

## LICENSURE BASED UPON GRADUATION FROM DENTAL SCHOOL

Presentation

by

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### Introduction

I am not going to speak on my assigned topic ... at least not in any direct way! I'm not going to talk about credentialing, licensure, simulations, regional boards, or reciprocity. I'm not going to talk about validity, reliability, or calibration. I'm not going to talk about use of human subjects or standardization. I'm not going to talk about examination expense, responsibility for patients, or liability. I could talk about all of these issues, and I believe make a strong case for significant changes in the process by which we license professionals to practice dentistry. However, I'm not going to do so! Rather, I want to pursue with you an issue that I believe is more basic, and advance an idea that -- if I can gain your acceptance -- could result in all of us doing a better job in fulfilling our unique though different purposes as dental educators and members of state boards; and in so doing contribute in a larger and more powerful way to the nation's oral health!

### Nature of a Profession

Let's begin at the beginning. What is the nature of the profession of dentistry? And ... what are our roles in the context of the profession? I would like to use the metaphor of "covenant" to conceptualize the nature of the relationship to the profession to society; and the relationship entered into by the dentist and the patient in their individual encounter. In its ancient and most influential form a covenant between groups or individuals included three elements: a pledge or a promise, an exchange of gifts, and finally a change of being. A contemporary manifestation of a covenant, with which we are all familiar, is marriage. At our wedding ceremonies when we become married, we 1) make a promise or vow of our commitment to our betrothed, 2) affirm that commitment with the symbolic gift of the ring, and 3) are no longer autonomous, individual single persons, but become "husband" and "wife."

The granting of society the status of profession to a group of individuals, and the acceptance of such a designation is indeed the establishment of a covenant. Society promises to the profession that it will grant the profession, in our case, dentistry, a virtual monopoly to practice dentistry with opportunity for significant personal gain. No one without our credentials -- no one who has not graduated from an accredited university program can gain licensure; can hold him or herself out as a dentist. The

profession in turn promises to serve the oral health needs of society faithfully and fairly. Society gives the gift of a subsidized education and the privilege of self governance. In return, the profession gives its learned skills and developed abilities to society. In this covenantal relationship the nature of being or existence is changed. Individuals become dentists and members of society ... patients.

This societal covenant of the profession is reaffirmed on an individual basis every time two individuals enter into a relationship where one agrees to be the "healer or dentist" and the other the "patient." The duty of the dentist to the patient is more than just the obligations incurred in a contractual agreement between two parties, with the exchange of money for services and the potential legal enforcement of the terms should either party violate the agreement. The duty of serving the patient by "doing good" for them is rooted in the prior covenant of the profession with society. The dentist acknowledges that there is full reciprocity in the relationship. The dentist gives of self to patient and the patient gives of self to the dentist. Without the dentist giving to the patient, the patient could not gain the benefits of oral health; and ... without the patient giving to the dentist, the dentist could not be a dentist! This understanding of mutual benefit and reciprocity is essential to a responsible professionalism and an appropriate humility.

Flowing out of this notion of covenant are duties of the dentist and, in addition, duties of the patient, though I will not have opportunity to address those in this context. The goal of the dentist in the professional relationship is benefiting the patient. This benefiting the patient is accomplished specifically in dentistry by providing the highest quality of oral health possible contingent on the clinical circumstances; the profession's current understandings, that is, standards of knowledge and care; and the patient's desires. This principle of doing good for the patient, beneficence in the language of morality, can be understood as a continuum of actions. At one extreme is "not causing harm to the patient" extending through the removal of harm, the preventing of harm, and the active promoting of the good. The Hippocratic Oath expresses the duty of non-maleficence (not causing harm) together with the duty of beneficence: "I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them."

### Being Clear on Purpose

Contemporary organizational strategic planning suggests that organizations, no matter what their nature, must always be clear on purpose to be effective. Typically, if you find an organization floundering or not thriving, you will find a group of individuals not clear on purpose -- or not committed to purpose. In facing the issue of the moment, let's get clear on purpose!

- The purpose of the profession of dentistry is to benefit the public's oral health.

- The purpose of colleges of dentistry is to educationally equip individuals to benefit the oral health of society.
- The purpose of state boards of dentistry is to protect the public; to ensure that dentists are being faithful to their covenant by treating their patients fairly; to ensure that dentists are being positively beneficial to the oral health of their patients, and are not doing them harm. State boards are "referees" of the covenant.

