



## **DENTISTRY'S DEMISE—What's Next?**

Sit down, breathe deeply, and imagine you are a dean of one of our dental schools. Then transpose yourself and imagine that you are at the top level of administration, perhaps the president, of the university wherein lies that dental school or college. Then become a third participant. You are the dean of the medical school at that same university.

### **Now begin to have a discussion with yourself!**

The discussion you are having with yourself in these multiple positions finally involves only money. After all, our great-imagined university only has so much of it.

Medical school dean: "Mr. President, we are hurting! Anyone knows medical "costs" continue to climb. Our equipment is terribly complicated and terribly expensive. Our maintenance costs are out of sight. Our hospital, which we must have to train our physicians, is the biggest drain of all on our financial health. And, as you well know, our faculties are the most expensive of all in the university. You cannot keep physicians in academia when they can easily pull down the dollars they can earn in private practices. Add to that, the interns and residents and nurses who must also be well paid. We are seeing red every place we look on our financial reports."

University President: "I am very well familiar with all of that, but it seems to me that in most of your administrative positions you have well-trained professional "medical administrators," not physicians, who should be able to administer your school and hospital into the black. Yes, I know almost everything relates to life-threatening diseases, and there can be no expense spared. And I know, too, that your emergency rooms very often treat indigents who are not paying. So, what's the solution for your financial dilemma?"

Dental school dean: "If I might interject, Mr. President, we are doing quite well. We are turning out good numbers of trained dentists, and our postgraduate programs are the envy of the dental world. We have our patient payment problems well under control, including the insurance paybacks we are receiving. We do not have the problem of financing interns and residents. It is pay-as-you go or get your own money if you are being trained in our advanced education programs. It is really amazing how many of our faculty are part-timers who receive no compensation, even for a full day's work. Our alumni giving could be better, but we even do better in this regard than most schools. Let's just say we are not hurting."

University President: “Well, there’s your solution, Medical dean! University assets going to the dental school are minimal, and they say they really are managing well. It seems as if we could combine one of our other small colleges into the College of Dentistry, say nursing, we could “save” money and direct it to medical.”

Dental school dean: “No problem. I see great “synergies” in that idea. Dental and nursing could collaborate on research and their basic science faculties and their community services—and just think of what we could do teaming up on catastrophe preparedness activities. Even though we do not use nurses as physicians and hospitals do, we can find a link somehow to deliver better health care. By using such a link, dental can meet the goals set forth in the American Dental Association’s *Future of Dentistry* report. And just think how happy this will make the American Dental Education Association when they are looking for “new models” of education and training. And further, just think what it will do for the Institute of Medicine’s search for those “key competencies” essential in building interdisciplinary teams. I think joining up with our College of Nursing is just the ticket for bailing medical out of their problem.”

University President: “Well, great! Medical gets the “saved” money, and dental gets the nursing school. I can even see where in the not too distant future we can even bring these two subsets of medicine, as I understand them, totally into and under the umbrella of medicine where they can be the true ancillaries they should be! Then look at all of the money we’ll have for medicine!”

Dental school dean: “**WAIT! WAIT!** What did you say? I can’t believe my ears!”

## **Discussion**

Do physicians really sit around and debate how they can swallow dentistry, a profession separate and apart from theirs—a profession with separate education, research and delivery of care facilities? Let’s stress the word “separate”—separate, away from medicine. Does medicine really understand us that well? Probably not! Is medicine doggedly determined to add dentistry to its list of ancillaries? Probably not! Do they want to make a medical specialty out of dentistry? Probably not! Well then, what do they want? What they want is the money! It’s as simple as that. They do not see dentistry for what we are, what we do, or how we manage our own profession. In the academic setting, in the military, and in government clinics (VA, NIH) medical sees us for the money we are getting, being allotted, or given because of sensible budgeting. It is money they want!

Ask the physicians and the university administrators at the Georgetown University what they care about dentistry. They have almost fifteen years of dental’s funds to use without impediment from dentistry. Has the money actually been “saved?” Not in the least. It came to them as just more money to spend, not to save. Can anyone determine what Georgetown University gained by closing their dental school? What they gained was more money they could shift to the medical school and to the nursing school and to the medical center. But mostly certainly, they did not save money! As a matter of fact the medical complex at the Georgetown University went

into the hole 44 million dollars the year after they closed the dental school. The medical complex finally righted itself by selling out to commercial “MedStar” administrators. Of course, when that happened, the academic physicians left Georgetown University in droves.

So where is Georgetown University’s dental school? Dust. Where is the excellent faculty they had? Vaporized. Where is the yearly group of graduates that infiltrated Washington, DC and its surrounding territories? History. Where is their dental school’s dean? Gone without job. Where is the community service the dental school generated? A void not filled.

For sure, medical got the money, but it was a terribly destructive process.

### **Lessons learned**

Dentistry does a lot with little. We manage within budget. We treat to health, not death. We produce a steady flow of dentists, individuals who graduate ready to treat the patient population needing treatment. We do not grow without bounds; we do not add on test after test after test in fear of lawsuit; we do not seek new pharmaceutical after pharmaceutical in order to treat every possible disease contingency with a prescription pad; we do not hide impersonally behind face masks over anesthetized patients; and we do not and cannot delegate as many of our treatments to auxiliaries as possible. Granted, most of these medical peculiarities are necessary peculiarities. Dentistry is an allied profession that understands these differences and, for the most part, respects them. But we do not lust after their successes; we do not try to take them over for their money; and we do not try to eliminate them so that we can command the entire spectrum of patient treatment.

Dentistry should—no, dentistry must stand fast to carefully avoid interdisciplinary unions, synergies, transformations, integrations, collaborations, changes and innovations, and new models of education and training. Name them what you want, eventually these unions will weaken of our profession. What seems at first like a sensible small step toward cooperation is actually a minor appeasement; an appeasement with no gain for dentistry at all. In our mock discussion, dentistry absorbed nursing and in doing so, unknowingly became an ancillary to medicine, no longer to be accepted as an equal to medicine in the eyes of the university. The example of a College of Nursing being absorbed into a College of Dentistry becomes the first small step in the beginning of the dental profession’s demise.

A terrible step it is!

**NDW**