LETTERS TO THE EDITOR

Educational malpractice: A timely proposal?

To the Editor:

In an ideal world, members of learned professions exist to serve the public and do so to a standard considered to be in their clients' best interests. Traditionally, respected professions such as medicine, law, and dentistry have been self-regulating in terms of imposing standards of ethics and performance on members of these professions. Acts of omission and commission that contravened such standards were subject to disciplinary measures over and above those that civil justice demanded. In other words, practitioners who were guilty of some breach of their legally determined professional obligations to their clients were held accountable not only by the judiciary system of society, but also, and quite separately, by the profession of which they were privileged to be members.

Membership in professions was a privilege precisely because stringent ethical requirements were self-imposed and jealously guarded lest the public's trust be jeopardized. In some instances even when a court of law found a practitioner "not guilty," the code of conduct adopted by the profession, through the parent organization, imposed disciplinary action for breaches of professionalism. Such breaches, although not constituting criminal or illegal acts, were nevertheless unacceptable in the eyes of learned societies and resulted in the loss of privileges conferred on members by their peers. Through such steadfast and uncompromising adherence to standards that are higher than those merely mandated by the law of the land, professions rose in stature, elevated their practice from mere performance to a service, and raised their vocations to the level of dedication associated with a calling. Regrettably, I find myself using the past tense in these introductory remarks.

In recent years the JOURNAL has published numerous articles, editorials, and commentaries attesting to and bemoaning the decline in professionalism among those who "do orthodontics." Although the AAO and other specialty organizations do have the potential to influence the ethical behavior of their members, there are no similar sanctions that may be applied to nonmembers who provide clinical services. However, the purpose of this letter is not to add to the debate concerning who should perform orthodontic treatment, but rather to address the issue of educational malpractice. Most clinicians have a good idea of what constitutes culpable malpractice in the patient-doctor relationship. However, the concept of "educational malpractice" may require clarification and some definition.

University- and hospital-based programs, such as those accredited to provide advanced orthodontic education, are sanctioned to function providing they adhere to specific criteria determined by the ADA Council on Dental Education and the AAO. in the most general terms, there are stipulations that require the foliowing:

-Curriculum content must be appropriate in breadth and depth.
-Students are tested for knowledge and competence.
-Faculty members are clinically and educationally sound.
-Students are exposed to a variety of ideas and clinical techniques.
-An element of scientific training is included to instill critical attitudes and the rudiments of methodology necessary to evaluate the merits of competing ideas.

The minimum requirements for accreditation provide some safeguards for both students and the patient population they are trained to serve. Only on the satisfactory completion of prescribed courses and other educational experiences are students tested. Those who fail to demonstrate an acceptable level of knowledge, skill: and professional attitude to their patients do not receive a degree or diploma attesting to their professional competence. Programs that fail to attain accreditation standards are either rectified or closed.

Although commercial monopolies are not in the public interest, the existence of some "monopolies" certainly is. For example, government monopolies on military organizations, intelligence agencies, and the judiciary system are all necessary to safeguard democracy. If private armies owned by powerful individuals with vested interests were to be permitted, or for that matter, if privately owned police forces were sanctioned to compete with those answerable to the electorate, we would surely have grounds for fear concerning the preservation of our societal values and even of our freedom. The basis for all professions resides in knowledge and its responsible use. It is the business of universities to generate knowledge, to question the rationality of current beliefs, and to disseminate ideas and information in a responsible manner. Society at large supports public and private universities for this reason and in a tacit way is willing to confer the right to establish scientific and professional standards to universities. It is simply in the best interest of society to entrust the complex issues of some intellectual and scientific matters to universities, which according to their own exacting standards of academic professionalism have built-in safeguards against charlatanism. Regrettably, even universities occasionally fail to detect or prevent academic misconduct. Nevertheless their code is essentially driven by altruism rather than by financial interest. Those found guilty of academic fraud or general breach of the expected standards of the academic community suffer serious consequences as a rule.

