

Professional Encroachment: A Comparison of the Emergence of Denturists in Canada and Oregon

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Abstract: In 1978, supporters of denturism in Oregon succeeded in passing an initiative which allows denturists to provide dentures directly to the public. The steps which led to the referendum included three unsuccessful attempts to have the state legislature enact a law legalizing denturism. After capturing broad-based consumer support, the issue was placed on the ballot and passed by an overwhelming margin.

Both the denturists and the dentists in Oregon adopted strategies similar to those used in Canada over 20 years ago when the issue was raised in a num-

ber of provinces. As was the case in Canada, the denturists prevailed. Denturists stressed the price differential and the issue of freedom of choice. Dentists stressed health and safety issues.

The public perceived the denturists' campaign as negative and self-serving. This perception may have contributed to the election results. In order to avoid this tarnished image, dentists must anticipate the public's needs, and formulate strategies to meet such needs. (*Am J Public Health* 70:614-618, 1980.)

Introduction

Professions in general, and health professions in particular, have opposed attempts by occupational groups to perform functions reserved for the established professions. Examples of opposition to professional encroachment can be seen in the historical development of groups such as podiatrists and optometrists. At the time these groups were emerging as professions separate and distinct from physicians, organized medicine sought to prevent their establishment on the grounds that members of such groups were not adequately trained and, therefore, represented a threat to the health and safety of the public.

The health professions are not unique trying to maintain an exclusive right to practice within circumscribed limits. Lawyers, for example, have sought to limit the activities of paralegal aides and have actively discouraged consumers from resorting to commercial self-help tools, such as do-it-yourself divorce packets.

A recent intrusion upon an established health profession is the attempt by "denturists" to establish themselves apart from the supervision of the dental profession. Denturism is defined by the American Dental Association as the "unquali-

fied as well as the illegal practice of dentistry in any form on the public."¹ Denturists define a denturist as "the thoroughly-trained professional designer and maker of dental plates and related prosthetic devices. His training and experience include all the skills of the dental laboratory technician. In addition—and unlike the laboratory technician—the Denturist is a recognized specialist, usually with his own laboratory, who maintains direct association with the consumer—that is, with the wearer and user of dental plates or other prosthetic devices."² Traditionally, dentists and dental laboratory technicians work together to provide denture care to the public. The dentist is responsible for the entire process, with the dental laboratory technician actually constructing the dentures, after receiving a written prescription from the dentist. The dentist takes the impressions, bite registrations, and inserts the dentures. Thus, only the dentist has any direct contact with the patients.

The vast majority of dental laboratory technicians work closely with dentists, performing the mechanical steps involved in denture construction as instructed by the dentist. The critical steps involved in constructing the denture, examining the patient, diagnosis and treatment planning, preparing the oral cavity for dentures, establishing occlusal relationships, and taking bite impressions are performed by the dentist.

Denturists are dental laboratory technicians who seek to change this relationship by providing dentures directly to the public.³ It should be noted that although the denturists claim that they are recognized specialists who maintain direct association with the consumer, the fact is that it is not legal at the present time for denturists to maintain direct and inde-

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pendent association with the consumer in any state. On July 1, 1980, Oregon will become the first state to allow this practice. There is no training program for denturists at present. Although many dental laboratory technicians have had formal training, there is no requirement for this, and many dental laboratory technicians received only on-the-job training. With the passage of this new law, graduation from a two-year curriculum is required to become a denturist. It is likely that this training will be offered by programs now involved in training dental laboratory technicians.

Currently, the states of Maine (1977), Arizona (1978), have proposed legislation similar to Oregon (1978).^{4, 5} The remainder of this paper will examine organized dentistry's response to the "illegal dentistry movement"^{6, 7} and discuss parallels between the Oregon and Canadian denturist experience.

For years, in Oregon and in other states, dental laboratory technicians, in violation of state dental practice acts,⁸ have been surreptitiously providing dentures directly to the public. This practice generally existed in low-income areas where the dentist/population ratio was low and where edentulous individuals could not afford to receive care from a dentist. In the past, such dental laboratory technicians relied on referrals to attract more patients. Recently, these dental laboratory technicians have formed groups and refer to themselves as denturists. Their activities include open advertising and active lobbying to change state dental practice acts. Organized dentistry has viewed this development with concern and has opposed the establishment of denturists.

The Issue

Dentists are almost unanimous in their opposition to denturists.^{7, 9-15} Denturists believe that, with proper training and education, they can competently provide dentures directly to the public. This controversy has been brought to the forefront nationally because of the steadily increasing number of state legislative proposals seeking to legalize denturism and because of investigations by the Federal Trade Commission (FTC) which is conducting a study to determine whether state dental practice acts restrict competition and result in higher prices to the consumer.

