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# THE DIVERSITY OF DENTISTRY

**T**he commonly held stereotype of dentistry often is very inaccurate and potentially damaging to the image of the profession and the recruitment of young people into the field. Further, some dentists feel dentistry lacks diversity, not realizing or participating in its many and varied areas of activity. I often am amazed, and somewhat frustrated, at the lack of understanding some people have of our profession.

This article is intended to provide readers with a view of the broad diversity of our profession in the hope that this information will stimulate educational discussions with friends and associates, especially young people who might be considering entering the dental profession.

## THE ROLES OF THE DENTIST

Most dentists are general dentists. Data from the American Dental Association's 1996 Survey of Dental Practice<sup>1</sup> showed that about 80 percent of practitioners called themselves

general dentists, while less than 20 percent were practicing one of the (then) eight ADA-recognized specialties: endodontics, oral surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics, oral pathology or public health. (In October, the ADA House of Delegates recognized a new specialty, oral and maxillofacial radiology.) General dentistry provides the most diversity for practitioners. The following discussion relates mainly to general dentistry.

What is a general dentist?

**Dental surgeon.** The original dental degree, Doctor of Dental Surgery, or D.D.S., denotes the main activity of general dentists. Surgical cutting of the hardest structure in the human body to very precise specifications is a task often not fully understood or properly recognized by the public. These procedures are nearly microscopic, and they require excellent manual skills and hand-eye coordination. It is not just cutting a hole in the tooth, and only the most proficient den-

tists become highly competent in this area. An excellent tooth preparation requires great skill and artistry.

**Surgeon of tooth-support structures and other oral-facial soft tissues.**

Surgical skills in periodontics, endodontics and oral surgery require time to acquire. These procedures often are very delicate and precise operations. Surgery in the mouth is not different from surgery on other parts of the body. Patients recognize this fact when they require oral surgery.

**Artist.** Many patients recognize this part of dentistry only after dentists or dental specialists have improved their smiles from malformed, misshapen appearances to normality. Artistry is present in only a few medical areas, and this is one aspect that attracts some dentists to the profession. The importance of esthetic/cosmetic dental procedures cannot be underestimated, as we see lives changed positively and self-esteem enhanced by the artistry of dentistry.

**Psychologist/social scientist.** By seeing numerous patients each day, dentists soon become very proficient at using their psychological skills. Dentists must be psychologists to survive in dental practice. The anxiety and fear that often are unjustifiably present in patients can create difficult treatment conditions unless the dentist has psychological abilities. Additionally, dentists become informal counselors to their patients in many areas unrelated to clinical dentistry, but interrelated with other areas of life.

**Biologist.** Dentists use knowledge of physiology, anatomy, microbiology, pharmacology and other basic biological sciences to an even greater degree on all patients than do practitioners of some other medical specialties. When administering anesthetic, prescribing medications, performing hard- or soft-tissue surgery or making dietary suggestions, just to offer a few examples, dentists are called on to use integrated knowledge from many basic biological sciences.

**Physician.** In some countries, dentists have Medical Doctor, or M.D., degrees instead of dental degrees. I speak in numerous countries where this concept prevails. I do not find these dentists to be any different from dentists in countries such as the United States, where the dental specialty has been segregated from the other areas of medicine. However, I have found that there is a significant tendency for dentists to be more involved in overall medical activities when they have M.D. degrees. Although this concept has obvious political ramifications, dentists are undeniably physicians for this

specific area of the body. Dental education is very similar to medical education, albeit somewhat more specialized. Incoming students in both areas are more similar than different in their interests and abilities. The public is beginning to understand this concept. There currently is a movement to create oral physicians who diagnose and make treatment plans and then leave the treatment for others. In my opinion, diagnosis and treatment planning for oral procedures, just as in general surgery, appear to be best left with those who treat patients, regardless of the degrees they hold.

**Engineer.** In the restorative and prosthodontic areas of dentistry, dentists apply many engineering principles. These

***Dentists must have a solid background in such fields as chemistry, physics, ceramics and metallurgy to be able to perform oral treatment procedures.***

areas of dentistry consist of small-sized engineering feats. The engineering aspect of dentistry relates directly to esthetics, function and longevity of restorations. As with other skills, some dentists inherently have mechanical or engineering abilities and others do not. However, mechanical skills can be developed with practice.

**Physical scientist.** Metals still provide the basis for most of the tooth restorations in dentistry. That concept, however,

is changing. Dentists must have knowledge of the many dental materials available. This requires that dentists have a solid background in such fields as chemistry, physics, ceramics and metallurgy to be able to perform oral treatment procedures.

**Technician.** Dental technology is a significant part of dentistry. Some dentists understand the technical aspects of dentistry well; others have little interest or ability in the laboratory and technical aspects of the profession. The physical construction of fixed or removable dental prostheses is no small task. In my opinion, dentists must have knowledge of these technical procedures and, preferably, must be able to perform laboratory work at least at a minimal level themselves to fully understand clinical restorative and prosthodontic treatment.

**Entrepreneurial business owner.** Proficiency in the clinical aspects of dentistry alone is not adequate to ensure success for dentists. They also must have business and administrative skills. Dentists must be honest, organized businesspeople who can recruit, educate and retain efficient staff members, and who can keep a dental office team working for the common good of the practice and the patients it serves. Unfortunately, this is one aspect of the profession that needs significant emphasis and upgrading.

**Leader in the community.** Dentists are known to devote significant time to civic groups, including youth organizations, service groups, religious organizations, universities and other important elective, altruistic aspects of life. Dentists are looked



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on as leaders by the community because of their education and devotion to a respected service profession.

**Exemplary citizen.** Dentists have an image of being solid, trustworthy citizens. This image has been developed by the stable, mature characteristics of most members

of the profession.

#### SUMMARY

In a relatively brief time, the dental profession has evolved into one of the most recognized and respected professions. There still is, however, a lack of public knowledge about dentistry and the procedures dentists can accomplish in addition to restoring teeth. Life-enhancing, dramatically significant oral procedures now are available to the public. The diverse nature of the professional activities in which dentists may involve themselves needs to be made public knowledge. This education of the public should

come from the individual members of the profession and from organized dental groups. ■

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.

Educational information on topics discussed by Dr. Christensen in this article is available through Practical Clinical Courses and can be obtained by calling 1-800-223-6569.

1. American Dental Association, Survey Center. 1996 survey of dental practice: characteristics of dentists in private practice and their patients. Chicago: American Dental Association; 1997:5.