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The Journal of Dental Humanities is dedicated to presenting thought provoking material connecting dentistry to the humanities, and the social sciences. The journal places a priority on publishing quality material that supports the objective of dental professionals who seek to provide a patient-centered approach to health care. The mission purpose of the Journal of Dental Humanities aligns with the position that a functional democracy requires ethical, highly skilled professionals who are engaged, active members within their community and the larger society.

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A HISTORY AND COMMENTARY ON DENTAL HUMANITIES

H. BARRY WALDMAN, D.D.S., M.P.H., PH.D.

Introduction

A half century ago (1967), I began my research for a doctoral degree in Medical Care Organization at the University of Michigan. It was a time when (for the most part) there was a marked dichotomy in a dental education curriculum – the basic sciences (e.g. anatomy, biochemistry, microbiology, and then rest of the “ologies”) and the clinical sciences. Efforts were carried out during the four years of dental school education to tie together these twin foundations of our professional education.

In the same year, I was accepted into the specialty Board of Dental Public Health (which had been incorporated in 1950). During my dental school years in the mid 1950s, we were never introduced to this “strange” specialty – men and women who looked at the profession from a different perspective. Their concerns were for the needs of the broad segments of our society, rather than that of individuals who somehow found their way to the offices of “private practitioners.”

In that period, few if any college applicants for admission to dental school had majored in the liberal arts and social sciences. My interests and perspective were on the broader issues of the delivery of care. I theorized for my dissertation research that practitioners with a background in the “so called soft sciences” (i.e. liberal and social sciences) would be more involved in social and community activities than their biology, chemistry, physics and other “so called hard or physical sciences” peers. My research validated this view. However, the question arose regarding the comparability of the academic performance of the two groups. The review of the dental school

academic and licensing examination performances indicated that students with backgrounds in the liberal and social sciences outperformed their counterparts in the physical sciences. In later years (1970s) when I served as the chair of the dental school admissions committee, I was informed that such information was irrelevant and should not be used to encourage the admission of applicants who had majored in the social sciences.

Teaching Dental Public Health in 1963

I remember one of my first experiences in teaching a dental public health course in Western Reserve University in Cleveland Ohio (now Case-Western Reserve University) in 1963. I commented to an all-white, male class that, “there were poor blacks in our country who could not secure dental care.” **I WAS BOOED!**

In addition, I was told that I was wrong in suggesting that practitioners needed to learn more about their patients prior to suggesting a treatment plan. I was informed by a senior faculty member that dentists just deliver the treatment plan on a “take it or leave it” basis. I thought about it and realized that we both were wrong. The need was (and is) for:

1. The practitioner to understand the individual who needed care; but not just as a patient.
2. The patient to become comfortable with the practitioner.
3. Presentation of a treatment plan (and alternatives) with an explanation and discussion that included the technical oral health needs **AND** the particular characteristics of the individual being treated.



Dental Public Health as a segue to Humanities in Dental Education

In the late 1970 and into the 1980s, an effort was made before the ADA House of Delegates to eliminate the status of Public Health Dentistry as a specialty. It was alleged that the one hundred or so Boarded Certified members were spreading socialistic ideology in dental schools. The effort to decertify the specialty failed. However, in order to demonstrate “fairness” of the effort, all other specialties were reviewed for recertification. In 1988, I personally prepared the manpower review for the recertification of Pediatric Dentistry as a specialty; I had received training in the care of children with special health care needs.

Nevertheless, the reality was that public health dentists had awakened dental educators to a third critical foundation for the educational preparation of the next generations of dentists – the interactive relationship between the general profession, individual providers of care (including dentists, dental hygienists and auxiliaries) and evolving multiple populations represented in our communities. The developing new approach was more humane with emphasis on the desperate need for care by the poor, followed by minority populations and individuals with disabilities.

Behavioral Sciences & Dentistry

In the early 2000s, our dental school was preparing for the seven-year cycle re-accreditation review. The department that I chaired (Dental Health) was responsible for the behavioral science component of the curriculum. When I checked on the scheduled visitations I noticed no time was set for my department to be reviewed by the visiting team. When our dean checked with the office of the accreditation body, we were informed that the behavioral science curriculum was inconsequential in the overall review; but if wanted we could have a fifteen-minute time slot to tell them our story.

But how times have changed -- In more recent re-accreditation reviews we had to defend the inadequacy in the number of behavioral science faculty members, time allocation and variety of experiences. Maybe this change can be attributed to the “bad press” that our colleagues in medicine have been getting concerning the limited attention to developing an appreciation of the need and value of the behavioral sciences and the humanities in the face of our evolving population demographics.

