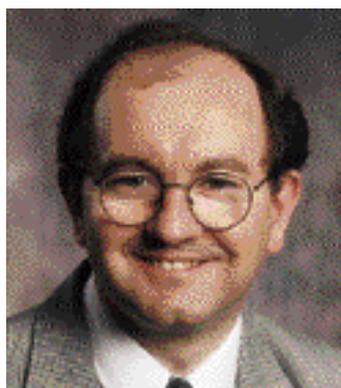


# Editorial

## DENTISTRY: A MULTI- FACETED PROFESSION



Dr. John P. O'Keefe

**D**r. Don Gullett's book, *A History of Dentistry in Canada*, highlights how hard our fledgling profession had to struggle in the latter part of the nineteenth century to achieve the status we now take for granted. Back then, universities took some convincing that dentistry had a rightful place within the walls of academe. Even after Harvard University decided to confer doctorate degrees in dentistry around 1870, Canadian institutions refused to follow suit.

In 1889, the University of Toronto became the first Canadian university to confer the Doctorate of Dental Surgery. Between 1903 and 1908, McGill was reluctant to do the same, even after dentistry was incorporated into the university. Since these early days, our profession has jealously guarded its status as a true health profession.

Issues such as our status as recognized health professionals, the future scope of practice of dentists, and the relationship between dentistry and medicine, are being highlighted by

changes in our professional environment. I refer specifically to the amalgamation of medical and dental faculties, and moves by other groups to displace dentists from their scope of practice.

The articles in this issue of the *Journal* touch on various topics related to our profession's relationship with medicine and our status as a health profession. In the Debate section, we have a point-counterpoint discussion on whether cosmetic dentistry is a health service. Dr. Donald Mulcahy is concerned that our profession is over-promoting cosmetic dentistry, with the potential consequence of fragmenting the profession. He also worries that cosmetic dentistry and business management courses, often running together, incite dentists to consider profit above the welfare of their patients. The result, he fears, will be a decline in our professional status from "doctors to mere clinical technicians."

In reply, Dr. Ken Glick argues that many modern conservative operative techniques, made possible through advances in dental materials, provide more of a health service than traditional techniques that sacrificed healthy tooth structure. Dr. Glick goes on to take issue with Dr. Mulcahy for assuming "the worst of those who practice cosmetic dentistry" and for questioning the ethics of the cosmetic make-over. In my opinion, the natural tension between the professionalism of dentists and the imperative to be successful businesspeople is highlighted nicely in this exchange.

Dr. Monique Julien, an academic nutritionist, writes that dentists have a professional responsibility to incorporate diet counselling into everyday practice, and that the acquisition of such counselling skills should be emphasized in the dental curriculum. The author claims that dentists are well placed to advise patients on matters relating to diet given that we are respected professionals, that diet plays such an important role in the etiology of oral diseases, and that many of our regular patients are focused on prevention.

I see a parallel between this issue and the incorporation of smoking cessation counselling in dental practice. Our dilemma is that if we don't provide the service, other groups will claim it as part of a scope of independent practice. Yet, many dentists currently feel reluctant to offer the service because of a lack of reimbursement and an unease about not possessing adequate counselling skills.

I am fascinated by the conclusions of Drs. Sabbah and Leake's study on the characteristics of people who utilize the services of dentists and physicians in Canada today. We tend to see the young, healthy, wealthy and well educated; physicians tend to be visited by sicker and more dependent people. Based on the evidence of this study, how will the culture of combined medical/dental faculties evolve given that the medical and dental students have completely different career expectations? If we look in our crystal ball, do we see these faculty amalgamations being bad marriages, or will the nature of professional reimbursement and scope of practice of dentistry change over time?

Both articles in the Clinical Practice section deal with oral manifestations of systemic conditions. Even though psoriasis rarely presents intraorally, Dr. Lisa Richardson's paper highlights its dramatic appearance. And in their paper on the oral manifestations of a case of acute myelomonocytic leukemia, Dr. Curtis Cooper and his co-authors stress that dentists and physicians should be conscious of "the importance of recognizing mucocutaneous manifestations of systemic diseases."

I believe that as professionals we are what we think we are, and are judged by others on how we behave. I am confident that as dentists we can hold our heads high given the past achievements of our profession and its anticipated future as a true health profession.

*John O'Keefe*  
1-800-267-6354, ext. 2297  
jokeefe@cda-adc.ca