

## A Century of Service

### The CDA — Yesterday, Today and Tomorrow (The conclusion of an 11-part series)

When the Canadian Dental Association founding fathers met in Montreal September 16–18, 1902, they set the course for a national dental organization that was to have a profound effect on the dental health care of Canadian citizens for the next 100 years. For those of us living in the 21st century it is amazing to realize that 100 years ago, without the aid of jet travel and electronic communications, so much was accomplished by so few in such a short time.

Until 1940 the CDA House of Delegates — representatives from each provincial body — held a meeting every two years in different parts of the country. It was not until 1946 that the CDA held its first “national convention” in Toronto in conjunction with the Ontario Dental Association meeting. Over 1,000 dentists from across Canada attended the convention, the largest of its kind to date. CDA’s share of the Convention profit was \$831.15 — not an insignificant sum given that the next national convention, in Murray Bay, Quebec, promoted a room with a bath, meals and taxes for only \$12.50 a day.



Provincial representatives at the first national dental convention, Royal York Hotel, Toronto, 1946

The CDA hosted its first FDI Congress in Toronto in October 1977 and when the FDI returned for a second time to meet in Vancouver in 1994 it set a Canadian dental attendance record.

#### It’s About the Money (Then and Now!)

For many years following the 1902 founding meeting, finances within the Canadian Dental Association were limited. The original voluntary assessment to the provinces was 50¢ per member per year. In 1939 the assessment was raised to \$1.00 with 25¢ offsetting the cost of the new *Journal of the Canadian Dental Association*.

In 1942 a new act incorporating the CDA placed the Association on much firmer ground constitutionally and financially. Under the new bylaws the old Board of Delegates became the Board of Governors with a formula of one Board member for each 500 licentiates in a province. Revenue was derived “chiefly from annual grants from the corporate members” with a suggested grant of \$4.00 per member. By 1968, with inflationary costs, new programs and additional staff needed to serve the 7,200 practicing dentists, the CDA Executive Council allocated corporate grants at \$65.00 per member.

#### Voluntary Membership

An entire new “twist” to individual CDA membership occurred in the early 1970s when both the Ontario and the Quebec provincial governments enacted new health acts. In Ontario, a 1970 Committee on the Healing Arts recommended that membership in the Ontario Dental Association and the Canadian Dental Association be voluntary. By 1973, analogous legislation was in place in Quebec.

## CDA Finds a Home



234 St. George Street,  
Toronto, Ontario

When the CDA's organization and activities are reviewed over its first 40 years, it is truly amazing how much was accomplished without even an office to call its own or a full-time secretary-treasurer.

For years, working without remuneration or secretarial help, the five-member Executive Committee and a 12-member Board of Delegates oversaw the operation of 15 committees, including dental health, education, public relations, research, ethics, aboriginal affairs and insurance. Whenever meetings were held the delegates reached into their own pockets to defray costs.

From 1902 to 1922, 12 successive elected secretaries looked after the affairs of the Association. From 1924 to 1942 the secretarial post was held by Dr. J. Stanley Bagnall, an outstanding teacher and academic from Dalhousie University.

Dr. Bagnall's successor as CDA secretary in 1942 was **Dr. Donald W. Gullett** (left) who gave 23 meritorious years to the Canadian Dental Association until his retirement in 1965. In its 100-year history he was the Association's longest serving secretary and executive director. A 1923 University of Toronto graduate, Dr. Gullett became the Royal College of Dental Surgeons of Ontario's first permanent registrar-secretary-treasurer. Two years later the CDA appointed him part-time secretary and he continued in this dual capacity until 1956 when he relinquished the Ontario post to become CDA's first full-time secretary.



In 1950, after almost half a century of the Canadian Dental Association's "headquarters" residing in the private offices of its various secretaries, the Board purchased property at 234 St. George Street in Toronto. The entire \$75,000 cost of the new premises was underwritten by voluntary subscriptions from the provincial corporate bodies.

For years there were discussions about moving the CDA national headquarters to Ottawa, the Board feeling that there would be distinct advantages to being closer to the seat of the federal government. The Board of Governors finally gave approval in 1972, and a \$1,173,333 tender for a two-storey building was let in 1975. On March 10, 1977,



CDA headquarters, 1815 Alta Vista Drive,  
Ottawa, Ontario

the Alta Vista Drive headquarters in Ottawa was officially opened with Health Minister Marc Lalonde leading the ceremonies.

## Government Relations

From the time of its founding the national Association accepted its mandate to work with the federal government as it affected health in general and dental health in particular.

One of the more notable instances of the Canadian Dental Association's working with the federal government came in 1935, during the darkest days of the Depression. The CDA sent a strong resolution to Prime Minister R.B. Bennett offering the Association's assistance for "constructive measures in order to bring back our country to normal conditions."

