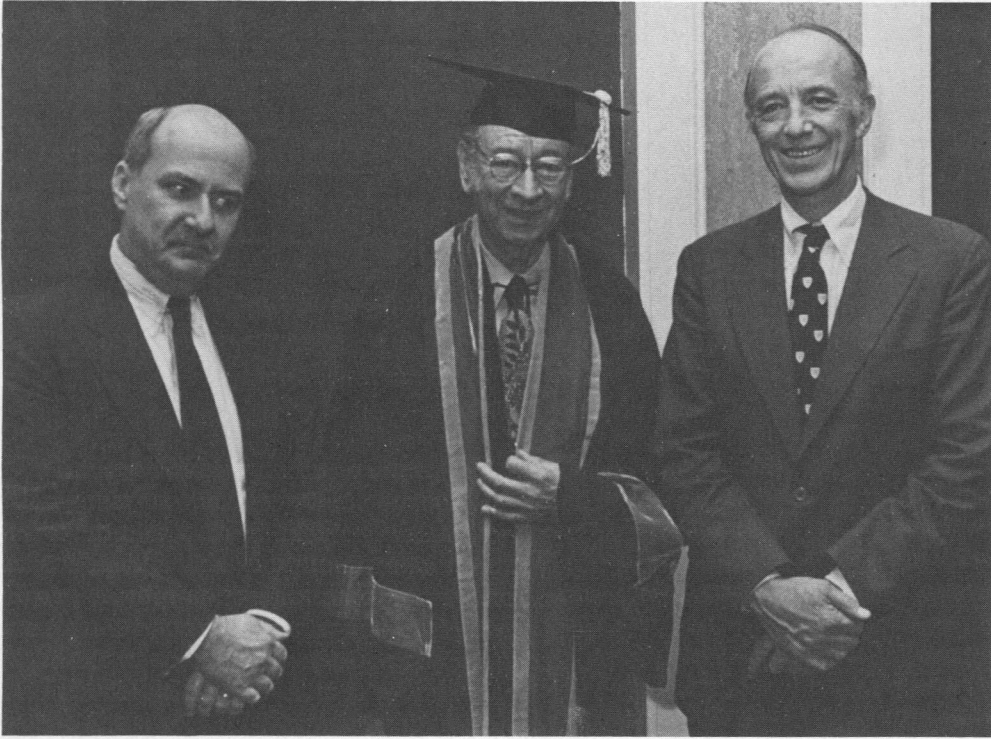
"Dr. Markley is one of the finest dentists in the world, internationally known and respected. Very few practitioners have documentation of restorations that have lasted over forty years. He has truly combined the science of preventive dentistry, including diet control, fluoride treatments, oral physiotherapy and excellent restorative dentistry to mould a practice that is the envy of the dental profession. His continuing education courses at our school are the highlight of the year. The principles and techniques that he teaches have become the standard in the profession."

That statement would also be true whether Dr. Markley was offering the first four-day participating course on pin amalgams to fifty Spanish dentists at the University of Madrid, or spending eight weeks on a teaching assignment in Australia, or as the lecturer of an Army Hospital Intern Training Program, or as Director of a Dental Study Club, a position he has held every year of his professional life.

It has been conservatively estimated that one-third of his professional life has been devoted to continuing education. These programs have taken place in every state of the Union and numerous countries abroad.

All of these lectures and presentations have been offered through the vehicles of dental schools, dental societies and accepted dental organizations. None have been presented under a commercial connection or for personal gain.

His contributions to the continuing education efforts of our armed forces personnel over a period of 34 years prompted the U. S. Air Force School of Aerospace Medicine to issue, just two years ago, a sixty-five page treatise entitled, "Portrait of a National Dental Consultant—Life Story of a Prevention Oriented Dentist." Dentists everywhere would take pardonable pride in reading and reflecting upon the accomplishments of this Fellow of the College. To those receiving Fellowship today, may I quote from page 47—"Membership



Award Winners: Left to right, Mr. Eric Bishop, recipient of the Award of Merit; Dr. Miles R. Markley, recipient of the William J. Gies Award; and Dr. David E. Rogers, recipient of the Honorary Fellowship.

in the American College of Dentists is in itself a supreme compliment," stated Dr. Markley.

Perhaps the headline in the Nebraska newspaper of last year summed it all up when it stated above an article on Outstanding Americans. "Preserving Teeth for a Lifetime is Dr. Markley's Primary Goal."

Besides a demanding private practice and a prodigious teaching schedule, Dr. Markley has been completely dedicated to organized dentistry. He has served as president of his local and state associations as well as the President of the Colorado Board of Dental Examiners.

As one might suspect, he excels also in his endeavors outside of dentistry. In the beautiful mountains of Colorado, he is an avid

(continued on page 59)

Fellowships

Fellowships in the American College of Dentists were conferred upon the following persons at the Annual Convocation in New Orleans on October 11, 1980.

- Paul R. Abrahamson, Fargo, ND
 Samuel H. Adams, Houston, TX
 Calvin C. Akal, Bensenville, IL
 C. Moody Alexander, Dallas, TX
 Donald E. Arens, Indianapolis, IN
 Norman R. Arnold, Cleveland, OH
 Nicholas T. Asprodites, Metairie, LA
 James D. Atkinson, Jr., Magnolia, AR
 Thomas S. Bander, Grand Rapids, MI
 Philip R. Barbell, Pennsauken, NJ
 John Danforth Beall, Richmond, VA
 James J. Bell, Lake Oswego, OR
 Henry E. Bembenista, Buffalo, NY
 James R. Berry, Tulsa, OK
 Norman E. Betaque, Walnut Creek, CA
 Ross E. Bewley, Stockton, CA
 Glenn F. Bitler, Raleigh, NC
 Rupert Quentin Bliss, Jacksonville, FL
 Martin H. Blitzner, New York, NY
 Chester J. Bochenek, Chicago, IL
 Roy Boelstler, Flushing, NY
 Donald G. Brandeau, Crystal Lake, IL
 Don-Neil Brotman, Baltimore, MD
 Adolfo Bruni, San Antonio, TX
 William E. Bryant, Dallas, TX
 Arthur M. Bushey, Towson, MD
 M. L. Butterworth, Jr., Plantation, FL
 Ramon A. Cabanas, Rio Piedras, PR
 William L. Callahan, Jr., Atlanta, GA
 W. Lynn Campbell, Columbia, SC
 Fred B. Carlisle, Jr., Los Gatos, CA
 Craig R. Carlson, San Antonio, TX
 Margaret J. Chanin, Nashville, TN
 Henry M. Cherrick, Alton, IL
 Donald G. Chiles, Anchorage, AK
 J. Roy Chustz, Baton Rouge, LA
 Arthur S. Cobin, Yonkers, NY
 Kenneth W. Cooper, Sarasota, FL
 Lawrence Cotman, Detroit, MI
 Lloyd K. Croft, Dallas, TX
 J. Norman Cunningham, Menard, TX
 William A. Current, Gastonia, NC
 Lloyd H. Darby, III, Vidalia, GA
 Robert E. Davis, Rome, GA
 Oakley B. Davy, Jr., Evanston, IL
 William H. Dellinger, Atlanta, GA
 Ross J. DeNicola, Jr., Baton Rouge, LA
 Richard W. D'Eustachio, Cherry Hill, NJ
 Joseph G. DiStasio, Revere, MA
 Lewis S. Earle, Winter Park, FL
 M. Gilbert Eberhart, Mishawaka, IN
 Donald W. Englebert, Birmingham, AL
 Jesse L. English, Beaumont, TX
 Stanley Feldstein, Flushing, NY
 James E. Felix, Akron, OH
 Richard M. Fields, Pleasant Garden, NC
 Leo R. Finley, Jr., Riverdale, IL
 Gerald R. Florence, Velva, ND
 Charles S. Forbush, Bristol, TN
 Allan J. Formicola, New York, NY
 Charles W. Fowler, Little Rock, AR
 Edward L. Fritz, Evansville, IN
 Sanford C. Frumker, Cleveland, OH
 Virgil L. Galey, Garden Grove, CA
 Leonardo Giannone, Springfield, IL
 Elizabeth A. Graves, Indianapolis, IN
 Donald M. Hagy, Sacramento, CA
 Carl A. Hambuch, Sr., Ashland, WI
 Gary R. Harmatz, Los Angeles, CA
 Paul F. Harper, Jr., Los Angeles, CA
 Harry L. Harwood, Chico, CA
 John F. Helfrick, Birmingham, MI
 Thurman L. Hice, Portland, OR
 Howard W. Higgins, Spartanburg, SC
 Walter G. Hillis, Washington, DC
 Don David Hyatt, Bristol, TN
 Milton Jacobson, Elmira, NY
 Sheldon M. Jacobson, Brooklyn, NY
 Donald E. Johnson, Atlanta, GA
 Charles D. Joyner, Jr., Augusta, GA
 Harmon Robert Katz, New Brunswick, NJ

