

AND THEN THERE WERE NONE

Six dental schools have already closed and there have been a number of initiatives to close others. The underlying rationale is always the high cost.

Dental educators and practitioners were stunned by the announcement that Chicago's Northwestern University, or NU, planned to discontinue its dental education program. For more than 106 years, the dental school that G.V. Black nurtured has been an integral component of NU's prestigious educational offerings. No longer! NU's dental school appears targeted for extinction by a university seeking to rearrange its portfolio of schools and programs. It doesn't have a "cachet" any more, said the NU spokesperson who responded to questions about why the school is being closed. "Cachet," in this usage, is defined as a feature or quality conferring prestige. How do you measure prestige? NU's dental school has been blessed with a quality applicant pool. Last year's entering class had a grade point average of 3.4 and the fifth highest academic and second highest perceptual ability Dental Aptitude Test scores among all U.S. freshman dental students.

With this strong applicant pool, the NU dental school accepted a smaller percentage of total applicants (10 percent) than did all of the university's professional schools except the medical school. NU's Kellogg School of Business—often top-ranked nationally—accepted from 14 percent to 37 percent of its applicants, depending on the specific program.

NO, it wasn't cachet. It's really a matter of money—and lots of it. Do you think NU or any other university would close a program if it were profitable? "It doesn't have the cachet" really means, "We

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don't want to subsidize the dental school any longer. Let's grab the cash and run. After all, haven't six other private universities closed their dental schools in the last decade?" In contrast, medicine, which has almost twice as many schools—and a reported large surplus of physicians—has had no school closures in the comparable period. The difference? On average, medical schools generate more than 70 percent of their operating revenues in dependent of state or university contributions. Dentistry's educational programs are the opposite. They depend heavily on tuition and state contributions, garnering 65 percent of their operating revenues from those sources. In addition to the large differences in self-generated revenues between dental and medical schools, it costs considerably more to educate a dental student than a medical student. The differential is directly related to training costs in the clinical years. Medicine sends its students to hospitals for their third and fourth years of training at no cost. Dentistry provides its own clinical facilities for its students. That's costly. About a third of a dental school's budget is consumed by its clinical operation. This increas-

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es the cost of training dental students by tens of thousands of dollars over the cost loan. While helpful, this effort of training their medical counterparts. This high cost is no secret. As noted earlier, six dental schools have already closed, and there have been a number of initiatives to close others. The underlying the long-term stability of rationale is always the high cost.

As evidence, consider this quote from a state legislator who introduced a bill to close a state funded dental school: "The dental school might be a good school. That's not the point. The point is that the institution is soaking up funds that could be used elsewhere to provide education to a I have a proposal. It calls for far greater number of students."

Those most vulnerable to the and financial commitment to high cost of dental education have been the dental students. The debts of graduating students continue to rise. Graduates of private dental schools are now reporting an average debt of 113,128. Graduates of state-related schools report an average debt of \$93,583, while graduates of state-supported schools have an average debt of \$66,669.

The real jolt comes when the new graduates start paying off their debts, plus interest. During, those early practice years, some graduates report difficulty

meeting basic personal expenses. The pressure to pay off debts affects practice decisions for these young dentists.

The highly ambitious plan set forth by ADA Past President Arthur Dugoni to create a \$1 billion education endowment from professional contributions could provide some debt relief, buying down the interest on student loans.

Using its potential \$60 million annual yield for loan payment reductions of 3.5 percent, each new graduate would save \$20,00 over the life of a 10-year \$100,00 loan. While helpful, this effort would not appreciably alter a student's monthly debt payment (reducing it from \$1,161 to \$989).

As well-meaning as the Dugoni plan is, I view it as a Ban-Aid approach. To ensure the long-term stability of dentistry's educational base, major changes will have to be made that permeate the entire fabric of the educational process. And change must begin now! Unless costs are controlled, more schools will close, and the entire educational system eventually will be compromised.

I have a proposal. It calls for an unprecedented professional and financial commitment to address the cost of dental education. It asks for trust and sacrifice from all dentists—and it requires a substantial out-of-pocket contribution.

The first step in the plan

would be to assemble dentistry's most creative thinkers and charge them with the responsibility to develop methods and programs that could significantly reduce the cost of dental education. To convert their recommendations into action, special project grants, using contributed funds, would enable qualified individuals and organizations to field-test the recommendations.

I am convinced that when the necessary resources are applied, a significantly altered but high-quality dental education program will emerge. The difficulty will not be to find solutions but to assemble the dental support necessary to launch this venture.

Most dentists have little concern about the closing of a dental school, unless it's their alma mater. Some many even be pleased about a closing—believing that we have too many dentists. One or two may speak out in support of the schools, but their voices eventually fall silent, muted by the lack of peer support. It's so much easier to conduct business as usual.

But if no one speaks this time, or the next time, or the next, soon there will be no opportunity to speak—for there will be no schools left to speak for.

A few years ago, there were three dental schools in Chicago. Soon there will likely be only one.