Public Health Approach in Orthodontics

by

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Having had the wonderful experience of serving as President of the American Dental Association, and in that capacity, visiting your country in 1957 and again in 1958, I met some very wonderful people. This constantly reminds me of the many responsibilities that all of us have, to do everything possible to advance the dental health of our peoples. Your dental school is a well recognized institution of higher learning, and your dental leaders have made tremendous contributions to the great problem of total health for the individual. To single out any one, or two or three names for particular praise would honestly do an injustice to so many others.

Let me say at the outset that I think most of us basically would like to be isolationists. I am quite confident that I personally would probably prefer to participate in the affairs of my nation and of my own area, but there is a small voice that keeps nagging me, telling me that we can no longer afford to do so. Certainly my experiences during the past several years have taught me that we cannot remain isolationists. It is not a matter of whether we want to or not—we frankly have no choice in the matter—if we are to remain in a free world.

I think all of us are tired of world tensions and some might ask "just where does dentistry fit into the picture of international relations and better understanding among peoples of the world?" If we accept our responsibilities, as I think we should and as I believe that many of our members think we should, then dentistry has an excellent opportunity to contribute to better understanding and a more peaceful world.

The world is moving at such a rapid pace today that members of the dental profession must realize that we, too, must move at a rapid pace or else we lose and have minimized many of the important advances that have been made.

The dental profession is a very important integral part of health. Our prestige and our responsibilities demand that we accept the challenges that are constantly being put before us. I assure you we are doing so.

In my opinion, we are in a position somewhat like that portrayed by Lewis Carroll in his story, "Through the Looking Glass," when the Red Queen said to Alice, "Now, here, you see, it takes all the running you can do to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that!"

The economic, industrial, sociological, scientific, professional and public relations development in any phase of life—including dentistry—has somewhat the same aspect as Alice found in her Wonderland. To stand still is to fall behind as the economic, indus-

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trial, sociological, scientific, professional and public relations expansion of this nation, as well as other nations, proceeds. To “get somewhere” requires a faster than national or international rate of growth.

The dental profession has an obligation to our patients to continue “getting somewhere.” We still have many unsolved problems, but we are trying and we will continue to keep trying to elevate the dental health of our people, and in so doing, we are definitely contributing to the general health advancement of the public.

We must remember that we are first, citizens; second, dentists; and third, dental specialists, administrators, research workers, instructors or other categories pertaining to our profession.

Abraham Lincoln once said: “Public opinion is everything; with public opinion nothing can fail, without it nothing can succeed.” Members of the dental profession would do well to keep the meaning of this statement in mind.

In my conferences with United States officials, U.S. Ambassador MacArthur, U.S. Ambassador Bohlen, U.S. Ambassador Hill, President Garcia of the Philippines, General Carlos P. Romulo, Ambassador Yang of South Korea, Senator Fulbright of Arkansas, and many other world known figures, one thought keeps cropping up; and that is—understanding, whether on a local, state, national or international level, is based upon a very simple fact—that of two or more people meeting and exchanging ideas and learning more about each other’s problems.

As a basis for these remarks, I think we might remember that sometimes political leaders in various parts of the world misunderstand each other or they may deceive or mistrust each other, but there is no place for misunderstanding, deceit or distrust among members of the health profession because we all have the same professional obligations; that of taking care of the health needs of our peoples, regardless of where we may practice.

In the United States, there is a serious problem of dental caries and its resultant ravages afflicting something like 98 per cent of the population. There are the periodontal diseases which among individuals in middle age or beyond take an even higher toll in missing teeth than decay. There are the thousands of children afflicted with deforming and disabling conditions which accompany severe malocclusions. There are the congenital deformities like cleft palate and cleft lip, which is present in one out of every 800 live births in our country.

That is the record and it is a pretty sorry one. It seems to me there are three factors in particular that must be recognized as far as dental disease is concerned. First, we must recognize that the problems of dental health are closely bound up with those of general health and well-being. Second, we must recognize that dental disease is a public health problem. And third, there must be recognition that dental disease is a problem of all segments of society and of all ages, old and young and in-between.

