

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

1-25-1999

ADA News - 01/25/1999

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 01/25/1999" (1999). *ADA News*. 70.
<https://commons.ada.org/adanews/70>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

BRIEFS

AAE sets annual session for April

Atlanta—The American Association of Endodontists will hold its 56th annual scientific session April 21-25, at Atlanta Marriott Marquis Hotel here.

The conference will feature scientific and clinical topics related to endodontics and developments in information technology.

For more information contact the AAE at 1-312-266-7255, Ext. 3006; or fax to 1-312-266-9867. ■

Academies of Practice to host diabetes meeting

Arlington, Va.—The National Academies of Practice is sponsoring the forum “Interdisciplinary Management of Chronic Conditions: Diabetes Mellitus and Depression Case Examples” May 1 at the Marriott Gateway Hotel here.

Diabetic interdisciplinary health care as well as other aspects of diabetes and depression management are on the agenda.

The fee for non-members is \$150. For more information, contact NAP at 1-410-676-3390 or e-mail, “N.A.P@worldnet.att.net”. ■

Esthetics on tap at Vedder confab

Ann Arbor, Mich.—The Francis B. Vedder Society of Crown and Bridge Prosthodontics will hold its spring meeting March 17 on “Advanced Esthetic Restorative Dentistry” at the Racham Auditorium here.

Contact Dr. Jon McLain, 126 Parker Ave., Alpena, Mich. 49707; phone, 1-517-354-5625, for more information. The fee is \$135 pre-registered and \$175 at the door. ■

Seeking common ground

Diversity conference features open discussion on the issues

By David Weissman

When the time came for ADA President S. Timothy Rose to open the Special Forum on Membership Diversity Jan. 8, he did so in unusual fashion: with a remark from another speaker.

The speaker was Debra J. Crumpton, an African-American consultant who had delivered a highly charged lecture on diversity at ADA head-

See DIVERSITY, page 12



Coming together: Dr. Cynthia E. Hodge, president of the National Dental Association, addresses the diversity forum as ADA President S. Timothy Rose (left) and ADA Executive Director John S. Zapp listen.

Supreme Court hears CDA argument challenging FTC

By Craig Palmer

Washington—ADA General Counsel Peter M. Sfikas told the U.S. Supreme Court in oral arguments Jan. 13 that the Federal Trade Commission lacks jurisdiction to regulate non-profit dental and other professional associations. A government attorney said the FTC has the authority to regulate from Congress and the courts.

Mr. Sfikas appeared on behalf of the California Dental Association to urge the high court to limit FTC regulation of the professions. Many other

■ DOJ SUES DENTSPPLY, PAGE SIX

professional associations, including the ADA, filed briefs amici curiae (as friends of the court) in support of the position taken by the CDA.

The court split 4-4 in 1982 on an American Medical Association challenge of FTC jurisdiction.

The FTC claims the California Dental Association violated antitrust laws by restricting dentist advertising. The CDA carried its challenge of

FTC authority to the high court, which is expected to rule by the end of June on the jurisdictional issue and the FTC's antitrust analysis in the case.

“With all due respect, this is not a trade association,” Mr. Sfikas argued.

Some Supreme Court justices, however, appeared sympathetic to the government's argument that distinctions, if any, between non-profit professional and trade associations for purposes of FTC regulation have blurred since Congress passed the

See CDA, page 24

Mellon Bank seeks buyer for its credit card division

By David Weissman

Pittsburgh—Mellon Bank Corp., provider of financial products and services for the ADA 1 PLAN since 1995, announced Jan. 15 that it was selling its credit card portfolio, mortgage business and network services transaction processing unit in an effort to sharpen its focus on core strengths.

“Taking these steps is consistent with our focus on sustainable earnings growth and returns, not balance sheet size,” said Martin C. McGuinn, Mellon's chairman and chief executive officer.

“In particular,” he added, “sales of the credit card and mortgage businesses will reduce our exposure to higher-risk assets and reduce potential earnings volatility by eliminating approximately \$3.5 billion in loans and mortgage servicing rights from Mellon's balance sheet.”

ADA 1 PLAN staff traveled to Pittsburgh Jan. 21 to discuss with Mellon officials the selection of a new financial services provider

See MELLON, page 10

INSIDE



Dr. Hobbs honored

New York state places marker in her hometown. Story, page 14.

AHCP joins others to launch guideline database on Web

By Craig Palmer

Washington—The government, medical profession and managed care industry joined forces to launch a clinical practice guideline website Jan. 14 they collectively and confidently expect will improve the quality of health care.

At the least, said representatives of the three partners in this unprecedented public/private partnership, they

■ SLEEP APNEA, STROKE, PAGE 16

expect the new electronic website—“http://www.guideline.gov”—to improve health professionals' access to evidence-based clinical practice guidelines and lead to more timely delivery of care.

Spokesmen for the Department of

Health and Human Services Agency for Health Care Policy and Research, the American Medical Association and American Association of Health Plans, a managed care umbrella group, described their partnership in the National Guideline Clearinghouse as “an exciting milestone” in electronic access to science-based health information.

See DATABASE, page 25

Ethical perspective given to students

SUCCESS seminars cover confidentiality, quality care

As part of the ADA's SUCCESS program, the councils on Dental Practice, and Ethics, Bylaws and Judicial Affairs jointly host a series of seminars titled "Starting Your Own Dental Practice: An Ethical Perspective."

These half-day presentations are held—at no cost—for junior, senior and graduate dental students. Unlike other SUCCESS programs that focus on the business side of dentistry, these seminars aim to help students explore the ethical aspects of running a practice.

Blending lectures and case studies, the programs will cover topics such as quality of care,

informed consent, confidentiality, advertising, peer review and judicial panels and more.

"So far this year we've given presentations at the University of Washington, the University of Texas in Houston and Indiana University, and they've all been very well received," said Wendy Wils, CEBJA manager.

The remaining seminars for 1999 are:

- Jan. 27 at Ohio State University;
- Jan. 30 at the University of Maryland;
- Feb. 1 at the Medical University of South Carolina;
- Feb. 9 at West Virginia University;

- Feb. 11 at the University of Colorado;
- March 1 at Meharry Medical College;
- March 4 at the University of Mississippi;
- March 25 at the University of Florida.

The seminars are sponsored by 3M Dental Products; A-dec Inc; CNA Insurance companies and Poe and Brown Insurance; DENTSPLY International; The Equitable Life Assurance Society of the United States, New York; John O. Butler Co.; Sullivan-Schein Dental Co.; Patterson Dental Co.; Proctor & Gamble Co.; Ultradent Products Inc.; and Warner-Lambert Co. ■



JANUARY 25, 1999 VOLUME 30, NUMBER 2

Published semimonthly except for July and December by ADA Publishing Co., Inc., at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, email: ADANews@ada.org and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by ADA Publishing Co., Inc., the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611. © 1999 American Dental Association. All rights reserved.

ADA ONLINE
<http://www.ada.org>



When the icon at left appears with an ADA News article, turn to our counterpart on the World Wide Web—the ADA News Daily—for related news and information via ADA ONLINE.

PUBLISHER: Laura A. Kosden
EDITOR: Dr. Lawrence H. Meskin
ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry
ASSOCIATE PUBLISHER, MARKETING AND OPERATIONS: Gabriela Radulescu
NEWS EDITOR: Judy Jakush
ASSISTANT NEWS EDITOR: Laura McKee
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Daniel McCann, David Weissman, Clayton Luz
EDITORIAL ASSISTANT: Chrestine Johnson
ART DIRECTOR: Peter Solarz
ELECTRONIC SYSTEMS, LAYOUT AND DESIGN SPECIALIST: David Buehrens
PRODUCTION: Susan Chauvet, Angie R. Miller, Sheila Cassella
NATIONAL SALES MANAGER: Bud McKeon
DIRECTOR OF PRODUCTION: Elizabeth Cox
PRODUCTION ASSISTANT: Regina Acklin

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing Co., Inc., the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING SALES MANAGER: Carol J. Krause

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, 170 Bay Rd., Suite 2200, Huntington, N.Y. 11768; phone 1-516-385-3288. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92612; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual \$52; institution \$74 per year. Foreign individual, \$72, institution \$93 per year. Canada individual, \$62, institution \$84 per year. Single copy U.S. \$7, outside U.S. \$9. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

VIEWPOINT

LAURA A. KOSDEN, Publisher

DR. LAWRENCE H. MESKIN, Editor

JAMES H. BERRY, Associate Publisher,
EditorialJUDY JAKUSH, ADA News
Editor

MY VIEW

Grassroots action key to future

Many believe the evolving managed care scenario that lawmakers and insurance companies are promoting is most certainly having a tumultuous influence on our health care system. And those most familiar with these transitions have a great deal of concern, especially about the future of quality care and the preservation of freedom of choice for health care recipients in this country within this uncertain environment.

What is certain is that the future of independent health care providers is at stake. It is increasingly subject to an ever-changing socioeconomic climate and ever-expanding governmental influence. This influence is not always guided by principle; and the health professions would be foolish if they fail to recognize

this. Surely, if we wish to see the health fields survive within the framework that promotes the highest standards of patient care and attracts those individuals that are the best and most caring, we must involve ourselves in the political arena and especially in the area of grassroots politics.



Vito D. Buonomano, D.D.S.

aged care health plans, whether they are in the form of conventional insurance, health maintenance organizations, preferred provider organizations or open-ended HMOs. The companies that sponsor the plans may also be liable for medical malpractice. These and other proposals are primarily the result of managed care dissatisfaction on the part of the public and as represented by politicians and the media alike.

Meanwhile, the autonomy of dental practice is already threatened by third-party plans, government bureaucracy and increased litigation. The era of increased caution and expenses related to contagious diseases is already upon us. Given this changing environment, we need to look at how health care political action committees can function effectively and what level of support can be expected from the groups they represent. As labor organizations and management continue to struggle within this same milieu, the political dilemma of the century continues to be how to fulfill the long-term ideals of American individualism in a world that is ever more interdependent.

