Communication Policy

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

Objectives of the American College of Dentists

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

A. To urge the extension and improvement of measures for the control and prevention of oral disorders;
B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all, and to urge broad preparation for such a career at all educational levels;
C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
D. To encourage, stimulate, and promote research;
E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations, or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.
ACD Turning 100:
Consistent Mission, Responsive Strategies

Part I

4 Founding of the American College of Dentists—The Awakening
Patricia L. Blanton DDS, MS, PhD, FACD

7 Organizational Meeting of the American College of Dentists
Boston, Massachusetts; August 20-22, 1920

15 The Mace & Torch: Inspired by History, Leading toward the Future
Marcus Kenneth Randall, DMD

17 The American College of Dentists’ Mission and Strategy for the First One Hundred Years
Richard E. Jones, DDS, MSD, FACD

20 Report of the Committee on Socio-Economics

23 Committee on Research 1966 Report

26 Report of the Committee on Human Relations

27 Report of the Committee on Education (Excerpts)

32 Dentists’ Values: Actual and Projected
David W. Chambers, EdM, MBA, PhD, FACD

Departments

2 From the Editor
The Truth about Ethics

44 Submitting Manuscripts for Potential Publication in JACD
Dentistry is built on trust, including patients’ trust in what dentists tell them, trust that staff are competent and share the same values the dentist does, and trust that one’s colleagues are not cutting corners while proclaiming to hold high ethical standards.

Sad to say, this is a squishy subject. It is not really an issue for those who are pretty certain that they are always right about what is right. Some of their friends may disagree, however. It is so frustrating when we run out of arguments in trying to get others to see the plain truth that we stomp away, thinking, “One of us is clueless here, and the way I see it, it sure isn’t me.”

In the American court system, there are two roles. The judge sets the rules. These are nominal, in the sense that legislatures can change them if they wish. In contrast, the jury determines the facts of the matter. This is truth by majority (civil) or unanimous (criminal) vote. It is clearly wrong (in principle), for example, to practice such that negligence causes death, but do the facts clearly prove negligence (in truth)? “This sure looks like a lot more dental work than I would have done (the facts), but what really is the standard for ‘overtreatment’ (the principle)?” Ethics without truthful legs to stand on is squishy.

As one might expect, academic philosophers have written numerous papers on this topic over the centuries, and many more are planned. Here is the Cliff’s Notes summary: There are three very broad ways to think about truth. The correspondence theory says that statements are true if they correspond to the way the world really is. This is the so-called “objective” or realist view. The dentist says the tooth is non-vital and confirms that this is an accurate diagnosis because he or she knows that the tooth is in fact non-vital. Completely circular reasoning. The dentist is just assuming that his or her impression would match reality if there were an independent way to determine that. It works well in most cases, the exceptions being those cases where it doesn’t work.

The more commonly accepted philosophical view these days is called the convergence theory. The endodontist says the tooth is non-vital because that is consistent with lots of other information. It is the triangulation of the evidence, including the opinions of others. The best version of the truth is the statement that would require the smallest number of changes in whatever else we believe to be true.

The third truth criterion is uniquely American. In the pragmatic view, what is true is what will lead to the fewest negative consequences if one decides to act based on that view. The difference between the convergence view and the pragmatic view of truth is just the difference between believing that something is so and acting as though it were. The endodontist’s diagnosis is confirmed in the patient treatment.

Ethics based on correspondence is solipsist solitaire. Convergence is hanging out with others who agree with us. The pragmatic approach to ethics is working with others to see what can be done better.
As a general rule, “objective” theories of truth expose us to divisions that are difficult to bridge. They usually make prior common understanding a precondition for working things out. When differences in point of view arise, it means someone is wrong. Sometimes, going into an ethical conflict by saying the other person is wrong uncovers something they or we have overlooked. Often not. Searching for convergence has a better track record.

Dentistry is built on trust, including patients’ trust in what dentists tell them, trust that staff are competent and share the same values the dentist does, and trust that one’s colleagues are not cutting corners while proclaiming to hold high ethical standards. Trust is the pragmatic standard of ethical truth. We are prepared to act as though we have been told how things will be. When the dentist tells a patient that an implant is the best treatment alternative, while a crown or bridge might work, and ignoring the situation is dangerous, the trusting patient can choose ethically. This works, not because it corresponds to some world the patient cannot understand, but because the patient will live a better life believing that this is how things are. There is no coercion involved. (Uncoerced and well-informed choice are iron-clad requirements in ethics.) The patient might still, for good or stupid reasons, make the wrong decision. But it will be a decision informed by the ethical truth.

Good pragmatic ethical truth is sharing a world view that is more useful to others than sharing any other view. “Veracity” is a weak value because it relies on one person’s correspondence theory of truth rather than the joint foundation of convergent and pragmatic truth. A general practitioner may answer the patient’s question, “Have you any experience doing orthodontics on adults?” truthfully with a “yes” by the veracity criterion. At the same time it may be pragmatically untruthful because it leaves out the fact that such experience consisted of one case that had unfortunate outcomes or that several attempts have been made but the results were equivocal. On the pragmatic version, the patient may be headed for a worse future based on that “objectively” correct statement. The criteria for pragmatic ethical truth is whether the patient will be better served by believing what the dentist says.

Finally, there is a relevant bit of social psychology. The false consensus effect has been confirmed repeatedly. People are asked two questions about a given topic. For example, (a) do you believe that vaccinations are harmful and (b) what proportion of people do you think share your view? Those who believe that vaccinations are useless or even dangerous will overestimate the proportion of others who feel the same way. In other words, regardless of what we take to be the truth, we exaggerate how likely others are to see the world the same way.

This editorial may be annoying because it counsels caution that perhaps we are not always right about what we think is right. When we encounter surprises—and we always will—the first response should not be that someone else just doesn’t get it. Sometimes it works better to get a little help from our friends. Often it works best if we trace out together with all those affected by our actions and all those whose actions affect us what the various paths forward might lead to.
Abstract
The American College of Dentists was founded in 1920 to promote the highest ideals in the dental profession. The trade status and commercialism of a hundred years ago were addressed by attention to education and exemplary practice and were recognized by fellowship in the college. Over time, the college advanced its mission through driving commercialism out of journalism, working to promote high and common educational standards, attention to research and to the policy issues of the profession, and, more recently, working to raise the ethical standards of dentistry. Although the strategic focus of the college has shifted with the changing challenges conforming the growing profession of dentistry, its mission to promote the best in dentistry has never changed.

Fortunately, individuals electing to enter the dental profession are generally “professional minded” dentists and leaders whose primary focus is service to the profession and the public. In the early days of dental practice in the United States a small group of such dentists, four to be exact, became deeply concerned about problems facing dentistry. They quietly resolved to deliberately act on those concerns. They recognized the need for a new entity that could guide dentistry through the crises they saw. The Flexner report in 1910 had incited all the professions to engage in greater responsibility in their respective arenas. The founding dentists, knowledgeable of the Flexner report and aware that the Dental Educational Council was setting standards for the classification of dental schools, acknowledged that vocational training was no longer sufficient for the student of dentistry. They believed that a broader knowledge of the basic sciences was not only necessary but also desirable to underwrite the professional status they desired. They witnessed dental research coming into its own, the Journal of Dental Research having been founded in 1919. But they saw both of these efforts—education and research—dominated and directed by rampant commercialism. This small group of men, concerned about the direction dentistry could go if left to commercial interests, saw the need for a strong organization with the highest ideals—an organization of dentists to support and advance the profession of dentistry. The type of organization that they envisioned would be similar to the Royal College of Surgeons of Great Britain.

The Founding Ideal
It was in the early spring of 1920 that these four dentists met for dinner to discuss their concerns. This was not an accidental encounter—this was a deliberate engagement strategy by the leaders of dentistry. In attendance were: Iowa’s John V. Conzett, the president of the National Dental Association (presently the ADA); H. Edmund Friesell from Pennsylvania, the president-elect of the National Dental Association; Otto Ulysses King from Illinois, the secretary of the National Dental Association; and Arthur D. Black, son of G. V. Black and president of the Dental Teachers’ Association (presently known as the American Dental Education Association). They came to the conclusion that they should seek the cooperation of additional dental leaders and they invited 29 dentists from across the country to the next meeting of the National Dental Association in Boston, Massachusetts, scheduled for August 20, 1920 (Copley Plaza Hotel). Fourteen of the 29 invitees were in attendance when the meeting was called to order. Those who could not attend the inaugural meeting sent messages of support for the concept and their best wishes.
Discussion at that meeting resulted in the concept of an organization, a college, with the purpose of strengthening dentistry’s transition from a trade to a profession. The founders had a clear vision for the college.

The enormously increased responsibility of the dental profession to humanity on the one hand; the unprecedented opportunities for exploitation, which have resulted in a wave of mercenary practices that threaten to become a public scandal to the everlasting disgrace of American dentistry, on the other hand; demand that these elements of the profession, whose character, reputation and professional attainments point them out as leaders, should be brought together for the purpose of checking the tide of destructive agencies and of encouraging by every laudable means the wholesome influence of which is so greatly needed.

It was the desire of those dental leaders in attendance to create an organization that would:
- Encourage practitioners to continue their studies through postgraduate education,
- Encourage students to aspire to higher ideals in the practice of their profession, and
- Recognize contributions made by individuals toward the advancement of the profession “free from political pressures and friendly influences.”

The founding of the American College of Surgeons in 1912 provided a structural framework for the proposed concept. The Copley-Plaza attendees worked diligently to create an organization and an organizational structure for dentistry that would be devoted to the betterment of the profession. The organization they proposed became the American College of Dentists.

**Formative Structure**

Now that the founders had agreed on the concept, they began the myriad tasks necessary for the college to function. It was the desire of the founders to ensure that the organizational fabric of the college preserve all of the distinctions of an altruistic attempt to carry dentistry and its service to humanity to greater heights and to create a professional environment heretofore not visualized. Bylaws had to be drafted, officers had to be elected, membership criteria had to be agreed upon, and the mission had to be spread to the broader dental community. The inaugural meeting minutes summed up the intent as follows:

> The American College of dentists was not organized with any ulterior motive, but merely with the idea that it shall provide one more means of promoting advancement in dentistry, and adding attractiveness to study and application.

The founders identified the following “principles” and “musts”:

- The organization must have aims of the highest order.
- Principles must be strictly adhered to with no wavering to accommodate individuals.
- The organization must be independent of all other organizations.
- There must be no political influences.
- Membership must be by invitation, not by application.
- Secrecy must be maintained in considering nominations.
- The persons serving in the Review Committee must not be known and should be fully supported.

For the first decade of its existence, the leadership of the college worked to define and refine the foundational tenets of the organization and to establish the modus operandi.
New Challenges
During the formative years of the college, the Survey of Dental Education was undertaken by Dr. William John Gies for the Carnegie Foundation (Bulletin #19 of the foundation or commonly now known as the Gies Report). (Gies was the assistant secretary of the College and the founding editor of the Journal.) This seminal work became a forum for discussions related to dental education and other emerging concerns. By the 1930s committees were appointed to study a number of issues that needed to be addressed. A major report of the ACD led to the Commission on Journalism which resulted in the formation of the American Association of Dental Editors and the establishment of the Journal of the American College of Dentists in 1934. That same year, dentistry was officially acknowledged by the American Association for the Advancement of Science in recognition of the efforts of the American College of Dentists.

In the postwar haze of the 1940s and 1950s, research activities began to develop and the college played a vital role through its Committee on Research in supplying grants-in-aid for the continuation of such studies as well as emergency and travel funds to empower the effort. International relations were promoted through congresses held in Cologne, Germany, in 1962 and in Paris, France, in 1967.

The 1970s saw a relocation of the executive office from St. Louis, Missouri, to the Metropolitan Washington, DC, area so as to become visible to those agencies and organizations which have new interest in dentistry such as government, labor, and national associations for education, research, and industry.”

In the 1980s, the college appointed a special committee to study the methods by which the college could promote the teaching of ethics in dental schools. This empaneled committee recommended and the Board of Regents approved the following resolution:
“Resolved that the American College of Dentists recommend to the Council on Dental Education of the American Dental Association that they consider the establishment of standards for the teaching of professional ethics in the dental schools in the United States.”

As a result of the action of the College, two educational imperatives were realized. First, the Commission on Dental Accreditation approved the addition of two standards to the existing accreditation standards for dental school programs. Secondly, the ADA Council on Dental Education forwarded a written request to the American Association of Dental Schools (now ADEA) requesting that the AADS consider developing a separate set of instructional guidelines on professionalism and ethics in dentistry to assist dental schools in preparing to strengthen the instruction in the area.