Improvement of the dental health of the public depends largely on education. The effectiveness of education means changing the basic understanding, attitudes and habits of the individual with respect to dental disease. Probably in no other diseases do so many outworn myths exist. Too many well-meaning parents have virtually sentenced their children to an adulthood as dental cripples simply because of ignorance. And probably in no other diseases has the burden fallen so heavily on the individual in maintaining sound dental health. A good home care program starting in early childhood may mean the difference between sound dental health and serious dental disease.
In probably no other widely prevalent diseases has there been such a great need for education. Dental disease has not been dramatized as have cancer, heart disease, arthritis and many crippling afflictions of children. There are few, if any, national fund-raising organizations fighting it. Dental disease is more bothersome than dramatic. It is rarely, if ever, a direct cause of death. Yet it takes an enormous toll in terms of ill health and disability. It bears importantly upon the ability of thousands of persons to gain and hold employment.

Now to be more specific—whether we like it or not, the dental profession in many countries is having to negotiate with national, state and local governments more and more; we are having to negotiate with labor unions, welfare groups, insurance corporations, and big business concerns. Thus far, most of the negotiations have been those that have involved general practitioners of dentistry; however, some have been involving the various specialties of dentistry (of which we have eight in the United States, namely: endodontics, oral pathology, oral surgery, orthodontics, pedodontics, periodontics, prosthodontics, and public health). One of the last specialties to have been involved in these negotiations of which I have just spoken is that of our own specialty, orthodontics. The reason for this has been the average cost per patient being somewhat higher than for the average cost per patient for the other specialties. We are noticing with increasing interest that more and more governmental agencies, labor unions, welfare groups, insurance corporations and big business concerns are including all or a portion of the orthodontic cost as “fringe benefits”.

Speaking particularly of our own specialty, there have been tremendous changes in the public attitude towards orthodontics. What was once considered a “luxury” service which only the rich could afford has now become, due to our fine educational programs, a necessity. Is the psychological benefit of orthodontics a luxury?—I don't think so. Is better masticatory apparatus a luxury?—I don’t think so. Is assisting in correcting speech defects a luxury?—I think not. Most parents now feel that orthodontic service is a part of dentistry and that dentistry is a part of the total health picture, and these parents feel that their children are entitled to this service.

The specialty of orthodontics in the United States is faced with many problems. I dare say that this statement could be made just as realistically in this or any other nation. Let me state a few questions that are of vital concern to the American Association of Orthodontists as well as to the American Dental Association. They are also of vital concern to educational institutions and to the general public at large, whom we serve. Some of the very important questions that I will state are as follows: (1) How important a role should orthodontics play in the undergraduate curriculum? (2) What is the best method to train orthodontists? Graduate programs? Preceptorships? (3) What is the role of the general practitioner of dentistry in treating malocclusion? (4) Orthodontics as much as any branch of dentistry has progressed on the shoulders of research—which are the problems our researchers should try to resolve now? (5) The public’s demands for orthodontic services far exceed our ability to provide them. How can we bring orthodontic service to the most people possible without seriously lowering standards of treatment? (6) Where does orthodontic service begin and end and where does it overlap other health services? Can we assign some of our functions to others? How can we help our colleagues in joint efforts? (7) How can we manage our profession and our practices to bring the most efficient results? When is a malocclusion treated? What is good orthodontics? Is it better for us to treat a few patients
ideally or many patients adequately?

Time does not permit me to discuss any of these seven very important questions, and, of course, there are other important questions that could have been listed, but I believe that we can all agree that they are problems that we in the orthodontic specialty must put forth our very best efforts in providing the necessary leadership to help solve these problems in the best practical manner.