Conferred

- B. Charles Kerkhove, Jr.,
Indianapolis, IN
- Marvin L. Kessler, Troy, NY
- William R. King, Fullerton, CA
- Robert E. Kivland, Lakewood, CO
- Yoshio Kiyokawa, Hood River, OR
- Walter E. Knouse, Abington, PA
- Irwin Kolin, Brooklyn, NY
- Bernard H. Koosed, Jacksonville, FL
- William B. Kort, Westchester, IL
- Bertram H. Kotin, San Mateo, CA
- Cory H. Kruckenberg, Excelsior, MN
- Peter F. Kudyba, Parsippany, NJ
- Tom B. Larkin, Dallas, TX
- Arne G. Lauritzen, Seattle, WA
- Robert A. Lefevre, Gulfport, MS
- Allan C. Levey, Oxon Hill, MD
- Harald Loe, Farmington, CT
- Jeremiah J. Lowney, Jr., Norwich,
CT
- Marvin D. Loyd, Lake Village, AR
- Larry S. Luke, Los Angeles, CA
- Bruce A. Lund, Rochester, MN
- David B. Lynn, Dallas, TX
- Robert Bruce MacIntosh,
Birmingham, MI
- Marion G. Maixner, Harlowton, MT
- Bennett A. Malbon, Richmond, VA
- James C. Marsters, Pasadena, CA
- Clayton S. McCarl, Greenbelt, MD
- Emmet McDermott, Sydney, N.S.W.,
Australia
- Daniel E. McIntyre, Short Hills, NJ
- A. Howard McLaughlin, Woodbury,
CT
- Norman P. McLellan, Spokane, WA
- Robert E. Mecklenburg, Potomac,
MD
- Charles Jay Miller, Pittsburgh, PA
- Eugenia Mobley McGinnis,
Nashville, TN
- Robert H. Montgomery, Kingsport,
TN
- M. James Moritz, Austin, TX
- John D. Mose, Muskogee, OK
- Daniel C. Moss, Jr., Miami, FL
- Perry D. Mowbray, Jr., Marion, VA
- John W. Myers, San Antonio, TX
- Larry L. Nash, Fairfield, IA
- Leonard M. Nevins, New York, NY
- Walter W. Niemann, Ann Arbor, MI
- James C. Nock, Denver, CO
- John R. Orr, Jr., Fairfield, AL
- Jack A. Owens, Livermore, CA
- Willard R. Parson, Baltimore, MD
- Frank R. Passantino, San Francisco,
CA
- Dwight M. Pemberton, Yellow
Springs, OH
- Earle G. Person, Omaha, NB
- Celon A. Peterson, Pacific Palisades,
CA
- William G. Pison, Clifton, NJ
- Robert S. Prario, San Diego, CA
- James G. Price, Corsicana, TX
- Eugene C. Proctor, Conway, SC
- Arthur W. Puglisi, Staten Island, NY
- Sedrick J. Rawlins, E. Hartford, CT
- Gene Lewis Reese, Boone, NC
- Horace P. Reeves, Jr., Charlotte, NC
- John S. Rushton, Springfield, VA
- Irving Scheiner, Bronx, NY
- Gunter Schmidt, St. Louis, MO
- L. J. Schwartz, Oak Park, IL
- Stanley I. Sehler, Milwaukee, WI
- David H. Seibold, Grand Haven, MI
- Scott W. Shore, Niles, IL
- Henry J. Showah, Danbury, CT
- L. Don Shumaker, Cleveland, OH
- Irving Shuman, Brooklyn, NY
- Thomas W. Slack, Colorado Springs,
CO
- Norman Snyder, Cedarhurst, NY
- John B. Sowter, Raleigh, NC
- Robert B. Steiner, Hollywood, CA
- John S. Stone, Topeka, KS
- Donald L. Tuverson, Pasadena, CA
- James S. Wall, Jr., Huntsville, AL
- Raleigh H. Watson, Jr., Berryville, VA
- Walter J. Watson, Jr., Jacksonville,
FL
- Stephen A. Weshalek, Allen Park, MI
- Earl B. Willhoit, Parma, OH
- Donald M. Williams, Topeka, KS
- Reuben L. Willis, Jr., Cleburne, TX
- Walter W. Woods, Clarinda, IA
- Keith H. Yoshino, Federal Way, WA
- Myron L. Zeigler, Spirit Lake, IA
- Harold W. Ziehm, Elizabethton, TN
- Richard G. Zogby, New Hartford, NY

AMERICAN COLLEGE OF DENTISTS ORIENTATION LECTURE FOR CANDIDATES FOR FELLOWSHIP

*The actual text of the speech presented in New Orleans, October, 1980,
by Dr. Marshall M. Fortenberry*

Good morning, ladies and gentlemen. It is my privilege this morning to present to you some information about the American College of Dentists, not in great detail, but enough so you will know and appreciate the objectives and purposes of the College and understand its organization and how it functions. I shall also explain some things about you—how you got here—why you are here—what you can expect from the College—and what the College expects from you.

You will learn that the American College of Dentists has quite a different system of membership selection than most other organizations in dentistry. It also differs in what it does for its members and what it expects of them.

Fundamentally, the American College of Dentists believes that voluntary leadership and voluntary contributions of effort by the individual are among the most significant strengths of our free society. When a Nomination for Fellowship is reviewed by the Credentials Committee, these are the most significant factors in the evaluation. A Nomination to Fellowship in the American College of Dentists brings to the Credentials Committee a compilation of evidence of such leadership and contributions. Your induction into Fellowship this afternoon is an acknowledgement of those qualities in you—it is not merely a reward for mere acts or roles or offices that you have held.

Let's take a few minutes and acquaint you with the American College of Dentists.

HISTORY

The American College of Dentists was founded in 1920. The first meeting to discuss plans for an honorary organization in dentistry

took place in the early spring of 1920 during the meeting of the Iowa State Dental Association in Cedar Rapids, Iowa. The four men at this preliminary meeting were Arthur D. Black, John V. Conzett, H. Edmund Friesell and Otto U. King.

On August 20, 1920, at the Copley Plaza Hotel, Boston, Massachusetts, these organizers with twenty-five invited dentists, met for the purpose of formally organizing the College.

The ideas and ideals of the American College of Dentists as originally set forth at that time have endured. The purposes and objectives of the college were reviewed in 1969 by the Board of Regents and were found to be as appropriate as when they were originally set forth.

A detailed history of the American College of Dentists, compiled by Otto W. Brandhorst, Secretary of the College for many years and its President in 1971, may be obtained from the Executive Office. In it, you will find the names of the leaders and great men of American Dentistry—all Fellows of the American College of Dentists.

The Executive Office of the College is at 7315 Wisconsin Avenue, Bethesda, Maryland. The doors are always open and you are invited to stop in at any time. Your suggestions or comments or questions about the College, its programs, or its management, are welcome. In 1974 after considerable study, the Board of Regents revised the Bylaws of the College. These Bylaws are in the Fellowship Handbook and Roster which you received when you registered. Please read and become familiar with the objectives and purposes of the College—its Code of Conduct and the Bylaws which are printed on the first pages. Keep this book. You will refer to it often. The Bylaws provide for the Fellowship to be arranged into eight geographic regencies.

Today, there are 4,670 Fellows of the College including 1,170 Life Fellows who are over 70 years of age, and 124 foreign, and 31 Honorary Fellows.

The Roster of the College lists all fellows alphabetically and by state. It also carries other important information about the College.

The Fellowship is organized as illustrated on this chart. Each Fellow must belong to a section. He may choose which section according to his location and convenience. There are 36 sections located primarily in the larger metropolitan areas. A list of the sections and the names of section officers are published each year in the Roster. There are eight regencies, each having a Regent representative on the Board. The regencies were established primarily on the basis of the geographic distribution of the Fellowship. Each regency has approximately the same number of

Fellows. The governing body of the American College of Dentists is the Board of Regents comprised of 14 members. All are elected except the Executive Director and the Editor, who are appointed by the Board and do not vote.

The Board meets twice a year, in the early spring in Bethesda, and prior to the Annual Meeting and Convocation in the fall. The President-Elect, the Vice President, and Treasurer are elected by the entire membership by mail ballot annually for a one-year term. Two Regents are elected annually for a four-year term by mail ballot to the two particular regencies where terms are ending. The Orator and the Marshal are appointed each year; they do not meet with the Board and are concerned primarily with the Convocation. Within the Board of Regents are five Board Committees—the Executive, Financial Advisory, Publications Advisory, Awards Advisory and Committee on Conduct.

The Standing Committees are the Credentials Committee which reviews all nominations to Fellowship, and the Nominating Committee, composed of representatives from each regency, which recommends the slate of officers for each annual election. Special committees consist of Fellows of the College generally under the Chairmanship of an Officer or Regent. These committees are concerned with internal matters of the College and such special programs as Project Library and the ACD Self-Assessment and Continuing Education Program. Over the years, the American College of Dentists has had considerable influence on the dental profession through its *committee programs, panel discussions, workshops and reports of special studies*. The Board has recently adopted what is known as the commission system for examining what are termed "issues." Issues are matters involving the entire profession which are of interest or concern to the American College of Dentists. Every profession attains its purposes and objectives by proper management and application of the total knowledge of that profession. The Board of Regents has established four commissions which relate to the four basic areas of responsibility involved in management of that knowledge which is the essence of the art and science of the profession of dentistry. The first commission area is Research, which involves the refinement and expansion of knowledge. The second area is Education, which concerns the distribution of knowledge. The third is Journalism and Communication, which concerns the custody of knowledge and the public distribution of information about dental health and disease. The fourth area is the Delivery of Service, which applies professional knowledge to the benefit of a person or the public.