If we are to evaluate our profession from the prospective of the humanities, surely, we must consider the level to which we provide care for the most vulnerable members of our society – individuals with special health care needs. Many practitioners do provide services for these young and not so young individuals. The reality, however, was that dental schools were not required to prepare their students with didactic or clinical experiences for the care of this patient population.

In the early 2000s, under the auspices of Special Olympics, I initiated the effort to encourage the Commission on Dental Accreditation (CODA) to establish standards for this purpose, and was pleased when my well-intended (but slightly devious) efforts, CODA adopted formal standards to ensure the initiation of the needed education for all dental and dental hygiene students in the United States. Nevertheless, there continues to be very limited numbers of continuing education programs available to prepare of current practitioners, (who completed their dental school years prior to the changes instituted by CODA) for the care of individuals with special health needs.

“I like to work with my hands”

Since 1972, I’ve interviewed or advised more than a thousand pre-dental college students, applicants to dental schools or prepared fourth year dental students for residency program interviews. The single most frequent phrase about their aspirations for their careers in the profession has been, **“I like to work with my hands;”** followed more recently by the latest phrase, **“I want to give back.”**



Many of our third and fourth year dental students have experienced national and international outreach programs where oral health services were provided to youngsters and adults in desperate need for care. When asked about these experiences, the usual response is related to their personal improvement in the technical aspects of care. Only when reminded about the horrendous conditions in which their patients lived, do they describe the impact of these circumstances on the lives of their patients and their families.

The irony is that significant numbers of these young men and women in dental school (whether they majored in the physical or social sciences in college) have had courses in psychology and sociology. When asked why they took these courses, with rare exception, their reply is, **“It was required for graduation from college.”** They don’t seem to carry forward these college experiences into the dental school outreach and in school settings.

Recently, an increasing number of students seem to “get it.” Building on their undergraduate social science background, they are eager to engage in outreach activities, both to increase their clinical skills and fulfill a desire to participate in humanitarian initiatives.

Between the long hours of study, examinations, lectures and clinical experiences, accompanied by increasing education debts that range in the hundreds of thousands of dollars, is it any wonder that the concerted effort is to master the technical aspects of care and get into the “real world of dentistry” with the needed financial return?

There is an urgent need to resolve this dilemma. Dental educators need to heighten student awareness of the significance of the various factors which constitute the background of individuals for whom they will be providing care (be they cultural, religious, social, psychological, economics or the many other aspects of the humanities). Patient concerns must then be balanced by each student against the student’s personal drive for technical development and financial return.

On numerous occasions, I've suggested a seemingly "crass" statement which combines an appreciation of 1) the need to communicate and learn to understand their patients and 2) the personal desires of the soon to be dentists -- "**You will make more money with your mouth than with your hands.**" The years of feedback from former students have taught me that this simple statement has been a pathway to explore, comprehend and work with the patients in their operatories and additional potential patients.

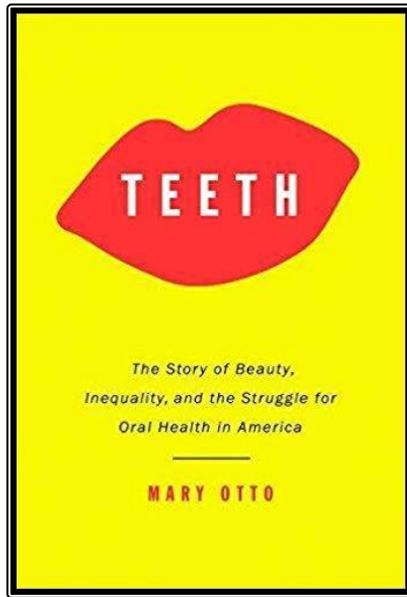
During this past half century the dental profession has been transformed from a profession focused on "fixing teeth" to a profession now focused on caring for people. No longer do admission committees consider a background in the social and behavioral sciences to be irrelevant relative to the dental school admission process. We have learned that they are the key to the humanities which are an essential component of our profession.

Editorial Note

On July 1, 2013, CODA implemented a requirement for a humanistic approach to the education of dentists. See Commission on Dental Accreditation. *Accreditation Standards for Dental Education Programs*. American Dental Association, 2016. p. 13.
< <http://www.ada.org/~media/CODA/Files/predoc.ashx> >

BOOK REVIEW

*TEETH:
THE STORY OF BEAUTY, INEQUALITY,
AND THE STRUGGLE FOR ORAL HEALTH
IN AMERICA*



BY MARY OTTO, 288 PAGES. THE NEW PRESS, 2017. \$26.95.

REVIEWED BY ROBERT P. IOVINO, D.D.S., M.A.