Why do we need state boards? For the same reason we need officials at basketball games. There is something about human nature that, left to our own devices, we are morally fallible beings ... tending to look out for self. Though we can on occasion be altruistic and place other's interests above our own, such cannot be counted on routinely, as a matter of course; or in all instances. The sage social critic Lionel Trilling has said:

*"moral passions (the passions to benefit others) are even more willful and impervious than self-seeking passions. We must be aware of the dangers which lie in our most generous wishes. Some paradox of our nature leads us, when once we have made our fellow man the objects of our enlightened interest, to go on to make them the objects of our pity, then of our wisdom, and ultimately our coercion."*

State boards exist to ensure fairness. Patients are vulnerable, through illness and ignorance, and require protection. State boards of dentistry are instrumentalities of the public. Though dentists, members of state boards are called forth from the profession by their state's citizenry to serve in a different role ... the public's monitors of the covenant between the dental profession and society.

### Professional Self-Regulation

While I do not have time to address it in any depth, let me dismiss quickly the ideal of professional regulation. It has failed miserably and is non-existent! While a noble thought, and an idea and ideal of merit, it simply hasn't worked. It is evidently too onerous a responsibility. The duty to colleagues, that is other dentists, seems to take precedence over obligation to patients. Concern for our fellow dentists and their interest and livelihood frequently overrides our concern for the mismanagement of patients. Our track record is dismal. The American Dental Association has only dismissed from its membership a handful of members over the years and ... such dismissal carries no functional weight, as only membership in the professional guild is lost, and not the ability to practice dentistry. We, and I include myself in this indictment, treat our principles of ethics with impunity. I personally know a significant number of dentists who currently refuse to treat individuals who are HIV positive, a violation of both the ADA Principles of Ethics with sanction being loss of membership; and a violation of law, with potential sanctions administered by state boards of dentistry and

our judicial system. Lack of aggressiveness among all health professionals in "blowing the whistle" has led William May, noted author on professional ethics, to suggest that the concept of *caveat emptor*, let the buyer beware, while formerly applied to the marketplace, must now be applied to health professionals. In fact, he suggests that individuals have a better chance of a fair deal in the for-profit market than they do in the typical health professional's office.

### Failure of State Boards

State boards of dentistry serve as regulators of the practice of dentistry and arbiters of the covenant. While an agent of society, state boards have not been diligent in their duties; again, most likely due to the fact that board members are dentists too, and find it difficult to be unbiased and to officiate the relationship between dentists/colleagues and the public; even though they have been entrusted to ensure the public's protection.

This failure was cited recently (December 12, 1991) in a stinging editorial in the Louisville Courier-Journal entitled, "Dental Checkup:"

*"In Kentucky getting rid of bad dentists is too difficult. The state's laws do a great deal to ensure that no dentist is unjustly deprived of the privilege of practicing, but they do too little to protect patients. Indeed, some of Kentucky's dental laws are downright stupid and endanger the well being of patients ... Kentucky has another serious problem -- a weak Board of Dentistry. In the last thirteen years, numerous patients have complained about Dr. X's work and the Board has charged him with "careless and grossly negligent conduct" in his care of three patients, but it hasn't yanked his license ... Dentists know that the laws need to be tightened and twice since 1984 the Board has asked the General Assembly to change the law, but it was a meaningless gesture. The Bills died largely because the state's dentists didn't support them vigorously. The reason was fear. They feared that if Kentucky's dental laws were opened to changes, technicians who make dentures might win the right to sell them without dentists' supervision according to a former Board President. What dentists don't realize is that the failure to weed out bad dentists hurts their profession, and it makes the possibility of competition look very appealing."*

This discussion is prelude to my presentation of the problem, at least as I see it. If the reason for the existence of state boards, the purpose of state boards, is the protection of the public ... and it is; then state board members need to determine how, where, and by whom the public is most vulnerable to professional maleficence. And ... bring about processes and procedures to ensure to the best of their ability that the public is benefited by the profession and not harmed.

Dentists, who on a regular basis are not living up to their professional duty to be positively beneficial to their patients by providing them with the highest standards of care recognized by the profession -- dentists who are harming their patients, must be excused from practicing the profession. They are not honoring the covenant and must be divorced by the profession, and by society, as dentists.