Proposals in Washington to limit the amount of money spent in elections and

See MY VIEW, facing page

LETTERS policy

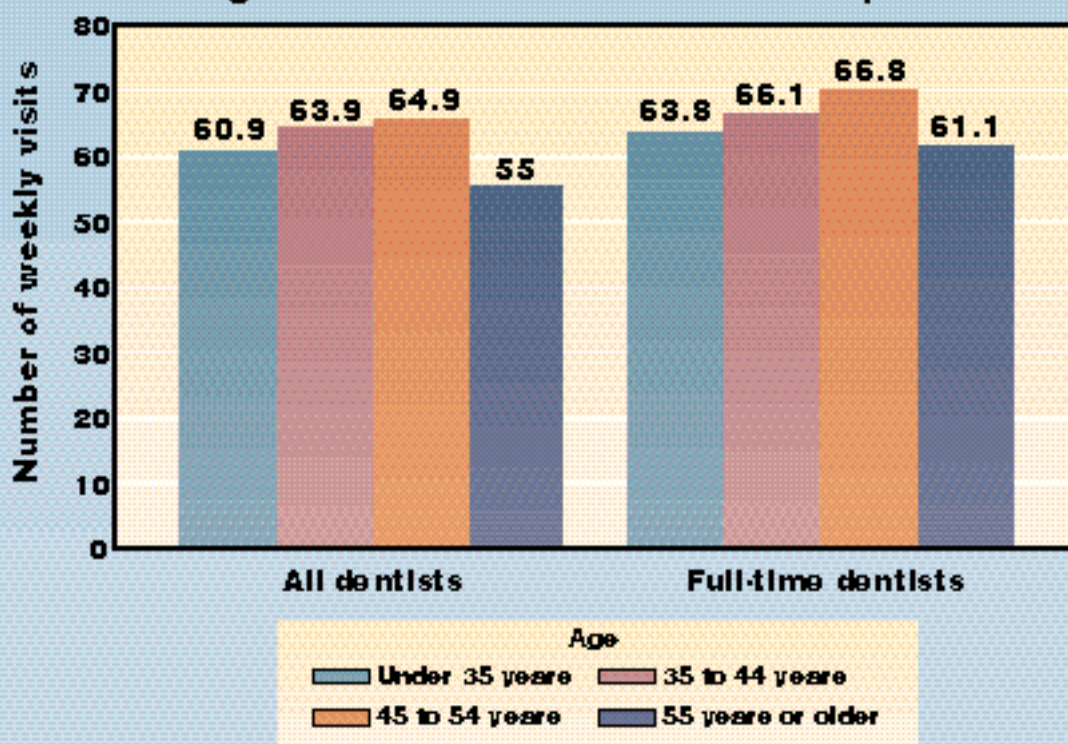
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is (312) 440-3538; email to "ADANews@ada.org".

Snapshots of American Dentistry

Patient visits

The average number of patients treated each week among full-time private practitioners is slightly higher than among all private practitioners. When looking at dentists ages 35-44 and 45-54, the full-time dentists averaged 3.3 percent and 2.8 percent more patient visits per week, respectively.

Younger full-time dentists treat the most patients



LETTERS

Overkill

I'm thinking if I read one more article extolling the unmatched superiority of air abrasive technology, I'll vomit. For the past several years, I followed this technology via various dental journals plus hands-on experimenting at dental meetings.

Always, I had the same question—doesn't this hurt? Always, I got the same answer—No.

Well, after several years of brain washing, I decide to purchase one of God's most recent gifts to dentistry. This I did even though my patients all jump when I probe with my explorer way down about 0.5 millimeter into the central fossa of their molars. Humph, I must have strange patients, as they don't like it when I blow air on their teeth either.

Hey, never fear, the salesman selling me this new age technology says the patients, for some reason, don't seem to mind it when air abrasion is used. Well, my son and I schedule two patients each. We both pick calm patients with small cavities, two buccal pits and two small occlusals.

The big day comes; I am psyched, primed and ready to blast my way to Sand City. I'm working for a whole 10 seconds when yeeoow; my patient suddenly becomes a lunar launcher. Good God, he's on the ceiling! All

four of our patients reacted the same way. Guess what? They all got local anesthesia; I sent the unit back.

Personally, judging by most of the pictures I see showing this equipment in use, I wouldn't fill those stains anyway. Me, I usually remove decay. Tell me, what's the difference between removing amalgams because

known facts that have no meaning or even known relation to the thrust of his article.

Then he compares dental practice, which primarily involves closed body surfaces with hospital surgery, which involves open body surface.

I have practiced in hospital surgery environments for over 40 years, both as an anesthesiologist for general surgery and as the operating dentist. The reasons for barrier protection in the hospital surgery are different for dentist and general surgeon.

The general surgeons' barriers are to protect the general surgeon's patients undergoing open body cavity surgery in the surgical suite. It should be obvious that water entering an open body cavity must be sterile. The same cannot yet be said for closed dental procedures in the oral cavity.

While the author is correct in saying that the mouth cannot be separate from the rest of the body, it should be recognized that the pathophysiology of oral tissues have different effects and often little direct adverse effect on the general physiology of the body.

The laboratory results or the systemic response of dental infections are far different than an infection of the appendix would display.

There would be pattern of post
See LETTERS, facing page



of mercury and sandblasting a perfectly sound tooth because of a stain? Malpractice anybody?

*James Caserta, D.D.S.
Bridgeport, Conn.*

Air and water

Regarding Dr. Stephen H. Halem's "My View" ("Concerns About Air and Water," Dec. 14, 1998, ADA News), the author begins his comments with interesting but widely

MY VIEW

Continued from facing page

to curtail abuses are not an indication that PACs are inherently wrong. Despite the fact campaign finance reform is certainly overdue, proposed legislation to further regulate soft money contributions to PACs and to control their activities will probably be ineffective.

Distinguishing between hard money and soft money gets government into the position of assessing the thinking of citizens who participate in politics. Can we really scrutinize the motives and intentions of private citizens or organizations engaging in political advocacy so that we may develop some kind of regulatory response? The distinction between advocacy on behalf of candidates and issue advocacy are often blurred, ludicrous or just plain outrageous.

The fact is, elections are inevitably expensive. So should Congress make it easier, not harder, for people to participate in campaigns? Campaign spending in the United States is widely denounced as excessive, but why should we expect politics to be cheap? The \$2.8 billion spent on federal races in 1997 comes out to about \$10 a person. Some feel that "this is a small price to pay for there are few more important decisions today than choosing political leaders" (Doug Brando, "Money is Well Spent," Feb. 20, 1998, USA Today). The current national storm precipitated by scandals in Washington is certainly testimony to this fact.

Others argue that while influence peddling is a problem, most so-called reform proposals would merely rearrange who has influence. For example, political action committees arose after the limits on donations were imposed in the 1970s. They contend instead that legislators should eliminate existing restrictions.

Certainly, an overwhelming majority of incumbents win elections. Unregulated soft money contributions to national political parties from unions, corporations and wealthy individuals continue to enrich political benefactors in office. The McCain-Feingold bill attempts to address this issue, but its passage in the near future is highly unlikely.

Other campaign finance regulation endeavors currently gaining favor are only a small step in

improving the situation, including recent proposals and regulations regarding union contributions. And the American people are becoming increasingly more concerned with these problems as cynicism for our political system has turned off many voters. Further justification for this frustration may only lead to some radical changes including a stronger call for term limits.

Two states, Maine and Vermont, have enacted measures to limit, discourage or bar private money. Instead the public, as a whole, provides a central campaign fund. Other states are considering similar reforms. What may emerge is the public attitude that to get good government the taxpayer may have to pick up the tab.

In this rapidly changing world, the profession of dentistry in particular can no longer rely solely on traditional lobbying techniques to ensure that

its voice is heard in the political arena. Just as we recognize the changes in our profession and adapt to new techniques and technologies, we must also cope with the new faces of politics. We need new strategies and approaches to the changes in the political environment and process.

The ADA has made a strong commitment to the initiative of grassroots involvement by establishing a grassroots base and creatively pursuing potential allies in various public sectors and with other health professions. This serves us well now and hopefully will into the future. Candidates remember you much better if your support is early and diverse and substantial. The Grassroots Action Team Network is an important step in enhancing effective representation and diminishes the risk of our being perceived as "buyers of special favors," as noted in the ADA's Action

Team Member Resource Manual. It is imperative that we pursue these goals with the cooperation and resources of others in the health care field.

Health professionals should recognize that socioeconomics will have a more significant and lasting impact on the health care fields than political pandering. Despite and because of politics, this country has survived and benefited from some fundamental changes, and, regardless of the direction campaign finance reform eventually takes us, one fact is certain. Grassroots involvement, solidifying our legislative and political unity while polishing the public's perception of the health care professions and its practitioners will be our most secure investment.

Dr. Buonomano is a general dentist in Providence, R.I.

LETTERS

Continued from facing page

dental visit illness if it were to occur chronically when these dental contacts run into the millions of visits yearly.

The author describes a correlation between oral microbes and various medical conditions. Nothing can ever be proven from a correlation. Recognizing correlations serve primarily to open avenues of investigation.

Dr. Halem proceeds to *Pseudomona* and *Legionella* species and biofilm in water lines without recognizing that these same conditions have existed in public drinking fountains since their inception.

We live in and have lived in a sea of microbes for eons and have survived nicely. Selye (The Stress of Life, McGraw-Hill, 1956) years ago observed that, "almost no germ is unconditionally dangerous to man; its disease-producing ability depends on the body's resistance." This is where our research should be aimed!

The only sensible thing about the entire article was the editors' addendum that the ADA is promoting research on the subject and that is the way it should be.

*Kevin W. Toal, D.D.S.
St. Louis, Mo.*



Decisions: Members of the ADA Council on Dental Practice meet at ADA headquarters in November.

LEGAL AFFAIRS

Justice Department files antitrust suit against Dentsply

By Laura McKee

Wilmington, Del.—The U.S. Justice Department announced Jan. 5 that it is suing Dentsply International Inc., charging that the manufacturer is unlawfully maintaining a monopoly by restricting most of the nation's prosthetic tooth

distributors from selling products made by its competitors.

"This action comes as no surprise to Dentsply," said Gary K. Kunkle, Dentsply president and chief operating officer, in a news release.

According to Mr. Kunkle, the Justice Department's actions were taken in response to a declaratory judgment action Dentsply filed Dec. 11, 1998, in the Federal District Court in Wilmington, Del. Dentsply filed the judgment in response to a three-year Justice Department investigation against Dentsply, Mr. Kunkle said.

"After more than three years of an ongoing investigation, [Dentsply] filed a declaratory judgment action ... seeking an order that our policy regarding the distribution of our artificial tooth products is not in violation of the antitrust laws," said Mr. Kunkle.

The DOJ suit alleges that Dentsply tried to limit competition by depriving its rivals of effective distribution networks.

"In the process, its actions reduced competition and raised the prices of artificial teeth," said Joel I. Klein, assistant attorney general for the DOJ's antitrust division.

The suit contends that in 1987, after foreign competitors began attempting to build distribution networks in the United States, Dentsply

DENTSPLY SOUGHT "AN ORDER THAT OUR POLICY REGARDING THE DISTRIBUTION OF OUR ARTIFICIAL TOOTH PRODUCTS IS NOT IN VIOLATION OF THE ANTITRUST LAWS," SAID MR. KUNKLE.

entered into agreements and other arrangements with independent dealers whereby the dealers, in most cases, could not add the new competing lines of prostheses.

These allegedly restrictive dealing arrangements affected more than 80 percent of the country's tooth distributors, the suit claims.

Defending Dentsply, John C. Miles II, Dentsply chairman and chief executive officer, said its policy does not reduce competition because dealers can choose to discontinue handling Trubyte teeth at any time if they wish to add another tooth line.