By the dawn of the 21st century, major changes in the delivery and financing of oral health care by both internal and external forces again created a clear and present danger with regard to both the standards of oral health care as well as the organizational ethics that are the foundation of the delivery of that care. Moreover, we are simultaneously facing major challenges in dental education. If dental education wants to sustain educating dentists capable of answering continuous increasing healthcare needs of populations they serve, then these institutions must be willing to accept the necessity of modifying instructional processes in favor of student autonomy and adequately preparing students to manage the knowledge explosion. This new approach should guide schools in determining undergraduate program content and objectives, in favoring a learning process centered on students and oriented towards community needs of the public we serve. Clearly, there is much work to be done and the College is poised to act on the concerns that this century will inevitably bring to bear.

Summary
Nearly one hundred years ago, the American College of Dentists came into being with the primary aims to cultivate and encourage a higher type of professional spirit and a broader sense of social responsibility, to encourage and promote professional conduct, and to acknowledge such through fellowship in the college. Today, the American College of Dentists’ founding principles of elevating the standards of dentistry through a thousand acts of professionalism and personal commitment will allow us to remain the conscience of dentistry as we engage the challenges and issues of our time. ■
A meeting for the purpose of organizing the American College of Dentists was held at the Copley-Plaza Hotel, Boston, Massachusetts, August 20-22, 1920. The meeting was called to order at 10 A.M. by Dr. John V. Conzett, Dubuque, Iowa, President of the National Dental Association [the name of the American Dental Association at that time].

Dr. Otto U. King, Chicago, moved that Dr. Conzett act as temporary chairman.

Seconded and carried.

Dr. C. N. Johnson, Chicago, moved that Dr. King be elected Secretary Pro Tem.

Seconded and carried.

The Chairman presented the following names of men from various parts of the United States who had been invited to attend the organization meeting:

- H. D. Cross, Boston, Mass.
- Albert L. Midgley, Providence, R.I.
- V. H. Jackson, New York, N.Y.
- Clarence J. Grieves, Baltimore, Md.
- J. F. Biddle, Pittsburgh, Pa.
- H. E. Friesell, Atlanta, Ga.
- Thomas P. Hinman, Indianapolis, Ind.
- M. M. House, New Orleans, La.
- C. Edmund Kells, Ann Arbor, Mich.
- N. S. Hoff, Ann Arbor, Mich.
- Chalmers J. Lyons, Detroit, Mich.
- William A. Griffin
- Thomas L. Gilmer, Chicago, Ill.
- C. N. Johnson, Chicago, Ill.
- Frederick B. Noyes, Chicago, Ill.
- Otto U. King, Milwaukee, Wis.
- Arthur D. Black, Minneapolis, Minn.
- H. L. Banzhaf, Iowa City, Ia.
- Thomas B. Hartzell, Dubuque, Ia.
- John V. Conzett, San Francisco, Cal.
- Charles E. Woodbury, Los Angeles, Cal.
- Guy S. Millberry, Rochester, N.Y.
- Julio Endleman, Los Angeles, Cal.
- Harvey J. Burk hart, Los Angeles, Cal.
- John P. Buckley

Those in attendance when the meeting was called to order were Drs. Conzett, Cross, Midgley, Jackson, Biddle, Friesell, Kells, Johnson, King, Banzhaf, Hartzell, and Volland.

The Chairman read letters from those who favor and are in sympathy with the organization, regretting their inability to be present.

THE CHAIRMAN: Gentlemen, what is your pleasure?

Dr. HARTZELL: The mere formation of an association or college like this, without some constructive effort behind it, is absolutely futile. If such an organization can be made constructive so that it will induce men to grow, then I think it is worthwhile. I should like to ask the committee or someone to outline the purposes of this organization so that I and others may get a clear idea of what it is supposed to do.

THE CHAIRMAN: The plan as it has been evolved in my mind, and as I have tried to elaborate it, is this: During our studies in the last few years on the problem of dental education,
we have become convinced that as dental education is now presented, when a man gets his degree in college, there is no further stimulus or incentive for him to go ahead. There is nothing for him to do, nothing ahead of him, no stimulus to study. There is no preferment which will come to a man from professional efforts. He may become President of the National Dental Association if he is a good politician. Some of the best men, who have done the best professional work, have been ignored simply because they have spent their time in laboratories, in operating rooms, and in studies, and have not gotten out among men, and are not good mixers, and the National Dental Association has passed these men by. Such an organization or college as we contemplate organizing is important for two reasons: First, to bestow a degree upon men for meritorious work and who have accomplished things for the profession. Fellowship in such an organization would be an honor to them in recognition of the work which they have done. In the second place, fellowship would be a stimulus to men who have graduated to do research work and bring things out for the advancement of the profession and the betterment of humanity. In a nutshell, that is the idea.

When students received the degree of Doctor of Dental Surgery, there is no further incentive for them in dentistry beyond the fact of Fellowship in the American College of Dentists, so that men after graduating from college will have the stimulus of doing added work.

In my Presidential Address to the National Dental Association I am advising the formation of extension working clubs. I have advised the formation of a Dental Study and Extension Club Committee in the National Dental Association, whose purpose will be to formulate a curriculum in the various departments of dentistry, and the syllabi of the curriculum be published, so that the members of any club throughout the country, who desire to study operative dentistry, gold fillings, gold inlays, or anything else, will be able to get syllabi from the central study club. This committee would have capable men placed in charge of the various clubs that may be organized.

For instance, if we wanted to organize a study club for the study of pyorrhea, we would communicate with the central club committee and have them formulate a curriculum on that subject which would be approved by the entire committee. We would have a man capable of teaching that course and putting in charge, for instance, Dr. Hartzell, who would come to Dubuque, and that man would take the work under him, and that would be authoritative work.

In addition to that, I am advising that the college put in a postgraduate course coordinating with the extension clubs, so that a man who has taken extension work would get credit for it. If a man has taken a sufficient amount of work and has passed a credible examination he is eligible for fellowship in the organization. We must stimulate postgraduate study on the part of men who have graduated from our dental colleges, and stimulate all the men engaged in the practice of dentistry so that Fellowship would only be conferred on them for meritorious work which they have accomplished in their offices, in their studies, in research work, or by their written contributions. If the work of such men is found to be of sufficient value to the profession as to warrant the bestowal of the degree, the Censor Committee, which we hope to appoint, will confer that Fellowship degree. We should also recognize valuable and meritorious work that has been done by men in the past.

Fellowship should be conferred upon those organizing this College, and after that it is supposed to have a Censor Committee in the organization, and Fellowship will be bestowed.
upon other men in the profession whom the Censor Committee shall deem worthy of the honor. For instance, if any one of us wanted to nominate a man for the Fellowship degree, his name would not be submitted to the open College, but submitted in writing to the Censor Committee. This committee would look up the qualifications of the candidate very carefully, and the candidate himself would be ignorant of that nomination, so that there would be no odium attached to the gentleman if the Censor Committee thought he was not worthy of bestowal of the honor. If, after looking up his record carefully and his qualifications, it is decided that he is worthy of the Fellowship degree, they would so decide and after a vote would be taken by the entire membership of the College on the advisability of admitting the candidate, and he still would not know anything about it until after his election.

We have just asked a few men to organize the College, and as I have said before, a great many men worthy of this Fellowship degree have not been asked to attend this organization meeting because we consider it greater to confer the degree on them afterward.

What I have said is concisely the scheme which the committee has outlined. Of course, there are details which we have discussed which might be brought up later.

Is there anything, Dr. King, that should be added?

DR. KING: Every man who has been invited to attend this organization meeting believes that there is a place in dentistry for this particular kind of organization, provided we can properly organize and function it as we have outlined. Some men have a sort of feeling that we should go slowly in this matter, but the majority of men are with us.

DR. HARTZELL: I have no particular desire to put the brakes on the formation of this organization. I will re-express my ideas. The mere formation of a College of Dental Surgery, without any plan for constructive growth, is not worth a tinker’s damn. We would only make one more organization to attend and perhaps irritate a group of men who would envy those who are in it and want to be in it, and I would not value Fellowship in it under those conditions. If the organization can be made to stimulate constructive growth, and really induce men to study and do research work who would not otherwise work, then I am in favor of it. Anything that will do that is worthwhile. If we make that the central idea, such an organization might grow into a splendid thing if it is carefully and capably managed. There are opportunities, however, to create a great deal of heartburn and envy and dissatisfaction in the profession by forming this organization unless it is done from the purely merit system. The opinion Dr. Hoff voices in his letter that the membership be determined in an absolutely impartial way is good. There is nobody doing work in dentistry, or elsewhere, it does not matter what it is, who will not make some enemies wherever he may be. We do not want that sort of thing to enter this organization.

If I had the misfortune to be on the Censor Committee and my enemy had really done something worthwhile, I would vote for him. That is the thought I want to bring out.

THE CHAIRMAN: That thought was in the minds of the organizers of the Fellowship.

DR. KING: There is one thing that should be magnified, and that is, there should be some way of bestowing honor on some of the older men in dentistry, particularly those who have done meritorious work. We ought to recognize them in some way.

THE CHAIRMAN: That is one thing to do. As soon as we organize this nucleus, we want to go out and take in the men who have done meritorious work, and the outstanding men of the profession. Some of the men we have not asked to attend this meeting simply because we want to bestow honor upon them in a greater degree.

DR. HOUSE: I wish to express briefly my opinion regarding this as a functioning body. So far as a body bestowing honor upon men is concerned, without the idea of constructive work, I would not be interested at all. We have been through the question of honor in organizing a branch. We started out with the idea of making a research organization among men with a great deal of experience. We have had two meetings, and a thing I find in the profession is we can make possible very great work in a body of this kind in the manner in which the Chairman has outlined it. At the present time, as I see it, we are dividing very rapidly into
specialties or various branches, and there is not at present a nucleus whereby the leading men of our profession can get together and assimilate the knowledge that is to be gained in the various specialties. Dentistry is becoming such a broad field that a man has no way of keeping up with the rapid advancement. Men are becoming limited in their views in dentistry because of the fact that they are specializing. They see no need of reading the various articles coming out in the dental journals. We have men in the profession so narrow in thought that they confine themselves to one thing. Such men have a very small part of the truth. We have seen that displayed in our research work in the past two weeks at our meeting. It seems to me, if this body were to take this matter up as a nucleus for the honoring of men who are leading in all branches of our profession and furnish papers or a program whereby a summing up of the work done could be given in concise, definite form, and published, it would make much less the amount of reading matter for specialists, but it would give the specialists a very good general knowledge of this work that is being done by the other specialists in our profession. It seems to me, anything that could be worked out along that line would be worthwhile. This is the only body to do that. The organization of our work in the beginning was to get an understanding of what our work was to be. We found that by various men coming together one man wanted one thing, another man another.

Dr. Wilson’s idea in connection with the work of prosthetic dentistry was that our body should invite all men who are teaching prosthetic dentistry in our colleges at the present time. These teachers are not practitioners, not men who are working out the big ideas. Our idea was for a research organization to disseminate the knowledge gleaned through a body of this kind, and through the getting of these men together and assimilating their ideas, testing the fundamental principles, giving them the acid test, and having a fair decision as to their value. It is important to differentiate between scientific principles and the application of those principles. We have just now, after two years of work, limited our membership at the present time to 50 for constructive and functioning growth.

We have five committees at work in these various branches. We cannot function well with large committees. However, the men are working in harmony. As we branch out and get where we can handle a larger organization, we can grow from a very small body to a large one. With proper work and right functioning there will be harmony and interest manifested. This organization, it seems to me, can be made a nucleus of very great value, properly thought out.

THE CHAIRMAN: It might be well to get an expression of opinion from the different men present.

DR. VOLLAND: I am very much in favor of this organization. The thing that appeals to me in this whole scheme is that undergraduate scholarships, fraternities organized in liberal arts and dentistry, are a stimulus to undergraduates. The Phi Beta Kappa and Sigma Psi and literary and scientific undergraduate colleges are a decided stimulus to the right kind of men. It seems to me, this creates the same type of stimulus for graduates. Personally, I am very much of the opinion that the simpler our machinery, and the easier it is for the administration of affairs from a common sense standpoint within the organization, the better we are going to be off, just as the Phi Beta Kappa has a long constitution which answers the purpose admirably and give the Board of Censors or Directors of the Phi Beta Kappa an opportunity to select men according to certain definite rules, and the organization is harmonious and effective. And so I believe in scholarship fraternities in medical colleges and in dental organizations. I think they would prove a decided stimulus, so that I am in favor of this organization, but as Dr. Hartzell has pointed out, we must make haste slowly.

