This editorial is about busyness. Much has been written recently about the reasons for and solutions to the growing problem of practitioner busyness. Some of the more frequent theories include: too many dentists, a decreasing caries rate, declining population growth, poor economy, lack of public awareness of dental health, and society's changing needs, to list just a few. Suggested solutions range from advertising, marketing, and changing practice approaches, to reducing the number of dental graduates and closing dental schools. Everyone seems to have a theory and a solution, but the problem continues to plague dentistry, causing profound changes in the profession—some good, some not.

Pediatric dentists are feeling the effects of decreasing child population, caries rates, and referrals. The busyness dilemma affects the entire profession.

One acknowledged cause of decreasing busyness is overproduction of dentists. It is a topic that national organized dentistry has not attacked vigorously, at least officially, because of a perceived concern that to do so would seem self-serving. In the past, professions have been accused of limiting numbers of graduates, purportedly to keep the market lucrative. Local dental organizations successfully have exerted pressure to decrease class size or change class constituency. They feel this will reduce the number of graduates who will settle in and serve their particular locale.

In my opinion, closing schools or, perhaps more humanely, decreasing class size is an easy, relatively painless way to improve busyness. It would cause the least hardship to the fewest persons. Some experts do not agree. Dean Louis Terkla of the University of Oregon told members of the Academy of General Dentistry during their July meeting that closing dental schools was not the answer. He noted that class sizes in many schools already are decreasing as a result of a limited applicant pool, that federal funds are decreasing, and that the oversupply of dentists is

recognized widely. Unfortunately, these trends may not solve the problem. One projection is that by 1985 there will be 10 more dentists per 100,000 persons than today. It's difficult to know what to believe.

Arguments to support closing schools and cutting class sizes are both emotional and rational. The emotional arguments are counterproductive because they pit practicing dentists against education. The main argument in the emotional arena is that dental education put dentistry in this fix and should be the one to get us out. There is some truth there—the abundance of federal funds allowed many schools to expand their facilities, faculties, and class sizes, often without a look to the future. To get back to reasonable levels, schools will suffer significant cutbacks.

The rational arguments for decreasing class sizes are better, although the result may not be any less painful. One good argument is that other alternatives such as marketing won't work for everyone—if at all. Let's face it, demand for dental care is as close to constant as one can get, and no public relations program can come close to what one fewer dentist in town would accomplish. Most of us were trained as dentists—not businessmen. One has to ask if the major benefactors of public relations activities are dentists or the public relations companies we employ.

Waste is a major reason for cutting back class sizes. It costs thousands of dollars to train a dentist who is not really needed today. Tomorrow and the next day have about the same outlook. Wouldn't public and private money, university resources, and individual energies be better spent meeting one of society's real needs? The answer, from an idle practitioner, a university official keeping a dental school afloat, and a state legislator trying to balance a budget, would probably be the same.

Another strong argument is one of educational quality and, eventually, professional quality. The number of applicants to dental schools is decreasing

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and, at least theoretically, so is the quality of those applicants. Although we have no good estimates yet on student quality, the very fact that some students are not choosing dentistry should indicate that we are losing good potential dentists. Logically, any bright student would see the cost of tuition, the cost of starting practice, the depressed marketplace, and four years of lost income never to be recouped, and choose another field. In short, the smart ones are going elsewhere, and the profession ultimately will suffer.

A dental educator also is concerned about the quality of education. Private schools must perpetuate large class size to generate tuition and clinic fees to survive. If cuts are made, it is in faculty, staff, or salaries, stretching already thin teaching resources, and decreasing individual attention. Large class sizes, whether in private or public schools, put tremendous pressure on another resource—patients. Many schools are experiencing severe patient shortages and this has to affect the quality of education eventually.

Curriculum changes which require manipulation of hours, clinic chairs, and faculty are more difficult in larger schools. Without curriculum changes, education becomes outdated.

In an editorial in the July/August 1982 *Ohio Dental Journal*, Don Bowers, a longtime AAP member, talked about a shrinking pie and the effects of increased competition on the unity of the profession. The problem of busyness is much more than one of financial survival. It is pervasive and insidious and threatens not just the livelihood of the practicing profession, but our educational system and the care we deliver to our patients.

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Think about it.

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