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LET'S GET TOGETHER ON SOCIALIZED DENTISTRY

By Jackson L. Davis, A.B., LL.B., D.D.S.

THE question of "panel," or socialized, dentistry has been under almost continuous discussion during recent months. Almost every issue of every dental publication carries an article on the merits or demerits of the proposition. So it appears that the great majority of the thinking group of the dental profession are all agog over this question of outside interference, governmental or otherwise, in the rendering of dental health service to the public.

A review of just a few articles on the subject shows conclusively that there is anything but a oneness of opinion as to whether state dentistry in any form would be a blessing or a curse to both the public and the profession.

In the May, 1933, number of *Oral Hygiene*, Dr. Robert B. Loos, of Reading, Pennsylvania, discusses "How to Fight State Dentistry." He states, in short, as follows: "The desire for such a socialistic system is the result of one of two situations: the public is either unwilling or unable to pay present fees. Our mode of attack should be against the existing conditions which are responsible for the agitation for state dentistry." Dr. Loos sees in the politically controlled school clinics an opportunity for the growth of the social dentistry idea. He urges, therefore, that this type of school clinic be discontinued, and that the profession act now to counteract the leaning toward state dentistry in any form. He suggests a readjustment of both dental fees and the value of dentistry in the mind of the public, and concludes in these words: "It is essential that we turn the thoughts of those inclined along such paths toward our way of thinking. We can do this only by showing them that the dental profession as it exists today can treat them in the proper way and at the proper fee. In this way, we can establish a harmonious relationship between the dentist and his new patient which will soon abolish all thought of state dentistry."

In the September, 1933, issue of *Oral Hygiene*, Dr. Bertram B. Machat of Brooklyn, New York, asks, "Why Fight State Dentistry?" He says, in substance: "What could be more ideal and more constructive than dentistry for all, with economic security for every dentist?" He asks that these objectives be attained under the New Deal through a tangible and not an academic plan. Dr. Machat outlines briefly and interestingly some existing facts in our present system of dental care:

"(1) More than eighty per cent of the people are without dental care.

(2) Dental disease causes a great loss of time, mental defects, impaired education, and, in this way, loss to the nation beyond measure.

(3) More than half of the dentists are struggling for a bare existence.

(4) Public clinics, industrial and governmental, are seriously depleting private practice.

(5) The productive period of a dentist is comparatively short.

(6) In time of economic stress, the ethical and experienced dentist loses out.

(7) Dentistry has outgrown public appreciation.

(8) Supervision of younger practitioners is necessary but lacking.

(9) Present methods of dental health education are too slow, and finally,

(10) The price system stifles confidence in the dentist which alone condemns the system."

The remedy for these undesirable conditions is set forth in the same article and, in part, is as follows:

"(1) Government subsidy.

(2) A few dollars per capita per annum would provide dentistry for all and fair income to every dentist.

(3) Such a tax would be a bounty not a burden.

(4) It is estimated that under the plan an average annual income of five thousand dollars should be received by the dentist.

(5) Time would be allowed for recreation, study and private practice.

(6) A few years of this nation-wide dentistry would do more in the nature of dental health education than many generations of the present system.

(7) Such a plan would insure supervision of the young men by more experienced practitioners.

(8) The dentist would benefit, socially and professionally.

(9) Politics could be made to play a very benign part."

The writer of this presentation asks that we do not brush aside this data but that it be studied and analyzed on its actual merit.

This presentation by Dr. Machat is so much at variance with the opposite school of thought as to provoke a short editorial by Dr. Arthur G. Smith in the same September number of *Oral Hygiene*. Dr. Smith views the article of Dr. Machat as leaving little to be desired in the nature of brevity, conciseness, coherence, and logic. For the sake of brevity and argument he admits, as facts, the statements by Dr. Machat as to the modern status quo in the profession, and passes hastily to a consideration of the points proposed as being capable of ending all troubles in the field of dental practice as they now exist. Dr. Smith in his editorial dissects Dr. Machat's proposal as follows: "No

trustworthy evidence is available that five or six dollars per capita per annum would care for the dental needs of our citizenry; and if it would, those to benefit most would most keenly resent such a direct tax burden." The editorial passes on hurriedly to state that politics cannot be made to play a benign part in anything that is to be administered, politically.

Now a review of opinion, as submitted above, reveals the fact that the dental profession has somehow gotten into a position of disadvantage on this very important question. The ranks of organized dentistry are divided and its members are parrying blows with each other on a subject on which a united and solid front should be presented. Careful observance of the mouths of patients as they have come and gone in my short practice of ten years has led me to feel that the very great majority of individuals who need dental service do not receive it. Careful study of the situation shows that two causes are responsible for this condition, (1) the failure of the public to realize the need for dental service, and (2) the inability of the masses to pay for needed service. Thus, the proposition becomes a question of dental health education and economics, which I firmly believe to be responsible, primarily, for the so-called socialized or panel dentistry movement. So it appears that the problem presents three angles or phases: (1) The education of the public in matters of dental health, (2) The providing of free dental service for the indigent, and, (3) Providing satisfactory dental service at a fee that low salaried patients can pay.

Time and space will not permit a presentation of a solution in detail of this problem in the three mentioned phases. I submit and insist, however, that whatever course is taken or solution offered, and there will be many, organized dentistry must have an active role. Governmental, philanthropic, and industrial interests must be relied upon for financial support, but the dental profession must point the way if its standards and dignity are to be maintained. We cannot and must not permit unsympathetic interests to assume a dominating spirit on a question so vital to our professional interests. In solving the problem, in the final analysis, I earnestly hope that the sanctity of the privy relation of dentist and patient will be preserved and maintained. To this end, may we cease fighting among ourselves, and present a oneness of opinion and desire. Organized dentistry must work as a unit with the whole-hearted support of the individual membership. I submit that this is the logical road to the solution of the problem, to the benefaction of the public, and to the preservation of dentistry as a profession.