

The face in the window: Is dentistry health care's stepchild?

As 1999 comes to an end, we approach a once-in-a-lifetime event for many of us. The changing of all four numbers of the year is a special time to reflect on the past and contemplate the future. Such will be the theme of the last two editorials of the 30th volume of *Quintessence International*.

For all practical purposes, current-world dentistry is a product of science from the latter 20th century, built on the centuries-old ethical traditions of medicine. From this union we have developed a profession that seeks to benefit patients by helping them achieve and maintain oral health.

Around the mid-19th century, dentistry broke away from medicine to establish itself as a separate and independent health care endeavor. That separation has allowed the relatively unrestrained development of the profession, but at the cost of marginalization by and isolation from mainstream health care. This and other patterns within the profession threaten our future.

The identity as special surgeons and the development of an educational system that typically focuses on compartmentalized, discipline-based education creates a procedure-based mindset throughout the profession. We have relatively little incentive or interest to develop the cognitive skills required to diagnose and manage complex cases in a comprehensive, patient-centered, sequential fashion.

There is broad worldwide agreement that "comprehensive" patient care is the basic philosophy of caring and competent dental practitioners, but there is more talk than action in producing that sort of dentist. Changing the value system and current practices of the world's dental education institutions is an unbelievably difficult undertaking.

Since the profession in general is doing well, the task is quite difficult. Most of us will complain that we shouldn't change what is working well. I disagree. No matter how good something is, there are always improvements that can be made.

Since the impetus for planned change must occur within individuals, we should all look within for how to improve dentistry for our patients. Public education about oral health issues is the fundamental global need, and all of us could do more in promoting an oral disease prevention strategy among our patients,

our communities, and other health care professionals. We need to develop and implement cost-effective strategies to help people with limited access to oral health care services and who have the poorest oral health status. Preventive strategies must target oral diseases and must be included in the overall public health plans of every country.

The dental education community must participate, too. Tuition for dental education is too high relative to other educational pursuits, and most schools remain plagued by tenured full professors who cost more than they are worth. Few schools rely on cost-based accounting to calculate the cost/value ratio of their operational and educational practices.

Our curricula are too crowded with marginally useful and/or redundant materials aimed solely at satisfying various regulatory agencies, but having little practical clinical value. We continue to focus on procedures while patient-centered comprehensive care models remain exceptions rather than rules. Many dental school faculty members remain insensitive pedagogues who produce graduates with little respect for their school and their role as health care professionals. Inflexible promotion and tenure policies do not reward innovative teaching and development of outcome-based programs.

New knowledge in molecular biology, genetics, and immunology demands the linkage of dentistry and medicine, yet our curricula would suggest the ties are weak. Most practitioners are ill-prepared to manage patients with increasingly complex medical problems, and those who cannot or will not learn how to serve as an attending doctor will be relegated to the role of technician.

Dentistry's face is, indeed, prominently in the window of health care. The challenge for the millennium is to be sure it is on the inside of the window, and not left on the outside looking in.

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