For too long a time too many of our dentists who have been practicing orthodontics have been concerned with technique and technique alone. Of necessity we should use the finest technique for each individual case that we possibly can—but we need to know much more than just technique. We need to consider each person as a totally new individual, and our diagnosis and treatment planning should be based upon the needs and the practical results that can be obtained for each patient. Perhaps we have mastered the difficult job of treating the individual malocclusion in one child, but we have not mastered the problem of malocclusion in the whole community.

No profession conscious of its obligation to society can ignore or frustrate such requests coming from larger and larger groups of our population. Whatever happens in our changing society, it is clear that our people deserve to have a higher level of health care, including dental health care, as a part of their increasing standard of living. It seems to me also to be obvious that our standard of living cannot go on increasing, as it has done almost for the last generation, without making a real part of that better standard of life a better standard of dental health care.

Our orthodontic heritage is rich; therefore, our responsibilities and duties are many. Robert E. Lee once said, "Duty is the sublimest word in our language. Do your duty in all things—you cannot do more—you should never wish to do less."

I hope you will pardon my reference to the United States occasionally. Obviously, I should know more about the situations and the circumstances there better than those of any other nation in the world. We are fortunate that we have approximately 103,000 dentists with 48 dental schools. There are approximately 3,600 dentists who limit their practice to orthodontics (there are far more specialists in this field of dentistry than in any of the other seven specialties). I am certain that most of us are aware that very few nations of the world have the percentage of dentists who limit their practice in the various specialties as has the United States. This is not meant to be critical, in any sense of the word, of any other nation, because even with the many blessings that we have been fortunate to have, there are still many problems yet to be solved.

I know that you will readily understand why I am so very proud of the American Dental Association and the American Association of Orthodontists. I have had the wonderful opportunity of serving as President of the American Dental Association and in various assignments in the American Association of Orthodontists. Those of us from the United States are very proud of the progress and the prestige that the American Dental Association has made, and we are very proud of the tremendous advances made by the American Association of Orthodontists. We feel that we are justified in being proud of these organizations, but we all clearly realize that no one country has a monopoly on knowledge. We in the United States visit you because we know how important it is for us to know at first-hand what is occurring in other countries so that we can benefit from the good and oppose the bad. We want to learn from you because an interchange of professional knowledge can only lead to better dental health.
service for all nations. I salute you for the many contributions that your past and present leaders have made to the art and science of dentistry and to the specialty of orthodontics. Your contributions extend far greater than many of you realize. I wish to pay tribute to those of you who belong to the Federation Dentaire Internationale, because this is a splendid organization that should receive the active support of our dental memberships throughout the world.

The future of dentistry is bright. We have only scratched the surface because there are so many areas in which we have definite obligations to serve. We have made much progress; we have much yet to learn and much yet to do. In Luke, Chapter 12, verse 48, it is said: “Everyone to whom much is given, of him will much be required; and of him whom men commit much, they will demand the more.”

Dentistry has risen successfully to leadership in many areas of the world, but it must be vigilant so that its outlook will not grow provincial.

This is not the time in any phase of our professional endeavor for the grave digger or the faint-hearted. Our ethics must be of the highest; our moral fiber of the finest and strongest. This, of all times, is the moment for great building, great achievement. An army follows its banners; a civilization its towers. The dimensions of the dental profession should be vitally included in the dimensions of our peoples everywhere.

I know that you will forgive me and will understand that I want to pay reverent respect and tribute to our late, departed friend who did so much for dentistry not only in Japan, but all over the world, Dr. Kazuo Sato, whose friendship and whose contributions I regard so highly. He was truly a great leader, a great administrator, a great educator, and he was highly respected all over the world for those attributes. Many other dental leaders deserve much praise, and I want you to know how pleased I am to be here with you and to speak on the subject “Public Health Approach in Orthodontics”. With your kind permission before getting into the main subject, I have made a few remarks relative to dentistry’s place in international relations.

I am confident that we, as dentists and as orthodontists, will continue to accept our responsibilities and discharge our duties—be they local, state, national, or international in scope.

In closing, may I quote the words of Charles F. Kettering, who said “I am interested in the future, because that is where I plan to spend the rest of my life.”