"We believe it is important that dealers handling Trubyte teeth focus their attention on the Trubyte line. This focus requires a dealer to commit a considerable amount of time, labor and investment that would lessen significantly should they carry additional lines," said Mr. Miles. "We believe this policy is a sound one and does not violate the antitrust laws of the United States."

Dentsply describes itself as the world's leading manufacturer and distributor of dental prosthetics as well as other dental supplies.

Dentsply sells about 70 percent of the artificial teeth used in the United States and has maintained that market share for at least a decade. ■

AMA fires long-time JAMA editor

Medical group questions timing of sex research

By Laura McKee

The editor of the Journal of the American Medical Association was fired Jan. 15 for publishing an article on college students' sexual attitudes in the midst of President Clinton's impeachment trial.

AMA Executive Vice President E. Ratcliffe Anderson Jr., M.D., said he fired George D. Lundberg, M.D., JAMA editor for 17 years, because he deemed the timing of the article, "Would you say you 'had sex' if ... ?", which appeared in the Jan. 20 issue of JAMA, "sensationalistic" and "intolerable."

The article was based on the results of a 1991 Kinsey Institute for Research in Sex, Gender and Reproduction survey of 599 college students. Sixty percent of the students surveyed said they didn't feel engaging in oral sex constituted having "had sex."

Dr. Lundberg, 65, "through his recent actions, has threatened the historic tradition and integrity of the Journal of the American Medical Association by inappropriately and inexcusably interjecting JAMA into major political debate that has nothing to do with science, and this is unacceptable," Dr. Ratcliffe told reporters at AMA headquarters in Chicago.

Still, Dr. Ratcliffe said other events in recent months, which he refused to elaborate, also influenced his decision to fire Dr. Lundberg.

"There is no question that in the past years Dr. Lundberg and his fine editorial staff ... advanced the stature of JAMA. Over time, however, I have lost confidence and trust in Dr. Lundberg's ability to observe that high level of credibility and integrity."

According to leading Chicago newspapers, Dr. Ratcliffe and AMA board members were angry with Dr. Lundberg after he appeared on CBS's "60 Minutes" last fall without board knowledge for a segment that was critical of hospitals for not doing more autopsies.

Three days after Dr. Lundberg's firing, the Chicago Tribune blasted the AMA in an editorial titled "AMA identity crisis gets worse."

The editorial questioned Dr. Ratcliffe's motives for firing Dr. Lundberg, stating that it "likely is no coincidence ... that the offending article undermines Republican claims that Clinton perjured himself by using a very narrow definition of what constitutes sex. If you're an AMA gamesman, undermining the

majority party is a bad idea when you're also asking the GOP to crack down on HMOs and protect doctors' fees under Medicare."

Dr. Lundberg's attorney, William Walsh, issued a statement saying the AMA has "jeopardized the editorial integrity and scientific credibility of the Journal of the American Medical Association and related AMA journals for political ends."

"Through its actions today, the AMA has inappropriately intruded into the historically inviolable ground of editorial independence in scientific journalism," the statement said.

Dr. Lundberg had long been considered to be among the AMA's most respected leaders. He was responsible for a number of AMA publications and is credited with greatly improving the quality of JAMA.

His firing is the latest in a string of upsets at the AMA that include the resignation of former Executive Vice President P. John Seward, M.D., in December 1997. The resignation was spurred by a failed and highly controversial product deal between the AMA and Sunbeam Corp. ■

Dr. Ratcliffe: Didn't question the article's credibility, only its appropriateness and timing in light of congressional hearings.

Learn about fellow dentists with Survey Center report

The 1996 Distribution of Dentists in the United States by Region and State is available. Three categories of dentists are described in the report: professionally active dentists, active private practitioners and new active private practitioners.

This annual report uses data collected from the Distribution of Dentists, a census of all known dentists in the United States and its possessions and territories.

The report (catalog No. 5ND6) is \$75 for member dentists, \$112.50 for nonmember dentists and \$225 for non-dentists.

To order a copy, contact the Survey Center by phone at Ext. 2568 or at the ADA's website under "Dental Practice" at "http://www.ada.org". ■

ADA Publishing Co. provides continuing education form online

The Journal of the American Dental Association this month took its first steps toward offering its continuing education program online.

Dentists can now find online the questions for each CE article along with an answer sheet form. The online form must be printed, completed and mailed along with payment to the address noted on the form.

Long-term plans, however, call for dentists to submit the CE form electronically whenever electronic commerce is introduced to the ADA's Web site. The CE form cannot be sub-

mitted electronically at the moment because payment must accompany the CE form.

The monthly participation fee for the CE program is \$10 for ADA members and \$15 for nonmembers.

Open to all licensed U.S. dentists, JADA's monthly CE program offers Journal readers a chance to earn up to two CE credits each month. Go to "<http://www.ada.org/adapco/jada/archives/9901/ce.html>" to find out how to participate online.

Four articles in the January JADA have been

designated for this month's CE program. Among the CE articles is this month's cover story, which is offered in full online to ADA members only. Also online are abstracts of the remaining CE articles.

To participate in the CE program, dentists must read one or more of the articles and answer the related questions. If dentists correctly answer three of the four questions per article, they earn 0.5 hours of CE credit—or a total of two credit hours for all four articles.

Faculty at the University of Colorado School



of Dentistry, a provider of CE credit recognized by the ADA's Continuing Education Recognition Program and the Academy of General Dentistry, grade all CE entries. ■

EPA publishes recommendations

Washington—The U.S. Environmental Protection Agency has published recommendations for improving the training of health care providers on the risks of pesticide exposure.

The paper is based on the proceedings of a workshop held last spring, which aimed to identify strategies to improve the ability of health care providers to recognize, diagnose, manage and prevent adverse health effects due to pesticide exposure.

For a copy of the report, Pesticides and National Strategies for Health Care Providers, Workshop Proceedings, telephone Ameesha Mehta at 1-703-305-7666. ■

Mellon

Continued from page one
for the ADA 1 PLAN products and services. (ADA News went to press the day before the meeting and will provide further details in an upcoming issue.)

"The agreement between Mellon and ADA Finco was fashioned to involve both parties in the selection of a new financial services provider," said ADA Executive Director John S. Zapp, also chairman of the Finco board.

The new provider, Dr. Zapp added, would be "one which values the portfolio, understands the tripartite organization and is attuned to the personal and professional needs of ADA members."

Jack Klinck, senior vice president of Mellon's credit card group, said he expected "no disruption in service," and that Mellon officials would work with ADA 1 PLAN staff to make the transition as seamless as possible.

Mr. Klinck, who has experienced the sale of other companies' financial products during his 10 years in the industry, estimated that the sale of Mellon's credit card portfolio and mortgage products would take between four and 12 months.

Goldman Sachs & Co. will advise Mellon on the sales of the mortgage and credit card businesses. Morgan Stanley Dean Witter & Co. will be the adviser with the sale of the Network Services transaction processing unit, which enables the electronic transfer of funds from credit and debit cards.

Mellon plans to use proceeds from the sales to buy back an estimated 10 million shares of common stock.

The ADA News will continue to report on the selection of a new ADA 1 PLAN provider as information becomes available. ■

Alliance names new executive

Kathleen Cooper, attorney, to lead 9,000-member group

Kathleen M. Cooper, an Illinois attorney and member of the Federal Trial Bar, was named last month as the new executive director of the 9,000-member Alliance of the American Dental Association.

"Many spouses of dentists have careers of their own, many help manage the dental practice, and almost all live extremely busy lives," said Ms. Cooper. "We're [AADA] here to help those spouses and provide the services that they need."

Ms. Cooper majored in theology and political science before earning her law degree

from John Marshall Law School in 1989. She also served an internship with the Majority leader of the U.S. House of Representatives and managed a medical practice for a family practitioner.

In addition to her new title, Ms. Cooper also is a member of the Federal Trial Bar Association, the American, Illinois and Chicago Bar associations, and has worked on the Public Relations and Elder Law committees of the Illinois State Bar Association.

"The Alliance is dedicated to supporting the dental profession and the ADA by provid-

ing dental health education, lobbying for legislation and with grassroots initiatives," Ms. Cooper said.

"Our members deserve all the support we can give them," she said.

Ms. Cooper will attend the upcoming AADA leadership conference, scheduled for March 24-27 in Mobile, Ala.

For more information on the conference or about the Alliance of the American Dental Association, call the Alliance using the toll-free number, Ext. 2865. ■



Ms. Cooper: New AADA executive.

Award nominees sought

The ADA Council on Access, Prevention and Interprofessional Relations is accepting nominations for the 1999 Access Recognition Awards.

The awards honor individuals who have demonstrated leadership in increasing access to dental care for underserved people in their communities, including, for example, older adults, persons with disabilities or low-income adults or children.

Now in its 10th year, the Access Recognition Award acknowledges that one person often is the driving force behind a successful access initiative. To date, 124 individuals in 35 states and Puerto Rico have been recognized for their efforts.

The council encourages constituent dental societies to submit nominations for these non-competitive awards. All nominees who meet the eligibility requirements will receive an attractive wall plaque, bearing a certificate signed by the Association president, as well as a congratulatory letter signed by the CAPIR chair, Dr. Terry Grubb.

See ACCESS, page 19

1998 winners	
● Dr. Ghassan Sourì	Illinois
● Dr. D. Richard Wilson	Oregon
● Dr. Henry Windell	Oregon
● Dr. William Metz	Michigan
● Dr. Mark R. Van Buskirk	Indiana
● Mr. Galen Cole	Maine
● Dr. Philip W. Higgins Jr.	Maine
● Dr. John S. McIntyre	New York
● Ms. Nancy Walker	Tennessee
● Ms. Mary E. Gwin	Ohio
● Dr. Duncan C. McInnis	Tennessee
● Dr. Jere A. Erickson	California
● Dr. Philip W. Baldwin	California
● Dr. Howard C. Jackson	Maine
● Dr. Harold M. Kemple	Oregon
● Dr. Eric J. Sandoval	California
● Ms. Marianne M. Dudley	Alaska
● Dr. John K. Taylor III	Maryland
● Senator Gloria Lawlah	Maryland
● Dr. Martin P. Wasserman	Maryland
● Dr. Michael D. Cerveris	Pennsylvania
● Dr. Robert R. Zimmerman	Pennsylvania
● Dr. Jack Roemer	New Jersey
● Dr. David C. Large	Colorado
● Dr. Timothy P. McVane	Nebraska
● Dr. Daniel J. Goede	South Dakota

MEMBERSHIP

Diversity

Continued from page one

During her hour-long talk, Ms. Crumpton delivered this emphatic sentence: If you have to talk about diversity, then you have a problem.

"That remark," said Dr. Rose, "has been with me ever since, and that's the focus of this forum. We're here to establish a common ground, lay our issues on the table and to work toward solutions that will benefit the entire profession."

Last month's membership diversity forum marked the first time that leaders from such a large number of groups had come together to collectively discuss issues related to diversity in the profession.