The Board will consider various issues or problems which these commissions identify, characterize and present for study. It will then determine which issue is the most pressing and likely could be resolved by programs, workshops or studies by the College. Once an issue is determined to be appropriate for College programs, that commission will be directed to pursue the issue through the appointment of Action Committees. The commission system will eliminate dormant committees and redundant programs. It identifies and targets the College programs to specific issues. As you can see, the ACD is very well organized for the management of its affairs.

FOUNDATION

The American College of Dentists Foundation was established to further the purposes and objectives of the College through the use of income from tax deductible gifts. The Foundation is governed by the Board of Regents of the American College of Dentists. It was established in 1972 and has accumulated almost \$46,000.00 to date. From the income of that amount, the Foundation is funding a Mini Self-Assessment Program at the large state meetings. Gifts from individuals to the Foundation are tax deductible. A considerable number of Fellows make annual contributions and many send gifts in memory of a departed Fellow.

NOMINATION TO FELLOWSHIP

The nomination of a person for Fellowship can be made by any two Fellows in good standing. An official portfolio for Fellowship nomination must be obtained from the Executive Office by request in writing over the Fellow's signature. Complete instructions are printed in the portfolio and must be complied with. A nomination incorrectly or incompletely submitted is returned to the principal nominator.

A return envelope is included and the nominations must be in the Executive Office by February 1 to be considered that year.

The Bylaws state that "knowledge of the nomination shall be shared only by the nominators, Executive Director, the Committee on Credentials, the Local Consultants, Section Officers, and the Board of Regents until the invitation to Fellowship is extended." There are a number of reasons for this—the most important of which is the avoidance of embarrassment to those whose nominations do not reflect sufficient evidence to warrant an invitation to Fellowship. Upon receipt of a properly completed nomination, the Executive Office sends a carbon copy to each of the five members of the

Committee on Credentials. This Committee is made up of leading dentists who are mature, experienced, and widely acquainted in the profession. The various areas of the country are represented on the Committee. The names of the Committee are confidential so that they may act objectively in the review and evaluation of a nomination. The Committee on Credentials does not know the names of the nominators at any time, so the influence of friends, politicians or personalities has no bearing on the review procedure. In the Executive Office, a clerk selects five Fellows of the College who are the closest neighbors of the nominee. The clerk uses zip codes in their selection, and since she does not know anyone in dentistry, the selection of local consultants is without bias. The officers of the section and the local consultants are requested to complete and return a report form. The nomination and these reports, of course, must be submitted without the nominee being advised that he has been nominated. Each member of the Committee on Credentials independently at his home reviews every nomination and completes a nomination review form prior to the Committee on Credentials meeting. The nomination is not graded, but this form allows the Committee to discuss each nomination using the form as a common reference for Committee discussion and review of the nomination.

Both the nomination form and the reference form are designed so that a nomination is reviewed in terms of the position of the person in dentistry and in his career as a dentist. The nomination must bring to the Committee sufficient evidence that leadership and contributions of effort to the profession and the public are beyond that usually expected of a person in a similar circumstance and environment. Each nomination is measured by itself and against itself and is subject to a careful, considerate and objective review. Over the years about one-third of the nominations submitted do not result in an invitation to Fellowship. Unsolicited endorsements or testimonials submitted on behalf of a nominee are frowned upon and may jeopardize the consideration of the nomination by the Committee on Credentials.

CEREMONIALS

The colors of the College which were selected in 1920 are lilac, the official color of dentistry, and American rose. These are combined on the official gown of the College which should be worn by Fellows participating in an academic ceremony. Your sponsor will invest you in the gown of the College at the Convocation this afternoon.

The seal of the College appears on all official publications, awards and documents. An explanation of the seal will accompany your Certificate of Fellowship.

This afternoon, your sponsor will present to you the lapel-tie tac which is a bas-relief replica in gold and enamel of the College seal. This is a beautiful gold pin which you will wear with pride for many years to come.

The official key of the College may be purchased from the Executive Office.

The black and gold plastic pin is an identification attendance pin worn by Fellows at the Annual Meeting of the College and at section meetings. The design is a replica of the seal of the College at the apex of the Greek letter Delta—the symbol of dentistry. The College, at the apex of dentistry, extends its influence, as depicted by the concentric circles, throughout the profession and to society. This logo was first used on the program of the 50th Anniversary of the College in 1970. The Mace, a symbol of authority, and the torch, a symbol of knowledge, are both carried in the procession of the Convocation.

PROGRAMS AND PROJECTS

Project Library is a program of the College which makes available as a gift to lay libraries from Fellows and sections, a comprehensive assortment of books, pamphlets and reference materials on dentistry, dental health, research and education. To date, over 170 of these have been placed in as many lay libraries at no cost to the library as a gift of the American College of Dentists.

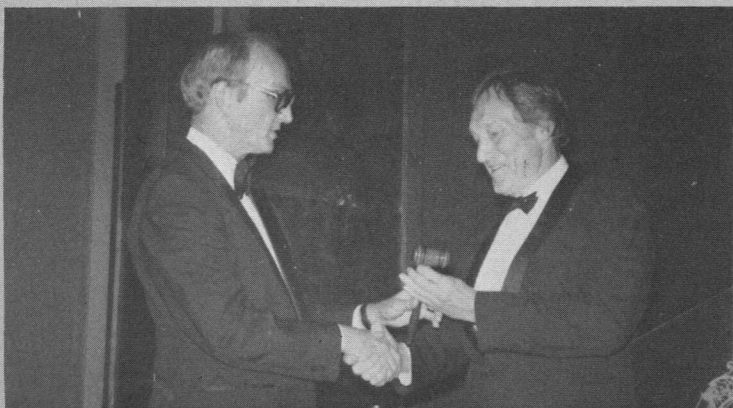
One of the finest programs of the ACD is the Self-Assessment and Continuing Education in Dentistry (SACED). Over 6,000 dentists have subscribed to this program. This is the first time a self-assessment program has been offered to an entire profession. The test is self-scoring. No records are made. The participant is the only person who knows his score.

Because the College believes that voluntary Self-Assessment and Continuing Education is more desirable than mandatory programs by government, it is also presenting a Mini Self-Assessment Program. This program is being offered through the sections of the College to dentists attending the larger state meetings. The test consists of 50 questions which are answered using a latent image system which indicates if one answer selected is right or wrong. In this case, the first selected answer was wrong. The second was right. It is immediately self-scoring and the participant knows what the correct

ANNUAL MEETING AND



CONVOCAATION SCENES 1980



photos courtesy of Jack D. Carr

answer is before he proceeds. This is a real learning experience for him. This Mini-SACED Program is funded by the American College of Dentists Foundation.

PUBLICATIONS

The publications of the College are the Journal of the American College of Dentists published quarterly in January, April, July and October. The News & Views, a newsletter of College affairs and programs, is published quarterly in February, May, August and November. The third publication is the Fellowship Handbook and Roster of the College. This is published annually and lists all Fellows of the College alphabetically and by state. It also has much other information about the College.

The College has played an influential role in the development of the dental profession over the past 57 years. It continues to be an active influence within the profession. Its current programs attest to that. The program following this lecture is an example. The American College of Dentists is a considerable resource to the profession because its objectives and purposes always are in complete accord with the professional concept of service.

POSITION STATEMENTS

The American College of Dentists is not self serving. In the finest tradition of true professionalism, its interests and its programs are directed outside itself to the betterment of dentistry in its service to society. This stature was further enhanced by Board action in 1979. In the face of numerous pressures and encroachments by commercial and bureaucratic entities, the Board of Regents in 1979 adopted two Position Statements—one relating to advertising by professionals and the other with participation in commercial and proprietary sponsored journalism and education. It is important to read the Preamble and the Statements as adopted and to study each of these in the complete context of preamble, definition, statement and commentary.

The Preamble to the Position Statements reads:

"The American College of Dentists, which was organized to further the professional ideals of dentistry, at this crucial time finds it appropriate to reaffirm the principles of professional conduct as stated in its *Purposes and Objectives* and in its *Code of Conduct*."

"The Board of Regents of the American College of Dentists recognizes the many complex issues confronting dentistry today. It has determined that: (1) advertising by health professionals and (2) the commercial sponsorship of education and journalism are currently of paramount importance and, therefore, the present position of the American College of Dentists relating to these issues needs to be stated. In time, the College intends to state its position in respect to other important issues."

The statement on advertising is:

"The American College of Dentists holds that: The solicitation of patronage by advertising is not in keeping with its perception of professional conduct."

The Statement on Education and Journalism is:

"The American College of Dentists holds that professionals should not contribute to or participate, by official or professional title, in proprietary enterprises of journalism and/or education."

These are carefully worded pronouncements that reiterate the College's long standing views on these two issues. While neither one of these Statements is a condition of Fellowship, they leave no doubt as to the high value that the College places on these ideals and the fact that it feels that the high standards of professionalism are threatened by Advertising and also by Education or Journalism that are not under the complete control of these professional entities charged with assurance of quality, scientific integrity and freedom from bias. The intent is to reinforce individual, voluntary compliance by Fellows of the College and through their example and influence affect the Profession of Dentistry as a whole. Thus, society also will be benefitted because the higher the standards of professionalism, the better the quality of service.