DR. BIDDLE: There is another point to think about. I have not much time to give it consideration. I have listened to the various remarks that have been made and I would like to know if you have a Constitution already prepared?

THE CHAIRMAN: We have one outlined. We will submit this, which is largely taken from the American College of Surgeons, and adapted to our particular use. We are simplifying
it as much as possible. We do not want to have a cumbersome Constitution or By-Laws. We want to set forth our purposes and objectives as succinctly as we possibly can without cumbersome machinery.

DR. BIDDLE: Would it not be advisable to hear that Constitution?

THE CHAIRMAN: We will have it read a little later.

DR. KELLS: I think the dentists themselves require some stimulus. The view in our section is that this College will do for the dental profession what the American College of Surgeons has done for the medical profession, and it seems to me it is a good thing.

If the organization can be made to stimulate constructive growth, and really induce men to study and do research work who would not otherwise work, then I am in favor of it.

Anything that will do that is worthwhile.

DR. BANZHAF: I think the establishing of a Fellowship in dentistry is a very good one. I want to continue the thought expressed by Dr. Volland and Dr. Biddle. If we should have a Constitution that is simple, and one not to be misinterpreted, in order that the administration might be on a just and efficient basis, it seems to me that is the first thing to see to. In the medical profession they have learned some things about the operation of their Fellowship in the last few years which they did not anticipate when it was organized, which is largely of a political nature, I believe. If I may speak frankly here, I would like to urge the wisdom of keeping out of anything that savors of political advantage to anyone. In the administration of this Fellowship the organization should be entirely upon the merit basis.

DR. HOUSE: I would like to approve the remarks just made by Dr. Banzhaf. That is exactly the idea I have of any Constitution and By-Laws that may be adopted. They should carefully outline and express the definitions clearly, so that they cannot be misinterpreted. The meaning of each section should be thoroughly understood.

DR. JACKSON: I believe such an organization as we are talking about will be a great stimulus for men to do things. We need more research work. We want more constructive ideas and have them put in such form that we can assimilate them, and really I think this movement is in the right direction. If we can analyze and bring our thoughts and opinions to a focus, it would be a stepping stone toward this organization if worked out rightly, and it will bring desirable men into the field. Personally, I see a great future for this organization if it is properly worked out. There should be more study and thought and we should show that we are looking after many things.

DR. CROSS: Such an organization as has been outlined here by the Chairman and others, especially with the modifications suggested, will be of great service to the profession, and I am much in favor of it.

DR. FRIESELL: It is true, today the graduate of recent months is on the same level, so far as any mark of distinction is concerned, with the man who has been an investigator, a leader, and one of the helpers of the profession. It seems to me, there is a need for some mark of distinction with which to reward a man who has done advanced work and with which to stimulate the College and activity of the younger men, so that they may try to place our profession upon a basis far beyond that of the view of the average practitioner, who looks upon it shortly after graduation simply as a particular method of earning a livelihood. The principle is good. Its success will depend upon proper and intelligent management of the organization. If it is a good thing, we should start it, and in starting it should manage it properly.

DR. JOHNSON: Dr. Friesell has just made the statement that the recent graduates are practically on the same status as the man who has given years and years of service and study to his profession. That is not only true, but the fact is true up to this time there has been very little stimulus for young men to look forward to develop their talent, to give them the incen-
tive. This College, organized as it probably will be, will do for dentistry what the American College of Surgeons will do for the medical profession. We can profit by the mistakes that have been made by the American College of Surgeons. If we made the same mistakes that the American College of Surgeons has, they would be serious to us. We want to eliminate politics. The possibilities of such a College are wonderful, but it is just as Dr. Hartzell has said, unless we can accomplish something definite, some concrete good, unless we can stimulate the young men who are coming into the profession to do research work, and unless we can make a definite impression upon the profession, it is not worthwhile. The College will have to be organized very carefully. We must proceed slowly, and we have to make merit count. If we do that, it will not be long before this College will make a wonderful and profound impression on the world at large, just as the American College of Surgeons has done. It would be a great stimulus to the young men. I am heartily in favor of it.

Dr. King: It seems to me, there is a tremendous responsibility resting upon this group of men who are assembled here just now as to whether or not this organization is to be a success. In the first place, we seem to be of one mind that there is a need of bestowing honor upon men who have done meritorious work, and that some recognition should be given to them. We know men who have devoted their lives, sacrificed time and money and everything else, to the cause of dentistry. They are poor men today, and nobody has ever recognized their worth. We have never said thank you to them, we have never passed around roses or given them a bouquet. If this College we are organizing here today is made to function properly, it will be a great power for good, and it is up to us to see to it that it is properly conducted. Take those men who have done meritorious work, they have laid the foundation to stimulate other men in the profession, just as the crossroad dentists are ready to do meritorious work if they have this stimulus placed before them. I know of several men who are qualified to do a distinct service in dentistry if they can receive special credit a little later on. These men will probably spend another year or two in college to receive this degree, and I think the object and aim of this organization are really worthwhile, and the dental profession is at the crossroads in meeting this need of the profession of bestowing honor on those who have already done meritorious work, and the organization would start out with the distinct understanding that this will be a College, leaving out all politics. We are organizing today the American College of Dentists which is affiliated with nothing. If we can make this organization count in the beginning we will be doing a great deal for the future of dentistry.

Dr. Johnson and every other man like him has received and is receiving reward for his work in the love of his fellow men in the profession, and there is no reason for creating an honorary organization to honor the older men in the profession, and if that were the central idea I would not be much interested in it. The principal function of this little group is to create something that will stimulate growth, and if it won’t do that it is not worth much.

Dr. Hartzell: It seems to me, there is a tremendous responsibility resting upon this group of men who are assembled here just now as to whether or not this organization is to be a success. In the first place, we seem to be of one mind that there is a need of bestowing honor upon men who have done meritorious work, and that some recognition should be given to them. We know men who have devoted their lives, sacrificed time and money and everything else, to the cause of dentistry. They are poor men today, and nobody has ever recognized their worth. We have never said thank you to them, we have never passed around roses or given them a bouquet. If this College we are organizing here today is made to function properly, it will be a great power for good, and it is up to us to see to it that it is properly conducted. Take those men who have done meritorious work, they have laid the foundation to stimulate other men in the profession, just as the crossroad dentists are ready to do meritorious work if they have this stimulus placed before them. I know of several men who are qualified to do a distinct service in dentistry if they can receive special credit a little later on. These men will probably spend another year or two in college to receive this degree, and I think the object and aim of this organization are really worthwhile, and the dental profession is at the crossroads in meeting this need of the profession of bestowing honor on those who have already done meritorious work, and the organization would start out with the distinct understanding that this will be a College, leaving out all politics. We are organizing today the American College of Dentists which is affiliated with nothing. If we can make this organization count in the beginning we will be doing a great deal for the future of dentistry.

Dr. Jackson: They should be mentally trained for the work.

Dr. Hartzell: I would like to see in the purpose of this creation the type of stimulus
applied that would broaden dentistry to become what it is already, a part of medicine, and not limited to the teeth.

THE CHAIRMAN: That is one of the central thoughts, and I am mighty glad you have called attention to it.

DR. MIDGLEY: There is very little that I can add to what has already been said. I think the remarks of Dr. Volland in relation to scientific societies and other societies are not a sufficient reason for this organization. I believe that there should be absolutely no affiliation with anything else in dentistry. I am particularly concerned now in the method of creation of this organization. With that in mind I think of its aims and purposes from a fundamental, truly professional, scientific standpoint of organization. I want to be enlightened on the method of creating this organization for the reasons state by Dr. Friesell and Dr. Banzhaf.

THE CHAIRMAN: What do you mean?

DR. MIDGLEY: You read a letter form a gentleman to the effect that this organization should be under the supervision of or come from the National organization.

THE CHAIRMAN: We took that matter up in the committee, and I do not think it is wise at all to tie it up with the National Dental Association. The minute we do that we make a political machine out of it. What we want in this organization is to make a wholly professional organization having two important functions, the one of awarding to men who have done meritorious work a mark of distinction, and the greater function, as Dr. Hartzell has emphasized, the stimulus which will be given men to do better and greater work, and these things can be worked out.

DR. HARTZELL: I do not want in any way to detract from the honor that should be given to men who have done meritorious work. We want to do honor to them. That is as secondary matter to the creation of something that will make and stimulate growth.

THE CHAIRMAN: We all appreciate what you have said.

DR. KING: I appreciate what Dr. Banzhaf’s college has done for some men in the last year or two, and what Dr. Friesell’s college has done in giving them special recognition. I also appreciate what Harvard University has done and is doing for those who have done meritorious work. In the last three years the university council took up the matter of special degrees. I looked into the history and records of those entitled to the particular degrees they wanted to bestow, and I know how these men appreciate this movement. That is the standpoint I was trying to magnify in my previous remarks of bestowing honor upon men who have done meritorious work.

THE CHAIRMAN: I do not think there is any question but that we are all of one mind when we get these things threshed out. This is to be a professional organization absolutely, with distinction conferred on those who merit it. One way suggested by the committee to check that up was that a book should be published by the college in which the name and activities of every member of the college should be inscribed, so that there would not be any question of men getting across except by merit alone, and it is the only thing that this organization has to go by in honoring men who have accomplished something.

If it is your desire, I shall be glad to entertain a motion that we proceed to the organization.

DR. HARTZELL: I move that we proceed to organize the American College of Dentists. Seconded by Dr. Volland and carried.

THE CHAIRMAN: The first thing will be the reading of a tentative Constitution and By-Laws by Dr. King, and then the appointment of a committee to go over this Constitution and By-Laws and bring it specifically before us.

Dr. King will read the Constitution with the notations he has made, and after the reading of this it might be wise to entertain a motion to appoint a Committee on Constitution and By-Laws.

DR. KING: I went over this Constitution and By-Laws to some extent, but not very carefully, and my understanding is that this is left to Dr. Black, and the notes I have here are for my personal information.
Dr. King then read the tentative Constitution and By-Laws.

The name of the corporation, its object, qualifications for membership, duties of officers, etc., were freely discussed.

DR. HARTZELL: I move that this organization proceed to copyright the following names: American College of Dentists, American College of Dentistry, American College of Dental Surgeons, and the National College of Dental Surgeons.

Seconded and carried.

DR. VOLLAND: I now move that we proceed to a permanent organization under the name and objectives which have been expressed.

Seconded and carried.

THE CHAIRMAN: It will be necessary to elect a President, Vice-President, Secretary, and Treasurer, and a Board of Directors or Governors.

DR. FRIESELL: It is important that we have a Committee on Constitution and By-Laws appointed before this body meets again in this city tomorrow or Sunday in order to crystallize the thing.

DR. KELLS: I move that we proceed to elect officers for the permanent organization.

Seconded and carried.

Dr. Friesell nominated Dr. John V. Conzett, Dubuque, Iowa, as President.

The nomination was seconded by several, and the Secretary pro tem was instructed to cast one ballot for Dr. Conzett.

The Secretary cast a ballot as instructed, and Dr. Conzett was declared elected President.

Dr. Conzett thanked the members for the distinguished honor they had conferred upon him, and he assured them he would serve to the best of his ability.

The following officers were nominated and declared duly elected: Vice President, Dr. H. E. Friesell, Pittsburgh, Pennsylvania; Secretary, Dr. Arthur D. Black, Chicago, Illinois; Treasurer, Dr. C. Edmund Kells, New Orleans, Louisiana.

A Committee on Constitution and By-Laws was appointed, consisting of Drs. John V. Conzett, H. E. Friesell, C. Edmund Kells, Arthur D. Black, and C. N. Johnson.

THE CHAIRMAN: This committee will make its report Sunday morning at 10 o’clock.

DR. VOLLAND: I move we adjourn until 10 o’clock Sunday morning, August 22.

Seconded and carried.

The meeting thereupon adjourned.
The Mace & Torch

Inspired by History, Leading toward the Future

Marcus Kenneth Randall, DMD

Abstract
At the convocation of the American College of Dentists in 1939, two symbols of the authority and the forward vision of the college were introduced. The mace represents the dignity and high calling of the dental profession. The torch lights the path forward to continuing excellence. The history of these symbols and the ceremony of their initiation are described here.

As readers of the JACD are well-aware, dentistry is different today than it was even a decade ago: emerging challenges, evolving responses, new roles and relationships; same passion for excellence and service and a blend of established and new ways of expressing that. Some would argue that not every change has been either effective or comfortable. But no one would want to be transported back to 1920. Regardless of personal sentiments, dentistry will continue to change. We, as leaders and Fellows in the ACD, should attempt to influence that change for the betterment of the profession and our patients.