Represented groups included the American Association of Women Dentists, the National Dental Association, Hispanic Dental Association, National Association of Filipino Dentists, Indian Dental Association, the American Student Dental Association, Committee on the New Dentist, Council on Membership and the Council on Access, Prevention and Interprofessional relations.

Dr. L. Jackson Brown, associate executive director of the ADA's Health Policy Resources Center, began the conference with a statistical look at diversity in the dental profession. Among his findings:

- fewer men and more women are graduating from U.S. dental schools. The percentage of male



Diverse opinion: Indian Dental Association (U.S.A.) executive director Dr. Chandurpal Gehani (left) challenges ADA policy on licensure by credentials for foreign-trained dentists as American Association of Women Dentists managing director Marti McGraaf looks on.

U.S. dental school graduates has decreased steadily, from about 95 percent in 1976 to about 62 percent in 1996. The percentage of female U.S. dental

"SOME OF YOU HAVE TRAVELED VERY FAR TO BE HERE TODAY, AND I THANK YOU," SAID DR. ROSE. "WE [THE ADA] DON'T JUST WANT YOUR DUES. WE WANT YOU AT THE TABLE," HE ADDED. "OUR GOAL IS TO HAVE THE ADA REPRESENT ALL AMERICAN DENTISTS."

school graduates, meanwhile, has increased from about 5 percent in 1976 to roughly 38 percent in 1996. Those figures are projected to remain the same for the year 2000.

- the percentage of Asian graduates from U.S. dental schools has increased from less than 5 percent in 1976 to nearly 20 percent in 1996;
- most Asian, American Indian and Hispanic dentists practice in the Pacific states;
- most African-American dentists practice in the south Atlantic states;
- there are differences between men and women and among the diverse groups in levels of managed care participation as well as net income.

With the exception of Dr. Brown's presentation, the forum was an open discussion, with the agenda set by the participants. Topics of interest included increasing the number of racial and ethnic minority dentists, access to care for underserved minority populations, and practice issues of special concern to minority and women dentists.

For example, Indian Dental Association executive director Dr. Chandurpal P. Gehani raised the issue of ADA policy on licensure and licensure by credentials.

Dr. Gehani observed that the policy states that established, foreign-trained dentists can only qualify for licensure by credentials after additional training. Indian dentists who have been practicing in the United States, sometimes for 20 years or

more, find this discriminatory.

"If we pass the National Board Examinations Parts I and II, and have practiced for many years in one state, our home," he said, "we should be allowed to [obtain a license and] practice in other states without additional training."

Judy Nix, director of the ADA Council on Dental Education and Licensure, explained that the issue—directly addressed in Resolution 10H-1998—was referred back to the CDEL for further study and will be brought before the 1999 House of Delegates this fall.

Dr. Patrick Ferrillo Jr., president-elect of the American Association of Dental Schools, pointed to another problem related to foreign-trained dentists: recruiting them as teachers.

Though requirements vary by state, Dr. Ferrillo explained that many states require foreign-trained dentists to take two additional years of training and receive a license to qualify as teachers on a dental school faculty.

A broader issue under discussion was the recruitment of qualified minority applicants into dentistry. Many agreed that minority recruitment must begin before a student applies for dental school admission.

"Many kids today, they want to grow up to be Michael Jordan, not a dentist," observed Dr. Caesar Gonzalez, a member of the Hispanic Dental Association. "We need more role models."

ADA President-elect Richard Mascola agreed.

"Dental school is where the dentist can reach out to these students," he said. "We've got to instill the drive in these students to be professionals."

Encouraging more minorities into dental school led to a broad discussion of the admissions process, and of the standards set for new students.

Dr. Cynthia Hodge, president of the National Dental Association, suggested that dental schools look beyond grade point averages and dental admissions test scores to produce a more well rounded student body. Attendees suggested that matriculating students must be qualified and capable of succeeding, but that alternative criteria for dental school admission should be evaluated.

In other developments:

- Dr. Arnold Baker, co-chairman of the ADA/AADS Task Force on Minority Recruitment and Retention, discussed the report the task force will present to the ADA Board of Trustees in February, including specific proposals to enhance the qualified pool of minority applicants to dental schools;

- Dr. Michael Strayer, a member of the Council on Access, Prevention and Interprofessional Relations, indicated the Council will be updating its survey on access to care for underserved populations;

- ADA President-elect Richard Mascola announced a commitment to hold another forum next year.

At the close of the forum, attendees drafted a series of objectives to take back to their own organizations for discussion:

- the membership demographics of the profession should mirror the population demographics of the nation;
- the ADA should support nondiscriminatory policies and processes within the organized profession;
- the ADA must encourage participation from all organizations within dentistry;
- the ADA must evaluate access to care, reimbursement and other practice issues that affect all dentists;
- there must be a commitment to greater collaboration on topics of mutual interest.

"Some of you have traveled very far to be here today, and I thank you," said Dr. Rose. "We [the ADA] don't just want your dues. We want you at the table," he added. "Our goal is to have the ADA represent all American dentists." ■

STATES

New York honors Dr. Lucy Hobbs Taylor

Governor's commission recognizes her with historic marker

By Clayton Luz

Ellenburg Center, NY—Lucy Beeman Hobbs Taylor intended to study medicine at Eclectic Medical College in Ohio, but was informed that “women were not admitted as students.”

So she took the dean's suggestion to try another field—dentistry. After finishing a two-year dental apprenticeship with a Cincinnati dentist, she applied for admission to the Ohio College of Dental Surgery.

She was denied admittance, but not because she didn't meet eligibility requirements or lack formal training.

She was rejected because she was a woman. Again.

What Lucy Beeman Hobbs Taylor did have, though, was fortitude, a precious character trait that under the weight of adversity hardens into a fierce resolve to achieve.

Born the seventh of 10 children on March 14, 1833, in this rural community, Lucy Beeman Hobbs' fortitude was tested at an early age when she became orphaned at 12. Working as a seamstress, she supported herself through school and later taught for 10 years before embarking upon her dental career.

She would exercise her considerable determination throughout her life, fulfilling personal goals considered audacious for the times while fashioning a professional legacy rich with accomplishment: Dr. Hobbs Taylor was the first woman in world history to receive a dental degree from an accredited college, to be admitted into a state dental society and to present a scientific paper.

Last November, Dr. Hobbs Taylor added yet another first when she became the first person from her hometown to be honored with a New York State Historic Marker.

The Governor's Commission Honoring the Achievements of Women bestowed the marker, which also celebrates the 150th Anniversary of the First Women's Rights Conference held in Seneca Falls, N.Y. Assemblyman Chris Ortloff; Lynn Rollins, executive director of the commission; Addie Shields, Clinton County historian; and Dr. Anne Marie Speare were among those participating.

The commission asked Dr. Geraldine Napierski, past-president of the American Association of Women Dentists and a scholar on the life of Dr. Hobbs Taylor, to preside over the ceremony.

Dr. Napierski recounts that when the independent-minded Lucy Beeman Hobbs, as she was known then, applied to the Ohio College of Dental Surgery in 1861, there were only three dental schools and 65 graduates, all of whom were men.

Says Dr. Napierski, “It was universally accepted that none of the dental schools would admit women as students.” Ms. Hobbs' application, unsurprisingly, was denied according to a resolution that stipulated “neither women nor men of African descent would be received.”

The country was enduring immense social upheaval in 1861. The North and South were girding for war over the issue of slavery while another social cause, the suffragist movement, quietly continued to emerge. But Ms. Hobbs kept steady course on her dreams to practice dentistry.

After her college rejection, she opened her own dental office in Cincinnati without benefit of a dental degree, an accepted custom those

days—for men, not women.

Town eyebrows arched in disapproval, but she remained undaunted. One month later, Ms. Hobbs faced a much larger obstacle—outbreak of the Civil War. Cincinnati business ground to a halt. The ever-resourceful Ms. Hobbs decided to escape the war for northeastern Iowa, where she opened an office in the bucolic town of McGregor.

Ms. Hobbs' reputation and skill as a dental practitioner spread through-

out the area. Folks referred to her as the “woman who pulled teeth.” In July 1865, the Iowa State Dental Society invited Ms. Hobbs to its fourth Annual Meeting in Dubuque.

The society was so impressed by Ms. Hobbs' professional and personal comportment that it amended its bylaws to admit women. Ms. Hobbs had become the first woman member admitted to a state dental society.

Later that same year she became the first woman to present a scientific paper to a dental society when she read before her own. Ms. Hobbs' professional reputation continued to grow, as did her resolve to succeed, undoubtedly steered by memories of the rebuffs she encountered years ago when first searching for a dental tutor.

Dr. Napierski says that many preceptors “kindly proposed that she would come (into their office), clean and observe as long as she didn't let anyone know she was learning lest their own reputation and character be ruined.”

But it was Lucy Beeman Hobbs, riding the unprecedented support of her male colleagues, whose own reputation and character soared after she finally won entrance to Ohio Dental College in 1865, the same institution which had rejected her four years before.

Her professors lauded her as a woman of great energy, studious in her habits and an honor to her alma mater. Another teacher wrote a “better combination of modesty, perseverance and pluck cannot be found.”

Dr. Ann Marie Speare, a general practitioner from nearby Plattsburgh, was invited to the dedication ceremony as a greeter.

Dr. Speare comes from a long line of family dentists. Her grandfather, father, uncle and two younger brothers are practitioners. As the first woman dentist in her family, Dr. Speare says she's thankful for not having had “much groundwork to lay” when she enrolled at the University of Buffalo's School of Dentistry. She was graduated in 1991.

“In my dental class, we had 15-20 women out of 83 or 84 students,” says Dr. Speare, “so



Ceremony: Dr. Geraldine Napierski presides over the dedication of the New York State Historic Marker honoring Dr. Lucy Hobbs Taylor (shown in photo at right). The occasion also marked the 150th Anniversary of the First Women's Rights Conference held in Seneca Falls, N.Y.



certainly we were a minority. But when I applied there, people didn't look at me and say, ‘You can't be a dentist, you're a woman.’” Dr. Hobbs Taylor “paved that way for me,” Dr. Speare says. “Sitting there during the ceremony, I felt a lot of admiration and pride in her not giving up.”

On Feb. 21, 1866, along with 15 men in her dental class, Ms. Hobbs received her doctor of dental surgery degree, becoming the first woman in world history to receive a dental degree from an accredited college. She was now known as Dr. Lucy Beeman Hobbs, woman dentist.

As expected, some of her colleagues disparaged Dr. Hobbs' career choice. Dr. Napierski remembers one letter she discovered in her research that expressed an oft-held belief then: “The very form and structure of women is unfit for its duties. Its performance would under certain circumstances be attended to with great danger.”

After graduation, Dr. Hobbs left the cornfields of Iowa for the stockyards of Chicago,

where she opened yet another practice and became Dr. Lucy Hobbs Taylor after marrying Civil War veteran James Myrtle Taylor.