PROFESSIONALISM

It is acknowledged that in our pluralistic society, the professional person has great opportunity for leadership and contributions of effort. It is through the systems of the professions that our unique American society benefits most. Our American form of government was devised by men who pledged their lives, their fortunes and their sacred honor to the cause of freedom. They had no self-interest. They were professionals, they exemplified the highest order of professionalism.

The term "professionalism" pertains to that quality of conduct which accompanies the use of superior knowledge, skill and judgment towards the benefit of another person or to society prior to any consideration of self-interest by the professional person or professional organization.

The American College of Dentists endorses and fosters this concept of professionalism in every part and parcel of dentistry. It holds that the principles of professionalism are sound and that the spiritual and moral basis of these principles supervene the materialistic orientations of trade and industry and the deceptions of self-interest.

The College recognizes that the professional person has exceptional privileges granted by society and it considers as part of its mission the protection of those privileges from encroachments by organizations and agencies outside the profession.

But more importantly, it concerns itself with the furtherance of the professional concept within dentistry. It maintains that the professional's privilege is derived out of his performance of assigned responsibilities and the fulfillment of professional obligations. The College reminds the professional that his privileges are not a gift to him, but that the exchange between patient and doctor—between public and profession are reciprocal. The singular defense of professional privilege is constant, convincing evidence of the dedication of the true professional to the needs of the patient and public and that the consideration of those needs will be placed always before his own self-interest.

Candidates to Fellowship, the American College of Dentists welcomes you—it has invited you to join with Fellows of the College, your professional peers, in attaining the purposes and objectives of the College. The College does little for you personally, except to offer the opportunity to join in a concerted effort to maintain and extend the doctrine of professionalism throughout dentistry. This is its challenge.

This afternoon during the Convocation your name will be called—no title, no rank or position will be announced. Each of you have earned the recognition by what you have done in context with your position in the profession. Thus, the educator, the scientist, the specialist, the general practitioner, be they from the big city or from the small town, will all receive their Fellowship in exactly the same manner. During the Convocation, each of you will receive the same gold lapel pin. Your Certificates of Fellowship are all the same size—engraved with your name only—no academic degree, title, position,

(continued on page 46)

The Intrusion of Government Into the Affairs of State Regulated Professions

*Address by Bertram W. Tremayne, Jr., ACD legal counsel, before the
American College of Dentists, New Orleans, LA. 10/11/80*

I appreciate the privilege of appearing before you today. The members of the American College of Dentists are the elite of your profession and should be, and I believe are, the seed bed for the ideas and inspiration which will keep dentistry a true and proud profession.

It has been announced that I will express my views about the intrusion of Government, especially the Federal Government, into the affairs of the state regulated professions. At the outset I must confess that my professional experiences have thrust me into the midst of a number of battles between those who would increase government regulation and those who would resist it, and therefore I admit to a certain bias.

As attorney for a trade association and three school districts, as a past president of the Missouri Bar, and as vice chairman of the board of trustees of a large hospital, I have had more than my share of opportunities to see federal regulation at first hand. I hope you'll forgive me if I speak out of my own experiences, I believe they have relevancy to dentistry.

One of the principal problems in resisting federal regulation is that its motives appear so pure. To be against some federal regulations is to be against motherhood and in favor of sin. Here are some illustrations:

Who among us would want to oppose black kids and white kids in the same school classroom? But to bus them out of their neighborhoods, farther and farther away, across district and even county lines and some day perhaps even across state lines, as "white flight" continues, may create even greater evils in the form of hours of unproductive time on busses, a reduction in after school activities, the destruction of PTAs, and the expenditure of countless millions of unproductive dollars which could do so much to improve the quality of education for students who need it most. Taken together, there may be too high a price to pay for, as yet, unproven benefits.

Who can be against the handicapped? But now the government has required that curbs be destroyed and ramps be built at each of the four corners of hundreds of thousands of street intersections, that public service company busses be equipped with lifts to get the wheelchairs aboard, that thousands of schools be installed with ramps and elevators, all at a tremendous cost of taxpayer dollars. How many times have any of you seen anyone actually using such facilities?

How can one oppose the present vogue of "Mainstreaming" mentally retarded students by putting them in classrooms with twenty-five normal students and requiring an ill equipped and frustrated teacher to try to give a quality education to both groups? Only a few years ago, heeding the views of a different set of experts, we were building special schools and creating a group of specially trained teachers to educate those retarded children.

How can one be against a requirement by the new U.S. Department of Education that children in public schools be taught in their own native languages (Bilingual Education, it is called), rather than in English after "crash" courses of instruction in that language. But won't this emphasize our differences, rather than unifying our people? We will soon find out how schools are going to cope with these new requirements to teach in a variety of foreign languages.

Should a hospital have a ceiling put over its prices, while the price of every service and commodity it purchases escalates without control?

Knowing the facts involved in the situations mentioned, I am saddened by the tremendous effort and the vast sums of money frequently expended by federal agencies for the purpose of solving what are sometimes "non-problems," in the course of which new evils are often created, which are worse than the alleged evils sought to be cured. I regret this ever increasing government intrusion, mostly federal, into the affairs of people who originally came to these shores to escape an earlier kind of despotism. I especially regret it when it affects my profession and yours.

Time was when the professions had every reason to believe that they enjoyed a special exemption from the application of one of the more popular forms of federal regulation, the Anti-Trust Laws of the United States. For many years a great degree of self-regulation was allowed the professions and such regulation, as there was, was by the states. In recent years there have been signs that this freedom was being eroded and with the *Goldfarb* decision in 1975 it became very apparent that the Supreme Court of the United

States did not acknowledge the existence on an anti-trust exemption for the professions. The *Goldfarb* case struck down, as anti-competitive, the minimum fee schedule of a Virginia County Bar Association. Even so, there was language in that decision which held out hope to the professions that at least they would not be treated under the anti-trust laws in the same manner as business was treated. Subsequent decisions by the Supreme Court of the United States and other federal appellate courts have all but dashed these hopes.

Much of the attack has been directed against certain provisions in professional codes of ethics. Following the *Goldfarb* case was a case involving the National Society of Professional Engineers, whose code of ethics prohibited competitive bidding of jobs. That provision was struck down by the Supreme Court.

Two lawyers named Bates and Osteen challenged the Arizona Bar's total prohibition against lawyer advertising. A divided Supreme Court struck down that prohibition and, by clear implication, such restrictions in all other professional codes.

There followed the case of *Ohrlik Vs. the Ohio State Bar Association* where the issue involved was individual solicitation of law business. In that instance the Supreme Court rejected the complaint, but there were indications in the opinion that, under other circumstances, such a complaint might be upheld.

Other actual or potential targets of the federal government include attacks of the ABA process for accrediting law schools and on Bar examinations as a condition of admission to the Bar. There will be other and new battlegrounds as time goes on.

The Professions have believed that they have done a reasonably good job in policing themselves and in providing professional services to the people of the country. Our professional institutions have been the envy of many other countries. Why is this relatively recent hostility of the federal government occurring toward the professions? Have we really done such a poor job of self-regulation and has state regulation been so inadequate? The consumer activists say "Yes" on both counts. They have won over to their views the Federal Regulatory Agencies, especially the Anti-Trust Division of the Department of Justice and the Federal Trade Commission. Their thesis is that we are not providing professional services to people who need them and at affordable prices. They acknowledge that the rich can take care of themselves and that, generally, the poor are being provided for at federal expense or, pro bono, by the professionals, but they say that the great middle class remains unserved at prices they can afford.

Those who believe that professional services are not available at affordable prices perceive that the cure for such alleged ills is competition. And how is competition to be achieved? It is to be achieved by striking down all provisions of professional codes of conduct which might conceivably lessen competition, such as minimum fee schedules, prohibitions against advertising and prohibitions against the solicitation of business. If these provisions and others perceived to be anti-competitive can be ruled out as violations of the anti-trust statutes, then competition will prevail and all will be well.

I should like to deal briefly with two areas which are currently receiving the most attention, advertising by professionals and what I call "one-on-one" solicitation.

Prior to 1977 almost every state code of ethics for lawyers, and I believe the code of conduct of other professions, prohibited advertising beyond putting a professional's name on office doors, letterheads, professional cards and telephone listings. The Legal Profession, except in such fields as patents, trademarks, copyrights, and admiralty, even prohibited listing of specialties, although I believe other professions permitted that. But beyond these limited forms of advertising, advertising in general was prohibited. This was not always the case. I understand that around the turn of the century professionals did advertise and it was false and misleading advertising, especially by some doctors with their medicine shows, which gave impetus to the movement to prohibit advertising by professionals. Then as now the reason for the ban on advertising was to protect the public, though the consumerists claim that we would do so for our own selfish purposes. But now it may be back to the medicine shows.

As I noted earlier, in 1977, a divided Supreme Court of the United States, in the case of two young lawyers who ran a clinic, *Bates and Osteen*, struck down the Arizona's Bar total prohibition against advertising. The decision held that the clinic, under the Free Speech Amendment to the United States Constitution, had the right to advertise in newspapers their fees for certain kinds of routine legal services. The holding of the Court was limited to the facts of that case and implied that State Bars and States could continue at least some restrictions upon advertising.