The controversy has not been restricted to the government and health professional organizations. Groups such as the Gray Panthers, the State Grange (an organization of farmers), labor, and senior citizens advocates have been involved in the debate on denturism. Their involvement has served to heighten public awareness.

The major positions of dentists and denturists are as follows:

Dentists

1. The health of the public is best protected by having dentists provide comprehensive dental care. Only dentists are trained in oral pathology and can diagnose disease states. Denturists would not be adequately trained to provide dentures, let alone assess the total oral health needs of edentulous patients.
2. Due to fluoridation and preventive dentistry, the

need for dentures is decreasing. The National Center for Health Statistics has shown a decrease of approximately two per cent in the percentage of edentulous persons when comparing data for the years of 1957-58 and 1971.^{3, 16, 17} There is no need to allow denturism to develop.

3. Any initial differential in the price charged by dentists and denturists would be eliminated after denturism became legal.
4. There are no standards for the training of denturists and, therefore, there is no method of controlling quality.

Denturists

1. A person can be trained to provide dentures to the public without complete knowledge of dental care. Since denturists spend all of their time on dentures, through experience and training they become "denture specialists." As a comparison, students in the dental mechanics curriculum at Northern Alberta Institute of Technology receive 1,334 hours of complete denture construction training whereas dental students at the University of Alberta spend only 600 hours in complete and removable prosthetics.¹²
2. The provision of dentures by denturists will free the dentist to perform those functions for which the dentist alone is qualified, and therefore provide a more efficient use of manpower.
3. Since denturists have a low overhead, they can provide a less expensive denture to the public. Table 1 demonstrates the price differential between denturists and dentists in British Columbia in 1976. As a result of producing a more affordable product, the denturists provide a service to the elderly and low-income groups. It is these groups in particular that are demanding the legalization of denturism to fulfill their unmet denture needs.
4. Through state licensing of denturists, standards can be established which would assure the quality of services. Such standards would include the establishment of educational requirements for licensing, and a requirement that the denture patient obtain a certificate of oral health from a dentist or physician before a denturist fabricates dentures.
5. The free enterprise system should be allowed to function, providing patients with the option of seeking services from either a dentist or a denturist.

There are merits to both sides of the issue. Denture services are only a part of oral health care and having a general dentist overseeing all oral health care needs makes sense. However, it is also true that the costs of health care are such that when duties can be safely delegated to less trained personnel, consideration should be given to delegation. Although fluoridation and the emphasis on preventive dentistry are reducing the rate of edentulous persons of all ages, the increase in the median age of the population means that there will continue to be a demand for denture services. To date, determinations regarding quality of care provided by Canadian denturists have not been assessed objectively.³

TABLE 1—Average fees for Selected Denture Services Rendered by Private Practitioners and Denturists, British Columbia, 1976.*

Services	Fees		Ratio Denturist Dentist
	Private Practitioner	Denturist	
Full denture upper and lower	\$448.40	\$244.00	0.54
Direct relines	33.30	20.00	0.60
Processed relines	71.30	39.00	0.55
Tissue condi- tioning	18.40	8.00	0.43
Repairs			
Simple fracture	24.40	12.00	0.49
Multiple fracture	30.40	12.00	0.39
Replace tooth	29.40	9.00	0.31

*Adapted from C.U.N.C. Health Services Society, a private nonprofit health insurance company, Vancouver, British Columbia.

The Canadian Experience

In 1955, the Canadian denturists first attempted to have legislation enacted which would enable them to deal directly with the public.^{3, 12} The first attempt, in British Columbia, limited the scope of services to the repair of broken dentures. Despite the limited nature of the bill, there was vigorous opposition from the dental profession. The major reasoning by the dentists who opposed the measure was "to protect the health of the public." The dentists were successful in convincing the various legislative committees of the danger to the public's health if individuals, lacking knowledge in the basic sciences, were to provide dentures directly to the public. The committees generally were in agreement and supported the dental profession's view. At the time of the proposed legislation, denturists who were practicing illegally were not publicly advertising their availability. This level of discretion helped the denturists avoid charges of practicing dentistry without a license. In cases where denturists were prosecuted for practicing dentistry without a license, newspaper editorials critical of dentists appeared and provided denturists with a larger pool of patients as a result of the publicity. Press reports sided with the denturists, and the distrust of the public mounted.