Who are these dentists? Are they predominantly graduates of one college of dentistry versus another? **NO** Are they predominantly elderly dentists? **NO** Are they predominantly younger dentists? **NO** Are they predominantly dentists who are not members of the American Dental Association? **NO** Are they predominantly recent graduates? **NO** Are they predominantly urban dentists? **NO** Are they predominantly rural dentists? **NO** Are they predominantly dentists who graduated in the lower one-half of their classes? **NO** Are they predominantly dentists with poor perceptual motor skills? **NO** Are they predominantly agnostic or atheistic dentists? **NO**

**NO** to all of the preceding! The dentists harming our profession by harming the public are dentists lacking in moral virtue -- dentists lacking in character -- dentists without integrity! Houston Smith, the noted philosopher of religion, has said "virtue is not unequally sprinkled over the world." Virtue and vice are normally distributed. These dentists, lacking in integrity and insensitive to their professional obligations of doing the best they can for their patients, are distributed throughout our profession and are not readily characterized by any of the designators I have suggested -- or by any other descriptor. They are people who dishonor the covenant we have with society by: practicing poor technical quality dentistry; not maintaining currency, through continuing education, in the standards of care of the profession; overcharging patients; defrauding third party financial intermediaries; providing services of poor or questionable cost/benefit; using techniques or products that are not scientifically validated or whose efficacy is highly suspect; making false or misleading claims or promises; coercing patients to accept their treatment; abandoning patients; abusing patients physically, sexually, or psychologically; providing care while under the influence of alcohol or drugs, thus not being in full control of their capabilities; and/or discriminating against specific groups in society. Through these and other moral failings dentists dishonor the covenant and require sanctioning by society!

### Dental Education

Today our nation's colleges of dentistry admit talented young people to study dentistry. We admit students based on demonstrated intellectual ability and attainment. We have little else to use in determining eligibility to study dentistry. While we do request letters of recommendation, they are not difficult for applicants to procure. That's about all we can do! We graduate students with a degree in dentistry based on intellectual attainment and perceptual motor skill development ... and that's about all we can do! We do not admit or graduate based on moral integrity or personal virtue! Why? Not

because it is not important! In fact it is quintessentially important to the practicing of the profession! A Yale Medical School dean when once asked on the most important quality of a good physician said "without doubt, integrity." We have no tool to gauge or assess this core quality. Our colleges are well controlled environments where an individual's moral habits are given little opportunity to express themselves. We rigidly monitor the quality of our patient care through peer review and faculty supervision. Moral failings when observed, are typically dealt with decisively. I have personally had to dismiss one young person from our College in each of the last four years for academic cheating. We do not tolerate known lack of integrity!

We do all we can to teach our students the ethical obligations of the profession and the unique responsibilities they assume as dentists. The American Association of Dental Schools has comprehensive guidelines for teaching professional ethics. I personally teach an ethics course to our students in each of their four years of school: sixteen hours a year for four years, over sixty-four hours of instruction in ethics; as much as a typical major in philosophy receives!

Our graduates meet high standards of intellectual and technical achievement. They have pursued intellectually vigorous courses, completed Parts I and II of the National Boards successfully; treated large numbers of patients, demonstrated technical competency (though not proficiency) in a wide range of procedures routinely performed by dentists. They have met or exceeded detailed educational criteria specified by the Commission on Dental Accreditation and the American Association of Dental Schools. But, they have not passed the litmus test of a true professional -- they cannot have! Do they place their patients' best interest first in the conduct of their autonomous professional lives? Do they apply their knowledge and skills with integrity when unconstrained by external forces? Are they men and women of virtue? We can't determine this prior to the awarding of the dental degree ... and you cannot determine this with any type or form of examination ever devised or ever able to be devised! Yet virtue is in the final analysis, the only real measure of the privilege of holding a license to practice dentistry.

I have considerable anecdotal evidence, and you may as well, of superbly talented individuals -- summa cum laude graduates, graduates ranking in the top of their class, who have become charlatans in the profession. And, I am personally aware of numerous young people who struggle through dental school, who were lacking in native gifts, who have become practitioners of merit, worthy of emulation, and leaders in the profession. Why? Because of their single-minded determination to be the best they could be ... to do the best for their patients they could -- to apply their abilities and skills with integrity -- to treat their patients with the respect and dignity due, and to treat them faithfully and fairly!

### Action by Boards Imperative

The previously referred to Courier-Journal editorial described a dentist who was no doubt a good student and who probably passed the Kentucky licensure examination with flying colors. He did not learn to "grind teeth into nubbins and pad bills" in dental school. It takes time, and the opportunity to observe, to determine who is truly worthy to practice dentistry. The overwhelming number are -- a few aren't! Only you, members of our nation's state boards of dentistry, have control over this most critical dimension of practice life.