Following the case of *Bates and Osteen*, the American Bar Association reconsidered its model code and the Supreme Courts and Bar Associations of the several states reviewed their codes. The American Bar Association, whose model code is only advisory to the

States, came out with two suggested provisions as to advertising, one which would modify the code of ethics only to the extent obviously required by the case of *Bates and Osteen* and the other which would permit all advertising, except that which was false or misleading. The several states came out with all manner of new provisions respecting advertising in their revised codes. Some followed the ABA restrictive model. I am a member of the Missouri Supreme Court's Committee on Rules of Conduct for lawyers. On our recommendation, concurred in by the Board of Governors of the Missouri Bar, the Missouri Supreme Court restricted advertising, even more than did the restrictive ABA plan, by prohibiting the use of radio and television advertising. Some states followed the restrictive ABA plan, but permitted radio and television advertising. Other states went with the more liberal ABA plan which prohibited only false and misleading advertising. There has been some pretty outrageous advertising under the relaxed standards, notably in California and Wisconsin.

Thus far there has been little further guidance from the Supreme Court of the United States, although I expect further amplification in this area. The Supreme Court did recently refuse to accept the appeal of two Ohio lawyers who had contended that their constitutional rights under the First Amendment had been denied because they were not permitted to advertise on billboards. I would like to hope that this may be a straw in the wind toward a restrictive view of professional advertising, but I am much less than confident that this is the case.

This is where lawyer advertising stands at the present. Statistics indicate that less than 3% of the some 500,000 lawyers in the United States have advertised or have indicated any intention of advertising. In the St. Louis area I think the percentage would be considerably less. Outside of bold type listings in the yellow pages of telephone directories, most of the lawyers who advertise in our area are "marginal" lawyers or are young lawyers who have not yet established themselves as competent practitioners and who are hungry for clients. For the most part I believe that lawyers regard advertising as demeaning. Some of those who jumped into advertising right after the *Bates and Osteen* decision found that advertising really did not pay for itself with new law business. In my area I have not seen a great deal of advertising by the medical profession. I have seen more advertising by dentists and most of it advertises cut rate prices.

I have noted that the dental profession is doing some institutional advertising. The Missouri Bar did a pilot program of institutional

advertising through newspapers, radio and television in the Springfield, Missouri, area with limited funds, but even so, following a scientific analysis of the results of our program, we were able to conclude that the public regarded it as helpful and useful. Missouri has a Statewide Lawyer Reference Service whose telephone number was announced in every institutional ad. Persons who saw and heard the ads and who believed they had a legal problem, but knew no lawyer and did not know how to find one, could be referred to a qualified lawyer by calling that number.

The leaders of the Missouri Bar wanted to go statewide with the program, believing that institutional advertising might be an alternative to individual lawyer advertising. But we were unwilling to do so unless institutional advertising had the support of the membership. In response to a questionnaire the Membership did not support it, largely I believe because of the price tag attached to it which would have resulted in an assessment of several hundred dollars per year for every lawyer in the state. So we have no program in Missouri now. I understand that there are those in favor of dental institutional advertising and those opposed to it and I gather the jury is still out. I noted in Friday's Wall Street Journal that there appears to be a decline in dental appointments.

The second area I would deal with briefly is that of solicitation of business by professional people on a face to face or one to one basis. So far as lawyers are concerned, I believe this is still prohibited in every state and is only permitted in the District of Columbia. The leaders of the California Bar tried to put this through in California, but the membership of the California Bar rose up and rejected it by a large vote. Even so, a Commission of the American Bar Association, known as the Kutac Commission, has made tentative recommendations that some solicitation be permitted. There is widespread criticism by the Bar of this recommendation and I believe the Kutac Commission will have to go back to the drawing board.

Solicitation by its traditional name is called "barratry" or more commonly "ambulance chasing". Over the years many lawyers have been suspended, and even permanently disbarred, for ambulance chasing. Yet there are now those who would make it lawful and respectable. As in the case of advertising, the advocates of solicitation say that it would have to be fair, not misleading and without pressure tactics but if, as is the case, it has been difficult to enforce a code of conduct prohibiting any advertising and solicitation, how much more difficult will it be for the disciplinary bodies of the professions to prevent false, misleading and overbearing

advertising and solicitation. I believe it will be utterly impossible to enforce such subjective standards as these.

Consider, if you please, the distraught widow whose husband has just died and who is approached at her front door by an attorney she has never seen before who has noted the death in the obituaries and who asks if he might please handle her late husband's estate. Or the saddened parents whose child has just been killed in an automobile accident and who is solicited by lawyers they do not know who ask to handle the wrongful death action. Or the dentist who calls on a perfect stranger and says "I was sitting across the room from you at lunch today and I noticed your overbite and I wondered if I might be of service to you." Advocates of advertising and solicitation would cloak these under the banners of Freedom of Speech and Competition, both honored institutions, but inappropriate in this context in my judgement.

Most of you will know that the Federal Trade Commission, one the enforcement arms of the Federal Anti-Trust Statutes, took on The American Medical Association in December of 1975. The American Medical Association's principles of medical ethics prohibited solicitation and advertising. A similar complaint was subsequently made against The American Dental Association, which entered into a consent decree with FTC agreeing to be bound by the ultimate outcome of the complaint against the AMA in these areas. The Hearing Officer in the AMA case came out with recommendations that advertising and solicitation, fair or unfair, be permitted. The Federal Trade Commission itself refused to go that far, but did strike down prohibitions against advertising and solicitation unless they be false, misleading or overbearing. The American Medical Association appealed to the United States Court of Appeals, which earlier this week upheld the FTC ruling, concluding also that the FTC has jurisdiction over the "Business Related Activities" of the AMA, whatever that means. I have not read the opinion so I can't say more about it. I would expect that the AMA will try to persuade the U.S. Supreme Court to hear a further appeal and the outcome of this case may not be known for many months to come, but meanwhile both the AMA and the ADA, for the time being at least, have set aside their bars against activities of this kind.

The FTC within the last couple of years has challenged all of the State Bar Associations and the Bar of the District of Columbia by attempting to mandate their responses to a burdensome questionnaire seeking information as to Bar Association regulation of legal clinics and certain other matters. The state bars have met this

challenge head on and have taken the position that the Federal Trade Commission has no jurisdiction over professional associations. The hue and cry of the State Bars was such that the FTC has now backed off its *mandatory* questionnaire and now has promulgated a *voluntary* questionnaire and most state bars are refusing even to answer that.

The emphasis of the consumer advocates is to treat professionals as nothing more than tradesmen and to argue that if competition works in business, it must also work in the professional services. This is a very simplistic view. In the first place price is only one factor in professional services and even price advertising can be misleading. Some lawyers who advertise a fee of \$150.00 or \$200.00 for a simple, non-contested divorce, tell the sheep when they come into the fold that their particular situation is not a simple and uncontested matter, and that therefore the price will be higher than advertised. This is the old "bait and switch" routine.

Further, quality simply cannot be described or defined in an advertisement or in solicitation. The slickest advertiser or the most ingratiating solicitor may be the most inept professional. Competition in the form of advertising and solicitation will not work in professional services because the average patient or client is totally unable to judge the quality of the services which he or she obtains. One of your number recently told me that, in a scale of 1 to 10, the average dental patient would rank at about 2 when it comes to judging the quality of the services he wants and gets. I believe this is at least as true in the legal field.

Another reason why market place advertising will not work with professional services is that in market place advertising, if the purchaser does not like the advertised product when he buys it, the next time he needs that particular service or product he will obtain it from some other source or buy some other brand. The problem is that what works well in repetitive purchases of a cereal or a soap will not work well in the case of professional services. Most people only use a lawyer once or twice in a lifetime and there is no second chance. The client cannot say that his lawyer botched up his lawsuit, so next time he will employ a different lawyer. That may be the only case he ever has and the failure to properly handle it may have untold consequences for years to come. The same is true I believe with respect to the more serious kinds of dental work and surgery.

For those of you who agree with these views and regret this federal intrusion into our affairs, are there any hopeful signs and is there anything we can do about it?

I take some hope from the fact that the Supreme Court of the United States has not yet broadened the scope of professional advertising and that at least in the Ohio case it has given some evidence that it might be reluctant to do so.

I take hope from the fact that only a very small percentage of lawyers advertise in any way, and I think that applies to other professionals as well.

I continue to hope that the Supreme Court of the United States will not strike down the prohibitions against one on one solicitation.

I am pleased that the Federal Trade Commission is in deep trouble. It has had considerable difficulty in getting its appropriation authorized in the last two sessions of Congress and, at the last session, the appropriation was accompanied by a requirement that there be oversight by a Congressional Committee every six months and by other restrictions. At the last session in the Senate there was a bill to prohibit the Federal Trade Commission from regulating the professions and this bill failed by only a 45 to 47 vote. One or two similar bills have already been introduced for the next session of Congress and a great effort will be made by some members of Congress to make the law very plain that the Federal Trade Commission has no authority over professional organizations.

I take some comfort that the FTC backed off of their mandatory questionnaire when challenged by the State Bars around the country and that even their voluntary questionnaire seems to be in considerable difficulty.

