

Evolution, NOT Revolution

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The following is a summary of a presentation made at the CDHA Conference in September 2001, Mississauga, Ontario.

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Dental hygiene is changing, evolving, blossoming into a true profession with unique standards of practice, codes of ethics, and the ability to regulate itself in the public interest. This is a natural process, one that occurs with all developing professions. However, there are unfortunately some individuals and organizations within the health care community that feel threatened and uncomfortable with this evolutionary process. There are those who would keep dental hygiene constrained by dentistry even though it is in the public interest for dental hygienists to be able to meet the needs of the clients when and where the clients require the services. Dental hygienists are still the only regulated health care professionals in North America who are regulated by their primary employer. Fortunately, many governments are seeing that this arrangement is a conflict of interest and are passing legislation for dental hygiene self-governance. Some characterize this as a revolution. It is not—it is evolution! Here are the two words as defined in the *Canadian Oxford Dictionary*:¹

revolution: 1. the forcible overthrow of a government or social order, in favour of a new system; 2. any fundamental change or reversal of conditions; 3. the act or an instance of revolving; 4. a motion in orbit or a circular course or round an axis or centre; 5. a cyclical recurrence

evolution: 1. gradual development, especially from a simple to a more complex form; 2. a process by which species develop from earlier forms, as an explanation of their origins; 3. the appearance or presentation of events etc. in due succession; 4. a change in the disposition of troops or ships; 5. the giving off or evolving of gas, heat, etc.; 6. an opening out; 7. the unfolding of a curve

In 2001, the oral health professions should take heed of advice given almost a hundred years ago:

There are those who would keep dental hygiene constrained by dentistry even though it is in the public interest for dental hygienists to be able to meet the needs of the clients when and where the clients require the services.

The prevention of oral sepsis in the future, with a view to lessening the incidence of systemic diseases, should henceforth take precedence in dental practice over preservation of the teeth almost wholly for mechanical or cosmetic purposes, as has been so largely the case in the past.²

But health may not be the main interest of many practitioners in these days of decreasing dental caries and more educated dentate consumers. Recently (2001) the following message was heard on the answering machine at a local dental office: "We specialize in cosmetic imaging, smile enhancement techniques and technologies." Is dentistry promoting health or cosmetics?

*Dental Hygienists have allowed themselves to be controlled by their environment. That is, they gave up ownership of their dental hygiene procedures and allowed dentists to assume direction. Dental hygienists have apathetically accepted dentists' emphasis on technical procedures. Often, compromising our principles has been easier than engaging in collaborative discussion with the employing dentist for the betterment of the client. Dental hygienists must rekindle the tradition of assuming responsibility for the appropriate dental hygiene care of the client.*³

Vision is important for the oral health care professions. That vision must be client centred, meaning that the client is of primary importance. Dental hygienists are willing and mobile enough to reach out to the segment of the population that requires our services, yet is unable to come to the traditional dental office. Dental hygienists aren't the only ones who recognize that need, but few dentists have the courage to articulate the truth.

*I believe that dentistry needs a vision for ourselves, as well as for hygienists; and I believe hygienists need their own vision. I believe we need to substantially broaden hygienists' education and skills. We need to increase the quality of education and what they can do at a progressive level, such as being able to administer anesthesia and being able to root plane, and, as unpopular as it may be, I support independent hygiene practice. I think we need to let go; to give up the control that we insist on having over the hygienists.*⁴

The beginnings

On September 29, 1948, the RCDSO directors issued draft bylaws with regard to "Requirements for Admission to the Study of Dental Hygiene."⁵ These requirements were to

Be a person who:

- (1) is 18 years of age, of the female sex, and
- (2) has graduated from Grade XIII in duly qualified Ontario school, including graduation in the subjects of Chemistry, Physics and Biology, or
- (3) possesses educational qualifications from a school or schools elsewhere other than in Ontario equivalent to the standards required of an applicant who is a graduate of an Ontario School, and
- (4) establishes to the satisfaction of the Board of Directors of the Royal College of Dental Surgeons of Ontario that she possesses the aptitude, capacity and character to become and act as a competent and ethical dental hygienist.

*The problem of elevating the status of dental hygienists is quite similar to that facing dentistry in its early days. When the Baltimore Dental College was founded, dentistry was being practised almost as a mechanical art; the transition from a mechanical art to an essential health service is the result of time and effort spent by dental leaders.*⁶

There were supporters who wanted to ensure that dental hygiene was a viable entity in Canada:

Firstly, the services which dental hygienists are presently legally and academically competent to perform should be

broadly expanded. Secondly, facilities for training should be augmented and created and in conjunction a much broader program of candidate recruitment should be pursued. Thirdly, I think that we should take sex [gender] out of dental hygiene."

*I wonder when dentistry is to catch up with the rest of the world around us.*⁷

There is a strong recognition today that dental hygiene is a primary health care profession:

Dental hygienists are the experts on dental hygiene education and practice, while dentists are oral health generalists, with additional concentrated training in restorative skills.