But the newlyweds considered the Windy City too blustery for their good health and soon moved to the wheat fields of Kansas. In the town of Lawrence, Dr. Taylor opened the office where she would practice dentistry for the remaining 40 years of her life. She also became a preceptor and taught her husband the science of dentistry. Together they practiced dentistry until Mr. Taylor's death in 1886.

Oct. 3, 1910, at the age of 77, Dr. Hobbs Taylor died. She was buried alongside her husband in a Lawrence cemetery.

In 1983, The American Association of Women Dentists established the Lucy Hobbs Taylor Award. The award, presented annually as the association's highest honor, recognizes a member for her significant service to dentistry and contribution to society. ■

There's still time to apply for ADA congressional fellowship in D.C.

Washington—Last call for 1999-2000 congressional fellowship applications due Feb. 1 at the ADA Washington Office.

Member dentists with an interest in public policy issues as they relate to dentistry or dentists with pending membership applications should submit application materials to Dorothy Moss, ADA Washington Office, 1111 14th St. N.W., Suite 1200, Washington, D.C. 20005.

The new fellow will work on Capitol Hill with a member of Congress or congressional committee starting Sept. 1.

Applications should include:

- a curriculum vitae highlighting professional experience, education, appointments, public policy/legislative experience and professional published articles;
- a 500-word statement describing dentist's interest in the fellowship and what he or she hopes to gain from it;
- three letters of reference from American Dental Association members.

Final selection will involve an interview (See also Nov. 16 ADA News). ■

Aetna plans \$1 billion purchase of Prudential HealthCare

Acquisition will make Aetna country's second largest provider of dental benefits

By Laura McKee

News that Aetna Inc. plans to buy Prudential HealthCare in a \$1 billion deal has the medical community concerned about the growing power of managed-care interests.

Shortly after Aetna announced its plans in December, the American Medical Association formally asked the U.S. Justice Department to challenge the plans, calling the merger "anti-competitive and a threat to the freedom of patients and employers to choose their health care plans."

The ADA has not issued any statement regarding the proposed merger.

This was Aetna's second billion-dollar acquisition in 1998. Aetna announced last March 1998 that it would buy the NYLCare Health Plans business of New York Life Insurance Co.

This second acquisition will make Aetna U.S. Healthcare, a division of Hartford, Conn.-based Aetna,

THIS SECOND ACQUISITION WILL MAKE AETNA THE COUNTRY'S SECOND LARGEST PROVIDER OF DENTAL BENEFITS.

both the largest provider of health benefits in the United States, with 22.4 million members, and the country's second-largest provider of dental benefits, with 15 million members.

In a letter to the Justice Department's anti-trust division, AMA officials said they were concerned about Aetna's potential market-

The merger "would limit the choices of patients and employers, reduce competition and further erode the ability of physicians to make medical decisions based on science and the medical needs of their patients, not share price," wrote E. Ratcliffe Anderson Jr., M.D., AMA executive vice president and chief executive.

The merger will give Aetna market shares ranging from a high of 30 percent in parts of Texas and New Jersey to single-digit figures in some states, including North Carolina and South Carolina. ■

SCIENCE

Dentist's research sheds light on sleep apnea

Studies show link between affliction, other health conditions

By Daniel McCann



Dr. Friedlander

Several years ago, when Dr. Arthur Friedlander began to research sleep apnea, he already knew all about the link between strokes and calcified neck arteries.

One of his studies in 1994, in fact, had shown that stroke victims were 8 to 10 times more likely than healthy people to have arteriosclerotic carotid arteries.

So in 1995, when he turned his attention to sleep apnea patients, Dr. Friedlander was out to confirm a hunch.

He knew obstructive sleep apnea to be a chronic breathing disorder that robs its victims of peaceful sleep and sometimes their lives.

Those with the condition, invariably long-time snorers, are often unaware that as they sleep their tongue falls against their pharynx. Their airway thus sealed, their breathing

MORE THAN 20 PERCENT OF THE PATIENTS WITH SLEEP APNEA HAD DISEASED CAROTID ARTERIES. BY COMPARISON, ONLY 2.5 PERCENT OF THE CONTROL POPULATION SHOWED SIGNS OF ATHEROSCLEROSIS.

stops, sometimes for 10 seconds or more.

With every passing second, carbon dioxide levels in the blood continue to increase until, with an involuntary choking gasp, the patient jolts awake and clears the airway.

This can occur hundreds of times a night, all unbeknownst to the patient caught in an endless cycle of suffocating evenings and fatigue-fogged days. (Because many of these patients don't remember the incidents, they remain

undiagnosed.)

And the physiological toll is large: Sleep apnea is associated with hypertension, cardiac arrhythmias and heart attacks. Also, noted Dr. Friedlander, people with sleep apnea suffer strokes at three to six times the rate of those without the condition.

Scientists have cited a number of possible causes for these strokes. Some researchers pointed to increases in intracranial pressure; others implicated decreases in cerebral blood flow.

Dr. Friedlander thought differently. "We postulated that the high blood pressure that occurs as the patient struggles for breath damages the lining of the carotid artery," says the associate professor of clinical oral maxillofacial surgery at the University of California, Los Angeles, dental school.

The injured arterial lining, he continues, "allows cholesterol-like products to enter the blood vessel wall and begin the atherosclerotic process in an artery that supplies oxygen to the brain."

Eventually, says Dr. Friedlander, portions of the calcified mass dislodge. "They travel to the brain, starve brain cells of oxygen and glucose, and kill them."

In his study, which was published in the November 1998 issue of the *Journal of Oral and Maxillofacial Surgery*, Dr. Friedlander set out to identify the prevalence of calcified carotid artery atheromas in sleep apnea patients.

He and fellow researchers took lateral cephalometric radiographs of 47 men (mean age 59.2 years) diagnosed with sleep apnea. They also studied identical X-rays of almost 900 similarly aged healthy men.

What they found underscored Dr. Friedlander's hypothesis. "More than 20 percent of the patients with sleep apnea had diseased carotid arteries," he says. By comparison, only 2.5 percent of the control population showed signs of atherosclerosis."

The findings, says Dr. Friedlander, are especially significant for dentists and other

Waking up to sleep apnea

According to the American Sleep Apnea Association in Washington, D.C., of the 12 million Americans with sleep apnea, only two million have had the condition diagnosed.

To help identify those who suffer from sleep apnea, researchers at the National Heart, Lung and Blood Institute have drafted a list of the signs and symptoms of patients at risk.

Symptoms are:

- chronic, loud snoring;
- gasping or choking episodes during sleep;
- excessive daytime sleepiness (especially drowsy driving);
- automobile or work-related accidents due to fatigue;
- personality changes or cognitive difficulties related to fatigue.

Signs are:

- obesity, especially nuchal obesity (neck size 17 inches or larger in males, 16 inches or larger in females);
- systemic hypertension;
- nasopharyngeal narrowing;
- pulmonary hypertension (rarely);
- cor pulmonale (rarely). ■

health care providers who use lateral cephalometric radiographs in treating patients with sleep apnea.

"What this study says," Dr. Friedlander continues, "is that we have to take time to look beyond the patient's airway and jaws and tongue."

"Because these patients are at high risk of stroke, we have to stand back and look at the big picture. We have to look also at the neck to see if there's a blockage in the carotid artery. This is an opportunity for dentists to practice true preventive health care." ■

SDDS seeks improved care for sleep disorder sufferers

When the founders of the Sleep Disorders Dental Society sat down 10 years ago to draft their mission statement, they agreed to emphasize two goals:

- to improve the treatment of patients with sleep disorders through the involvement of dental practitioners and the use of oral appliances as an integral part of overall therapy;
- to facilitate a coordinated synergistic approach with the medical community [for] research, treatment, education and professional development.

"The physician's role obviously is to be the primary care person when it comes to the diagnosis and management of the [sleep apnea] patient," says Dr. Dennis Bailey, SDDS president.

"The dentists' role, in part, is to interface with the physician—potentially identifying patients who may have such a disorder and referring them."

Treatment options include weight loss, oral appliances, surgery or the use of continuous positive airway pressure, which involves keeping that patient's airway open with a continuous stream of compressed air delivered through a mask, which they wear while sleeping.

Should the physician recommend oral appliance therapy, patients are subsequently referred back to dentists.

The SDDS recognizes three types of oral appliances effective in treating sleep apnea:

- tongue retainers;
- soft palatal lifters, designed to prevent the sagging of the soft palate and uvula;
- mandibular repositioners, which set the mandible forward.

For more information, write the Sleep Disorders Dental Society at 10592 Perry Highway, #220, Westford, Pa. 15090-9244. Or telephone: 724-935-0383. ■

SCIENCE

Prescription to prevent fluorosis

Advise parents to monitor young children's toothbrushing

By Clayton Luz

As with most things in life, overdoing a good thing can diminish its intended healthful benefit. Exercising is good for the body, but too much of it without the proper rest, along with other factors, can diminish its benefit.

That's what dental fluorosis is—too much of a good thing. Dental fluorosis is a non-harmful cosmetic change in the appearance of teeth. It only occurs in children under the age of six who inadvertently ingest higher than optimal amounts of fluoride and is noticed when permanent teeth erupt.

Older children and adults are not at risk for dental fluorosis. The risk for dental fluorosis can be greatly reduced by monitoring the proper use of fluoride products by young children.

Dr. R. Terry Grubb, chairman of the ADA Council on Access, Prevention and Interprofessional Relations, explains that dental fluorosis is caused by a disruption in enamel formation that occurs during tooth development from about the time of birth until about five years of age.

"After tooth enamel is completely formed,"

he says, "dental fluorosis cannot develop even if excessive fluoride is ingested. Because dental fluorosis occurs while teeth are forming under the gums, teeth that have erupted are not at risk for dental fluorosis."

Dr. Herschel Horowitz, a public health dentist and member of CAPIR's National Fluoridation Advisory

and use of dietary supplements in areas that already have fluoridated water."

How can fluorosis in children's teeth be prevented?

It's about education and awareness, suggests Dr. Horowitz.

"It's very important that dentists and physicians be educated and continue to be educated about their town's fluoridation status."

A study published in the December 1995 issue of JADA seems to support his contention.

Researchers in Connecticut noted that inappropriate fluoride supplement prescribing by dentists and physicians contributed to 25 percent of the fluorosis cases they observed.

That and other study findings serve as a reminder to dentists and physicians to follow published recommendations on fluoride supplement prescribing. The March issue of JADA will feature as its cover story "Fluorosis of the Primary Dentition: A Review and Description."

