To the Editor:

“Dumbing Down” has already occurred in dental education.

A curriculum that was time-tested and proven from the early 1950s has been corrupted by government intervention and educrats (an academic bureaucrat). Before the mid-1980s it produced excellent dentists who provided the American public with the world’s highest-quality dental care. Now, the cost of a dental education has risen to crisis proportions. Recent graduates are saddled with student loans in excess of $100,000. The education of a dentist is disproportionately costly in comparison with other educational endeavors.

Years ago, the Pew Foundation, in conjunction with several government bureaucrats, dental educators, and even the American Dental Association, developed an agenda for cost containment. Their solution was to cut and water down the curriculum so that eventually it can be presented in three rather than four years. On-line education, interactive programs, and the Internet make the goal even more realistic.

Consequently, most core courses related to dental technique and clinical practice have been trimmed or eliminated. These are the core courses that are so essential for developing hands-on training for chairside patient treatment.

Many schools today, as a result, are producing graduates who are grossly inept to begin a practice. Lacking restorative and surgical skills, the neophyte limits his or her treatment to reversible procedures (sealants, simple fillings, bleaching, snoring prosthesis, night guards) and “gatekeeping.” The “gatekeeper” does only a cursory examination and makes a tentative diagnosis before referring the patient to a specialist for definitive care and treatment.

Prior to this “new age,” the general dentist provided the vast majority of treatment to all patients. Other than the exceptions of orthodontics, molar endodontics, and surgical periodontics, excellent care was delivered by general dentists in a timely, personal, and efficient manner and at a reasonable fee.

Now, a referral from a “gatekeeper” may cost an emergency patient needing a routine extraction a ten-day wait and a blunt proclamation by the telephone receptionist: “The fee will be $300, of which one-half must be received in the office five days before your appointment”!

My father, a street-wise coal miner in southern Illinois, would have retorted: “It seems the doctor has more interest in the fleece than the flock.”

Sadly, the dumbing down of this profession continues. The House of Delegates of the American Dental Association will soon consider a proposal to eliminate human subjects to test the clinical abilities of candidates for state board dental examinations! If this test proposal is adopted, evaluating the clinical competence of young dentists applying for a state license will be done using computers, not human subjects. Academicians and educrats—none of whom treat patients—claim such a procedure, termed Interactive Computer Simulation, is more fair, has greater conformity, and does not abuse patients.

Furthermore, educators wish to replace a main function of the state dental board by administering, conducting, proctoring, and even grading the licensure process. This will eventually lead to abuse and favoritism. Under the current system, the board examiners are practicing dentists charged by law to ensure quality oral health care to the public. They serve as a check and balance to ensure that the schools produce competent graduates. Clinical deficiencies of candidates detected during the board examination can provide dental schools with information to improve their teaching program. To eliminate this echelon of balance is like giving the fox the key to the hen house!

I submit that the educational system is mainly at fault—not the methodology of the board examination or the dedicated examiners. Board deficiencies persist even though the clinical examination continues to be watered down, and examiners, fearing legal reprisals, bend over backwards to pass the unqualified. As standards drop, examiners now evaluate clinical situations as to what level of mediocrity is acceptable! If the students were better prepared, the state board shock would be less traumatic.

Each working day—with every patient—dental practitioners experience a state board-like environment. Except for government and third-party interference, most of us actually enjoy this challenge of providing quality, painless care on such a personal basis.
For over thirty years, faculties have been reluctant to eliminate those first-year students who were grossly inept with hand coordination. This is so even though a career change at this early juncture for such inept students would be beneficial to all—the individual, the teaching program, the profession, and especially the public.

Educrats weep about a minuscule number of patients supposedly mistreated on state board examinations. In reality, their crocodile tears should be shed for the vast multitude of patients who later will pay to be treated by these incompetent graduates, most of whom would have been weeded out prior to computer testing.

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