*... a dental hygiene board would eliminate the conflict of interest that exists today when employer dentists regulate their own employees and often make decisions based on the economics of the private dental office rather than access to care and competence assurance.*⁸

Also recognized is the fact that dental hygienists are concerned about overall health and the systemic effects of oral disease:

Another disease with an oral connection is heart disease ... claiming more victims than all forms of cancer and AIDS combined.

Another disease that has oral manifestation is diabetes.

*Dental hygienists also can see the signs of osteoporosis ... eating disorders such as anorexia nervosa and bulimia nervosa ... but especially bulimia.*⁹

The potential impact of optimal oral health is illustrated by the following statements:

The American Fund for Dental Health reported Americans lost 28.7 million work or school days to dental problems. And the Coalition for Oral Health reports that 20 million work days are lost annually due to oral health problems.

*... every dollar invested in preventive care saves between \$8 and \$50 (US) of more costly care.*¹⁰

As the profession evolves, dental hygienists are becoming increasingly aware of their value within the health care system.

*Take pride in your work and in your profession. Care so much about patient service that it defines your very professional being. But don't be ashamed to stand up and say you are special, important, essential and worth a great deal to people and dentistry.*¹¹

The future of dental hygiene in Canada does not lie in the traditional private practice with our dentist colleagues. Yes, dental hygienists will continue to practise in this mode. But we will go the way of the dinosaur if we don't also reach out into the community, make ourselves known to our other health colleagues, and create those opportunities that we've always talked about. We need to stop relying on dentistry and to rely on ourselves. We live in a society that is becoming increasingly conscious of prevention—proactive with health issues, interested in health promotion. Dental hygienists with their many transferable skills are well-positioned to make a difference. But the public needs to know who we are,



what we do, and where we are going. We need to take risks, to try something new, to travel uncharted waters, “to go where no one has gone before!” Each of us has to choose how we will tackle a different endeavour.

Yes, there definitely is a future for dental hygiene in Canada. That future will not resemble the past—when Mary Brett started practice in Regina in 1949. The dental hygienist 45 years from now will be very different from us today. Let us always move forward. The future of our profession is in the schools and in the workforce. Vision is something we all have—some just have a vision that is a little clearer than others. By working for self-regulation, high education standards, and high practice standards, you are shaping the future.

The future of the Canadian dental hygienist is sitting in this room—for *you* are that future.

Endnotes

- ¹ *Canadian Oxford Dictionary*: Toronto: Oxford University Press, pp. 483, 1235, 1998
- ² Charles Rosenow and Frank Billings, 1910
- ³ Mickelson, Lynda (McKeown): Back to the future: Appropriating our traditions. *Probe* 27 (2), 1993
- ⁴ Robin, Bette: Dentists and hygienists: Is there a crisis? *Dental Economics* April 1994
- ⁵ Royal College of Dental Surgeons of Ontario: Dental Hygiene Highlights. RCDSO 1 (1) 1976
- ⁶ Cowling, Thomas: The dental hygienist Oral health [editorial]. June 1948
- ⁷ Dunn, Wesley R.: Manpower in dentistry – the dental hygienist. *Journal of the Canadian Dental Association* 27 (1): 1961. [Cited September 2001.] <www.adha.org/profissues/future/page6.htm>

- ⁸ American Dental Hygienists' Association: The future of oral health: Self-regulation? [Cited September 2001.] <www.adha.org/profissues/future/page6.htm>
- ⁹ ———: The future of oral health: Health promotion and disease prevention. [Cited September 2001.] <www.adha.org/profissues/future/page2.htm>
- ¹⁰ ———: The future of oral health: Health promotion and disease prevention. [Cited September 2001.] <www.adha.org/profissues/future/page2.htm>
- ¹¹ Woodall, Irene: Cultivate and define dental hygiene's culture [editorial]. *RDH* (January/February), 1988

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...see overleaf for historical events

Ride the Tide to Professional Pride

CDHA's 13th Annual Professional Conference
Moncton, New Brunswick
September 20–22, 2002

The New Brunswick Dental Hygienists' Association welcomes you to Moncton, the bilingual crossroads of Atlantic Canada. Our National Conference 2002, "Ride the Tide to Professional Pride," will give you a great opportunity to combine business and pleasure in New Brunswick's fastest-growing business centre.

After a day's learning, there is a lot to do while renewing friendships with those from across Canada. If you like shopping, Moncton has the largest retail center in Atlantic Canada. As for dining, choosing a restaurant will be a pleasant challenge. There's a cuisine for all tastes, but as we're only 20 minutes from the ocean, seafood is a specialty, from a tasty lobster roll at a bistro to the offerings of the award-winning Windjammer Restaurant. Find a vantage point from which to see the tidal bore of the Petitcodiac River—it raises the water level 25 feet within an hour.

Take some time to see cultural and natural attractions in the city—museums, heritage sites, and parks. Perhaps you can stay a day or so longer and see the famous Hopewell Rocks (the "flower pot" rocks), Fort Beauséjour, Magnetic Hill, Fundy National Park, and the Shediac beaches that are just a short distance away. Or bring your golf clubs and play on one of our Maritime courses.

Plan to visit us in September 2002. You'll discover more than our hills are magnetic! Co-chairpersons, Sharyn Milroy and Mary Pelletier