Dentistry, like many other professions, continues to yearn for leadership to improve both professional and clinical standards. The American College of Dentists was founded with the goal of leading dentistry into the future. With the centennial of the ACD’s founding approaching, we have a natural opportunity to reflect on the past and envision a brighter future.

Since 1939, the college has maintained two ceremonial symbols that convey not only beauty but also inspiration for ACD fellows and leaders. These symbols were introduced in anticipation of the 100th anniversary of dentistry in the United States the following year. The original mace and torch of the college are housed today in the National Museum of Dentistry in Baltimore, Maryland. Representations of them are now part of each convocation ceremony. They remind new fellows and fellows of long service of the timeless goals that the college continues to pursue.

The dedication of the mace and torch was an exciting time for the college; the officers did a wonderful job explaining the intentional symbolism of these items at their dedication ceremony, the text of which has been preserved in the ACD’s archives.

The Mace

The mace represents authority and responsibility. It came to existence around the 12th century and was typically made of iron or steel. About 12-18 inches in length, the mace had sharp steel flanges at the top which could be used to break through the strongest armor used at the time. This weapon of both offense and defense was traditionally carried into battle by bishops instead of a sword so as to
follow the canonical rule forbidding bloodshed by priests. Near the end of the 15th century, the mace assumed a more ceremonial role as technology for warfare rendered it relatively ineffective in battle.

Over time, the mace became more ornamental in appearance with a shift from sharp flanges on the top to symbols of the mayor or monarch whose authority the mace represented. Subsequently, precious metals and precious stones were used to enhance the beauty of these symbols.

The mace of the American College of Dentists was designed with particular attention to the details cast and inscribed on it. The upper hemisphere contains the seal of the college and is emblematic of its principles and objectives. The figures immediately below the seal represent the officers and regents actively supporting the college, literally holding up the college’s principles. The figures are decorated in rose and lavender crystals, the colors of the college. Finally, the stem of the mace is divided into three sections: The upper section represents the dental profession as a whole, intimately connected to the College. The middle section represents the service the college renders to the public. Finally, the lower section represents service the College renders to the individual dentist.

Upon the dedication of the mace, the president of the college said, “On behalf of all fellows, present and future, I accept this mace and dedicate it for all time to come, to unselfish and inspirational leadership. May it ever be found in the vanguard of every righteous cause, may it lead us ever onward to more noble objectives, and should the occasion demand, may it be used like its prototype, as an instrument of destruction against all influences subversive to the forward march of true professionalism.”

The Torch

The torch has served as a source of light for much of human history, enabling humans to improve their vision when surrounded by darkness. They have also served as beacons, helping provide orientation for those away from its light. This historical context is the foundation for the college’s adoption of the torch.

When the college was founded in 1920, dentistry was not the profession it is today. Self-interest and greed were prevalent, standardized education was not yet commonplace, and dentists were not self-regulating. A small group of dentists saw an opportunity to lead dentistry toward being considered a profession instead of a trade, thus improving standards for training and patient care. They met and formed the American College of Dentists to direct dentistry toward a better future.

The mace represents authority and responsibility. The torch of the college is a reminder of both its founding and its future. It lights the path forward for a better profession.

Symbols Matter

The upcoming centennial of the American College of Dentists’ founding is a natural time to reflect on the past and envision a better future. The vision of the original founders continues to be timeless and the symbols that were developed to represent these ideals remain as significant as when they were first introduced. The mace and torch should serve to embolden all of us to continue our work toward improving the profession of dentistry.
The American College of Dentists’ Mission and Strategy for the First One Hundred Years

Richard E. Jones, DDS, MSD, FACD

Abstract

The American College of Dentists was founded in 1920 with a vision to raise the standards of professionalism in dentistry through its identifying emerging challenges, studying them, and making sure the profession was well positioned to respond and to encourage and recognize meritorious service. That mission has not changed, but the strategies necessary to implement it have as the environment around dentistry has changed. This paper presents a decade-by-decade outline of the types of programs on which the college has taken the lead. This is an impressive legacy of helping the profession become what it is today.

The American College of Dentists was created in 1920 by a group of forward-thinking leaders to promote the ideals of the dental profession and to advance its standards. For most of the past 100 years, the college has been a guiding light for the profession. There were five founding objectives: (a) to promote the ideals of the dental profession, (b) to advance the standards and efficiency of dentistry, (c) to stimulate graduate study and efforts by dentists, (d) to improve public understanding and appreciation of oral health service, and (e) to confer fellowship in recognition of meritorious achievement, especially in dental science, art, education and literature. These have given consistent direction to the activities of the college.

The college has been insightful, apolitical, and perhaps humble in identifying future needs and concerns that require action. Thoughtful investigation has resulted in vigorous initiatives that have eventually been carried on, usually, by other organizations. When matters of concern have been appropriately taken up by others, the college could move on to address future matters.

A review of the evolution of committees of the college is a fascinating history of the college, dentistry, society, and government. The mission has been unique and constant while strategies have changed with the times. Environmental factors (dentistry, societal, economic, governmental, and world events) have impacted the initiatives and vigor of the ACD. There have been surges of organizational activity that have enhanced the structure and foundation. This profusion has in turn enabled bursts of activity meaningful to the advancement of the profession.

A Chronology of the Impact of the College

The college has always had standing committees for operational matters: bylaws, nominations, budget, and others. This paper is focused on the committees and activities that illustrate the current and future concerns of the college.

Highlights of committees and initiatives should begin with a review of dentistry in the 1910s. Education was below standard. Dental school lasted for three years after high school and was not necessarily affiliated with universities. The classification of dental schools by the Dental Educational Council of America was disturbing. Dentists were very concerned about their incomes. Research was in the infancy stage. Journalism was often guided by commercial interests. The Flexner Report on Medical Education came out in 1910 and would have future impact on dental education.

The First Decade (the 20s) was very much organizational and focused
on sorting out the mission, strategy, and objectives, and building a foundation for effectiveness. There were just five committees and the Board of Regents was given broad powers. The minutes from the organizational meeting of August 20, 1920, reveal a desire that fellowship might stimulate self-improvement and meritorious work. Our founders wanted to award current leaders with fellowship but also looked to those who were still in training. Some felt that there was little reason to recognize older dentists because they had already received honors; in fact, the college was not so much for honoring but for encouraging. It was not until 1928 that real activity began with the Commission on Journalism, the Health Insurance Study, and the Study of Cost of Medical Care.

The Second Decade (the 30s) was vigorous, effective, and guided by the William Gies Testimonial. That decade saw the establishment of the American Association of Editors, the Journal of the American College of Dentists, and the sections. Journalism, education, and research were great initiatives but so were health insurance, medico-dental relations, cost of dental care, socio-economic (workforce projections), and hospital dental service. Dental prosthetic service was a particular but not lasting concern. The 1934 presidential address stated, “Owing to continuous indifference and lack of practical understanding of the problem, the profession has allowed almost all phases of prosthetic dentistry to drift into the hands of prosthetic laboratories and their technicians.” Honorary fellowship and the editorial merit award were established.

The Third Decade (the 40s) saw initiatives tempered by World War II but active committees included research, journalism, hospital dental services, prosthetic dental services, and cost of health care. The William Gies Award was established. There were many funding initiatives: grants, travel funds, emergency funds, and pledges of support.

The Fourth Decade (the 50s) was filled with renewed vigor and much activity with a view toward the future. Journalism, education, dental prosthetic service, socio-economic, and health insurance were still prominent concerns. Newer interests included dental auxiliary service, prevention, human relations, health relations, public relations, continuing education, and certification of specialists. There were many areas of financial support: fellowships for teaching, exchange, and travel. The American Dental Association Centennial was supported and the Award of Merit was established.

The Fifth Decade (the 60s) expressed continued interests in journalism, research, health services, and professional relations. New initiatives included conduct, growth and aging of the face, social characteristics, survey, dental manpower, motivation studies, and projection of a plan for dental health services for all the people. The college had long taken a world view but now world relations and Operation Bookshelf (sending dental texts and literature abroad) became very important.

The Sixth Decade (the 70s) focused internally and lacked energy to light the path forward. This was not a
decade for showing the profession what lay ahead and what mattered. This was a decade that enhanced the structure and foundation of the college and stressed the honor of fellowship. Most committees were of the operational type but communication was added as an internal committee to replace the outward looking Committee on Journalism. The central office was moved from St. Louis to Maryland. The ACD Foundation was formed. Objectivity in the nomination process was emphasized. The regencies gave the sections more direct input. New bylaws were published in October 28, 1972.

The Seventh Decade (the 80s) continued the internal focus begun in the ’70s. Fellowship nomination was revisited, and accounting was enhanced with the accrual system. Later, the impact of the FTC stimulated a renewed concern about ethics, and strategic planning came to the forefront. Fellowship was focused on the honor but not so much the stimulation for responsibility.

The Eighth Decade (the 90s) brought new vigor and direction and much interest in ethics and professionalism: the 1992 Workshop on Ethics and Professionalism and the Dental Practitioner, the 1996 Workshop on Managed Care, and 1998 introduced the first of four Ethics Summits. The Ethics Wallet Card was developed and the dental student booklet was revised. There were growing concerns about the healthcare crisis, licensure, and governmental intervention. A new Executive Director brought ambition and direction to the college.

The Ninth Decade (the new Millennium) continued concerns for journalism, ethics, and leadership. The Code of Ethics for Editors, three more Ethics Summits that included representatives of some 65 oral healthcare organizations, and the Ethics Handbook for Dentists grew out of committee work. A Leadership Workshop for Section Officers was held in 2005 and the regent/section relationship was enhanced. Websites: acd.org, dentalleadership.org, and dentalethics.org were developed that included much valuable material such as ethics courses which nearly 150,000 students and practitioners have used.

The Tenth Decade (the 2010s) stressed ethics, leadership, and inclusion. Many significant ethics projects were initiated including a new Gies Report on Dental Ethics and more than a dozen ethical dilemma videos. ASDE, the American Society of Dental Ethics, became an affiliate section and the partnership with SPEA, the Student Professional Ethics Association, was enhanced. Other significant committee initiatives include communication (digital), continued competency, and strategic planning. The college purchased a new office in Rockville, Maryland.

Single Mission, Evolving Strategies, Significant Leadership

The American College of Dentists has held tightly to one constant mission. It has been an uplifting ideal that served as the guiding light and made dentistry a highly respected profession. The early decades clearly illustrate the “looking into the future” ability of the college to direct and initiate positive activity in a proactive manner. Those decades were a testimony to insight and leadership; standards, plans, and initiatives were developed and voiced. The college has been successful in stimulating professional growth and accomplishment, both at the individual level and in the work of sister organizations.

New challenges from society and government as well as changes within dentistry have begun to come at a faster pace and threaten the status of the profession. The college is the one body positioned to once again raise its voice and take demonstrative action to guide dentistry through. The American College of Dentists has the vision, the leaders, the structure, the fellows, and the ability to do more.
In reviewing the 1956 and 1957 reports, the committee reiterated its 1956 statement “that an attempt be made to evaluate some socio-economic factors influencing dental health care.”

Your committee met in the Central Office of the college on March 1 and 2, 1958. All members of the committee were present with the secretary of the college and Mr. Duane Moen of the American Dental Association.

This meeting follows in large measure the pattern of a previous meeting in March 1956. At the previous meeting, committee objectives had been established and certain fields of study proposed. In the intervening years, a considerable number of reports have been published and much data accumulated by the Central Office of the College. Our secretary, Dr. Otto Brandhorst, had distributed this to the members of the committee before the meeting and had prepared an outline agenda. These helpful activities enabled the committee to devote a major portion of its time to discussion and evaluation of its various objectives and to prepare a program for presentation at the annual meeting in Dallas, November 9, 1958.

In reviewing the 1956 and 1957 reports, the committee reiterated its 1956 statement “that an attempt be made to evaluate some socio-economic factors influencing dental health care” and that consideration to given to the following points:

1. The need for more dentists and a better distribution of practitioners whereby all possible areas would have reasonably adequate facilities.

2. This improved distribution should be accompanied by public dental health education programs to support the newly provided dental care facilities. Improved dental practice administration methods should be promoted whereby dentists would make the maximum use of auxiliary personnel.

3. Continued study of group purchase of dental care programs. Much remains to be learned about this new aspect of practice in these times of changing concepts of socio-economics. In discussing available reports certain statements were developed for inclusion in the committee minutes, for presentation at the Dallas meeting and several pertinent ones are included in this report.

Mr. Duane Moen prepared the following brief note concerning the demand for dentists and their availability. It is of importance in all discussions of the future socio-economic problems of the profession.