Again, in a 1938 brief to the Rowell-Sirois Royal Commission on health care, the CDA, after extensively stating its case, frankly suggested that provision for dental health services for the entire population was impossible. The answer, according to the CDA, lay in the provision of adequate preventive and restorative treatment for the young people of Canada.

In 1961, a federal Commission chaired by Mr. Justice Emmett Hall studied existing and future health services for Canadians. His report was released in 1964 and the CDA quickly responded. Of 200 recommendations, 40 referred to dental care. The CDA strongly supported the recommendations for universal fluoridation, education, research and prevention but rejected the New Zealand type of auxiliary.

The dialogue and development of policy with government continues to this day in numerous areas — fluoridation, smoking, infection control, mercury contamination, dental radiation and waterlines to name only a few.

## Taxation

Possibly no area is watched more closely by dentists than taxation. One of the earliest CDA success stories took place in 1920 when the federal government defined dentists as "manufacturers" and imposed an onerous 2% sales tax on

dental treatment. The important issue was not the 2% but whether dentists were practicing health professionals or manufacturers. After considerable effort the CDA was able to have the tax rescinded. A principle was protected and a precedent created.

A 1939 *Journal* editorial on a special tariff case, where CDA succeeded in having a proposal for a 32% duty on certain dental goods dropped, placed the national body's responsibility in clear perspective:

*May we appeal again to every dentist in Canada to support enthusiastically our National Dental Organization, and thus strengthen the only body capable of dealing with problems so vital not only to the interests of the dentist but also to those of the general public.*

This 1939 scenario with the federal government was to be played out over and over. Notable are some of the successes following CDA presentations to government:

- 1955: dental chairs and units declared duty-free
- 1956: tax deduction for convention expenses
- 1957: tax postponement on pension plans
- 1979: incorporation of management companies
- 1981: free duty on certain dental materials
- 1982: non-taxable employer-paid dental premiums
- 1983: CDA brief on pension reform
- 1988: campaign against GST on dental services
- 1995: "Enough is Enough" campaign against taxation
- 2002: CDA brief to the Romanow Commission on Health Care in Canada

### Product Guidelines and Seal of Approval

With a responsibility for ensuring only the highest standards for dental materials, devices and products, the Canadian Dental Association established a Committee on Dental Materials and Devices in 1971. The Committee maintains constant liaison with Canadian and international standards associations to ensure that all dental products meet required standards and safety.

In 1972 the Board of Governors adopted the design for a Seal of Recognition to serve as a visual counterpart in defining the therapeutic quality of a dentifrice. The first two dentifrices to receive the Seal of Recognition were Procter & Gamble's Crest and Colgate-Palmolive's Colgate with MFP.



In 1985, through the Consumer Product Recognition Committee, the Seal was expanded to cover a range of oral-health consumer products such as chewing gum, toothbrushes and floss.

### Dental Specialties

"Specialization" in dentistry started centuries ago, when early practitioners sought differentiation from barbers and barber-surgeons by calling themselves "dentists" and "dental surgeons." In Canada, by the 1890s and early 1900s, a number of practitioners were limiting their practices. Notable were George Beers and R. Hugh Berwick of Montreal and Thomas Henderson of Toronto, who confined their practices to oral surgery; J.B. Morrison of Montreal and Arthur Roberts of Toronto, who limited theirs to orthodontia; and Andrew McDonagh of Toronto, who was one of the first to practice periodontics.

As American dental specialists formed societies and academies, the smaller numbers of dentists in Canada joined those bodies and eventually formed organizations of their own. In May 1950 the Canadian Orthodontics Association became the first specialty organization in Canada. Organizations of periodontists and oral surgeons followed shortly.

As early as 1945 the CDA formed a Committee on Specialists and Specialization to encourage liaison among the various groups. Although licensing of specialists is a provincial prerogative — Alberta was the first to initiate a formal bylaw in 1927 — the CDA in 1954 developed a model to aid provincial bodies in certifying specialists. The Board of Governors officially recognized the two specialties of orthodontics and oral surgery in 1957.

In 2002 there are nine specialties in Canada: orthodontics and dentofacial orthopedics, oral and maxillofacial surgery, periodontology, paedodontics, endodontics, oral medicine and pathology, oral radiology, prosthodontics and public health dentistry.

### The Royal College of Dentists of Canada

An act incorporating the Royal College of Dentists of Canada (RCDC) was enacted by the federal government in 1964, the objectives being to promote high standards of qualification and to encourage training programs. The examinations of the RCDC are used by many provincial regulatory authorities as part of the requirement for licensure as a specialist.