The denturists then organized as a group for the purpose of influencing legislation. They secured the services of a lawyer to draft proposed legislation, hired a public relations person to organize publicity for their cause, placed advertisements, and held meetings to solicit the support of other groups. In response, in 1958 in Manitoba, the dental profession established access or denture clinics which provided inexpensively priced dentures. Ultimately, however, public sentiment heavily favored denturism, and in 1958 British Columbia licensed denturists.

Low-cost denture clinics sponsored by dental associations were set up in other provinces in an attempt to delay passage of denturists bills. A single clinic was set up in Manitoba in 1958, with one dentist, a move which was thought to

have helped stall legislation legalizing denturism in that province.¹² Similarly, low-cost denture clinics in Ontario, established by the Dental Association, were thought to help delay the legalization of denturism in that province. After British Columbia legalized denturists in 1958, however, most of the other provinces followed. Alberta passed legislation establishing denturists in 1961; Manitoba, Quebec, Nova Scotia, and Ontario all approved denturism bills in the early 1970s. The fact that there are still provinces which have not legalized denturism illustrates the long, drawn out nature of the campaign.

Several conclusions can be drawn regarding the Canadian experience:

- Public sentiment was the foundation for building the denturist movement. The organized consumer spearheaded the lawmaker and the media to act as catalysts for legislative change.
- In spite of an overall inflation in the cost of dental services, the consumer continues to realize approximately a 50 per cent savings as a result of receiving services from a denturist.³ The price differential has remained nearly constant over the past 20 years since denturism has been legal in Canada (see Table 1).
- The educational standards of Canadian programs for training denturists have improved dramatically. Currently, denturist students receive more than twice the number of hours of instruction in denture construction and treat up to 25 times as many denture patients than do dental students.¹²

The Oregon Experience

The Oregon Dental Association organized an effective campaign against a proposed 1973 bill that would have legalized denturism by focusing on the issue of consumer safety and protection against cancer. Slides depicting malignant lesions found in denture wearers were shown to legislators. The dentists claimed that denturists were not trained to adequately diagnose and treat some malignancies. The bill was promptly defeated.

In 1975, the denturists had unified their efforts and were better organized. A bill identical to the 1973 proposal was introduced in the legislature. Unlike their 1973 effort, they actively lobbied during the legislative session. The bill, however, did not get out of committee, as a result of the efforts of the dental profession. During the 1975 campaign, dentists emphasized the fact that proponents of denturists were operating in violation of Oregon statute, as well as jeopardizing the health of the public.

In an attempt to forestall future legislative proposals, the dental profession organized Project Open Wide (POW) in 1976. The project's purpose was to create professional awareness of the underserved, increase access to dental care by the underserved, and develop innovative ways to deliver dental care. Participants in POW represented dental education, the state legislature, private dental programs, organized dentistry, and senior citizens' organizations. The participants issued recommendations for the dental profession. Among these suggestions were the exploration of the feasi-

bility of a low-cost statewide prepayment program for senior citizens.¹⁸

Subsequent to the 1975 campaign, the denturists hired an attorney active in consumer issues to draft a bill for the 1977 legislature. Attracted by the potential impact upon health services for the elderly, the Gray Panthers, a politically influential force in Oregon, lent their support to the denturism movement. This marked the beginning of the coalescence of a consumer constituency which had been forming on behalf of the denturists. A political consultant was employed to spearhead the group called the Citizens of Oregon for Denturism (COD). The dentists emphasized their existing and planned programs to provide low-cost dental care throughout the state. Access programs (low cost dental clinics) were established, but not until March 1977, only 20 months prior to the election. To defuse the dentists' campaign strategies, the COD consultant utilized a plan which concentrated on demonstrating the lack of access to dental care. This approach attracted the support of the AFL-CIO, the Governor's Committee on Aging, and the Governor. Grass roots interest continued to grow and was strengthened by the involvement of more consumer groups, such as the Farmers' Union, the Retired Teachers Association, and the International Jewelry Workers' Union.

The well organized denturists emphasized three issues in the 1977 campaign: freedom of choice, the right of the public to deal directly with the people making the dentures, and the savings which would accrue.

The issue was one of the most lobbied bills during the 1977 legislative session. Every major newspaper in the state supported the denturists. As a recent report by the ADA noted, "The widespread support of Oregon newspapers for denturism is surprising in that the condemnatory language aimed at the tactics of the dental profession by editorial writers was blunt and harsh, and that the near-unanimity of newspaper support . . . seems inconsistent with the generally conservative, nonpopulist image of the papers and the editors."²⁰ For the first time, the bill passed the House but, on the last day of the session, was defeated by only three votes in the Senate. Clearly, the denturism movement was gaining support.