**Consideration of present situations relating to demand for and availability of dental services**

During the year ending at mid-1957, the population increased 3,055,000; the net gain in number of active dentists, i.e., number of graduates minus number of dentists lost through death and retirement, was 1,165. Thus, one new dentist was added for each 2,620 persons added to the population. To maintain the existing ratio it would have been necessary to add one new dentist for each 1,886 persons added to the population, or 1,620 dentists. In other words, it would have been necessary to graduate an additional 455 dentists. During the year at mid-1958 there will be a considerable increase in the number of dentists reaching retirement age, with the result that the deficit will be 600 for the year.

The population-dentist ratio will increase 1,929 by 1960, based on the “high” population projection issued by the Bureau of the Census. Nothing can be done to prevent this development since the size of graduating classes through that year is already fixed. A study by the
Bureau of Economic Research and Statistics shows that in order to restore the population-dentist ratio to 1,886 by 1975, graduating classes would have to be increased by 125 each from 1961 through 1975 on the basis of the next highest projection. This would require the establishment of about two new schools per year starting immediately.

The demand for dental care has been increasing faster than the population has been growing. Surveys by the bureau have shown that the percentage of the population seeing the dentist during the course of a year has increased from 40 per cent in 1949 to 42 per cent in 1952 and to 45 per cent in 1955. If the increase continues at the same rate, about 55 per cent of the population will see the dentist in 1967, or about 110 million persons compared with less than 75 million in 1955.

Surveys conducted by the bureau have shown that dentists are maintaining, or even improving to a small extent, their ability to meet the demand for dental care. Between 1952 and 1955 there was a reduction in the average wait for an appointment from 13.6 days to 12.8 days. During this same period there was sharp increase in the number of auxiliary personnel employed, from 64,500 to 82,500, an increase of 28 per cent in three years. It is believed that the increase in auxiliary personnel was the primary factor that enabled dentists to keep ahead of increased demands despite a less favorable population-dentist ratio.

In all consideration of the committee's activities, certain problems arise that seem to be road blocks to adequate development of an ideal program of dental health care. The problem of dental manpower, indicated above, and the essential problem of another committee of the college seems to present a serious situation for the provision of adequate care. Perhaps some of this can be reduced by more and better utilization of ancillary help, also a problem under study by a committee of the college. In contrast to these studies which are designed to increase the availability of dentists and their capacity to provide dental care are other aspects of the socio-economic problems.

Dental health education on an expanded basis is a definite need. The use of all types of preventive programs, water fluoridation, expanded programs of care for children and to the increasing number of aged individuals in the population are some phases needing study and action. Of course, such programs imply an expansion of dental service and also greater numbers of dentists to implement them. Perhaps the greatest problem in the field of socio-economics is the rapidly developing tendency for group purchase of dental care. This has been experimented with in some pilot programs, prepaid projects, labor groups, clinics, and their extensive dental care program of the International Longshoremen—Pacific Maritime Association on the Pacific Coast. All of these projects provide for some group purchase of dental care and also involve a considerable change from the generally accepted concept of dental practice.

The use of all types of preventive programs, water fluoridation, expanded programs of care for children and to the increasing number of aged individuals in the population are some phases needing study and action.

One of the major activities of the committee this year was the preparation of a report concerning such group purchase and including studies made of the operation of the ILWU-PMA program on the Pacific Coast. By means of grants from the Board of Regents of the college, studies were made in Oregon and in San Francisco of the results of this program. The complete reports are published in the September issue of the Journal of the American College of Dentists.

It seems significant that most of the dentists who participated in this program were quite satisfied with its operation. In Oregon and Washington the program was completely under the control of dental practice corporations sponsored by the state dental associations. In California a portion of the dental care was done on a similar basis but an equal amount was done
in closed panel clinics. The reports indicate reasons for this and should be studied most carefully. As this program has been very successful from the consumer standpoint, i.e., labor leaders and members of the unions involved, increasing pressure is developing for similar group purchases by other groups.

The future of dental practice seems to be seriously involved in the new phase of socio-economics. Continued pressure for the use of fringe benefit financing for group purchase of dental care presents many problems. Will the tendency increase the number of closed panels with captive dental practices? Can the profession provide enough dentists to care for these patients on an open panel? What about the fee schedule and the management of dental service corporations which would be involved in an open panel operation? These questions are part of the fertile field of socio-economics which all of us must study and try to find answers to.

Time is growing short, and the pressure is mounting.

Quite obviously one committee is not able to encompass this entire field. As noted before, many aspects of this complicated problem are being effectively studied by other committees of the college. Many of these will be reporting at the Dallas meeting. It is hoped that summaries of all this material will be available.

In concluding this report, the committee is most grateful for the extremely helpful suggestions of our secretary, Dr. Otto Brandhorst. His collection of material, his wide experience and close contact with so many individuals and groups who are working in this field has made his advice invaluable. The committee is also grateful to the Board of Regents for continuing the program of meetings in the Central Office. Several days spent together discussing these matters is most helpful in developing clear thinking and establishing sound objectives. Whatever success has resulted from our work this year is largely due to these two factors.

Committee on Socio-Economics
Wm. B. Ryder, Jr, Chairman
Richard C. Leonard, Vice Chairman
J. Claude Earnest
Henry D. Cossitt
Obed H. Moen
I. An American College of Dentists Research Lectureship

The committee proposes that the college sponsor a research lecture series, patterned after the national lecture series of the Society of the Sigma Xi and the Scientific Research Series of America (RESA). The program would establish this ACD lecture as a regular university function, with full honorary and academic status, at universities in all parts of the country. The program would:

1. Stimulate dental school administrators, faculty members, and graduate students toward a more profound appreciation of the vital position of research in the development of professional education;
2. Motivate undergraduate dental students to consider research as a career;
3. Acquaint university-wide faculty and graduate students with dental and related oral research;
4. Improve the appreciation of dentistry on the university campus, and;
5. Stimulate local ACD sections to activity by having them assist in arranging and publicizing the lectureship in the academic and civic community.

The following program design is presented as a model. Since the lectureship is an initial endeavor and approaches may vary in the beginning planning, some flexibility should be permitted.

A. Objectives

The primary purpose of the proposed lectureship would be to acquaint the university, and the professional community which it serves, with current scientific information pertaining to dentistry. For this reason, full recognition as a university function is essential to the program.

Secondary benefits might include the use of the lecturer (a) to address undergraduates and acquaint them with the challenges of research opportunities; (b) to address faculty and graduate students; (c) at the expense of the school of local sponsors, to remain on campus for several days for consultation or direct assistance with research and related matters; (d) to address local dental and medical societies; (e) to appear before local academies of science or similar groups of college and high school teachers; and (f) to provide interviews about dental research for publicity on television, radio, or in the press.

B. Organization

Control of the program, including the selection and approval of lecturers, obtaining cooperation of the ACD section, announcement of the program, determination of the cost, etc., would reside with the American College of Dentists.

A requirement should be that the dental school and the ACD section report back to the Central Office of the ACED and the Committee on Research on how the lecturer was used and the effect of the program on the participation groups. This feedback would be of value in future planning.

C. Establishment of Academic Status

The college, in cooperation with the local ACD section, with the dean of the local dental
school, and with the IADR section when extant will propose the establishment of such a lectureship in the university by the ACD.

The lecture initially could be proposed as a triennial event, and its regularity agreed upon by the university. The agreement need only stipulate that the lecture be on a subject “related to dental research” or “dental science.”

D. Selection of Lecturers
The ACD, through the Committee on Research, will select lecturers of high scientific standing, who will have agreed to participate in the program during the academic year.

As the program develops, the local ACD section and the IADR section may submit names of individual desired for the lectureship, perhaps after consultation with the school administrators. Such selectees must be acceptable to the ACD and the university before any commitment of support or sponsorship is made.

E. Financing
The committee has considered a number of methods by which this proposed lectureship can be supported. These are a part of the minutes and correspondence, and will be developed in detail at a future time.

For present, and in the initial effort to plan procedures, assess interest, and study results, the committee recommend that a pilot program be developed for the academic year 1967-68. This experimental program inaugurating the lectureship would be held at three schools—one in the East, the Midwest, and the West. Three lecturers would be selected; a sum of $300 would be offered each. This would include expenses for transportation, maintenance, and the honorarium of $150. [$150 in 1966 is approximately equivalent to $1200 in 2019—editor.] The committee recommends that $1,000 be budgeted for the purpose of supporting this pilot program.

II. Dental Students and Research
An effort should be made to interest more dental students in research. The committee is cognizant of current activities by the ADA in this area and would like to supplement these efforts.

A beginning step could be to follow through and further stimulate those students participating in existing programs such as the Dental Student Conference on Research and the Program of Participation in Dental Research for College Students. In the latter program some are pre dental students; none are dental students. Students attending these programs could be sent a letter from the ACD—a personal letter from the secretary—commending them for their participation and interest in dental research, and urging them to make this a continuing effort. An appropriate issue of the journal could be given to them. Attention could be called to the Institute for Advances Education in Dental Research [a formal program started by the college the previous year].

The possibility could be explored of providing a year’s subscription to the Journal of Dental Research or the Archives of Oral Biology to the dental students in the conference group. All of the trainees in the Program of Participation in Dental Research for College Students receive such a gift.

ACD sections could be asked to recognize the participating students from their areas, perhaps by inviting them to attend a section meeting and report on their experiences in the Dental Students Conference on Research or the College Students Dental Research program, an activity initiated last year.

A research-oriented fellow [of the college] in those sections near the dental schools and colleges could be designated to follow up the local students who participated in these activities and offer help and advice in further studies. These suggested activities for ACED sections could also include Science Fair winners. Direct encouragement could be given these young
people at all levels of fair activity from the high school, through the city or state, to the National Science Fair dental winners.

The committee recommends that the foregoing proposals be advocated by the college as specific projects to be considered by individual members and sections.

III. Scientific Method and Clinical Research

The committee discussed at length the need for increased attention to research discipline in dental education. Emphasis on scientific methodology would enhance all stages of dental education: undergraduate, graduate, and continuing education courses. The college should recommend this subject to dental school administrators.

Furthermore, to develop and give momentum to this subject, the committee suggests that the ACD consider sponsoring a workshop on scientific methodology in dental education. This could be financed by the college, or by funds from other sources. An outgrowth of this workshop might be an Institute for Research Methodology for Dental Educators. [Editor’s note: Such an institute was created as a function of the college.]

Miscellaneous

Cooperation with Other Groups. Various committees of several groups concerned with upgrading and stimulating dental research (this ACD Committee on Research, the IADR Research Committee, the ADA Council on Dental Research, the National Advisory Research Council, and the like) have an overlapping of responsibilities and efforts. It is desirable that each be fully aware of what the other is doing; otherwise there might be a tendency to overlook some areas and over-emphasize other aspects. The committee suggests that a mechanism for communication and coordination be established between the agencies concerned, and that the cooperation of the ADA Council on Dental Research be requested.

Workshop on Enhancing the Image of Dentistry. In the committee’s discussions it was agreed that the statements and recommendations concerned with research be compiled for further study.

ACD Sponsored Student Awards. Several sections of the ACED have established awards for students. The committee suggests that study of these should be made to classify these awards by type, baselines, honors, mode of presentation, selection of recipients, etc. From this study, a broad plan could be developed for the consideration of sections that do not now recognize outstanding students. (The assistant secretary is doing this, and will report to the regents.)

Recommendations

That the American College of Dentists sponsor a pilot program for the ACD Research Lectureship;

That the sum of $1,000 be budgeted for this program during the academic year 1967-88; and

That the proposal suggested in Item II—“Dental Students and Research,” pages 4-5, be advocated by the college as specific projects to be considered by individual members and sections.

Committee on Research
Ralph W. Phillips, Chairman
Carl A. Ostrom
Wesley O. Young
Reidar F. Sognnaes
Gordon H. Rovelstad

Consultants
Thomas J. Hill
Seymour J Kreshover
Sholom Perlman
The Committee on Human Relations met in the Central Office in St. Louis on Saturday and Sunday, March 2 and 3, 1957, with all members present. The committee reviewed its stated objectives and agreed that for the present no additions or changes would be made. They read as follows:

1. To review our responsibilities to the public (the patient) and determine how we can best serve them.
2. To consider present-day trends and seek ways and means to control them.

These objectives were further detailed in chartings as follows:

1. To recognize the need for a sympathetic understanding as well as skill in service;
2. To urge recognition of this dual responsibility upon student and practitioner;
3. To study and project ways and means to bring this about; and
4. To point out possible results of poor human relationship.

The committee then directed its attention to the development of plans leading to the attainment of these objectives. Considerable time was spent debating the questions:

- Are our objectives really attainable?
- How shall we proceed to tackle the problems involved?

