

DEBATE



Amalgamation: Choice or Necessity?

Donald F. Mulcahy, DDS

© J Can Dent Assoc 1999; 65:229-30

I would like to respond to Dr. Martin Deslauriers' imaginative and insightful article, "Amalgamation of Medicine and Dentistry: The Solution to our Problems?" (*J Can Dent Assoc* 1998; 64:590-1). It may be revealing of our profession that this interesting topic stimulated little or no response from dental organizations and academia.

The concept of stomatology, i.e. medically based dental practitioners, is not a new idea, but it is one that is becoming increasingly relevant. Such a system of study has existed in parts of Europe for a long time. In recent years, three Canadian dental schools have become partly or wholly incorporated into their respective medical faculties. However, it should not be assumed that these amalgamations have occurred for reasons of pure pedagogic altruism; on the contrary, they have likely happened out of dire politico-economic necessity, at least as far as the University of Alberta and the University of Western Ontario (UWO) are concerned.

In Alberta, the previous university administration concentrated on its sizeable deficit while ignoring its preposterously huge overhead and the resultant high cost of training each graduate. With a

reduced class size and a glut of dentists in the community, the threat of closure was real. Whether it was the faculty or the university that initiated the idea of amalgamation is not clear to outsiders, but the incorporation with medicine was probably an economic and administrative necessity. As for the UWO, whose mandate allowed for the joint training of dentists with doctors in the early years of study, it has always existed in the giant shadow cast by the country's largest and most prestigious school — the University of Toronto — which is only a couple of hours "down the pike." With its recent class reductions, Toronto has become eminently capable of absorbing the similarly reduced classes of the UWO — an attractive financial option for any fiscally stressed minister of education. Needless to say that by joining its department of medicine, a school greatly increases its protection against closure.

Although it would have been preferable for such unions to have evolved as a result of a sea change in the basic philosophical concept of dental education, amalgamation is still an attractive idea, not only because it increases a dental faculty's political clout in dealing with

government, but because it produces graduates who are more medically oriented.

Dr. Deslauriers' discussion may have focused on Quebec, but many of his concerns are equally valid in the rest of the country. I am not sure that the amalgamation he envisions would necessarily increase work for dentists unless provincial health care funding was opened up to them based on their MD qualifications (not wise to hold one's breath waiting for that!). One thing is certain — there is no way the medical profession would want them to work as practising physicians as well as dentists. It would have to be one or the other.

Dr. Deslauriers associates the lack of busyness in dental offices with a surplus of dentists, the intrusion of auxiliaries into the livelihood of practitioners, and economic hardship (or conversely, the high cost of dentistry).

The glut of dentists has been a concern for some time. Individuals have tried to stimulate public discussion on this topic, but dental associations and academia — often working as allies — have not responded convincingly. It appears that ivory tower self-interest will continue to prevail until dentists start showing up in the breadlines.



The devolution of responsibilities to parodontal workers, originally projected by public health gurus as a panacea for affordable treatment delivery in publicly funded oral health systems, has had a devastating effect on the profitability of dental practices. Hygienists have mostly ended up in private practices while denturists thrive in providing mechanical solutions to biological problems on their own, autonomous premises. As mundane as basic oral hygiene procedures are, it may not make economic sense to pay someone else to perform them in a stringent marketplace. As for the capitulation of dentistry in allowing dental mechanics to rehabilitate the edentulous and partially edentulous population, let's not forget that provincial associations merely acquiesced to their governments quest for "competition" in health care delivery (read, "cheaper dentures"!). With regard to the high cost of dental treatment, we should ask ourselves why employers are expected to partially fund our patients' dental treatment. We may be conveniently ignoring the fact that if our fees are beyond the financial reach of the majority of the working population, then maybe they are too high.

It is unlikely that dental faculties welcome an incorporation with medical faculties because, as Dr. Deslauriers points out, they suffer a loss of autonomy and prestige. Although an exciting prospect, total amalgamation is unlikely to occur unless the concept of a dentist as a non-medical practitioner is replaced with that of a stomatologist — a physician who has completed a basic medical course and then specialized in oral health. Would we then all be specialists? Would our treatment costs increase as a result? Would the public be any better informed about the range of our capabilities? Probably not. Patients would be in no better position to decide whether to see a general physician or an oral physician than they are now in having to decide between seeing a medical doctor or a dentist.

It appears that the conditions which cause dentists to search for solutions to our collective dilemmas are due, in part, to the lack of foresight and timely initiative on the part of our dental associations. If these organizations are seriously considering the issues that profoundly affect the average dentist, then we are rarely made aware of their efforts. They have been far too ready to accommodate governments and insurance companies, often at our expense. It may be time to request a more definitive response from the organizations that purport to represent our interests as to the future direction our profession is likely to pursue. ■

Dr. Mulcahy is a retired dentist living in Edmonton, Alberta.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

*A Question of Ethics
Continued from page 225*

the public. Second, the reputation of an entire profession can be tarnished through what I see as one journalist talking indiscriminately.

When one of us is on trial, a part of each of us is also on trial. We share values, not sanctions. So let's stick together and make every effort to avoid damaging our colleagues' names. ■

Dr. Tremblay was in private practice for 12 years before accepting a position at the Cégep de Chicoutimi where she currently teaches oral health techniques. She is president of the Société dentaire du Saguenay-Lac-Saint-Jean.

The views expressed are those of the author and do not necessarily reflect the opinion or official policies of the Canadian Dental Association.

INFORMATION PACKAGE

April 1999

This month's package contains a selection of reading materials on **oral piercing**. It is available to CDA members for \$5.00 plus applicable tax. A complete list of information packages is available upon request by calling 1-800-267-6354 or can be easily accessed on the CDA Web site at www.cda-adc.ca. Once inside our site, please log into the "CDA Members" area and click on "Resource Centre" to view the list of packages.

Journal

April
1999
Vol. 65
No. 4

230



BLURRY, VERY BLURRY?

You could be at risk for diabetes.



CANADIAN
DIABETES
ASSOCIATION

ASSOCIATION
CANADIENNE
DU DIABETE

You Need To Know.

CALL 1-800-BANTING