Professional Promises: Hopes and Gaps in Access to Oral Health Care

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How did this effort get started?

- In 2002-03, I chaired ADEA Presidential Commission on Roles and Responsibilities of Academic Dental Institutions in Improving the Oral Health Status of All Americans.

- In our Report, we made four basic assumptions:

1. Access to basic oral health care is a human right*
2. The oral health care system must serve the common good.*
3. The oral health needs of vulnerable populations have a unique priority*
4. A diverse and culturally competent workforce is necessary.......

*NOTE, 3 ETHICAL ISSUES!
We asked the question—“Why have we, as oral health care professionals, not adequately responded to the access problem? And yes, I know that is an assumption that some would disagree with!

- Lack of awareness?
- Financing of care—poor reimbursement?
- Cultural competency?
- Diversity of workforce?
- Real workforce issues?
- Ethical framework of the profession?
The key issue is the conflict faced by all health care professionals between:

ETHICAL CONCERNS
access

versus

ORAL HEALTH CARE AS A BUSINESS?
Paying bills; competition
How did this effort get started?
(continued)

• ADEA Presidential themes of Access and Diversity in 2004-2005

• Proposed a national workshop emphasizing ethical principles of social justice & moral responsibilities of health care professionals to assure care was accessible to the underserved.

• Initiated dialogue with the American Dental Association and the American College of Dentists. ACD Board put me in touch with Dr. Donald Patthoff who has been concerned about similar issues and also was trying to organize a relatively similar national conversation.
How did we get here? (Continued)

• With support from ADEA, started fundraising and received generous financial support from GlaxoSmithKline thru the efforts of Dr. Ron Rupp

• Don Patthoff and I started conversations linking our two efforts. Developed a speakers list, continued fundraising and received support and participation from other dental organizations including ACD, OHA, ADEA-GIES, ASDE & HRSA

• As the agenda gelled, we finally convinced the ADA to both provide some funding and to host the meeting in Chicago on August 19-21, 2005
Goal of the August, 2005 Chicago Meeting

START a conversation that might eventually produce a framework to allow the ADA Principles of Ethics and Code of Professional Conduct and ACD materials on ethics to evolve into tools to better serve the public needs of access to oral health care and oral health promotion! This might necessitate changes in the Principles and Code!
There is little mention of the principles of:

- **Social Justice** (but does address the broader category of Justice)
- The **moral responsibilities** of health care professionals to provide oral health care to the underserved. (but does address serving the community, etc)
- The **good society** (but does address the principle of doing good)
No surprise about the Code of Ethics when one considers that:

The three dental ethics textbooks in use in most schools provide only a modest emphasis on issues surrounding professional monopoly, social or distributive justice, and access to care but provide very little discussion about the moral responsibilities of health care professionals to provide health care for underserved groups such as the poor and racial minorities.

(But we hear that may be changing.)
OVERVIEW OF OUR AUGUST, 2005 MEETING IN CHICAGO

Format- A Friday night, and all day Saturday and Sunday in August in Chicago at the ADA Building

- Trouble makers (Don and I)
- Presenters
- Reactors
- Dialogue
- Reflection and Summary
OVERVIEW CONTINUED

• Speakers: we tried to have varied perspectives

• Stakeholders
  • Education
  • Public Health
  • Health industry
  • Dental industry
  • Ethics based organizations
  • Organized dentistry and dental hygiene
Participants from a cross section of disciplines

- Ann Batrell (hygiene)
- Phyllis Beemsterboer (ethics, adea)
- Marcia Boyd (ACD)
- Frank Catalanotto (ADEA)
- David Chambers (ACD)
- Bruce Corsino (ethics)
- James Crall (health policy)
- Shafik Dharamsi (ethics)
- Caswell Evans (public health)
- Larry Garetto (ethics)
- Bruce Graham (dean)
- Karl Haden (ADEA)
- Jane Jacek (ADA)
- Robert Klaus (OHA)
- Beverly Largent (ADA)
- Ivan Lugo (HDA)
- Wendy Mouradian (MD)
- Brian O’Toole (ethics; hospital admin)
- David Ozar (ethics)
- Don Patthoff (ACD)
- Bruce Peltier (ethics)
- Ron Rupp (GSK)
- Schwenk (AGD)
- David Smith (ethics)
- Amy Tuttle Morgan (PRIDE)
- Patricia Werhane (ethics)
- Wendy Wils (ADA-lawyer)
- Pam Zarkowski (ASDE)
WHAT DO WE WANT TO HAPPEN OVER TIME - if we can alter the ethical framework of the profession?

- **More advocacy** - leading to better awareness by the public about oral health & improved **public funding** of oral health education, prevention & safety net programs!

- More dental professionals willing to provide care to the underserved! **More Pro Bono or volunteered care!**

- Increased support by the profession for the study of and the implementation of **new models of care.**

- **ALL OF THIS LEADING TO IMPROVED ACCESS TO CARE AND IMPROVED ORAL HEALTH OF THE PUBLIC**
TODAY’S SPEAKERS AND TOPICS

1. Moderator: Frank Catalanotto, DMD, Professor of Pediatric Dentistry, University of Florida
   “How did we get here and where do we want to go?”

2. David Ozar, Ph.D., Professor of Philosophy, Co-Director of Graduate Studies in Health Care Ethics, Loyola University Chicago, Director of Loyola’s Center for Ethics and Social Justice
   “Background papers and underlying ethical issues”

3. Donald Patthoff, DDS, Private dental practice, West Virginia
   “Ethical and Practical Concepts of Acceptance and Universal Patient Acceptance”

4. Shafik Dharamsi, BEd, BSDH (RDH), MSc, PhD, Assistant Professor, Doctor, Patient & Society, Global Oral Health & Community Dentistry, University of British Columbia
   “Conflicting perspectives and alternative points of view”

5. Pamela Zarkowski, J D, MPH, Executive Associate Dean and Professor at the University of Detroit Mercy School of Dentistry
   “Recommendations for next steps”
In closing, I want to be very clear

We do not believe that solving the access to oral health care crisis is the dental profession’s sole responsibility. This is a societal problem of immense proportions, intertwined with general health care access, education and oral health literacy of the public, employment, insurance and a host of other societal factors. The dental professions will not solve these problems in isolation. Nevertheless, this access problem is ‘dentistry’s problem’, at least from a public relations perspective. And dentistry can only address this negative image by taking a big leap forward in advocacy, and not be seen as resistant to or ignoring the problem.