It was agreed that, while the task was a huge one, every effort should be made to attain our objectives and without delay. Hence the broadest possible approach should be made, plus the limited person-to-person contact.

It was agreed that, while the task was a huge one, every effort should be made to attain our objectives and without delay. Hence the broadest possible approach should be made, plus the limited person-to-person contact.

Editor's note: In subsequent reports over the next several years, this committee developed a plan to implement these ideas, including specific definitions of the term “human relations,” characteristics of the “professional man,” and brochures for students and for practitioners.

The Board of Regents approved development and distribution of the brochures, commissioning of articles in the Journal of the American College of Dentists, sending of professionalism material to graduates of dental schools, development of a “Big Brother” (mentorship program), and request that all sections place this concern on their agenda for at least one meeting.

The committee received with interest and approval the outline presented by the secretary [of the college] of the general plans that were being developed by the college at various levels of activity in an effort to support the objectives of the college and the dental profession by stressing the obligations of the members as well as suggested approaches to the student problem.

Committee on Human Relations
Harry S. Thomson, Chairman
Harold H. Hayes, Vice-chairman
Percy G. Anderson
Forrest O. Meacham
Byron W. Bailey
REPORT OF THE COMMITTEE ON EDUCATION (EXCERPTS)

ST. LOUIS, APRIL 7, 1962

The Committee on Education of the American College of Dentists met on April 7, 1962, at 9:00 AM, in the Central Office, 4236 Lindell Blvd, St. Louis. The committee members present were: Edward J. Cooksey, Donald A. Keys, Denton J. Rees, Kenneth V. Randolph, and John B. Wilson, Chairman. Consultants present: J. Wallace Porbes and Reginald H. Sullens. Miss Doris Webb of the Council on Education of the American Dental Association was present by invitation. Edward J. Forrest, John Tocchini, and Shailer Peterson were unable to attend.

The meeting was opened by reading a letter from President Henry A. Swanson. He stated his wishes for the committee to give very serious consideration to the problems facing the profession on education. President Swanson said he would like to have the various sections concentrate on the motivation of young men into the field of dentistry. He stated that he felt it was important for our entire membership to do everything in its power to influence and encourage competent young men to go into our profession.

The agenda of the meeting included all of the areas on dental education President Swanson wished to be discussed. After the secretary of the college, Otto Brandhorst, presented suggestions for consideration, the committee proceeded with its reports.

The Student

Dr. Forbes presented a very enlightening report on the motivation of the student for dentistry. He stated that: “It is utterly impossible to put a finger on one specific factor and say this is what motivates a young man (or woman) to study dentistry. Each individual would have to be examined and an intensive analysis would have to be made as to personal characteristics, family background, and individual life history. Possibly the age at which the final determination is made may have some causative effect on the motivation. The survey made by the Committee on Recruitment of the college under Nathan Kohn and Associates revealed 64.2% decided on dentistry as a career at or before high school. 42.8% made their decision after entering college or while in the service.

We also find that the five major features of dentistry that provide an initial basis for analyzing some attitudes of entering dental students for the profession are (a) prestige, (b) financial earning, (c) human service, (d) autonomy, and (e) manual skills.

Which and what order of importance these five would appear in the 50% making the early decision, compared to the after decision group, we are not certain. Perhaps they are identical or vastly different. I’m not sure the survey reveals this. We are positive that the two greatest motivating forces in stimulating youth to study dentistry are (a) the dentist himself and (b) the dental student.

After considerable discussion it was felt that the college members themselves all over America could do a great deal to influence the boys who come to their offices for professional service, also to discuss and help direct young men who come into their acquaintances socially. It was felt also that the dental profession should help local counseling personnel at high school levels, to keep them informed as to the requirements for dentistry.
Vocational Guidance

Dr. Rees presented material that was very informative on vocational guidance. The following areas show many shortcomings of not only the profession, but of educational institutions. He presented the following statements for the committee to consider:

1. There is a lack of communication between high school and dental school concerning realities of curriculum, prognostic tests of ability, vocational guidance literature, and admission policies.

2. High schools do not receive information as to the progress of their students in dental college.

3. High school counselors want information about ADA tests and other means of measuring interest in dentistry. All would like a clear picture of admission policies, cost of education, predental curricular requirements in high schools, the nature of the central curriculum, and the multiple opportunities for service which might motivate qualified high school students.

4. Both dental school catalogues and ADA guidance information could be improved in clarity, ease of reading, illustrations, and inclusion of current requirements. The material should be written with the comprehension of high school students in mind.

5. Dental education should more definitely portray to counselors the qualities necessary to perform successfully in dental school and recommend tests or indicate the scale on present guidance tests in which dental applicants should perform.

6. Motivation should not be based on enticing brochures and sale persuasion, but on studied motivation and basic ability potential of students.

7. Wider opportunities now exist and varied inducements including loans, scholarships, and fringe benefits from industry, government, and professional schools heighten competition for the top students.

8. Girls show little interest but material presenting careers in dentistry for women does not reach them now.

9. Professional school representative are not being invited to high schools as often as those from industry, government, and science. High school-college relations committee has indicated professional and graduate schools must be cautious in presenting needs and problems to high school administrators and faculty. This is causing a major problem in blocking communication.

10. This committee was originated by high schools to coordinate demands upon high schools for time and influence by vocational groups. Dental schools cannot give counseling unless invited.

11. Career day programs are valuable if the person representing the profession is educated in present-day requirements and standards.

Dr. Rees suggested that consideration be given to the following:

1. Dental schools sponsor conferences with personnel and guidance associations and high school administrators and faculty.

2. Dental schools make available to high school and college counselors testing material of value in checking aptitude for dentistry and the range in which successful students will perform.

3. Dental schools should prepare material of interest to women capable of entering the profession.
4. Brochures aimed at high school students with material and illustrations that answer their basic questions.

5. Education of members of the profession who represent us as speakers as the present-day requirements in dental education.

6. Report to high school and pre-dental schools the progress of their students, to aid them in evaluating their programs.

The committee discussed each one of these stated items carefully and thoroughly. It was felt that well informed dentists would be the people to participate. It is very important for the dentists to study the facts on dental educational requirements, and be well prepared for the presentation. It was felt by the committee that our dental schools in all areas should take it upon themselves to ask for opportunities to work with high school counselors. The dental schools should inform the counselors of all necessary requirements. In this way our high school counselors will not only become interested in directing young people to dentistry, but will become informed on how to do it. It was stated that dentistry is competing against the glamor science of today, including the space age and electronics fields. Because of the publicity of these sciences, they are drawing away from dentistry many of our young men who might otherwise enter this field. The committee felt that dentists and dental educators would do everything possible to counteract this glamor publicity with factual information for students showing aptitudes toward the dental profession.

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We also find that the five major features of dentistry that provide an initial basis for analyzing some attitudes of entering dental students for the profession are (a) prestige, (b) financial earning, (c) human service, (d) autonomy, and (e) manual skills.

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Recruitment
The committee recognizes recruitment generally should be in the hands of the American Association of Dental Schools and that efforts at other levels should be on the cooperative and supportive basis. Mr. Sullens of the American Association of Dental Schools presented the various materials that are available at the present time to bring about effective recruitment. The committee was very impressed with the motion picture film “The Challenge of Dentistry.” The members who had seen this film commented on how well it was done and how effective it should be. The film is available on a rental or purchase basis. The recruitment kit developed by the American Dental Association was exhibited to the committee and it was felt that was also very effective material. It would appear that the dental profession must show its willingness to augment the educational institutions and the high school in a self-directed recruitment program. The American College of Dentists should recommended action to all section areas.

Recruitment of Dental Personnel
President Swanson indicated to the committee that recruitment of dental personnel would be one of the areas that he would suggest to the sections for their particular attention. He pointed out that by personnel, he meant not only the dentists but also the dental teacher, the dental researcher, the dental hygienist, the dental assistant, and the dental technician.

He also pointed out that he was not thinking of a program of recruitment of numbers but rather one of quality applicants and asked the committee to provide a list of desirable qualifications for each of these categories. A list of desirable characteristics of those participating in dentistry was prepared.
Unfilled Places in the Freshman Class
Dr. Randolph told the committee that 150 places were left unfilled in the freshman class last year. This is a very wasteful operation of the available facilities now present, and it was discussed how a coordinating system might be set up to eliminate overlapping of registered dental students in the freshman classes at various colleges. The following recommendation was adopted:

That the American Association of Dental Schools be urged to develop a cooperative plan for filling the open places in the freshman classes in the dental schools.

It is recommended] that the officers of the sections of the college assume the responsibility of activating programs for the recruitment of qualified persons for dentistry and motivating other member of the profession in such efforts.

Quality of Students
After hearing Dr. Key’s discussion on the quality of students entering schools today, it was felt that the quality at present was not up to post-war level. Following World War II the applicants to dental school were, of course, older and more mature. For a while, following this pressure on the schools, the quality did drop somewhat, but now seems to be on the up-grade once again. The committee agreed that it was the responsibility of the dental profession to interest the desirable young students, male and female, to consider a career in dentistry. And here, again, the committee stresses the importance of the sections of the college to spearhead an effort to recruit for dentistry.

Interchange of Fellowships
The interchange of fellowships would be a transaction between schools. The idea is an excellent one and would broaden the scope of understanding of faculty members of each institution, and the committee feels that this program is worth encouraging. The committee voted to approve the application of Robert D. Haselton of Saskatoon, Canada, for the Teacher Training Fellowship [of the ACD] at the University of Alberta, Edmonton, Canada.

Curriculum Studies
Mr. Sullens stated that the Fund for Dental Education, Inc. was making available to the American Association of Dental Schools approximately $240,000 over a five-year period to carry on educational research. The studies are to be conducted by trained personnel, which is presently being sought and interviewed.

Expanding Educational Facilities
The Committee on Education is very concerned with the increase of demand for dental health services in the years to come and is most anxious to encourage the educational institutions to keep abreast with these increasing demand. The expenditures to develop these increased facilities will be quite overwhelming in the years to come. Therefore, the committee recommends the college strongly support the Fund for Dental Education, Inc., and asks the direction of financial support from this organization to augment wherever possible. The possibility of other sources of income was discussed, such as local dental societies, and the accumulations from post-payment plans.

Continuing Education
The college continues to have a broad interest in continuing education. Its immediate concerns center around: (a) the need for a program of continuing education, (b) the facilities for such education, and (c) the proper auspices and administration of such programs.
Special Recommendations
The committee makes the following recommendations:

1. That the American Association of Dental Schools be urged to develop a plan designed toward filling the unfilled places in the freshman classes in the dental schools year by year.

2. That the officers of the sections of the college assume the responsibility of activating programs for the recruitment of qualified persons for dentistry and motivating other members of the profession in such efforts.

3. That in order to place in the hands of the section offices some tools for this program of recruitment, the college supply the section officers with the Recruitment Kits as developed by the American Dental Association.

4. That the college urge the dental schools to develop an annual counselors’ day to project the opportunities of dentistry to them.

5. That the college stress a wider use of the film "The Challenge of Dentistry" and urge the dental schools to provide the film in their areas.

6. That the attention of the Fund for Dental Education, Inc., be called to the reserve funds that are accumulating from post-payment plans as a possible source of funds for dental education.

7. That the American Dental Association be urged to organize the Junior ADA organization on a national basis for the promotion of better understanding of responsibilities to the public, the profession, and their alma maters and thus, aid in the support of dental education.

8. That a pamphlet, similar to the senior dental student pamphlet, be prepared and distributed to the freshmen soon after their entrance in dental education, pointing out the responsibilities they are assuming in entering dentistry—a health service.

[It is recommended] that the American Dental Association be urged to organize the Junior ADA organization on a national basis for the promotion of better understanding of responsibilities to the public, the profession, and their alma maters and thus, aid in the support of dental education.

Committee on Education
John B. Wilson, Chairman
Edward J. Cooksey
Donald A. Keys
Denton J. Rees
Kenneth V. Randolph
John Tocchini

Consultants
J. Wallace Forbes
Shailer Peterson
Reginald H. Sullens
Dentists’ Values

Actual and Projected

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

Abstract

Values represent the future worlds we strive to achieve. They play an important role in ethics by coordinating group behavior and enabling principles. An augmented version of Jonathan Haidt’s Moral Foundations Questionnaire was used to assess the value structure of new and established dentists and the public on the importance of technical excellence and six value dimensions considered to be universal: caring, fairness, loyalty, authority, purity, and individuality. Although dentists scored high on caring and fairness, they also gave noticeable weight to loyalty, authority, purity, and individuality. Dentists’ views of their value structure, especially older dentists’ views, differed from the perceptions of the public and newer colleagues. These finding are consistent with current theory in social psychology, including the fundamental attribution error and false consensus. It is concluded that greater direct conversation between leaders in organized dentistry and others would promote clarity on the role of existing values in dentistry.