I take hope from a feeling I have that the people of this country are getting fed up with what they regard as excessive federal regulations, not only in the professions, but in business and in our lives generally. Even the candidates for the Presidency and candidates for Congress from both parties are now professing to be opposed to government regulations and are promising to try to do something about it. We have heard this before. Even a President and a Congress with the best of intentions will have great difficulty in dismantling the great bureaucracy which survives Presidents and Congresses and rolls on like the Great Mississippi River itself, virtually uncontrolled and unlimited. But I believe there is a spirit abroad in the land which may actually do something about the problem this time, and by expressing your views to your representatives in Congress you can help.

I am encouraged also by what I think I sense among professionals themselves that it is time they acted more like professionals and less like tradesmen. In candor we must admit that part of our trouble has

been that too many of us look like money grubbers in the market place and not like professionals whose first duty is service to our patients and clients.

Certainly I sense that feeling in the American College of Dentists. Your organization is in an excellent position to influence the thinking of the ADA and of the dentists who may not belong to either organization. Your publications make it unmistakably clear that the American College of Dentists, as an organization, deplores advertising and solicitation by dentists. I hope you will continue to stand for that.

You have been good to listen to my views and I hope that I have stimulated your thinking along these lines.

Orientation Lecture

(continued from page 36)

or rank. In the same sense, all Fellows of the College are equally obliged to further the purposes and objectives of the College in continued service to the profession and the public—over and beyond that generally expected. They are obliged to share their knowledge and experience with others, giving freely of their time to advance the profession and to promote order in our society. Commercial alignments of any sort, wherein the prime objective is profit, are not condoned. Fellows of the American College of Dentists are urged to direct their talents and energies to strengthen professionally-controlled education and journalism.

Finally, as a Fellow of the American College of Dentists, what is the most significant contribution you can make to the College, to your profession, to your society, and especially, to those young men and women now coming into the profession? This contribution is the uncontestable, unassailable influence on others of your good example as a professional person.

Please know that we do welcome you to Fellowship. We trust you will look upon this day as a milestone in your professional career.

Have a good day!

FACTORS AFFECTING WORK SATISFACTION AMONG DENTISTS IN UTAH: A SECONDARY ANALYSIS

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INTRODUCTION

Studies of dentist work satisfaction suggest that between 60 percent and 75 percent of dentists respond that they are satisfied with their work.¹⁻⁶ Two recent studies of senior dental students lend support to the reliability of the 60-75 percent range.^{7,8} Although differing satisfaction measures, differing sampling procedures, and varying research methodologies among the aforementioned studies preclude any meaningful conclusions as to the validity of this range, the fact that a study of Utah's dentists reported dentist satisfaction to be 15 percent higher than the upper limit of this range, was considered worthy of further investigation.⁹ (See Table I for a summary of these studies.)

METHODOLOGY

Data for the Utah study were gathered by questionnaire from a limited universe sample* consisting of all dentists who were listed as members of the Utah State Dental Association and who resided in Brigham City, Logan, Ogden, Salt Lake City, or Provo, Utah. For comparison purposes, a small rural limited universe sample was also drawn from communities in a county in central Utah. All the questionnaires (except 21 for dentists who were unavailable at the time of delivery) were personally delivered and collected by the

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**TABLE I:
DENTIST SATISFACTION STUDIES**

Author and year published	Sample population	Useable question- naires	Satisfaction measure*	Percent satisfied	No opinion or undecided	Percent dissatisfied
Gerstl, 1959	25 American dentists	25	Would you choose dentistry again?	-	-	40%
Eccles and Powell, 1967	358 South Wales dentists	231	Do you like dentistry?	60%	21%	19%
Page and Slack, 1968	600 Old Londoner dentists	358	Would you choose dentistry again?	**46%	33%	19%
			Do you like dentistry?	**74%	9%	15%
Howard, <u>et al.</u> , 1975	33 Ontario dentist volunteers at a fitness clinic	30	Would you benefit by changing jobs?	60%	20%	20%
Murray and Seggar, 1975	350 Utah dentists	253	Satisfied for the time being? "Role Satisfaction Score"	85% **90%	5% 4%	10% 1%
Green, 1977	111 recent dental graduates of the U. of Texas	55	Would you choose dentistry again?	-	-	30%
Dean, 1978	22 senior dental students of the U. of Oklahoma	19	Would you choose dentistry again?	**72%	-	-
Lipman and Summer, 1978	Senior class of U. of Maryland Dental School	62%	Would you come to dental school again?	58%	12%	30%
Murray, 1980	130 Kentucky dentists	78	"Role Satisfaction Score"	**66%	14%	3%

*The satisfaction measures indicated are abbreviated versions of the actual measures used.

**Percentages do not add to 100% due to non-responses.

second author over a two-week period in June, 1972. The remaining 21 were later mailed. The final limited universe sample consisted of 253 out of a possible 350 dentists (72 percent return).

For purposes of the secondary analysis, a work satisfaction score was computed from responses to the items listed in Table II.

A work autonomy score was also computed from the responses to the items listed in Table III.

Scores were determined by assigning values of 1 through 5 to strongly disagree through strongly agree responses, respectively. These values were added to create the work satisfaction and work autonomy scores. Since these scores only take on whole number values over 19 and 15 level ranges, respectively, there were a great many tied scores among the 253 cases. Because there were so many ties, the Mann-Whitney U test and Kruskal-Wallis test were considered less reliable statistical tools than the median test.¹⁰ However, since the median test tends to yield somewhat more conservative results than the data require, the stronger Mann-Whitney U and Kruskal-Wallis tests were used in addition to the median test in order to provide a greater interpretive perspective.¹⁰

For purposes of hypothesis testing, dentists who had work satisfaction scores of 17 or below were judged low in satisfaction, and dentists who had work autonomy scores of 14 or below were judged to be low in work autonomy.

FINDINGS

Cultural Commonality

No support was found for the hypothesis that Mormon dentists were more work satisfied than non-Mormon dentists (Table IV-A). Also, it appears that dentists reared in Utah were no more satisfied than dentists reared in other states (Table IV-B). Hence, with respect to religion and state of origin, commonality between dentists and the people living in their community does not seem to explain the high rate of dentist work satisfaction.

*A limited universe sample is a universe that is a portion of a larger, hypothetical universe consisting of all possible limited universes. The sample used in this study cannot be considered representative of all groups of dentists. For that reason the findings must be considered preliminary and the significance levels should be interpreted accordingly.

**TABLE II:
WORK SATISFACTION ITEMS**

ITEMS	RESPONSES (N=253)				
	Strongly Disagree (f)	Disagree (f)	Uncertain (f)	Agree (f)	Strongly Agree (f)
I feel that I am happier in my work than most other people.	1	8	38	147	58
Most days I am enthusiastic about my work.	12	14	176	51	0
I like my profession better than the average worker does.	8	29	152	62	2
I am satisfied with my profession for the time being.	7	18	12	163	46
I am (not) disappoint- ed that I ... chose this profession.	1	6	9	115	122

TABLE III:
WORK AUTONOMY ITEMS

ITEMS	RESPONSES (N=253)				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	(f)	(f)	(f)	(f)	(f)
In regard to establishing my own working hours, I am pretty much my own boss.	5	18	8	169	53
In establishing my fees-for-services, I am pretty much my own boss.	7	43	13	157	26
In establishing my patient load, I am <u>not</u> pretty much my own boss.	11	64	21	128	26
In determining how much time I take off each week, I am pretty much my own boss.	3	24	11	182	27

TABLE IV:
STATISTICAL RELATIONSHIPS AMONG TESTED FACTORS
AND EITHER WORK SATISFACTION SCORE (WSS) OR
WORK AUTONOMY SCORE (WAS)

Factor or Variable	WSS or WAS	Statistical Tests	Significance Level
A. Religion:	WSS	Mann-Whitney U	.6950
Mormon = 217		Median Test	.2715
Other = 15			
B. State Reared:	WSS	Mann-Whitney U	.5517
Utah = 227		Median Test	.3600
Other = 22			
C. Practice Type:	WSS	Mann-Whitney U	.8438
Solo = 221		Median Test	.5187
Other = 28			
D. Practice Type	WAS	Mann-Whitney U	.8273
Solo = 214		Median Test	.4638
Other = 29			
E. Low Autonomy Practice:	WSS	Mann-Whitney U	.8875
Solo = 90		Median Test	.5308
Other = 13			
F. Fees:	WSS	Mann-Whitney U	.0072
About right = 144		Median Test	.0526
Too low = 103			
G. Fees in Utah in Comparison to Other States:	WSS	Mann-Whitney U	.0110
Too high in Utah = 41		Median Test	.2066
About right in Utah = 207			
H. Non-work Time Spent With Colleagues Per Week:	WSS	Kruskal-Wallis Test	.0153
One hour or less = 54		Median Test	.0066
2 - 4 hours = 105			
5 - 6 hours = 64			
7 or more hours = 27			
I. Organizational Affiliations:	WSS	Kruskal-Wallis Test	.7176
Zero = 74		Median Test	.7581
One = 62			
Two = 26			
Three = 10			
Four or more = 78			
J. Had Accurate Prior Conception of Dentist's Role:	WSS	Kruskal-Wallis Test	.0033
Strongly agree = 37		Median Test	.0314
Agree = 114			
Uncertain = 57			
Disagree = 25			
Strongly disagree = 14			