The data also call on parents to closely monitor their children's brushing habits. Dr. Horowitz says parents should follow toothpaste instructions

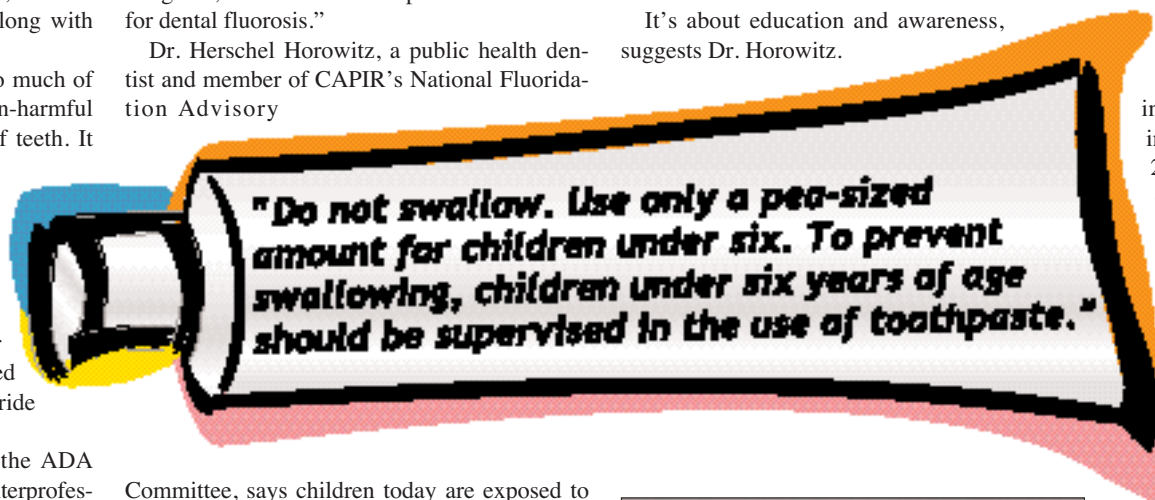
to the letter.

Since 1991, the ADA has required toothpaste manufacturers to include on all ADA-Accepted toothpastes the following: "Do not swallow. Use only a pea-sized amount for children under six. To prevent swallowing, children under six years of age should be supervised in the use of toothpaste."

Dr. Horowitz says parents "need to abide by the pea-sized amount recommendation, but a one-time swallowing of more [toothpaste] than is recommended is nothing to be concerned about."

He suggests, too, that parents themselves should apply the appropriate amount of toothpaste onto an ADA-Accepted child's toothbrush—not an adult one. Lastly, kids should spit thoroughly when they have finished brushing, he adds.

Dental decay has decreased because children today are being exposed to fluoride from a wider variety of sources than they were decades ago. The risk of dental fluorosis can be reduced without denying children the decay prevention benefits of fluoride. ■



Dr. Grubb: Fluorosis cannot develop after tooth enamel is completely formed.

If you haven't yet, you'll soon be booking appointments in 2000 — it's right around the corner. That's why ADA Appointment Books are available now, featuring:

- Week-at-a-glance page spreads
- All holidays clearly indicated
- Month-by-month patient recall sections
- ADA office phone numbers

SOFT-BOUND BOOK

- Heavy paper stock to withstand erasing
- Lays flat when open
- Double column at each time slot
- Hours divided into 15-minute increments (7 a.m.–5 p.m.) with extra space each day for evening hours



HARD-BOUND BOOK

- Attractive black-and-gold leather-grained vinyl cover
- Two bound-in ribbons for placemarking pages
- Single-column format
- Hours divided into 15-minute increments (7 a.m.–9 p.m.)



ADA.

Please refer to Priority Code 99125 when

ORDER TODAY...

ADA Catalog Sales
— 1-800-947-4746 —
Products you need
from a source you can trust.

Order your ADA Appointment Book by March 1999 and receive a FREE mini-briefcase business card holder



R

1. Parents, caretakers and health care professionals should judiciously monitor use of all fluoride-containing dental products by children under age six.

2. Parents and caregivers should put only one pea-sized amount of fluoride toothpaste on a young child's toothbrush at each brushing.

3. Young children should be supervised while brushing and taught to spit out, rather than swallow, the toothpaste.

4. Dietary fluoride supplements (drops and tablets) should only be prescribed for children living in non-fluoridated areas.

HVO takes you where you're needed

Looking for an outstanding opportunity to help those in need while experiencing life in a world less traveled? Health Volunteers Overseas wants to hear from you.

HVO, a non-profit, Washington, D.C.-based organization, has earned its reputation for hands-on experience in remote areas by embracing a philosophy of education over extractions: teach the locals how to help themselves.

Dentistry Overseas, an arm of HVO, offers several opportunities for dentists to volunteer their skills and services in one of seven locations, including two new sites for 1999:

- **Jamaica:** This site, new this year, is looking for dentists to provide continuing education on pedodontics, public health, periodontics and dental hygiene in conjunction with the Dental Auxiliaries conference, held in late winter. Others are needed to conduct hands-on sessions at the Dental Auxiliary School, and lectures and workshops with members of the Jamaican Dental Association. Housing is provided, and assignments run from one to two weeks. Contact Dr. Roger Gartz at 1-505-672-3869 for more information.

- **Haiti:** Also new this year, the site needs volunteers to provide continuing education in virtually all areas of clinical practice. Volunteers also

may develop curriculum and teaching aids with faculty at the Port-au-Prince dental school, near the northern coast in Cap-Haïten. Room and board are provided, and assignments run from one to two weeks. For more information, contact program director Dr. Francis Serio at 1-601-984-6115.

- **Brazil:** The program, located in Santarem, needs volunteers to prepare a workshop/lecture on topics such as prevention and oral surveys, AIDS and infection control, preventive orthodontics, prosthodontics and periodontics. Room and board are provided. Assignments run one month. For more information, contact program director Dr. William Chase at 1-517-263-8415.

- **India:** Located in the Christian Medical College and Hospital in Vellore, 90 miles west of

Madras City, volunteers are needed to provide clinical training and informational seminars in general dentistry or specialty areas to four dental interns. Housing is provided. Assignments run from one to four weeks. More information is available from program director Dr. Richard Topazian at 1-860-676-2133.

- **St. Lucia:** Volunteers are needed to provide basic dental care at the recently renovated, air-conditioned, three-chair clinic at St. Jude Hospital in Vieux Fort. The hospital provides room and board for this one-month assignment. For more information, call program director Dr. Anthony DiMango at 1-718-836-5448.

- **Vietnam:** Located in Ho Chi Minh City, this program needs volunteers to provide training in areas of orthodontics, dental public health and

implantology. Reasonable cost housing is available for this assignment, which usually runs for two weeks. More information is available from the HVO program department at 1-202-296-0928.

- **Zimbabwe:** The School of Dental Therapy and Technology in Harare needs volunteers to prepare and deliver lectures on a range of topics including dental materials, research methods, dental health, education, community oral health and oral pathology. Assignments run two to four weeks. More information is available from program director Dr. Stephen Mackler at 1-336-292-2626.

For more information about HVO or other HVO programs, contact HVO at 1-202-296-0928. ■

Contact CASIP with nominees

The Council on ADA Sessions and International Programs is now accepting nominations for its Certificate of Recognition for Volunteer Service in a Foreign Country.

The Certificate of Recognition honors those who have volunteered at least 14 days of their time to perform dental services in a foreign country.

Qualified recipients must be nominated by their constituent or component dental society, federal dental service or dental school.

The deadline for nominations is April 15.

For more information or to request nomination forms, contact CASIP using the ADA's toll-free number, Ext. 2726. ■

Access

Continued from page 11

Nominees must have demonstrated leadership and initiative in developing or maintaining dental access programs consistent with ADA policy. Nominees, if eligible for ADA membership, must be members of the Associations. However, nominees need not be limited to dentists.

Nominations, which must be approved and submitted by constituent dental societies, should include supporting materials, such as the nominee's curriculum vitae, news clippings and program statistics.

When processing is complete, each award is sent to the nominating constituent society, which chooses when and how to present it.

For more information, contact Margaret Bjerkli, coordinator, Awards Programs, using the ADA toll-free number, Ext. 2673, or dial 1-312-440-2673, or by e-mail at "bjerkliem@ada.org" ■

ADA seeks entries for 1999 CAPIR awards

Individuals, organizations developing preventive dentistry programs recognized

The American Dental Association's Council on Access, Prevention and Interprofessional Relations is now accepting entries for its 1999 Community Preventive Dentistry Award and Geriatric Oral Health Care Award.

Sponsored through the ADA Health Foundation, with the support of JOHNSON & JOHNSON Professional Division, a division of Johnson & Johnson Consumer Products Inc., the Community Preventive Dentistry Award recognizes individuals and organizations who have developed and/or implemented significant community preventive dentistry programs.

Appropriate community activities involve members of the dental team and include school

programs, and private practitioners' community education activities and/or treatment programs.

The first place program will receive a \$2,500 check and a wall plaque. Meritorious awards of \$500 may be granted to up to three other entrants.

With the support of the Warner-Lambert Company consumer Health Products Group, the Geriatric Oral Health Care Award is sponsored



through the ADA Health Foundation.

This program recognizes individuals and organizations who have improved the oral health of older Americans through innovative community health care delivery projects. Any individual or organization responsible for creating and/or implementing an oral health care program through the use of unique equipment, settings or innovative

modes of delivery may enter.

The first place recipient will receive a \$2,500 check and a wall plaque. A meritorious award of \$500 may be granted to another entrant.

Eligibility for both awards is not limited to dental personnel.

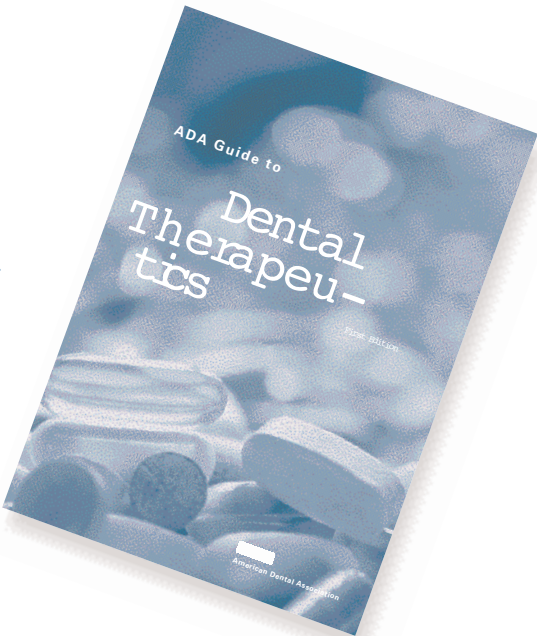
For more information or to obtain an entry form and suggestions for preparing your program summary, contact Margaret Bjerklie, coordinator, by mail at Awards Programs, CAPIR, ADA, 211 E. Chicago, 17th Floor, Chicago 60611-2678; by telephone at 1-312-440-2673; by e-mail at "bjerkliem@ada.org".

Entries must be postmarked by May 15. ■

The Absolute Authority . . .

ADA Guide to Dental Therapeutics

Edited by Sebastian G. Ciano, D.D.S.,
in cooperation with the ADA Council on Scientific Affairs



Order this new chairside reference on more than 2,000 prescription and over-the-counter drugs!
Your patients depend on you for sound advice.