Values coordinate both individual and group behavior. Because values define what is important they keep us going in the direction of what we want and make it easier to get along with others who are going the same direction. Dentists who value technical excellence pay attention to ways to achieve it, they work at it, and they even sacrifice to achieve it. Colleagues who value technical excellence in the same way support each other and are comfortable in each other’s company. Patients who value technical excellence seek dentists who exemplify this value and dentists are disappointed when patients do not share this value. Dentists who value community health orient less toward procedural excellence and place higher value on patient education and the adequate distribution of community resources. Dentists who value commercial success look for ways to maximize income, and patients who see oral health through a monetary lens find ways to avoid the dentist or accept only minimal treatment.

Values drive behavior and influence who we associate with. Technical definitions usually say something about “what is worth pursuing.” Values are descriptions of what the best future world would look like. They are also motivational. Those who say they value caring or honesty but abuse others and distort information to gain an advantage are considered to be hypocrites: Their professed values are not seen as real. We judge others and depend on them for the way they act and not what they say.

Values are often brought into discussions about ethics. But the relationship can be confusing. Principles have a firm place in ethical theory, but they are different from values. They are the rules for what people should do regardless of their personal values, and they tend to be black or white. “Do not lie, cheat, or steal, or tolerate any among us who do” is a famous zero-tolerance honor code at some institutions and in some professions. There is an absoluteness about principles that is comforting—in theory. Such policies have an uneven record of success (Rhode, 2018). In reality, of course, people interpret principles before they put them into practice, and the boundaries get fuzzy, especially when there are multiple and sometimes conflicting principles.

Norms are another technical term often found in discussions of ethics. Sometimes this is just a soft way of describing principles. We say of prescriptive norms, “the absolute rule is X, but people around here normally interpret that to mean roughly in the range of Y to Z.” The other definition of a norm is descriptive: the average behavior in the group or the typical behavior of an individual across time and circumstances is thus-and-so. In that usage, there is no “should” attached other than the implication...
that if one wants to be considered to
be part of the group, it would be
appropriate to keep one’s public
behavior in the recognizable range.

Values, the focus of this paper, are
personal or endorsed by a group, and
they vary across a range and are
dependent on local circumstances.
The speed limit on a given stretch of
one’s commute might be 65 miles per
hour (the principle). The average rate
of travel, all drivers and conditions
taken into account, is 69 (the norm).
And the speed of any particular driver
may be 63 or 73 or something else
(the value). The value is what the
individual believes is best, all things
considered, and what he or she tries to
achieve. We get along on the highway
because we know what we are trying
to achieve and are willing to put some
effort behind getting it and because
we have a working understanding of
how others value behaving.

We have multiple values, each
has relative strength, and the mix of
relevant values changes to some degree
depending on the circumstances. A
portfolio of values assigns probabilities
to one’s actions. We are more likely to
act on the behavior with the strongest
relevant values. It would be unusual
to find a dentist who always sacrificed
time and patient wishes as well as the
long-range oral health of a patient to
achieve perfect technical results
worthy of photographing for show
at a continuing education program on
esthetic dentistry. But it sometimes
happens. One would equally hope that
it is rare to encounter dentists who
subordinate everything to pumping up
the bottom line. But that happens as
well. Value patterns differ from one
dentist to another. But trends emerge
and become relatively permanent
personal preferences for certain
behavior patterns. We call that the
value structure of a dentist or a
profession. This is a convenient way
to make general statements about
what to expect dentists will do.

### Materials and Methods

Norms have been studied most
eXTensively in philosophy (Wedgwood,
2006), principles more narrowly in
bioethics (Beauchamp & Childress,
2009), and values primarily in social
psychology (Greene, 2013). This
division is recently being mended as
more scholars are bridging between
philosophy, social psychology, and
neuroanatomy (Churchland, 2011).

There are many tools and
methodologies available for studying
values generally, and this report will
describe one project to apply these
methods to studying the value
structure of dentists. Jonathan Haidt’s
Moral Foundations (2012) model was
used as the organizing framework
here. Haidt studied what thousands
upon thousands of individuals said
was worth pursuing or avoiding in life.
His questionnaire, the MFQ^30^ has
been used all over the world, and
norms are available to make
Haidt identified six values that characterize most of the variance in what people describe as desirable in their worlds. These are summarized in Table 1.

Haidt’s caring foundation is similar to the principle of beneficence in bioethics, and fairness is much like justice. A case can be made that veracity in the American Dental Association Principles of Ethics overlaps with Haidt’s loyalty and authority.

A survey instrument for dentists was created for use in this study, in conjunction with researchers in Haidt’s group. Items in the MFQ30 were retained, with slight word changes in some cases to better suit a professional context. An additional dimension was added including some questions about the value of technical excellence, as previous research as part of the American College of Dentists Gies Ethics Report showed that this is a strong dimension in dentists’ self-concepts. A further addition to the survey instrument used in this research was inclusion of items asking about the values respondents projected onto others in the profession. Specifically it was asked what respondents thought new dentists would say about each of the six dimensions of the Moral Foundations value model, plus technology excellence, and what they thought established dentists would report. New dentists were defined on the questionnaire as those who were under 40 years of age or did not own a practice. Established dentists were either older than 40 or were practice owners.

A copy of the survey instrument appears in the Appendix to this paper.

A total of 141 individuals completed the dental version of the MFQ30 questionnaire of values. This included a sample of 118 dentists recruited from officers and fellows of the American College of Dentists, young practitioners identified by the American Student Dental Association, and faculty members in a dental school. A separate sample completed a short version of the questionnaire. This separate sample included 23 “patients,” individuals who had no connection with dentistry other than having been a patient, who completed the form outside the context of a dental office.

This research was approved by the Institutional Review Board at the University of the Pacific: IRB Proposal #16-74.

Results

Dentists’ Values Generally

Figure 1 shows the value preferences of dentists, combining across all 118 respondents. Haidt’s norms for the general population are superimposed on the trend line for comparison. All values in this and other figures are “normed.” This means that the reported scores have been standardized to a common scale, anchored in the average weight given to all value dimensions within each group. In other words, all value

FIGURE 1. Value Structure of Dentists and General Population
dimensions are relative within each group of respondents.

Dentists show a very balanced value structure. Importance of technical excellence is judged the value most worthy of pursuit, but is essentially even in strength with caring about others and fairness. At a slightly lower level of importance is a second cluster composed of loyalty, authority, purity, and individuality. This distribution of values is consistent with what one would hope to see among professionals.

The general public, based on Haidt’s norms, rank order the six value dimensions in essentially the same order that dentists do. But they make larger distinctions. For example, caring and justice are relatively more important than are respect for authority, purity, and individualism. Statistical comparison with t-tests were performed to confirm these differences. All differences between dentists and patients in the intensity of values (with the exception of loyalty) were significantly different beyond p < .001. The public places higher relative value on caring and justice than do dentists.

There is considerable individual variation in how both individual dentists and individual members of the public value these six dimensions of what is worth striving for. Values are highly personal. The standard deviations for both groups ranged from about 0.75 to 1.00 on a five-point scale. That means, for example that the loyalty score which is close to 3.0 on average for both groups contains about 10% who value it at 2.0 or lower. There was no dimension that failed to find responses on individual items of 0.0 or 5.0 on the same item. The fairness and individuality dimensions were especially subject to wide personal swings, even within the same individual. These scales had the lowest Cronbach alpha scores for internal consistency. All other dimensions had alpha values above 0.60, which is what is generally characteristic of such surveys. Dentists responded that 3% of the fairness and 8% of the individualism questions rated a 0, while 8% and 16% respectively of the same dentists scored the same items 5. In other words, fairness and individualism are highly situation-specific. It should come as no surprise that there is great variation in individual values, even ranging to as much as a quarter of any group aligning in the extreme opposite corners. Even when there was apparent agreement on the overall importance of fairness, there was disparity on which particular cases represented fair practices and which did not. Values cannot be depended on to predict behavior in all cases.

Dentists, compared with the general public, valued being able to set their own standards (individuality) and to maintain a clean and orderly environment and avoid association with those who do not share these standards (purity). Dentists consider themselves to be both caring and fair, but seek to retain some control over how that is expressed.

**Values of New and Established Dentists**

The graph in Figure 2 contains multiple comparisons. The solid line represents the average responses of dentists over the age of 40 or who are practice owners. The lighter line shows the average scores for new practitioners who were young or not practice owners. The lines cross with higher self-reports for established dentists on technical excellence, caring, and fairness and lower values for the others, when compared with new dentists. However, none of these differences were statistically significant, either by t-tests for group averages or when correlating actual respondent age on value score on an individual basis. The self-reported value structure of new and established dentists is essentially the same.

**Older dentists have a self-perception of their values that differs from the way they are perceived in the public.**

The third (dotted) line on the graph is for data provided by 23 patients. They did not report their own values. Instead they were asked to project the values they attributed to dentists generally (not their private practitioner). In all cases, patients projected values more nearly resembling those self-reported by the young practitioners than the self-reports of older dentists. This can be interpreted as reflecting the fact that older dentists have a self-perception of their values that differs from the way they are perceived in the public. The higher self-image on caring and fairness held by established dentists was statistically significant at p < .01. Loyalty, authority, and purity are thought by the public to better characterize dentists then established dentists believe to be true of themselves, again by a significant
margin (at least p < .01). Finally, the public thinks of dentists largely in terms of their technical orientation, and significantly more so than do dentists.

Dentists Misunderstanding Each Other

The values that new and established dentists say they hold are the same. They describe themselves using similar terms. This would indicate that the norms of professionalism in dentistry are invariant across generations. But a question remains whether dentists believe that their colleagues share the values they themselves espouse. It can be asked, for example, whether established dentists think new dentists feel that the same things are important that they value. An inquiry could also be made regarding what new dentists think of their age peers and their seniors. There may be motivated or subconscious misperceptions of the values of others.

To test relative perceptions of values, new dentists’ values were compared with their answers to the questions regarding their feelings about the values of other young dentists and their feelings about the values of established dentists. Similar comparisons were made for established dentists, comparing what they thought of themselves relative to their younger colleagues and their age peers. The metric used to express this comparison was the difference between what each dentist thought of his or her own values and what they thought of new or established dentists. The results for what new and established dentists thought of established practitioners is shown Figure 3.

Scores above the 0-line represent positive relative self-perceptions. In this case, established dentists felt they, personally, embodied significantly more positive positions on all six values than did other established dentists. The extent of favorable comparison with colleagues was strong and highly significant. They question the values of their colleagues. By contrast, new dentists viewed their values as being in line with those of their older colleagues. The exceptions (all statistically significant) were a personally more favorable self-perception among new dentists for caring and fairness and a disinclination to set private standards through individualization.

The graph in Figure 4 shows what new and established dentists thought of the values of new dentists compared with their self-perceptions of these same values. Again there is general inflation of one’s own values. Established dentists were generally more inclined to give themselves high values (except for purity), but not to the same extent that they overvalued their positions relative to their age peers. New dentists thought they had higher value strength for technical excellence, caring, fairness, and individualism than other new dentists.
Discussion

Values are patterns of motivation; they are generalizations about the kind of world we would prefer and thus what we tend to work toward. As such, they are action-guiding to a greater extent than are ethical principles which purport to describe what everyone should do all the time, but may not be inclined to do. Values enable ethical principles. Those who value oral health care for all, for example, will activate the principle of justice. Those who know the principle but do not value it will likely talk a better game than they play. Unlike principles, however, values have relative personal strength and depend on circumstances. These characteristics arguably make them more realistic carriers of the ethical code. We hold our lives together by these general patterns of desired behavior in ourselves and in others.

This study of dentists’ values using a standardized instrument and a reasonably sized and diverse sample found the following:

- Dentists value technical excellence, caring, and fairness to a slightly greater extent than they value loyalty, authority, purity, and individualism.
- The same pattern is typical of the value preferences in the general population (minus technical excellence, of course), but the public puts more emphasis on caring and fairness and less on authority, purity, and individualism than do dentists.
- The value structure of new and established dentists is very similar, although the public tends to expect that dentists will behave more like the self-described values of new dentists.
- Dentists feel they have stronger personal values than they recognize among their colleagues. This is especially true for the perceptions of established dentists regarding their age peers.
- New dentists tend to be more accurate in their perceptions of both new and established practitioners.