Mary Otto's book "*Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*" is the latest installment in the decade long campaign by public health advocates (both public and private) to promote expanded access to needed oral health care. Since David Satcher's term as America's 16th Surgeon General (1998-2002), there has been a growing awareness of the important role oral health plays in overall general wellness. This understanding, coupled with an increasing appreciation of the difficulty many individuals experience in accessing critically needed dental care, has left many Americans highly dissatisfied with our nation's oral health care delivery system.

Otto, a leading journalist on the topic of oral health care, is a recipient of a grant from the Studs and Ida Terkel Fund. The Terkel Fund's expressed mission is to assist authors dedicated "to exploring aspects of America that are not adequately represented by the mainstream media." Otto's book has placed the critical issue of the dental care crisis squarely in the public eye, both in bookstores and in the mainstream media, throughout the country. It is a clear-cut case where a foundation's funding has had the desired effect.

Otto's report, for the most part, is extensively researched and well-written. Significantly, Otto and her report have received favorable coverage in the press. In March 2017 *Teeth* was the subject of a highly complimentary full-page written review in the *New York Times Book Review*.¹ Also, this past March, an interview with Mary Otto, concerning dentistry's unique separate status from medicine, appeared within pages of *The Atlantic*.²

¹ Jaffe, Sarah. "The Tooth Divide: Beauty, Class and the Story of Dentistry." Review of *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*, by Mary Otto. *The New York Times Book Review*, 23 March 2017. < <https://www.nytimes.com/2017/03/23/books/review/teeth-oral-health-mary-otto.html?mcubz=0> >

² Beck, Julie. "Why Dentistry is Separate from Medicine." *The Atlantic*, 9 March 2017. < <https://www.theatlantic.com/health/archive/2017/03/why-dentistry-is-separated-from-medicine/518979/> >



Otto backs up her critique with historical documentation. She details the 150+ year historic divide between the professions of dentistry and medicine that remains to this day. During this time, dentistry in America has obtained international preeminence. But the picture is far from perfect. Otto reports on the strengths and inequities present in America's predominantly dentist-controlled, market-driven oral health care delivery system. The dental profession was once highly regarded for disinterestedly promoting oral health through water fluoridation. Today the profession is being called-to-task by the public, who consider many dentists in America to be primarily focused on maximizing profit via performing complex restorative and cosmetic procedures.

All professional groups can be accused of being Janus faced. They are capable of both good, and not so good or bad. The dental profession in America is no exception. Otto exposes organized dentistry in the United States, revealing it to be fiercely autonomous, change-resistant, and politically sophisticated. Nowhere is organized dentistry's reactionary bent more evident than the American Dental Association's (ADA's) steadfast efforts to suppress further development and implementation of dental therapists. Worldwide, independently practicing dental therapists competently perform basic operative dental procedures and less complex extractions. However, the ADA steadfastly opposes midlevel providers in the United States performing "irreversible surgical procedures."³ Instead the ADA seeks to expand access to needed dental care through the implementation of "community dental health coordinators"⁴ focused on patient education, prevention, and "trained to help get patients to existing dentists."⁵

Thanks to Otto, reports on such dental workforce issues are gaining traction in the press. In a featured article, titled "The unexpected political power of dentists," published this past July in *The Washington Post*, Pulitzer-Prize winning journalist Mary Jordan likens the strength of the ADA's political lobby to that of the National Rifle

³ Otto, Mary. *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*. The New Press, 2017, p. 167.

⁴ *Ibid.*, p. 169.

⁵ *Ibid.*

Association. Regarding the ADA's campaign to suppress the training and implementation of dental therapists, Jordan cites Mary Otto who states: "The issue is 'intensely debated and can be very emotional'..."⁶ Jordan notes, "It has to do with dentists' identity and the professional autonomy they have fought to keep for generations."⁷

While the majority of Otto's report appears to be fair and balanced, her explanation of professional autonomy is considerably one-sided. Those readers seeking an alternative view on the subject of professional autonomy would do well to acquaint themselves with the writings of the Pulitzer Prize winning author Louis Menand. Menand, in a ten-page segment in his book titled *The Marketplace of Ideas*, has the insight to focus on the process of the "professionalization of an occupation."⁸

Menand explains why restrictive licensing and a sufficient degree of professional autonomy are required to insulate professionals from competing forces, thereby permitting members of a profession to value and seek excellence above profit in an otherwise market driven economy. However, many economists disagree, believing such measures drive up patient costs while limiting access. The late Milton Friedman (See Friedman's classic *Capitalism and Freedom*⁹) and his modern-day disciple Uwe E. Reinhardt¹⁰, the James Madison Professor of Political Economy at Princeton, are among those who in their writings take exception to those ideas explicated in Menand's position.

⁶ Jordan, Mary. "The unexpected political power of dentists." *The Washington Post*, 1 July 2017.