If I could appropriate the style and a line from the late Martin Luther King and his "I Have A Dream" speech, "I have a dream that the day will come when we judge our dentists not by their intellectual attainments or their technical skill, but rather by the content of their character." Their parents have reared them, their professors have educated them, and members of boards of dentistry, as society's monitors, regulators, and ensurers of justice, must fulfill their obligation by sanctioning those who demonstrate, through repeated breaches of their patients' best interest, that they do not possess the character to be trusted with the oral health of their fellow human beings. No one else has the opportunity to do so! No one else has the obligation to do so! No one else can do so! Society is increasingly saying to our state boards: "you are our protectors -- do something!" I agree -- do something!

In former times, prior to the regulation of dental education by states and accrediting bodies, prior even to the existence of dental education as we know it today; in the days of apprenticeship dentists; in the days of proprietary schools; in the late 1800s and early 1900s; in the days when there were no standards, -- to protect the public required the initial certification of a minimal level of competency of individuals. This was done by means of a clinical examination. These days have passed! The environment has changed! The circumstances are now much different! Yet the vestiges of that long ago day remain with us -- the entry level clinical examination. That which has the least value in fulfilling the purpose of state boards of dentistry continues to occupy an overwhelming percentage of their time; to the exclusion of the most critical process of protecting the public -- regulating the practicing profession. Isn't it interesting that none of our other health professional colleagues use entry level clinical examinations for licensure? No, not nurses, physicians, veterinarians, podiatrists, or osteopathic physicians. But barbers and cosmetologists continue to use entry level clinical examinations just as we dentists!

The individuals who require the attention of state boards are not the babes emerging from the mother womb of dental education, but our "teen-agers" in the profession run amok in alcohol and drugs; our "middle age crisis professionals" -- whose judgment has been clouded by materialism and the call of BMWs, condos in Florida, expensive homes, and exotic vacations. Individuals who have sold their professional birthright - their integrity, for a mess of pottage. As the wisdom literature says, "by their fruits you shall know them."

We dentists deserve a good fee for a good oral health service, and our patients deserve a fair service for a fair fee. When the fee and oral health provided are in balance - the covenant is sustained. When the quality of care fails to justify the fee, issues of justice and, therefore, morality emerge. When the service is a disservice, that is, when standards of the profession are not upheld, then no fee is deserved, but rather action by the state board of dentistry.

While alluded to earlier, I must expand very briefly on another dimension of professional practice. Quality oral health care presumes competence. This competence is initially certified by the institution of higher education from which the dentist graduates and then validated through licensure by state boards. However, the scientific base of the profession has, is, and will continue to change rapidly. It is the obligation of practitioners to continually update their knowledge and skills in programs of formal and informal continuing education. Dramatic advances in all phases of oral health research continuously improve our understanding of oral disease, oral biomaterials, and oral therapeutics. The dentist not committed to life-long learning and changing practice strategies has difficulty practicing ethically ... in providing his or her patients with the highest quality of care possible. Thus an additional major role of state boards is the monitoring of the continuing competence of practitioners through continuing education and I might add even recertification of competency. Again an arena that requires significant attention if the health of the public is to be protected.

### Conclusion

Let me summarize and conclude:

- I believe the primary purpose of state boards of dentistry is to protect the public.
- I believe that clinically examining young men and women who have successfully completed a four year curriculum in a college of dentistry accredited by the Commission on Dental Accreditation is not central to this task of protecting the public.
- I believe that focusing on entry level clinical examinations significantly distracts state boards from real issues of protecting the public.
- I believe the time is now for state boards to focus on revoking the licenses of practitioners who by reason of their moral failings do not deserve the public trust.
- I believe the time is now to ensure that practicing dentists have at least the same level of currency as do our recent college graduates; that they are sustaining their intellectuality and commitment to learning; that they are capable of practicing "state-of-the-art" dentistry.



But, state boards retort, our state practice acts do not give us the power we need -- our state's don't give us the money we need -- and I respond:

- The time is now to exert leadership and summon the courage to rewrite the state practice acts to support the achievement of your mission and remove the barriers to fulfilling your purpose. There is not a legislator in this country who will not respond positively and strongly to an initiative to improve the quality of health care for the citizenry!
- The time is now to assess practitioners' reasonable fees to gain and renew their licenses to practice dentistry -- and thus gain the financial support you need to carry out your work. It is patently unreasonable to expect the license that allows dentists to engage in the profession that generates six-figure practices to be only \$50 per year!

Now is the time for all of us to join together, practitioners, educators, board members, to protect and sustain the covenant we have with society. We are members of a noble profession, with a distinguished history of serving the best interests of our patients and communities. We must not let the few destroy the meaningful and fulfilling relationship we, the many, have with society!