## Today: The CDA in Action



In 1902, when **Dr. Eudore Dubeau** (left), secretary of the Dental Association of the Province of Quebec, invited dentists from across Canada to gather in Montreal to form a new association, he spoke of the “advantages to be gained by the nationalization of the dental profession.”

The advantages of oral health afforded to the people of Canada by the men and women in dentistry have elevated their quality of life to levels never dreamt of 100 years ago. And the advances attained in treatment, prevention, education and research have brought immeasurable stature to the dental profession itself. The remarkable fact is that the call, the duty and the mission of CDA have been unswerving and are as relevant today as they were a century ago.

Optimal oral health is an integral part of CDA’s mission statement and, in various circumstances and changing roles, is a responsibility it fulfills each and every day.

## CDA Guidelines

As the authoritative national voice of dentistry, CDA is dedicated to providing current information to its members and the public. There is no better evidence of this obligation than the CDA guidelines. These guidelines deal with the daily issues affecting the practice of dentistry in the 21st century. Whether the topic is adverse reactions to drugs, general anesthesia, mercury, handpieces, sealants, lasers or any one of the more than 40 subjects covered by the guidelines, dentists and the public are assured that the techniques and systems of modern dental practice have undergone a complete investigation by the CDA and that their safety and effectiveness have been proven.

## Ongoing Responsibility for Health Care

Some recent CDA actions manifest the Association’s concern and responsibility for authoritative information as it affects the health of Canadians:

- As a result of the Canada-Wide Standard on Mercury for Dental Amalgam Waste endorsed by the Canadian Council of Ministers of the Environment, the CDA, in February 2002, signed a memorandum of understanding that will lead to a reduction in the amount of waste dental amalgam discharged into the environment.
- Since March 1988, when CDA first approved and published the Recommendations for Infection Control Procedures, this topic has been constantly reviewed.

In 1999 the *Workbook on Infection Control: A Companion to CDA’s Guidelines on Infection Control* was updated and received wide acclaim and distribution.

- At the Board of Governors meeting in 1964 the CDA resolved to “go on record as actively supporting the objective of the Canadian Smoking and Health Program of the Department of National Health and Welfare,” and its vigilance and steadfastness on this critical health issue have never wavered. In January 2002, CDA responded to the Government of Canada’s notice of intent to regulate the display of “light” and “mild” descriptions on tobacco packaging — emphasizing that the government’s intent does not go far enough. And in its conviction of the importance of quitting tobacco use, the CDA distributed a comprehensive educational package to over 17,000 Canadian dentists that details steps to help patients quit the tobacco habit.



Indicative of CDA’s role in the fight against tobacco use was the May 2001 appointment of the then CDA president, **Dr. Burton Conrod** (left), to the newly created Ministerial Advisory Council on Tobacco Control.

## Information and Communication

From the earliest days of the Association, information and communication have been at the heart of the CDA. Communication is what encouraged CDA to found its own journal in 1935. And the value of information is what led to the establishment of the library in the old headquarters at 234 St. George Street in Toronto in 1951. Renamed the Sydney Wood Bradley Memorial Library in 1967, the library has become a focal point for dental knowledge in Canada. With the development of a resource centre in 1982, the library today is a priceless repository of dental knowledge accessed by thousands of dentists and other professionals each year.

CDA’s dedication to information and communication is further demonstrated in the distribution of the Dental Information System booklets. With sponsorship from Colgate-Palmolive and Canadian Dental Service Plans Inc., the 14-booklet series explains a wide variety of dental procedures and essential facts in simple everyday language — which is why they are so popular with dentists and their patients.

A hundred years is a long time, and any individual or organization that does not keep current is bound to fall



behind over the course of a century. Not so the Canadian Dental Association. In the realm of information and communication, the CDA's Web site of recent years — [www.cda-adc.ca](http://www.cda-adc.ca) — is a marvel of modern media electronics. There is scarcely a "byte" of dental information that is not available to the public and the professional at the click of a mouse button.

### Political Action

In a 1960 speech, John F. Kennedy said, "Political action is the highest responsibility of a citizen." Today, as it has done over and over for 100 years, the CDA accepts its mandate of political responsibility to its dental citizens through carefully formulated political action. Recent CDA government presentations display all the attributes of J.F.K.'s "highest responsibility":

- the presentation to the House of Commons Finance Committee on the need to improve the quality of life of Aboriginal people and concerns about rapidly escalating tuition fees, and
- the January 2002 report to the Romanow Commission on the Future of Health Care in Canada.



Along with accepting the responsibility to make formal presentations as required, the CDA also maintains, through its 290 dentist volunteers, an ongoing, year-round MP Program. Members of Parliament from coast to coast, through

personal contact and a newsletter, are kept current on CDA initiatives.