< https://www.washingtonpost.com/politics/the-unexpected-political-power-of-dentists/2017/07/01/ee946d56-54f3-11e7-a204-ad706461fa4f_story.html?utm_term=.6c86039f94c1 >

⁷ Ibid.

⁸ Menand, Louis. *The Marketplace of Ideas*. Norton, 2010, p. 100.

⁹ Friedman, Milton. *Capitalism and Freedom*. University of Chicago Press, 1962, p. 152.

¹⁰ Reinhardt, Uwe. "The Dubious Case for Professional Licensing." *New York Times*, 11 October 2013.

< <https://economix.blogs.nytimes.com/2013/10/11/the-dubious-case-for-professional-licensing/?mcubz=0> >



In closing, Otto's *Teeth* is an important addition to the dental literature for both the lay and professional reader. Passages from *Teeth* will, undoubtedly, be utilized by faculty to stimulate debate in dental college ethics programs throughout our country. However, *Teeth* is not without flaws. The subject of professional autonomy warrants further study. I hazard to say that a better understanding of professional autonomy is to be discovered in the middle ground that exists between Friedman's and Menand's polar opposite positions.

CALL FOR NARRATIVE ESSAYS & ORIGINAL POETRY

THROUGHOUT TIME NOTABLE WRITERS, PHILOSOPHERS AND POETS, INCLUDING VIRGINIA WOOLF, ARISTOTLE, AND ROBERT BURNS HAVE INCORPORATED A HEALTH CARE PERSPECTIVE WITHIN THEIR WORK. WHETHER BASED ON OBSERVATION, OR THEIR PERSONAL EXPERIENCE SUCH WRITINGS PROVIDE AN EXCELLENT PORTAL BY WHICH ONE MIGHT GAIN A MORE HUMANISTIC APPRECIATION ON THE PATIENT-PROVIDER RELATIONSHIP.

THE JOURNAL INTENDS TO PUBLISH THOUGHTFUL ESSAYS OR POEMS ON HEALTH CARE, AND RELATIONSHIPS. WHETHER YOU ARE A HYGIENIST, ASSISTANT OR FRONT-OFFICE WORKER, DOCTOR, PROFESSIONAL POET, WRITER OR JOURNALIST, ETC., PLEASE CONSIDER SUBMITTING YOUR WORK TO THE *JOURNAL OF DENTAL HUMANITIES* FOR REVIEW AND POSSIBLE PUBLICATION.

ADDRESS TO A TOOTHACHE

ROBERT BURNS (1759-1796)¹

My curse upon thy venom'd stang,
That shoots my tortured gums alang;
And through my lugs gies mony a twang,
 Wi' gnawing vengeance;
Tearing my nerves wi' bitter pang,
 Like racking engines !

When fevers burn, or ague freezes,
Rheumatics gnaw, or cholic squeezes,
Our neighbor's sympathy may ease us,
 Wi' pitying moan;
But thee, thou hell o' a' diseases,
 Aye mocks our groan !

Adown my beard the slavers trickle,
I throw the wee stools o'er the mickle,
As round the fire the giglets keckle,
 To see me loup;
While, raving mad, I wish a heckle
 Were in their doup.

O' a' the the numerous human dools,
Ill har'sts, daft bargains, cutty-stools,
Or worthy friends raked i' the mools,
 Sad sight to see!
The tricks o' knaves, or fash o' fools—
 Thou bear'st the gree.

¹ Robert Burns was an 18th century author and poet who is broadly recognized as one of the most significant literary figures of Scotland. See: Robert Crawford. *The Bard: Robert Burns, A Biography*. Princeton University Press, 2009.

Where'er that place be priests ca' hell,
 Whence a' the tones o' misery yell,
 And ranked plagues their numbers tell,
 In dreadfu' raw,
 Thou, Toothache, surely bear'st the bell
 Amang them a' !

O thou grim, mischief-making chiel,
 That gars the notes of discord squeel,
 Till daft mankind aft dance a reel
 In gore, a shoe-thick !
 Gie a' the faes o' Scotland's weal
 A towmond's toothache !

Meaning of unusual words²:

stang=sting
 lug=ear
 twang=twinge
 slavers=saliva
 mickle=armchair
 giglets keckle=girls cackle
 loup=jump
 heckle=comb with steel teeth for dressing flax and hemp
 doup=backside
 dools=woes
 Ill-hairsts=bad harvests
 daft=mad
 cutty-stools=stool of repentance on which offenders sat in church
 mools=crumbling earth
 fash=annoyance
 bear'st the gree=takes the prize
 raw=row
 chiel=fellow, child
 gars=makes
 gie=give
 faes=foes
 towmond=twelve month's

² See website: "Rampant Scotland"

< http://www.rampantscotland.com/poetry/blpoems_toothache.htm >

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