No other dental drug reference provides the expertise of the ADA plus these outstanding features:

- Recognized authors: Kenneth H. Burrell, D.D.S., S.M., B. Ellen Byrne, R.Ph., D.D.S., Ph.D., Steven Ganzberg, D.M.D., M.S., Linda Kittelson, M.S., R.N., Stanley F. Malamed, D.D.S., Angelo J. Mariotti, D.D.S., Ph.D., Robert E. Mecklenberg, D.D.S., M.P.H., Chris H. Miller, Ph.D., Martha Somerman, D.D.S., Ph.D., Kathleen M. Todd, J.D., Clay Walker, Ph.D., Jill Wolowitz, J.D., John Yagiela, D.D.S., Ph.D.
- 463 concise tables summarizing drug characteristics, indications, contraindications and interactions
- 616 pages covering applications of more than 900 dental and 1,100 medical drugs relevant to dental care
- Listing of products bearing the ADA Seal of Acceptance
- Easy-access appendixes on clinically pertinent drug facts

Get expert advice from experts you trust!

YES! Please send me _____ copies of the **ADA Guide to Dental Therapeutics**.

Item #K068		Amount enclosed
Members	\$39.00	\$ _____
Membership #	_____	
Non-Members (US and foreign)	\$59.00	Check enclosed <input type="checkbox"/>
Institutions	\$89.00	
Shipping & handling		Charge to:
<input type="checkbox"/> U.S. (per book)	\$8.95	<input type="checkbox"/> Visa <input type="checkbox"/>
<input type="checkbox"/> Foreign/Parcel Post (per book)	\$15.00	<input type="checkbox"/> MasterCard <input type="checkbox"/>
<input type="checkbox"/> Foreign/Air Mail (per book)	\$45.00	<input type="checkbox"/> AMEX <input type="checkbox"/>

Call 1-800-947-4746.
Fax to 630-443-9970 or mail detached form to:
ADA Publishing Co., Inc. Attn: Catalog Sales
P.O. Box 776
St. Charles, IL 60174

IL Residents add 8.75% sales tax.
Please print all information and return with order form.

Name _____

Address _____

City/State/Zip _____

Country _____

Business Phone _____ **Fax** _____

Card # _____ **Exp** _____

Make all checks payable to: ADA Publishing Co., Inc. Payment must accompany order. Rates subject to change.
All checks must be in U.S. funds and drawn on a U.S. bank.

Signature _____ ADA ONLINE Internet address: <http://www.ada.org>

Send for your list of winners

A compendium of award-winning community preventive dentistry projects is available from the American Dental Association's Council on Access, Prevention and Interprofessional Relations.

Descriptions of award entries, names and addresses of contact people and/or organizations affiliated with each project is detailed in the compendium.

To obtain a copy, write CAPIR, ADA, 211 E. Chicago, 17th Floor, Chicago 60611-2678; or telephone 1-312-440-2673. ■

Paris on horizon for contest winners

The FDI World Dental Federation is asking dentists to submit their ideas for what they believe to be the greatest advances in dentistry this century for its "Top Ten Advances" competition.

Winners will be treated to an all expenses paid trip to the FDI's Centenary Congress in Paris.

The two categories for the competition include the top 10 advances in oral and dental research and the top 10 advances in clinical dental practice.

First prize for each category is the free trip to Paris for the FDI Congress. This includes free airfare, accommodations and Congress registration.

Only advances between the years 1900-2000 will be accepted. Entries must be in written form and submitted by letter, fax or e-mail. Each must contain a minimum of three and a maximum of 10 topics per category. Entrants may enter both or just one of the categories. The competition is open to all individuals in dentistry regardless of qualification or occupation.

The competition is open to individuals only; groups are not permitted. Entries can be written in English, French, German and Spanish and are due March 1, 1999. Entries should include entrant's name, address, phone and fax numbers and e-mail address.

For more information or to submit entries, contact Maria Mindak at the FDI, 7 Carlisle Street, London, W1V 5RG UK, or faxed to 44-171-486-0183, or e-mail to "press@fdi.org.uk".

The FDI does not accept liability for entries lost, damaged or delayed in the postal system and proof of mailing is not accepted as proof of receipt.

Members of the FDI Council, Commission and Congress and Education Committee, and employees of the FDI Head Office or members of the families may enter. ■

PEOPLE

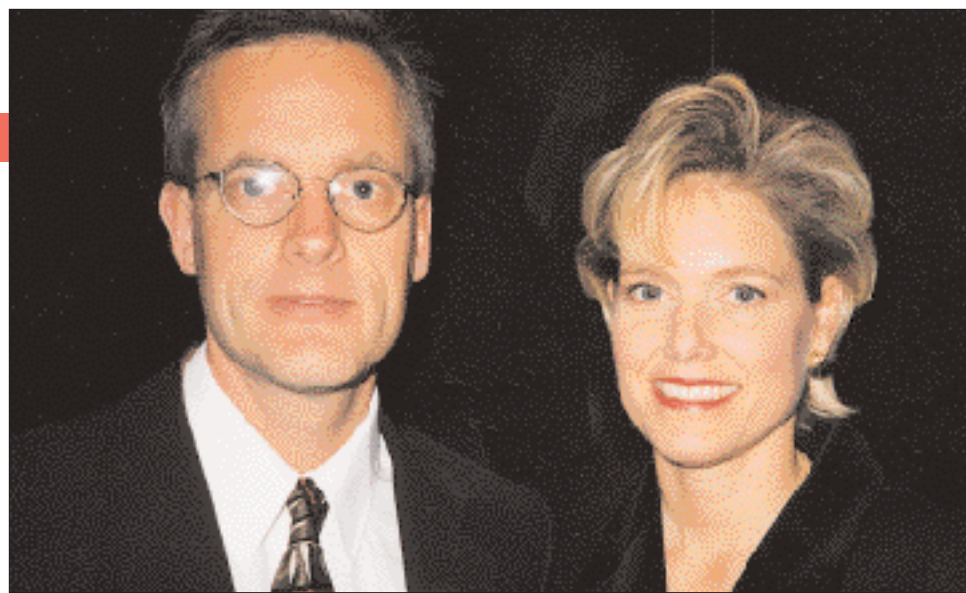
Dentist and wife find sweet deal selling sugar-free candy

By Clayton Luz

Grand Rapids, Mich.—Remember the gentleman who liked a particular electric shaver so much that he bought the company that manufactured it?

tured it?

For dentist John D. Bruinsma and his wife Debra, a dental hygienist, tasting a sugar-free lollipop one day had the same effect on them. They didn't buy the company that produced the tasty



Candy couple: Dr. John Bruinsma and wife, Debra, a dental hygienist, were so impressed with the sugar-free candy they sampled that they started their own candy company.

ADA Legal Adviser

A GUIDE TO THE LAW FOR DENTISTS

A valuable newsletter that puts the law in a dental perspective.



is an important monthly publication from a source you can trust—the American Dental Association. Through the ADA Division of Legal Affairs, lawyers with expertise in dental law will help you better understand the legal issues confronting dentistry today. There is no other newsletter like it.



es a wide range of legal issues:

laws affecting health care;
employment law and practice management;
tax law, estate and retirement planning;
antitrust laws;
OSHA rules and regulations;
important developments in state laws.



is written by experts in every field of dental practice, health care and investment law. It's a one-stop legal resource that will keep you informed and in

control.



Send me 12 issues of ADA Legal

Please print all information.

☐ ADA Members \$129.00 for one year

☐ Non-Members \$195.00 for one year

☐ Institutions \$295.00 for one year

Amount enclosed \$ _____

The above amounts add regular order fee.

Charge: ☐ VISA ☐ MasterCard ☐ American Express

Card Number _____

Exp. Date _____

Signature _____

☐ Check enclosed

Make all checks payable to: ADA Publishing Co., Inc.

Name _____

Address _____

City _____

State _____

Zip _____

Country _____

Business Return _____

Fax _____

E-Mail _____

Mail to:
ADA Publishing Co., Inc.
ADA Legal Adviser
211 East Chicago Avenue
Chicago, Illinois 60611

Phone: 1-312-440-2867
E-Mail: Web@w@ada.org
Fax: 1-312-440-3538

ADA ONLINE Internet address: <http://www.ada.org>
Payment must accompany order. Return subject to change.

lollipop, though. Dr. Bruinsma, a general dentist here for some 15 years, loves his profession too much to leave it for a career in candy manufacturing.

But he and Ms. Bruinsma were so impressed by the tastes of that lollipop and other sugar-free candies that they decided to market and sell the treats under their own family label.

"I'd always wondered what it would be like to try something else besides dentistry," says Dr. Bruinsma, recalling that propitious day three years ago when the notion for the family business took flight. "I didn't have anything particular in mind. I was just curious."

Dr. and Ms. Bruinsma were returning from a weekend getaway in Ohio when a road detour took them into a small rural town in southern Michigan. Meanwhile, back at the family home in Grand Rapids, their five-year-old daughter, Christine, awaited her parents' return.

She was recuperating from an injury suffered in a tumble and had asked mom and dad to bring home some good old-fashioned medicine to aid the healing process—lollipops.

What happened next could have been Lady

TO THEIR PLEASANT SURPRISE, THE CANDIES TASTED MUCH BETTER THAN ANY BRAND THEY'D EVER CONSUMED BEFORE.

Luck smiling upon Dr. and Ms. Bruinsma. "The oddest thing is that we were looking for a lollipop for Christine," remembers Dr. Bruinsma, "and as we rounded the detour into this small town, Deb says, 'Hey, a candy factory outlet, let's stop here.'"

"It was 'sugar-free' day," he continues, "and the owner gave us a tour of the factory along with a few samples to taste." To their pleasant surprise, the candies tasted much better than any brand they'd ever consumed before.

As dental professionals, Dr. Bruinsma and his wife were always interested in finding new sugar-free treats for their patients. He says, "I've often treated many elderly patients with root surface cavities and so on. I've tried to get them to switch over to sugar-free candies, or just give up candy completely. One thing that happens with elderly folks is that often they pick up a sugar habit."

For years he'd recommended sugar-free candy to his patients, but with reservations, because he had the same complaints many consumers associate with sugar-free candies: a lousy aftertaste and intestinal upset.

Dr. John's candies are manufactured with a sugar substitute called HSH—hydrogenated starch hydrolysate—a natural corn-based sweet-

See CANDY, next page



Sugar-free smile: Christine Bruinsma, 7, shares a smile with dental assistant Marsha Hirt as she samples a lollipop.

Candy

Continued from previous page

Bruinsma says decreases the possibility for stomach upset/and or aftertaste. The Bruinsmas have worked with the U.S. Food and Drug Administration in Detroit to ensure ingredient and package compliance.

Dr. Bruinsma admits he hadn't an inkling that "bringing home a few bags of sugar-free candy for our patients would have turned into such an endeavor." The demand for their candy spread the old-fashioned way, by word of mouth. When SmileMakers became the first among many den-

tal suppliers to bite on the candy, "Dr. John's Candies" was born.

While her husband continues his first and favorite career at the dental office, taking time off on evenings and weekends to help, Ms. Bruinsma has retired from clinical dental hygiene to run the family business from home.

