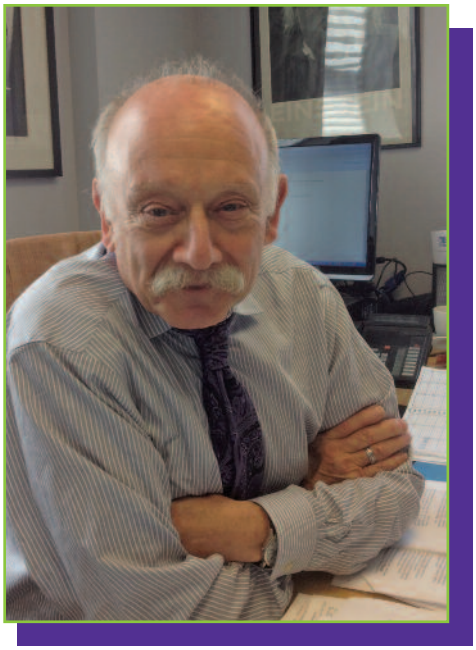
THE CORE MISSION OF DENTAL EDUCATION



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I am not a dentist, and I think that the closest I have ever come to a dental school was when I was an adolescent on the Lower East Side of New York (before it was hot!). I was a patient at the NYU College of Dentistry. Nevertheless, despite this slight acquaintance, I found the exchange between Charles N. Bertolami and Allan J. Formicola compelling for two reasons.

First, as a professor of public health, I have spent the better part of the past three years engaged in rethinking the core curriculum at Columbia University's Mailman School of Public Health, and so I have confronted the question of what it means to educate—not simply train—professionals whose mission is to advance our collective well-being. Hence, it was illuminating to witness and learn about the fierce debate that characterizes the world of dental education.

Second, as someone who has worked on the issues of public health, I have thought not only about the duty of professionals to provide needed care, but also about the much broader and far more important questions of what the state has a duty to do to assure equitable access to healthcare services, to create just healthcare systems, and to secure the social conditions that promote health and limit disease and disability.

In this brief commentary I cannot hope to do more than touch on these issues.

Educating and Training Dentists

It is clear that we want dentists, as well as physicians, to be technically competent so that they can diagnose and treat the maladies that affect us. What scientific base is necessary for such technical capacity is clearly a matter of open dispute among dental schools, even among those located in great universities. As interesting to me is the question of how dentists are exposed to biostatistics, epidemiology, and the social and behavioral sciences. One can be trained to do dental prophylaxis, fill cavities, and do simple extractions. But to understand why dental disease takes form in various social classes and at particular moments in history requires far more. To understand why dietary changes occur, and what their impacts are in terms of the distribution of dental disease by class and race/ethnicity, necessitates an education that is both disciplined and broader than that which is conventionally thought of as involving only a good "tool kit." To understand the forces that make possible or that create impediments to public health policy with implications for dental health requires more than dental training. Finally, to fully understand the ethical responsibility of dentists as professionals and the dental profession collectively demands an education that goes beyond the ability to recite a simple code of ethics.

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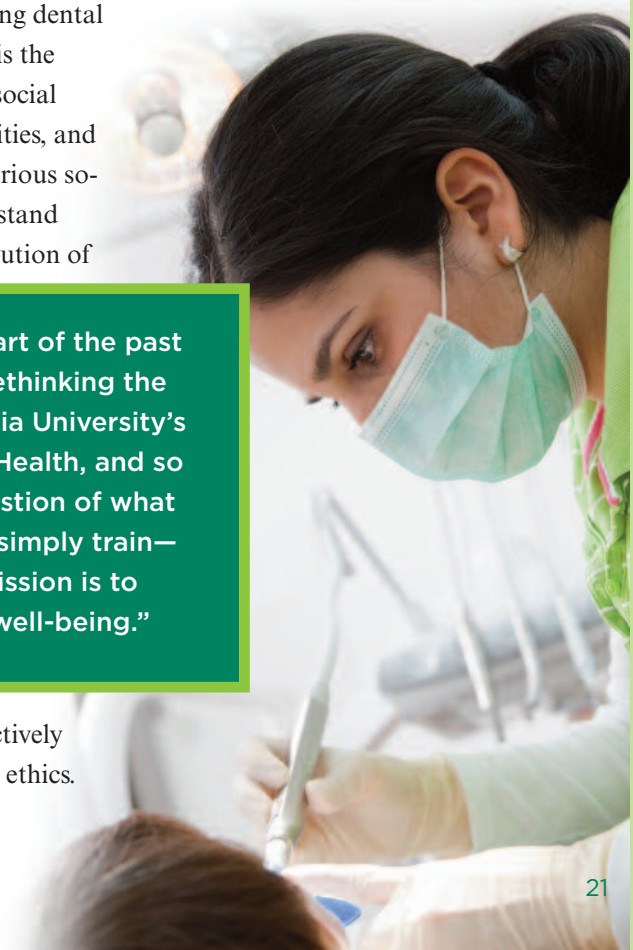

It is, of course, an empirical question of whether freestanding dental schools that are conceived of implicitly or explicitly as for-profit institutions or that are embedded in universities that are framed by a profit motive can provide the broad education that I have alluded to, but I have my doubts. My doubts stem from a suspicion that there is a deep clash between the values that inform the choices of for-profit institutions and the marketplace more generally and the values of those institutions that see themselves as serving a broadly defined public good.

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Justice

This leads me to my final point. In both the Bertolami and Formicola essays, there are allusions to dental inequities; that is, the extent to which access to dental services is affected by social class. The United States, as we know too well, is the only advanced industrial democracy that does not guarantee access to health care to all its citizens. Fifty million Americans have no health insurance; many more are covered by inadequate insurance. For decades, reformers sought to address this glaring inequity. With the passage of the Affordable Care Act and its gradual implementation, there will be extraordinary progress. But some will be left behind.

What is the story with dental care? How many cannot get the care they need? How many must pay out-of-pocket charges that are very burdensome or so burdensome that needed care is delayed?

These are questions that well-educated dentists and the dental profession as a whole need to address. They are questions that cannot be resolved by appeals to charity care or public clinics for the poor. They require an effort by the profession to argue and press for a guaranteed right to dental care as part of a broader right to healthcare services. Raising this question in a systematic way requires understanding the social forces that may foster or impede the path to dental justice. This ought to be a core mission of dental education in the United States.