

# Letters to the Editor

## “...And do what I do.”

H. Barry Waldman, DDS, MPH, PhD

That's the essence of the editorial in the November/December issue of *Pediatric Dentistry* as the directive to overcome the fact that "...dental schools are somehow failing to instill the profession's ethics in their students." Supposedly as a result of this alleged oversight in the dental education curriculum, "...our profession has slipped a bit in the eyes of the public."<sup>1</sup> Surely the editorial writer is aware of the Commission on Dental Accreditation requirement that, "Graduates must be competent in the application of the principles of ethical reasoning and professional responsibility as they pertain to patient care and practice management."<sup>2</sup>

Our combined more than 100 years of teaching in dental schools have taught us that despite continuing efforts to present the ethical and professional underpinnings of our labors in the proverbial "ivory towers," the realities of the "real world" have far greater influence on the character of our soon to be colleagues. Consider the following:

- Front page of the *NY Times* – "Boom time for dentists, but not for teeth."<sup>3</sup> "For middle class and wealthy Americans, straight white teeth are still a virtual birthright. And dentists say that a majority of people in this country receive high-quality care. But many poor and lower-middle class families do not receive adequate care, in part because most dentists want customers who can pay cash or have private insurance and they do not accept Medicaid patients." "... 27 percent of children and 29 percent of adults had cavities going untreated."<sup>3</sup>
- No doubt the national media coverage of the tragic death of 12-year-old Deamonte Driver from a brain abscess secondary to an abscessed tooth that went untreated for weeks negatively influenced the public's perception of the dental profession. Despite practitioner justification of inadequate finances, Byzantine administrative arrangements and paperwork, as well as missed patients appointments, the media continually emphasizes the unwillingness of dentists to provide care to Medicaid patients with the result that "...fewer than one-third of children covered by Medicaid received any dental treatment at all."<sup>4</sup>
- "Dr B. opened the ...Dental Spa ... two years ago, installing hardwood floor and waterfall and decorating in muted lavender and greens. All patients receive hand waxes before their appointment. For additional fees they can get follow-up pain treatment from an acupuncturist, and eyebrow waxes from a staff aesthetician."<sup>5</sup>

- The National Survey of Children with special health care needs (SHCN) reported that, "The service most commonly reported but not received was dental care."<sup>6</sup> The proportion of children with SHCN who are unable to secure needed dental services, in many instances, is three to four times the proportion of children with SHCN who are unable to secure other health services.<sup>6</sup>

Yes, there is always room for improvement in our efforts to prepare the young men and women who will replace us in the future. But what kind of lessons are our current colleagues teaching about the emphasis and direction of our profession. There is far more to ethics and professionalism than the editor emphasizes with reference to the unfortunate recent episodes of cheating at some schools.

Hopefully, future generations of practitioners will do better than "what we are (not) doing" now! Then surely we would rise in the eyes of the public.

## References

1. Adair SM. Ethics and the hidden curriculum. *Pediatric Dentistry* 2007;29:455.
2. Standard 2:21. Educational program: ethics and professionalism. Chicago: Commission on Dental Education.
3. Berenson A. Boom times for dentists, but not for teeth. *NY Times*, October 11, 2007. pg 1.
4. Otto M. For want of a dentist. *Washington Post*, February 28, 2007; B1
5. Alsever J. At the dentist's office, x-rays, root canals, now, pampering. *NY Times* 2006, April 30.
6. National Survey of Children with special health care needs. Rockville, MD: Maternal and Child Health Bureau. 2004.

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## Need for correction noted

Jennifer Marshall, DDS, MSD

Dear Editor,

It has come to our attention that an error in defining uncooperative/ cooperative behavior existed in our manuscript entitled "Cooperation Predictors for Autistic Dental Patients" which was published in the September/October 2007 issue of *Pediatric Dentistry*.

On page 371, the manuscript should have read:

(a) **uncooperative behavior** (1=definitely negative; or 2=negative); and (b) **cooperative** (3=positive; or 4=definitely positive).

On page 372, the manuscript should have read: Frankl behavior ratings for the subjects were:

(a) 26% (1); (b) 39% (2); (c) 9% (3); and (d) 26% (4).

Therefore, 35% of this study's children were considered cooperative and 65% of children were considered uncooperative for the dentist.

On behalf of all authors, we request that readers note this correction.

Sincerely,

Jennifer Marshall, DDS, MSD  
Barbara Sheller, DDS, MSD  
Bryan J. Williams, DDS, MSD, MEd



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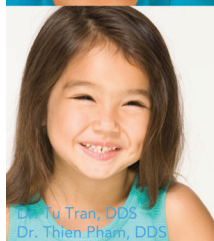
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