

Quo Vadis?

The stratification of dentistry continues. A recent editorial in the *Journal of the American Dental Association* (J Am Dent Assoc 2004; 135:274) detailed a 2002 California statute that modified the requisites for licensure for dentists practicing on a minority group. The reason cited by the legislature for this law was that this population was presently underserved by dentistry. The law modified the requirements for practicing dentistry in the state.

To me, the primary issue is not whether this legislation better serves the minority population identified. More importantly, it is another example of the continued stratification of dentistry. Stratification is occurring because there is not enough money to pay for the highest quality of care for all the patients in need. I believe that this will lower the quality of dentistry delivered in the state. The legislators do not specifically state that this could be a result because it is not politically expedient to point this out.

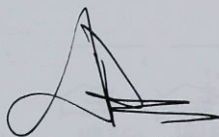
The United States along with other countries cannot afford to pay for all these citizens. It is therefore illogical to assume that these countries can afford optimal dental care. We do not hear about this from those who govern or captains of industry-politicians, because they are afraid the truth will lose votes, and corporations, because they want to keep their employees happy.

The truth is that events have created an economic environment that does not allow delivery of the highest possible therapy in either medicine or

dentistry. We can't afford great dentistry for all our patients for many reasons. Technology is moving forward with incredible rapidity, and innovation is costly. Government interference in daily practice continues to require more and more staff time, necessitating increases in fees. Third parties continually reduce benefits for their insured. Lawyers have decided that dentistry is a booming area for litigation. Organized dentistry is protecting itself, and solo practice is not the most efficient way to deliver care. These factors and others have increased and will continue to increase the cost of delivering dentistry.

As a result, dentists are often forced to choose between delivering higher-quality care for fewer people or compromising care in order to reduce fees and serve more patients.

If this economic spiral continues, more and more dentists will be forced to choose the quality of care based on the economic status of the patient. As a consequence, our profession's status will be downgraded once again to that of tradesman. Personally I'm not ready to put up a barber pole outside of my practice. Are you?



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