The "educational malpractice" closest to us concerns the "proprietary" orthodontic schools, institutions, or, as

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they are now often self-styled, "research and educational" organizations. These are increasing in number and for a relatively high fee offer an orthodontic education/training, frequently with a graduation and a certificate at the end of a predetermined period but without any objective competency testing of either the students or for that matter their teachers. These short-cut, part-time courses may cost as much as the tuition charged by some universities for accredited programs, but do not require that students actually give up their practices and go back to school. Participation in such courses does not require any scholarly activity, nor does it impose requirements on students to achieve any prescribed level of attainment. Another attractive aspect is the ease of entry, which, unlike gaining acceptance to a real orthodontic program (a highly competitive business), simply requires the payment of the tuition charge to the owner of the business, or, if you prefer, the private institute. There are no demanding exams, failure to "graduate" a student would be unimaginable, and there is no evaluation by the teachers of the manner in which students use their new-found knowledge. The quality of patient care by such "students" is their own responsibility and not the concern of faculty, whom they see only from time to time, between treating patients in their own practices. This surely qualifies as "educational malpractice"!

There are many other differences between such "attractive," unregulated, quick, and dirty alternatives to orthodontic education and those provided in the universities The existence of such extended continuing education courses dressed up as schools is perhaps the best argument for accreditation and the preservation of the status of universities as the accepted custodians of educational standards. None of these part-time substitutes for education would qualify as adequate if they were subjected to the review process of a university.

The existence and proliferation of such enterprises attest to an economic demand and also to their profitability. Their owners and their faculty are unlikely to be engaged in the pursuit of altruism for educationally deprived dentists! These businesses are clearly designed to make money and are entirely devoid of restrictions or accountability to any objective and impartial review or quality control. in essence, it is not the questionable quality of the process or its products that is the main problem. The fundamental issue here is one of nonaccountability and the total absence of any ethical or academic safeguards, which inevitably bring with them the potential for abuse.

As with the question of who does orthodontics, we are impotent to prevent the subversion of universities and the profession's established standards by these proprietary schools. However, the issue of the faculties of such establishments may be a different matter and one on which the AAO can and should act now.

A number of these proprietary schools have faculty who are members of the AAO and are at present or have been at some time on the faculty of a reputable university. Their participation in these endeavors lends credibility to the enterprise and their AAO membership or ABO status confers an unsavory but real affiliation between organized orthodontics and this mercenary fringe.

My purpose in writing this letter is to encourage my colleagues, fellow members of the AAO, both clinicians and academics, in fact, any who care for the preservation of standards of professionalism, to express their views on the issue of educational malpractice. It is hoped that a significant majority of AAO members believe that the time is right to request our elected representatives to consider establishing clear criteria for ethical conduct in relation to educational activities conducted by members. Given such guidelines, it should follow that behavior conducive to diminishing the reputation and professional integrity of the specialty should be vigorously discouraged. The Committees on Orthodontic Education and Ethics and the Board of Directors should be encouraged to consider this matter and to report their views as soon as possible. After due warning to discontinue unacceptable activities, legal though they may be, it would certainly be prudent to remove those who persist from the membership of the American Association of Orthodontists.

What good is it to encourage the use of our logo in our dealings with the public if it does not stand for professionalism and integrity?

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More on mandibular advancement surgery

To the Editor:

Carlson and Ellis' should be commended for attempting quantitation of the long-term effects of mandibular advancement surgery on growing primates. They have asked a clinically relevant question that could have a significant effect on treatment planning in growing children with Class II malocclusions.

However, based on their data as presented, we take issue with the statement, 'The results of this study clearly support the conclusion that mandibular advancement surgery itself does not alter the overall rate and amount of maxillomandibular growth . . ."

An evaluation of Fig. 1, a series of cephalograms on one of the animals, indicates that the mandibular third molars were removed at surgery and pronounced supereruption of maxillary second molars ensued during the next 2 years. This should have inadvertently produced a natural functional appliance effect and/or caused significant posterior interferences. The effects of this supereruption on growing condyles and on the interpretation of their data should have been considered