### FDI World Dental Federation

Founded in Paris, France, in 1900, the FDI includes among its objectives "to promote the organization of bodies that will contribute to the advancement of odontological science throughout the world." The CDA has participated in the FDI almost from the time of its own founding in 1902.

In 2001, Canada was honoured when Dr. Burton Conrod (CDA president 2000–2001) was elected to the FDI Council. Dr. Conrod follows in the proud tradition of fellow Canadians who have also served on the FDI Council: Drs. Eudore Dubeau, Donald Gullett, William McIntosh and William Thompson.

### Governance

Since its founding in 1902 the CDA has managed its affairs through different modes of governance. The early Board of Delegates allowed one appointed member from each province, with an extra member for each of Ontario and Quebec. In 1942, with CDA's incorporation and a new constitution, a Board of Governors was created, whereby the provincial corporate bodies had one voting member for every 500 practicing dentists. With variations, this formula remained in effect until November 2001, when the Board of Governors approved a new model based on the knowledge-based, decision-making philosophy.



Mr. George Weber (left), CDA Executive Director, has high praise for the new model: "I commend our corporate members on having the foresight to advance CDA into the era of modern association management."

Under the new model, each General Assembly will consist of a Strategic Forum and an Annual General

Meeting, with a provision for an interactive session allowing AGM participants to discuss specific issues. The AGM — the formal part of the meeting where routine business is conducted and resolutions are passed — will consist of a small group of voting and non-voting members of the General Assembly and CDA members with observer status. The AGM's responsibilities include approving bylaw changes and directional policy (such as mission, vision and key result areas [KRAs]), electing Board members, approving changes in dues following budget presentations and receiving the annual report and financial statements.

The Strategic Forum is open to all members of the General Assembly and to invited oral health care representatives. Members of this assembly will discuss emerging issues affecting the oral health care of Canadians. The agenda, the president's State of the Canadian Dental Association address and the report on KRAs outlined in the Association's strategic plan will be presented to the forum. A report of these discussions will be submitted to the new Board of Directors for appropriate action.

This Board will consist of 10 voting members, who will approve general policy, oversee the Association's finances, and prepare agendas and reports for the General Assembly, among other duties.

## Tomorrow

Richard Haliburton (1796–1865), renowned Canadian author and judge, once said, “Things can’t and won’t remain long as they are.” When viewing the Canadian Dental Association’s 100 years of yesterdays and contemplating the future, we know that Haliburton was right — things don’t remain as they are. What then are the changes and challenges facing the dental profession and the CDA in the next 100 years of tomorrows?

Dr. John O’Keefe, editor-in-chief of the *Journal of the Canadian Dental Association*, has written a brilliant paper entitled “The Future of Dentistry,” in which he contemplates change over the next 20 years. Methodically and with clarity Dr. O’Keefe deals with the social trends of a diminishing middle class, healthy “boomers” who want to stay that way, and an aging but vocal population demanding more public funds for health services. The incidence of dental caries will continue to decline in the upper and middle classes, and periodontal disease will not be as prevalent as once anticipated. There will be an increase in people performing self-care and seeking alternative methods of treatment. Information technology, biotechnology and the Human Genome Project will see the dentist of tomorrow becoming much more involved in disease management.

Dr. O’Keefe foresees an increase in consumer activism, with pressure on all professionals to be more accountable. Managed care will make further incursions into dental practice, dental hygienists will seek more rights to private practice, and there will be an increase in advertising by dentists. In the field of education there is an aging faculty, a trend to merge dentistry with medicine and not much money on the horizon for dental research. With women making up 50%

of today’s dental school enrolment we can anticipate there will be more part-time practitioners in the future.

The good news is that the demand for high-quality dentistry has never been greater. The baby-boom generation, those born between 1947 and 1966, are the wealthiest cohort in Canadian history and have high regard for health and beauty — including cosmetic dentistry. And the Canadian public — as it has done for 100 years — continues to have great trust in dentists and to consider them the most important source of information about oral health.

In 1855, when Haliburton said, “Things can’t and won’t remain long as they are” he spoke a truism that has confronted the CDA for 100 years. If, in all actions and deliberations of the CDA and the profession it represents, the Association bears direct relevance to its Mission Statement, those who follow in the next 100 years can look back and say with pride, “Well done!”



Dr. George Sweetnam  
President, 2001-2002



Dr. Tom Breneman  
President, 2002-2003

**The CDA is the authoritative national voice of dentistry, dedicated to the representation and advancement of the profession, nationally and internationally, and to the achievement of optimal oral health.**

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*(All statements of opinion or supposed fact are published on the authority of the author and do not necessarily express the views of the CDA or the DCF.)*



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