Subsequent to the 1977 legislative defeat, a successful petition drive by the Citizens of Oregon for Denturism placed the issue on the ballot. In the November 1978 election, the voters favored denturism by a 4 to 1 ratio. This was predicted in a poll conducted for the COD shortly before the election. The poll indicated that 94 per cent of a random sample of 425 people from the Portland metropolitan area thought consumers should have the freedom of choice regarding the purchase of dentures; 70 per cent disagreed that only a dentist should be permitted to fabricate, repair, and sell dentures. Overall results of the poll suggested that the more a voter knew about the issue, the more apt he/she was to favor denturism.

Analysis and Conclusion

The parallel between the successful denturism movement in Canada and the denturism activity in Oregon is striking.

In both regions, the concept grew when senior citizens' advocates stressed the issues of freedom of choice and economic savings. As in Canada, when Oregon dentists were unable to demonstrate that existing denturists, although operating illegally, had caused harm to the public, support for denturism increased. Both in Oregon and Canada, well publicized trials of denturists resulted in increased editorial support for the denturists. The creation of programs designed to respond to the need for low-cost dentures may have helped forestall the enactment of denturism legislation.

The news media implied that economic interests alone were responsible for the dentists' opposition. The dental profession failed to anticipate this response and failed to have an awareness of the public mood. Had the dentists been politically astute in 1973, the broad-based access programs directed towards providing services affordable to senior citizens would have been implemented sooner, and the image of dentists would have been enhanced as a result of the provision of positive solutions to the problem.

Low-cost denture clinics have been established by dental associations in many other states. However, many of the clinics have income and/or age restrictions. Further, whether legalized or not, there are far more denturists than dental association established clinics. The net result is that for many people in such states, low-cost dentures can still be obtained only through the services of denturists.

Whereas cooperation between dentists and denturists has not occurred in the past, now it is the only option. The Oregon bill provides areas of input for dentists and denturists to jointly develop guidelines regarding curriculum content, criteria for certifying denturists, and ultimately to define aspects of patient care. To date, organized dentistry and representatives for the denturists have been assisting the Oregon State Health Department in the implementation of this legislation.

The real lesson to be learned from the Oregon experience is that the dental profession needs to act, instead of react. Each action on the part of the profession from 1973 to 1978 was to react to denturists. Instead of waiting until 1976, the dental profession should have established positive programs in 1973. The programs instituted by the dental profession primarily emphasized low-cost dentures, in response to low-cost dentures offered by denturists. It might have been a more effective strategy to offer low-cost comprehensive dental care, emphasizing the broader range of services offered by dentists while defusing the issue of economic savings. Further, the refusal of the dentists to negotiate with denturists at an early stage was unfortunate. A more acceptable piece of legislation might have been achieved through negotiation. Perhaps the results of this experience will stimulate the dental profession to become more responsive to the needs of the public, and to keep their lines of communication open with consumer groups, legislators, the media and, in general, the public.

The law in Oregon takes effect this year. Unfortunately, it will take some time to collect the hard data to enable an objective evaluation to determine which side, if either, was accurate in predicting the impact and outcome of this new legislation.

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American Cancer Society Awards International Cancer Fellowships

The International Union Against Cancer, with the funds provided by the American Cancer Society, will award fellowships for research on cancer. The awards will be granted to experienced investigators who have demonstrated their ability for independent research and who wish to broaden their experience by a period of study at a single institution in another country. Fellowships will be granted only to persons on the staff of universities, teaching hospitals, research laboratories or similar institutions. Awards will be made to investigators who are devoting themselves either to the experimental or the clinical aspects of cancer research.

Fellowships will not be granted to persons who wish primarily to perfect their training in methods of cancer detection or in therapeutic techniques, or who wish to visit briefly several institutions abroad. The duration of the fellowships ordinarily will be one year but this period may be longer or shorter in special circumstances.

The stipend will be based on the current salary of the applicant and the salary of comparable qualifications in the place where the applicant expects to study. An allowance will be made for the cost of travel of the fellow and of those dependents who will accompany him or her from place of residence to the institution where he or she will work, and return.

Deadline for receiving applications and supporting documents: October 1, 1980. Successful applicants may begin their Fellowship at any time during the 12 month period beginning June 1.

Application forms and additional information may be obtained from: International Union Against Cancer, rue du Conseil-Général, 3, 1205 Geneva, Switzerland.