Practice Type and Work Autonomy

Not unexpectedly, it was found that work satisfaction and work autonomy scores were very closely associated ($p < .01$). (This was determined with a rank correlation test.) Several attempts were made to determine how dental practice type was related to these scores. First, it was disclosed that dentists in solo practice have approximately the same amount of work satisfaction and work autonomy as dentists in partnership, group and other type practices (Table IV-C, D). In fact, although the differences were marginal, both of these scores were slightly higher among the non-solo practice dentists. When the work satisfaction scores of solo practice dentists with low work autonomy were compared with the work satisfaction scores of group practice or other type practice dentists with low work autonomy, no significant differences were found (Table IV-E). Therefore the influence of work autonomy on work satisfaction does not appear to be appreciably different in solo practices than it is in group practices. This finding is interesting in light of the fact that dentists who leave group practices often complain about the lack of autonomy as a major reason for leaving.¹¹

Fees-for-Services

When dentists who reported their fees-for-services were "about right" ($N = 144$) were compared with dentists who reported their fees-for-services were "too low" ($N = 103$), the latter group tended to be significantly less work satisfied (Table IV-F). Two of the respondents reported that the fees they received in Utah were "too low" in comparison to fees in other states and forty-one respondents reported their fees were "too high" in comparison to fees in other states. These latter dentists, who reported their fees were "too high", were more often satisfied than other dentists (Table IV-G). The statistical significance of this is difficult to ascertain because the less reliable, but stronger Mann-Whitney U test result is highly significant, and the highly conservative median test result is marginally significant. Still these findings clearly suggest that a higher fee structure for dental services may be associated with increased dentist work satisfaction, and that a low fee structure is associated with lower dentist work satisfaction.

Social Isolation from Peers

It was also disclosed that dentists who spend one hour or less per week in association with other dentists—exclusive of working hours—tend to be very significantly less likely to be satisfied (Table IV-H). This was considered an important finding because according to Richard Sword, a dentist and a psychiatrist, isolation, especially isolation from peers, contributes to depression among dentists.¹² Moreover, a study reported by Kenney revealed that the patient profile of dentists ($n = 51$) who were being treated by psychiatrists, clinical psychologists, psychiatric social workers, family counselors and marriage counselors included neurotic-depression and social isolation.¹³

Proceeding on the assumption that low work satisfaction and social isolation from peers might have an interactive relationship that could be associated with emotional disorders,* the twenty-seven low satisfaction dentists who did not interact with their peers were considered in greater detail.

Low Satisfaction Dentists Who Did Not Interact with Peers

This group of twenty-seven dentists was found to be disproportionately distributed, when compared with the distribution patterns of the entire population ($N = 253$). For example, fourteen (52 percent) of these twenty-seven dentists reported that they were not affiliated with any community organizations and none of the twenty-seven strongly agreed to the statement that they had an accurate conception of the role of a dentist prior to entering the profession. In contrast, less than 30 percent of the entire population of dentists had zero community organization affiliations and thirty-seven or 15 percent of the entire population strongly agreed to the statement that they had an accurate prior conception of the role of a dentist.

One-tailed tests for the differences between proportions¹⁴ were used to calculate the statistical significance of the disproportionate distribution of these twenty-seven dentists. It was found that:

1. Dentists who were under forty years of age ($N = 84$) were significantly ($p < .05$) less likely to be in this group.

*As the discussion points out, possible support for this assumption was found.

2. Dentists who strongly agreed that they had an accurate prior conception of the role of a dentist were significantly ($p < .01$) less likely to be in this group.
3. Dentists who were affiliated with at least one community organization were significantly ($p < .01$) less likely to be in this group.

DISCUSSION

This secondary analysis has revealed no explanation, in terms of religious commonality, for the high rate of satisfaction reported among Utah's dentists. The investigators are reluctant to jump to any conclusions based on these findings; however, since it is recognized that the non-Mormon sample was small. A more thorough study designed specifically to control on the variable religious preference (and probably extent of religious activity, as well) is warranted before more meaningful conclusions can be drawn.

There are several plausible explanations for the observed findings.

1. It is possible that there are several variables operating to draw certain types of individuals to practice in Utah. Whether or not these factors are religious in nature, or entail something entirely different, remains to be seen. More extensive and thorough research introduces appropriate controls might help identify such variables.
2. It should also be remembered that the sample was chosen only from members of the Utah State Dental Association. Because this analysis has shown that dentists who interact after work hours with other dentists are more likely to be work satisfied; and because such dentists are probably more likely to be members of the state dental association, the fact that non-members of this association were not sampled may have introduced a "more-satisfied" bias.
3. It is conceivable that the high dental fee structure in Utah (a perception suggested by the responses of the dentists in this study), might have increased the incomes and, therefore, the satisfaction that was reported.
4. The fact that questionnaires were personally delivered and collected at dental offices, could have compromised dentist-respondents' perceptions of the anonymity provided by the study, thereby discouraging negative responses that might reflect poorly on respondents' professional effectiveness or successfulness.¹⁵

5. Finally, Mormons may be more desirable patients than other groups of Americans, and the dentists who treat them may, therefore, enjoy their work more.

Thus, although several possible explanations have herein been suggested, this secondary analysis has not effectively explained the high rate of dentist satisfaction reported in the original study. Still, several findings that should be of value to dentist work satisfaction research have been reported. To summarize:

1. Work autonomy was not present to a lesser degree in partnership or group practice than in solo dental practice. Although the measure of work autonomy used in the present study lacks completeness, the authors nevertheless believe it is more than adequate to suggest that the loss of autonomy sometimes presumed to be associated with practicing dentistry in other than solo practice environments may not exist. Rather, there may be some form of autonomy factor tradeoff between solo and group type practices which results in total autonomy being approximately equal in each.
2. Another finding relates to the positive association between dental fees and work satisfaction. Especially now, with price advertising producing a decline in the fees charged by some dentists, the impact of low professional fee structures on work satisfaction may be of timely concern.
3. The findings that social isolation from peers and a lack of knowledge about the role of a dentist prior to entering the profession are both strongly associated with lower dentist work satisfaction, reinforce the need to deal with these factors.
4. The finding that among dentists who do not interact with peers, those who were low in satisfaction were significantly less likely to be affiliated with community organizations than were those who were high in satisfaction, suggests that an interaction between non-involvement with peers and dissatisfaction exists, that is associated with social isolation. Further, the coexistence of social isolation and work dissatisfaction is a sign of social impairment.¹⁶ The authors are reluctant to speculate further on these relationships, except to suggest that peer involvement is a factor worthy of continued study.

Finally, this study is based on a somewhat unique population of dentists who live in a somewhat unique region in the United States. Whether these dentists are more unique than other dentists who have

been studied,¹⁻⁸ and whether the environmental factors they confront in the delivery of dental services is more unique than those confronted by other dentists is unclear, but likely. In this context it is worthwhile to note that the majority of other dentist work satisfaction studies were also of a limited universe sample nature—namely, dentists from South Wales, students or graduates of a given school, and volunteers at a dental fitness clinic. (Refer to Table I.) In any case, because of the limited universe sample used in this study, the authors stress that the results reported in this paper are preliminary, and should be judged in this light. Nevertheless, the finding of several factors which are controllable, to varying degrees, and which are significantly associated with dentist work satisfaction, represents a positive step toward improvements in this aspect of dentistry.

CONCLUSION

Work dissatisfaction and professionalism, although not mutually exclusive, do not go well together. Yet, according to most studies only sixty to seventy-five percent of dentists are satisfied. That is a problem for which dentist work satisfaction research provides the potential for resolution.

The Utah study, upon which the current study is based, remains perplexing. The finding that ninety percent of Utah's dentists were "role satisfied" might never be found again. But it is also possible that we, the investigators, simply failed to identify one or more essential factors that would explain why Utah's dentists are more satisfied than other dentists. A multi-state follow-up study, strictly controlled for those variables which are believed to distinguish dentistry in Utah from dentistry elsewhere might resolve this enigma. To be most helpful, such a study should build upon a thorough review of existing dentist work satisfaction literature. The investigators are beginning such a literature review at the present time.

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Honors and Awards (continued from page 23)

outdoorsman and fisherman and well known in the area for his accomplishments in horticulture and photography.

His interest in the inter-relationship of diet and exercise was developed long before the present vogue.

Of the hundreds of awards, certificates, plaques, testimonials and memberships that have been conferred on him over the years, there is none that he prizes more than his Fellowship in the American College of Dentists—there is none that he deserves more than the recognition that is about to be conferred on him.

Mr. President, it is a privilege and honor to present Dr. Miles R. Markley for the William John Gies Award.

Statement of Ownership, Management and Circulation

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The American College of Dentists is a non-profit organization with no capital stock and no known bondholders, mortgages or other security holders. The average reader of copies of each issue produced during the past 12 months was 4500; none sold through dealers and carriers, street vendors or counter sales; 77 copies distributed through mail subscriptions; 77 total paid circulation; 4237 distributed as complimentary copies. For the July 1980 issue the actual number of copies printed was 4365; none sold through dealers, etc.; 77 distributed through main subscriptions; 77 total paid circulation, 4237 distributed as complimentary copies; 4314 copies distributed in total. Statement filed with the U. S. Postal Service, October 1, 1980.

Deceased Fellows

The deaths of the following Fellows have been reported to the office of the College between October 1979 and October 1980.