Defining Values

The finding regarding the high value placed on technical excellence is to be expected, perhaps from the nature of dentistry as a profession, but also from the findings of other research conducted as part of the American College of Dentists Gies Ethics Project. It was found there (publication forthcoming) that technical excellence is a stronger focus of dentists’ attention than any other motive, including financial success. It has been argued both for dentistry and for other healthcare fields that professionals are increasingly defining themselves in terms of technical capability and less

FIGURE 3. Relative Perception of Established Dentists’ Values by New and Established Dentists

![Graph showing relative perception of established dentists' values by new and established dentists.](image-url)
so in terms of service to the public (Sullivan, 2005).

Dentists score high on the values of caring and fairness. These values form a cluster that would be accepted by all as central to the definition of being a professional (American College of Dentists, 1999; 2000; Welie, 2004). Dentistry should be proud that so many of its members orient toward a world where these values are prominent. These will be among the first descriptors practitioners use when saying what is important in their lives.

As happy as self-reported caring and fairness are, there are a few shadows. First, the general public thinks of itself as being a bit more caring and fair than do dentists (Figure 1), and they regard dentists as less caring and concerned with fairness than dentists see themselves as being (Figure 2). There is also the case (Figures 3 and 4) that established dentists in particular see themselves as being substantially more caring and fair than they believe their colleagues are. Differences between self-perceived values and the perceptions of others are well-known and have been widely studied. These effects will be discussed below. The Gallup Survey of Trust in the Professions has generally found that dentistry, at about 60% of the public agreeing with the statement that dentists have their best interests in mind, is the least trusted of the healthcare professions.2

Another part of the shadow over caring and fairness is its differential weight among the full profile of values. The public places these two values well above others in importance. By contrast, caring and fairness are more salient, but not much more so than other values such as loyalty, authority, purity, and individualism for dentists. Dentistry is a complex profession, defined in part by commercial interests of independent practitioners who exercise some discretion over who they interact with. The value structure of dentistry is complex. It cannot be said that dentists define themselves uniquely by the values of caring and fairness, at least not to a significantly greater extent than they define themselves by other values.

It happens in the present research that while caring and fairness score high as values among dentists, relatively less value is placed here than among the public at large. Further, when asked, the public gives somewhat less weight to caring and fairness as values they associate with dentists than do dentists when describing themselves. Caring and fairness are also values that respondents on the questionnaire tended to feel better characterized themselves than their peers.

Authority and individualism are values dentists endorse more strongly than does the general public. The relationship between the dentist and patient is built on authority rather than a relationship between equals. Finding that dentists hold this value more strongly than do patients is not surprising. Individuality shows a similar pattern, and perhaps for similar reasons. Dentists practice by themselves and set their own rules.

FIGURE 4. Relative Perception of New Dentists’ Values by New and Established Dentists

![Graph showing relative perception of new dentists' values by new and established dentists.](image-url)
They are generally the authors of their own success. On these surveys, respondents reported significantly greater attachment to working independently and being hesitant to share the benefits of their efforts than did the public. This was especially true of older dentists and it was the common view of both younger and older practitioners that older dentists endorse this view. In the focus groups conducted as part of the larger Gies Ethics project, a very clear theme emerged that dentists function in isolation and independent of contact with others who might serve as a check on excessive ethical latitude. This view was shared by all groups interviewed, including dentists themselves, leaders in the profession, patients, and health policy experts.

The apparent contradiction between authority-loyalty on one hand and individualism on the other has been noted previously. In 1994, Schwartz and Shenoy reported that dentists score high on “individualism via conformity” on standardized tests. The explanation is that dentists expect to have large personal freedom in what they do in their own offices, to command respect and loyalty, and to assume that their colleagues will support this way of behaving. The conformity (loyalty) is not monitored or enforced by interaction or sharing of experiences, but by presumed common professional values. The value of individuality applies to dentists personally, and the value of loyalty applies collectively. The first code of ethics of the American Dental Association, for example, required price-fixing as a professional courtesy (American Dental Association, 1866). Roughly 40% of the current Code of Professional Conduct describes what dentists should expect of their colleagues.

Self-perceptions and Perception of Others’ Values

The current research raises questions about the accuracy of perceived values—both one’s own and the values of others. The public does not see the value structure of dentists exactly the same way the profession views itself. Established dentists in particular are more apt to feel they hold a stronger set of values as individuals than the values their colleagues hold—even when they are members of the group they are judging.

This effect is now generally recognized as part of human nature and is known as the fundamental attribution error (Jones & Harris, 1967; Ross, 1977). Publicly observable events are generally open to interpretation as to their causes. It has been discovered that there are natural patterns that distort interpretation in these cases. The basic picture is as shown in Table 2.

Sometimes we attribute the causes of situations to characteristics of the person primarily involved and sometimes we think of the outcomes are principally determined by circumstances beyond anyone’s control. The attribution of causes tends to follow the rule that good outcomes are the result of effort and skill if we are the agent and of luck if others are the agent. Unfortunate outcomes are usually seen coming from unavoidable circumstances if we had our hand on the project and as bungled work if others did it. This is not always a conscious and nasty rationalization. It is part of human nature. The discrepancies found in this research between projections of others’ values and one’s own are probably influenced to some extent by the subconscious working of the fundamental attribution error.

A related social perception effect may also be at play here. The false consensus effect is an established bias.

The public places higher relative value on caring and justice than do dentists. The public thinks of dentists largely in terms of their technical orientation, and significantly more so than do dentists.

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**TABLE 2. Fundamental Attribution Error Matrix**

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<th>Other as Agent</th>
<th>Self as Agent</th>
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<td><strong>Good Outcome</strong></td>
<td>Good luck</td>
<td>Talent effort</td>
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<tr>
<td><strong>Bad Outcome</strong></td>
<td>Deficient talent</td>
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The public places higher relative value on caring and justice than do dentists.

The public thinks of dentists largely in terms of their technical orientation, and significantly more so than do dentists.
where we overestimate the extent to which others share the values we hold. Marks and Miller (1987) and Ross and colleagues (1977) performed the original research using the following paradigm (See also Gilovich, 1990; Kruder & Clement, 1994). Individuals were asked to rate a behavior, such as asking money of strangers or breaking the conventions of a club, in terms of (a) how likely they were to engage in the behavior and (b) how likely they thought others were to engage in the behavior. Asking a large number of people from the same group produced both an average value score for oneself and an average value score for others. Those who were likely to engage in the behavior were more likely to exaggerate the likelihood that others would do the same. It is human nature to assume others think as we do.

The effects of fundamental attribution error and false consensus urge caution in the matter of speaking for the values of others. Research has shown the danger of allowing third parties or elite subgroups to speak on behalf of organizations when dealing with others (Flynn & Wiltermuth, 2010). Such intermediaries usually reduce the chances that diverse groups will ultimately come to understand each others’ values.

Young and older dentists share similar values. The problem is more in the direction that assumed differences block the conversations that would help the profession work toward common goals. It is particularly the case that established dentists misinterpret the values of their younger colleagues and especially of their colleges who are the same age. There is opportunity in any initiatives that would build internal trust in dentistry. The profession is too small to afford creating assumed divisions where they do not exist.

References

Online Sources
1 http://yourmorals.org/haidtlab/mft/index.php? t=questionnaires

ACD Turning 100: Part I
Appendix

Values Inventory

When you decide whether something is right or wrong, to what extent are the following considerations relevant to your thinking? Rate each statement using this scale:

0 = Not at all relevant (this has nothing to do with judging right and wrong)
1 = Not very relevant
2 = Slightly relevant
3 = Somewhat relevant
4 = Very relevant
5 = Extremely relevant (This is one of the most important factors in judging right and wrong.)

_____ Whether or not someone suffered emotionally
_____ Whether or not some people were treated differently than others
_____ Whether or not someone's action showed love for his or her country
_____ Whether or not someone showed a lack of respect for authority
_____ Whether or not someone violated standards of purity and decency
_____ Whether or not someone was good at solving complex problems
_____ Whether or not someone cared for someone weak or vulnerable
_____ Whether or not someone acted unfairly
_____ Whether or not someone did something to betray his or her group
_____ Whether or not someone conformed to the traditions of society
_____ Whether or not someone did something disgusting
_____ Whether or not someone was cruel
_____ Whether or not someone was denied his or her rights
_____ Whether or not someone showed lack of loyalty
_____ Whether or not an action caused chaos or disorder
_____ Whether or not someone acted in a way that God would approve of

New Standard

Indicate the extent to which you agree or disagree with the following statements.

0 = Strongly DISAGREE
1 = Moderately disagree
2 = Slightly disagree
3 = Slightly agree
4 = Moderately agree
5 = Strongly AGREE

_____ I personally believe the technical skill of dentists is paramount
_____ I consider myself to be quite a bit more caring than others seem to be
_____ I pride myself on being fair
_____ I regard myself as being more loyal to my colleagues than others are
_____ I really respect authority
_____ One of my special characteristics is valuing purity and sanctity
_____ I consider myself as having politically conservative values
Remember: 0 means strongly DISAGREE and 5 means strongly AGREE

____ It is better to do good than to do bad
____ It is wrong for government to redistribute wealth, no matter what good comes of it.
____ Compassion for those who are suffering is the most crucial virtue
____ When laws are made, the number one principle is be ensuring that everyone is treated fairly
____ I am proud of my country’s history
____ Respect for authority is something all children need to learn
____ People should not do things that are disgusting, even if no one is harmed
____ Society works best letting individuals take responsibility for themselves, not saying what to do

An “established” dentist is roughly over 40 and owns a practice:
____ I generally regard established dentists as holding that technical skills are paramount
____ I generally consider established dentists to be very caring people
____ I generally regard established dentists as being fair
____ I generally consider established dentists as especially loyal to their colleagues
____ I generally think that established dentists really respect authority
____ I generally think established dentists value purity and sanctity
____ I generally regard established dentists as having politically conservative values

____ People who are successful in business have a right to enjoy their wealth as they see fit
____ One of the worst things a person could do is hurt a defenseless animal
____ Justice is the most important requirement for a society
____ People should be loyal to their family members, even when they have done something wrong
____ Respect for authority is too often challenged these days
____ I would call some acts wrong on the grounds that they are unnatural
____ It’s morally wrong that rich children inherit a lot of money while poor children inherit nothing

____ The government interferes far too much in our everyday lives
____ It is never right for anyone to kill another human being
____ There are too many rules that put people at a disadvantage for making small mistakes
____ It is more important to be a team player than to express oneself
____ As a soldier, if I disagreed with my commanding officer, I would obey anyway as that is my duty
____ Chastity is an important and valuable virtue
____ Government should do more to advance common good, even if it limits choices, freedoms

A “new” dentist is roughly under 40 or does not own a practice; that includes students and residents:
____ I generally regard new dentists as holding that technical skills are paramount
____ I generally consider new dentists to be very caring people
____ I generally regard new dentists as being fair
____ I generally consider new dentists as especially loyal to their colleagues
____ I generally think that new dentists really respect authority
____ I generally think new dentists value purity and sanctity
____ I generally regard new dentists as having politically conservative values

Thank you!
Survey for “Patients”

Please share your opinion about dentists in general. Your current personal dentist may or may not be typical, so place him or her in the background.

I am looking for your general impression. Obviously you do not know everything about every dentist any more than you know about books you have not read. I am looking for your expectations.

This project is part of a national study gathering information from dentists and others across the country for a book-length report the American College of Dentists is preparing. The survey is anonymous, so no names, please, and, of course, there are no “right or wrong” answers—just your personal views.

My impressions about dentists in general are that they...

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Always

Never

- Become deeply involved when they see someone may be suffering harm
- Treat everyone the same, including those on Medicaid
- Have a strong sense of loyalty to other dentists
- Value respect for authority and deference to those in positions of power
- Prefer things neat and orderly

- Politically conservative, slow to change established ways
- Embrace new technology as vital to the success of their practice
- Have one eye on the bottom line
- Are the most ethical of the health professionals
- Are primarily concerned with the overall oral health in a community

- Have special empathy for the weak and vulnerable
- Dentists avoid giving any individuals preferential treatment
- Count on everyone to keep their promises
- Expect people to follow rules and leaders
- Avoid things that are disgusting, dirty

Always

Never

- Feel individuals who are successful deserve to keep what they get
- Take great pride in their technical skill
- Avoid working in prisons or nursing homes because of low reimbursement levels
- Do not overcharge or perform unnecessary procedures
- Value long-term health more than doing the best procedure the best way
Manuscripts for potential publication in the *Journal of the American College of Dentists* should be sent as attachments via e-mail to the editor, Dr. David W. Chambers, at dchambers@pacific.edu. The transmittal message should affirm that the manuscript or substantial portions of it or prior analyses of the data upon which it is based have not been previously published and that the manuscript is not currently under review by any other journal.

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

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

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

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

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

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