

Staying Current

Occasionally, in the life of a dentist who has been through the hoops, there are magic moments. Last Friday was one of those.

I'm no spring chicken when it comes to our profession. I have been through the political wringer on my local level, served as a CDA trustee, got my feet wet on the national level as an ADA delegate, and been involved with the Academy of General Dentistry on those same levels. I sincerely believe that last week's lunch was one of the highlights of my professional life.

There were four of us dining. The combined ages of this foursome was 309 years old. Dividing this equally, we come up with a mean age average of 77.25 years. I'm not telling age secrets, but I was the youngest at 72. All dining at the table were still practicing. Lest I seem to be tooting my own horn in the above paragraph, at the table was a past president of his local component who had chaired the CDA Council on Insurance. Another of the diners is an evaluator for Gordon Christensen's prestigious CRA. Rounding out the group is a popular essayist that all California dentists have grown to love.

Other than a smattering of talk about our latest PSA scores, the conversation was about the latest innovations of restorative dentistry, and how we have evolved in our dental practices. It was truly inspirational to me to see the enthusiasm of my fellow practitioners who were engrossed in the relative merits new techniques.

We dentists have a wonderful profes-

sion. There is such an explosion of restorative possibilities that it takes constant study and a renewal of technical skills to keep up. Please, you dentists of a more mature nature, strive to stay current. Don't throw out the baby with the bath water (gold castings are still the benchmark of quality posterior restorations) but look at alternative procedures that are now available. I always look at each case and say, "If this was my, or my wife's, mouth how would I best proceed?"

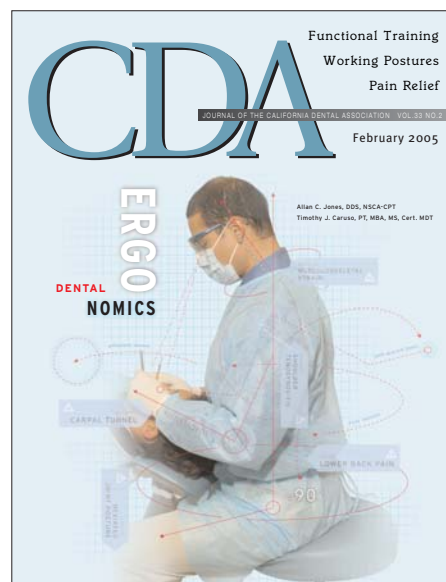
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Using Loupes

This is my first "Letter to the Editor." I am writing about the cover photo of the February 2005 issue of the *Journal of the California Dental Association*. I was very surprised to notice that the model on the cover is not wearing loupes. I teach part time at USC and I have never seen a student sit correctly without wearing loupes. I'm sure there are some practitioners who do not use loupes and whose vision and posture are perfect but they must be the exception and not the rule.

I can show you photo after photo of students who don't use loupes who are way too close, and photo after photo of students who do use loupes who sit properly since the loupes force the user not to invade the personal space.

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Access to Care

The March 2005 *Journal of the California Dental Association* again raised the discussion about the topic "Access to Care." The opening paragraphs of the editorial reviews the topic as though this is something absolutely irrefutable, understood, and supported by our overwhelming membership majority. I respectfully voice a contrary view. Quoting the following from the editorial, "A litany of buzzwords is associated with the political aspects of dental care, but among the more popular is access." I cannot think of any substantial issue in my lifetime that has the adjective "popular" attached to it. In fact, the term "popular" is more commonly associated with "fads" and I believe the expression "political fad" can justly be associated with the issue of "access to care."

Recently, many recommendations and changes within our profession have been promoted under the umbrella of the need for access to care, such as changes in California's dental licensure policies. I believe the editor does a good job of reviewing our pending licensure issues, but I have concerns with the initiating engine being our so-called "access to care" problem. The editorial goes on to discuss the fact that our economically underprivileged cannot gain dental care without state-funded programs. Assumptions are being made here without thorough understanding of the priorities and actual economic habits of our underprivileged. There is no mention within the entire access editorial about the failure of our organized dentistry to educate society toward understanding and reviewing their priorities and individual responsibilities for their family's well-

being. There is no mention about the lack of motivating individuals and families to make dentistry anything more than a social entitlement. In most instances, dentistry is by and large a quality of life issue, not generally a life and death issue. On this point you may disagree and therein lays the divergence of purpose among our members and our current leadership. The editorial goes on to note, "politicians consider access to care a high priority in serving their constituents, or at least they articulate that concern." These words properly elucidate our

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current dilemma when we fail to appropriately enlighten our politicians before seeking political alignment. Organized dentistry has supported the entitlement climate of our society, which has been so richly rewarded by our politicians. Much of our search for access solutions has fallen on the coattails of dental insurance and social welfare programs while we completely ignore free-market value systems. We have been guilty of feeding our politician's concerns instead of setting our record straight. Simple-minded solutions often seek to throw money at complex problems. The recent geo-

graphic distribution of dentists study used to support the notion of an access problem in California was done by UCSF and was mentioned at the House of Delegates as being fundamentally flawed. As I have read the study, I support that notion. The study seems to sustain the concept that given what you want to prove, you can devise a study to support your premise. In this case, the study seemed to be developed to hold up the idea that government programs are needed to bring dentistry to California's underserved areas, regardless of the natural economic and quality of life forces that are at work in our California marketplace or our actual dentist to patient ratios.

The catalyst that gave momentum to the whole concept that there is an existing crisis brewing around access to dental care in California was a recently published report that noted the caries rate in California children is much higher than the rest of the nation. Never mind the cause, reporters of this study were happy to imply that California's dentists weren't doing their job. Meanwhile, our CDA *Journal* statistics from February 2003 shows more than 46 percent of California's children are immigrants. This fact has been somewhat ignored as though it is irrelevant to the conditions found within these children's mouths. Do we need to deal with the problem? Absolutely. Knowing it is neither a result of the failure of California's dentists, or truly caused by limited access to care, and recognizing the true origin of the problem is important when seeing the most effective, long-term remedies. Is there actually a shortage of dentists? The facts seem to indicate otherwise. The same recent geographic

report from UCSF reports statistics that show the ratio of patients to dentists has actually improved from 1930 to 1995 to 1998. Could dentistry provide greater outreach to a multicultural society if more dentists were fluent in more languages? I believe the answer is an obvious yes, based on the fact that good communication is imperative in the practice of dentistry. Are there some access to care issues that have been ignored and need greater review? I believe the situation with oral care for our hospitalized elderly and home care facilities top my list of people who have a legitimate dental care access problem. Our current policies appear to be weighted toward the induction of more driller and filler dentists for children and low-income families. Many of the dental debates surrounding quotas for various ethnic groups to serve our multicultural society should be labeled appropriately as “affirmative action” and recognized as a failed a democratically defeated system.

CDA, lets embrace the free-market system that has made our country competitive and great. Let’s stop being defensive about the value of our services. Let’s choose a worthwhile long-term solution for parents and young to actually want and make dental services a cherished priority of their lives. Let’s recognize the importance of multilingual communications when seeking to deliver dental care to a color-blind society. Let’s seek a proper system of delivery for our elderly infirmed and let’s stop chasing after our politicians seeking handouts that all too often backfire and place us under their socialistic control and autocratic regulations.

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