- *Adair, Wilbur G., Vero Beach,
FL
- Adilman, Howard B., Chicago,
IL
- *Anderson, Stewart, Santa Monica CA
- *Archer, W. Harry, Mt. Lebanon,
PA
- *Banks, Ernest L., Atlanta, GA
- *Bennett, Glenn, Wisconsin
Rapids, WI
- Blackstone, Clarence, Pebble
Beach, CA
- *Blevins, Denzell C., Washington,
DC
- *Bowden, Paul H., Bozeman, MT
- *Bunker, Herbert L., Junction
City, KS
- Clough, Oliver W., Richmond,
VA
- *Collins, Daniel J., Tupper Lake,
NY
- *Conly, Atlee B., Dallas, TX
- Cooper, Philip W., Savannah,
GA
- *Corry, Willis E., Chagrin Falls,
OH
- Crum, Walter A., Jr., Richmond,
IN
- Daniels, Gilbert H., Gilmer, TX
- Defonce, Donald, Mantua, NJ
- *Drechsel, Roland, Sr., Fort
Worth, TX
- Dryden, Morton F., Pasadena,
CA
- *Easlick, Kenneth A., Ann Arbor,
MI
- *Eggers, Herbert L., Sioux Falls,
SD
- *Engholm, Joseph J., Escondido,
CA
- *Evans, Clarence C., Washington,
DC
- Feder, Jack, South Orange, NJ
- *Flanagin, James H., Conway
AR
- *Freutel, Alexander, Memphis,
TN
- Fusco, Mario, Los Angeles, CA
- *Glennie, Blair A., Tucson, AZ
- *Goldstein, Irving, H., Atlanta,
GA
- *Gore, Samuel D., New Orleans,
LA
- Gossett, James W., Austin, TX
- Hagen, John O., Los Angeles,
CA
- *Healey, Harry J., Sun City
Center, FL
- Herpel, Henry J., Detroit, MI
- Hirschberg, Alvin, Elizabeth,
NJ
- *Hoghaug, Maurice A., Grand
Forks, ND
- Hooker, Joseph E., Tiffin, OH
- Hudelson, William F., Hibbing,
MN
- Hudson, Arthur L., Glendale,
CA
- *Hudson, William C., New York,
NY

- *Jarrell, Marion F., Alexandria,
LA
- Jordan, J. Robert, Charleston,
SC
- *Kaiser, J. Henry, Columbus,
OH
- *Kauffman, Joseph, New York,
NY
- *Kingery, Richard H., Ann
Arbor, MI
- *Knighton, Holmes T., Rich-
mond, VA
- *Koch, Clarence W., Little Rock,
AR
- Lewis, Clarence, Jr., Washing-
ton, DC
- Link, Joseph F., Norfolk, VA
- *Link, Waldemar A., Oak Park, IL
- *Lipscomb, Thomas, Sr., Dallas,
TX
- *Lyons, Norwood, Mountlake,
WA
- Macrury, Elwood F., Manches-
ter, NH
- *McCracken, Philip, Harrisburg,
PA
- *Molony, James P., London,
ENGLAND
- *Morrison, Thaddeus, Sr., Dun-
woody, GA
- Oakley, Charles E., Sr., Pitts-
burgh, PA
- *Padelford, Donald C., Venice
FL
- Pennel, Billy M., Augusta, GA
- *Phipps, Ray A., Oberlin, OH
- *Pitman, LeRoy F., Long Beach,
CA
- Pixley, Richard M., Batavia, NY
- Raphael, Alfred L., Silver
Spring, MD
- *Renfrow, Louis H., Cape
Girardeau, MO
- *Riebe, H. Paul, Carmel, CA
- *Robertson, John M., Oklahoma
City, OK
- *Rothner, Jacoby, Philadelphia,
PA
- *Schimke, Tolbert D., Spokane,
WA
- *Shell, John S., Novato, CA
- *Shellman, Joseph F., St. Paul,
MN
- *Smith, Alfred E., New Orleans,
LA
- Smith, Robert L., Sr., W. Palm
Beach, FL
- Soberman, Alexander, New
York, NY
- *Spencer, Earl J., Dayton, OH
- *Teich, Isidore, Bronx, NY
- Tuck, Albert C., Thomasville,
GA
- *Wagner, Harry N., Henryetta,
OK
- Wakely, John W., Pittsburgh,
PA
- Walker, John L., Washington,
DC
- *Walters, Thomas H., Tuckahoe,
NY
- *Whiteside, Richard, San
Antonio, TX
- *Zielinski, Joseph B., Sun City,
AZ
- *Zimmerman, R. Frank, Jack-
son, MI

*Life Fellow

NEWS OF FELLOWS

Rear Admiral James D. Enoch became the new Chief of the Navy Dental Corps and Assistant Chief for Dentistry of the Bureau of Medicine and Surgery. Admiral Enoch previously served as the Inspector General, Dental, Bureau of Medicine and Surgery in Washington, D.C.

Rear Admiral Paul E. Farrell retired after 30 years of exemplary service in ceremonies at the Washington DC Navy Yard. Admiral Farrell served as the Chief of the Navy Dental Corps since 1978. He has subsequently joined the faculty at Temple University Dental School where he is Chairman of the Operative Dentistry Department.

D. Walter Cohen, Dean of the University of Pennsylvania School of Medicine, has been elected to the Institute of Medicine of the National Academy of Sciences.

Karl Foosse of West Palm Beach, Florida was recently awarded Life Membership in Kiwanis International for his extraordinary work as Chairman of the Palm Beach area public schools Spelling Bees. He has been Chairman of the Bee for the past seven years.

Maurice J. Saklad of New York City has been elected to the Board of Governors of Tel Aviv University, Tel Aviv, Israel. He has also been elected to the Board of Trustees of Nathaniel Hawthorne College in New Hampshire.

William Travis, who recently completed his term as President of the Michigan Dental Association, was the recipient of the 1980 Dental Alumni Association Distinguished Alumnus Award presented by his alma mater, Ohio State University.

Lloyd E. Church, an Oral Surgeon of Bethesda, Maryland received the Governor's Citation for organizing and chairing a recent Symposium on "Status of the Mentally Handicapped in Montgomery County, Maryland." He has worked with the handicapped for over 33 years.

Joseph E. Grodjesk of Jersey City, N.J. was presented with the Committeeman of the Year Award by the American Association of Oral and Maxillofacial Surgeons.

Robert Harris has been appointed to Membership of the Order of Australia by Her Majesty the Queen in recognition of his outstanding service to the dental profession and to his country. His work in dental research, dental journalism and in the formation of the Royal Australasian College of Dental Surgeons led to this further honor by the Queen.

Edgar S. Bacon, Traverse City, Michigan, was an **Award of Merit** winner in the ADA Science Writer's Award Competition for 1980. He received a recognition plaque for his article, "All About Your Child's Teeth," published in the May 1980 edition of Parent's Magazine.

C. Edward Rutledge was honored when the 85th Annual Meeting of the Dental Alumni Association of the University of California at San Francisco dedicated its meeting to him.

For outstanding service to the University of California School of Dentistry at San Francisco, and for significant contributions to the dental profession, the Dental Alumni Association presented **Awards of Merit** to the following Fellows:

C. Edward Rutledge

John Sapone

Charles A. Dodge

Robert Rule, Jr.

Edwin J. Hyman

Marvin M. Stark

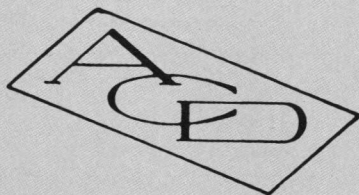
Lauro Quiros

Joseph A. Sciutto

Arthur L. Lundblad

Sol Silverman, Jr.

Ben W. Pavone



EDITORIAL

The End of an Era

It is the end of an era for the American College of Dentists. Dr. Robert J. Nelsen has retired as Executive Director of the College, a post he has held for the past twelve years. Dr. Robert I. Kaplan has also retired after serving the College as Editor for twelve years. Both men have made tremendous contributions to the dental profession, each in his own way, and they have given the College the benefit of their outstanding leadership during that time.

Even before he assumed his duties as Administrative Officer for the College in 1968, Dr. Nelsen had already made a lasting mark in the world. His invention of the turbine dental handpiece may have accomplished more to change methods of dental practice and techniques than any other innovation in years. After moving the Central Office from St. Louis to Bethesda, he continued through the years with a very efficient, able and economical administration of the Office. Most of all, he has felt a very strong sense of duty to the traditional objectives of the College and he has been a vigorous and forceful spokesman for professional integrity and high ethical standards.

Dr. Kaplan also has been a willing and able voice for the profession, both as a speaker and a writer. His writing talents were particularly recognized in 1977 when he received the William J. Gies Award for his strong editorial: "The Decline of Ethical Standards." He has given much to his community and to his profession and yet he is a most unassuming man for all of his accomplishments and honors.

Both of these men have been much admired by their colleagues, the Fellows of the American College of Dentists. They have each received richly deserved recognitions and honors. As true professionals, they have placed their services to the profession above personal gain.

The Journal salutes Dr. Nelsen and Dr. Kaplan for their considerable contributions to the dental profession and, most importantly, for their many years of extraordinary service to the College.

Keith P. Blair

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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