"It's definitely changed our lives," Ms. Bruinsma says, referring to what has become a family enterprise. Recently their two daughters Christine and Erika and son Benjamin accompanied their parents to an industry show in Florida.

Ms. Bruinsma says the trade-off in working long hours at a family-owned business is that "at least I'm home. We realize this is a lot of work

and time, but we're glad to do it."

She's especially glad to offer a sugar-free alternative because of the ubiquitous presence of sugar candy. "So we're glad to have it," she says. "Whenever there's a function at school, I volunteer to bring the candy. They know me as the sugar-free mom at the school," she adds with a laugh.

Since 1995 the Bruinsmas have continued contacting dental suppliers, attending and exhibiting candy at dental association meetings, and conducting direct mail campaigns. All that hard work recently paid off. Dr. John's Candies, a growing presence in dentistry, is now in retail outlets in the Midwest. ■

New hepatitis C treatment FDA approved

The U.S. Food and Drug Administration in December approved the use of Rebetrone Combination Therapy to treat patients with chronic hepatitis C.

The treatment consists of Intron A (interferon alfa-2B recombinant for injection) and Rebetol (ribavirin) capsules.

The combination had previously been approved only for those patients who relapsed following treatment with interferon alone.

The agency says that when patients receive the two therapies, levels of the hepatitis C virus in their blood appear to be more suppressed than when they receive only interferon.

Still, it's unknown how the two treatments work together or whether they will delay the progression of liver disease.

The FDA says that signs of serious side effects—anemia, depression—should be closely monitored by physicians. Both Rebetol and Intron A have been found to cause death or structural malformations in the developing fetus in several animal species.

Female patients and female partners of male patients must not become pregnant during, and for six months after, the therapy.

Hepatitis is a blood-borne liver disease. It's estimated that 4 million people in the U.S. have chronic hepatitis C infection. In its chronic state, hepatitis C can lead to cirrhosis, liver cancer and liver failure. ■

WASHINGTON

CDA

Continued from page one

FTC Act in 1914.

"To some extent, the California Dental Association exists for the profit of its members," said Justice Sandra Day O'Connor. "The association isn't paying out money but it's in existence to help its dentists make money."

Mr. Sfikas said the case rests on the high court's definition of "profit" as indicated in earlier court rulings. "The pivotal question in this

case is whether an association may be said to work for the 'profit' of its members even if it does not distribute earnings to them."

Justice Ruth Bader Ginsburg, questioning the government attorney, said Congress wasn't thinking about the professions as trades or businesses when it passed the FTC act.

"That is correct but more recently two (Supreme Court) cases did involve associations in the learned professions," Lawrence G. Wallace, the government attorney, responded.

Still, there are distinctions between the CDA as a professional organization with ethical

guidelines and associations representing hat makers or maple flooring manufacturers, Justice Ginsburg asserted.

"This distinction has been an anachronism," Mr. Wallace replied.

Justice Antonin Scalia questioned whether it was "up to us or Congress to declare when things become an anachronism."

"It becomes difficult to think there is a meaningful line drawn" between the different types of associations, said Mr. Wallace, representing the FTC. "The general assumption has been that trade associations thought to operate for the

pecuniary benefits of their members are in fact covered by FTC jurisdiction."

Justice David Hackett Souter said members join associations, for example, to purchase insurance at lower rates, a line of questioning also pursued by Justice Scalia. "Why doesn't the profit criterion get satisfied here?" Justice Souter asked.

"Because that's not profit as defined by the court (in a separate ruling)," Mr. Sfikas replied.

Justice Stephen G. Breyer asked if there were other differences between professional associations and traditional trade associations organized around commerce.

"Yes, CDA has a public purpose which is promoting the art and science of dentistry," Mr. Sfikas answered.

Justices peppered attorneys from both sides on the profit/commercial aspects of associations and their members and on the advertising and antitrust analysis specific to this case.

Some justices suggested that the CDA advertising rules were so restrictive as to preclude most dentists from preparing advertisements that could meet CDA's full disclosure requirements. It is possible to require so much disclosure in an advertisement that "it effectively bans advertising," Justice Ginsburg said.

"All we asked for was more disclosure and verification in the ads," Mr. Sfikas said. "There is no banning of advertising here."

"Additional disclosure is a prohibition," said Justice Ginsburg. "It would have to be an ad so

JADA on CD-ROM UPDATE 1990-1997

The complete editorial text and graphics are available instantly.

More than just a library of information, this is an easy-to-use research tool that will enhance your practice or research. This eight-year archive of the premier journal in dentistry is ready when you are.

- **Rapidly** locate information by volume, issue, title, author and keyword with the powerful search.
- **Simultaneously** view text, references and graphics
- **Instantly** jump to related information in the archive
- **Easily** copy, print and export to other applications
- Create your own bookmarks and personal notes

**Also featured:**

Landmark Articles in Dentistry Published by JADA, a bonus consisting of the top 15 articles dating back to the 1940's.

It's easy to order [Detach here and mail](#)

YES! Please send me _____ copies of JADA 1990-1997 on CD-ROM.
(One CD for both PC and MAC platforms) (Item #J225)

Member \$129

Non-Member \$199

Institution \$399

Domestic orders add \$4.95 shipping and handling.
Foreign orders add \$15.45 shipping and handling.

Amount enclosed \$ _____

If outside the U.S. add 7.75% sales tax.

Charge: ☐ VISA ☐ MasterCard ☐ American Express

Card Number _____ Exp. Date _____

Signature _____

Check enclosed ☐

Make all checks payable to: ADA Publishing Co., Inc.
All checks must be in U.S. funds and drawn on a U.S. bank.

Please print all information and return with order form.

Name _____

Title _____

City _____ State _____ Zip _____

Company _____

Address _____

Phone _____

Mail to:
ADA Publishing Co., Inc.
Attn: Subscription Department
211 East Chicago Avenue, Chicago, Illinois 60611

Phone: 1-312-440-2867
E-Mail: Wkshw@ada.org
Fax: 1-312-440-3538

ADA ONLINE Internet address: <http://www.ada.org>

Payment must accompany order. Rates subject to change.

2-12-99

**JUSTICES PEPPERED
ATTORNEYS FROM BOTH
SIDES ON THE
PROFIT/COMMERCIAL
ASPECTS OF ASSOCIA-
TIONS AND THEIR MEM-
BERS AND ON THE
ADVERTISING AND
ANTITRUST ANALYSIS
SPECIFIC TO THIS CASE.**

long that nobody would read it."

The CDA asked the Supreme Court to review two issues:

- whether the FTC has jurisdiction over non-profit professional associations like the CDA;
- whether a non-profit professional association is in violation of antitrust laws under a cursory analysis used by the FTC in sanctioning the California dental society.

The Supreme Court opened its 1998-99 term by agreeing to review the CDA petition. The court chooses among some 8,000 petitions a year, granting and arguing around 80 of them. All cases argued during a court term are decided before the summer recess.

A case selected for argument usually involves interpretations of the Constitution or federal law. At least four justices have selected the case as being sufficiently important that the Supreme Court must resolve the legal issues.

It is extremely difficult to determine the outcome of a case based upon the questions asked by the justices since in many instances they may be serving a role as devil's advocate. ■

Database

Continued from page one

The public will also have access to the guidelines.

"I predict the clearinghouse will be one of the most powerful tools that health professionals have to provide high-quality health care," said John M. Eisenberg, M.D., AHCPR administrator.

"It's going to be one of the three or four most powerful tools to improve the quality of health care and it's going to save time, allowing professionals to deliver care in a timely way."

Corporate purchasers of health care for employees may find the guidelines useful "in determining whether or not they are buying quality," he added. The public may find the guidelines useful in constructive dialogue with clinicians.

The new website, he said, will offer health professionals:

- equal access to evidence-based clinical practice guidelines;
- one-stop shopping for guidelines with links to other websites;
- comparisons on methodology and on areas of agreement and disagreement in guidelines;
- easy access by disease or condition, treatment, guideline-developing organization or word search;
- topic-related electronic mail discussion groups for user exchange of information on guideline development, content and implementation.

Among 286 guidelines online at the public launching of the electronic clearinghouse, few are dental relevant.

An oral cancer screening guideline was cited in material distributed at the Jan. 14 news conference that introduced the clearinghouse. An online search for "dental caries" references produced two guidelines. Several dental-relevant guidelines have been submitted and are awaiting approval, a government spokeswoman told the ADA News.

"I think we are going to see the whole arena of guidelines improve," said Yank D. Coble, M.D., executive committee member of the AMA Board of Trustees.

"AMA participation in the NGC partnership establishes an additional means to efficiently disseminate these state-of-the-art guidelines so that practicing physicians and other health care professionals have easy access to the scientific knowledge that these guidelines provide." He said the clearinghouse will help physicians "cut through a great deal of pollution" in the way of invalid or confusing information. "This can very quickly get us to the actual evidence itself and will be a very important part of continuing education."

"These are the tools, they are not the rules," said Karen Ignani, president and chief executive office of the AAHP managed care organization. AMA's Dr. Coble, echoing those sentiments, said the online guidelines should be viewed by health professionals "as guidebooks, not cookbooks."

"This new online service gives clinicians free and easy access to the latest health care information from many sources as they make treatment decisions with their patients," HHS Secretary Donna Shalala said in a statement distributed at the news conference.

The Internet-based information source was developed with a five-year AHCPR contribution of \$6.5 million in partnership with the

AMA and AAHP. Some 500 clinical practice guidelines have been submitted to the NGC by physician specialty groups, medical societies, managed care plans, state and federal organizations and other entities. Only three have been rejected to date. The list will be updated weekly. The day before launch, 58 new guidelines were added to the electronic repository.

Guideline selection criteria were published in an April 13, 1998, Federal Register notice. ■



Membership: The ADA's annual Conference on Membership Recruitment and Retention in Chicago this past fall brought together dental society representatives from around the country.

Submit your nominations for Norton M. Ross Award

Nomination packets for the Norton M. Ross Award for Excellence in Clinical Research must be received at ADA headquarters by June 1.

Sponsored by the American Dental Association through its Health Foundation, the award recognizes significant contributions in clinical investigations that have advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases as well as outstanding research accomplishments in other areas.

Previous award recipients have conducted research in periodontics, oral and maxillofacial surgery, orthodontics and oral pathology. Last year's award acknowledged the contributions of periodontal researcher, Dr. Roy Page.

The award committee considers the scope of the nominee's research with special emphasis



on its impact on clinical dentistry, and the nominee's publications in refereed journals.

The award is a plaque and \$5,000, and is presented annually at a dinner for the Board of Trustees just before the ADA's annual session, which will be held this year in Honolulu, Oct. 9-13.

The award is funded through a gift from the Warner Lambert Co. and is given in memory of Dr. Norton M. Ross. Dr. Ross was a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research.

Nominations must include a letter describing the nominee's accomplishments in the context of the award objectives and a curriculum vitae with a list of published articles.

The letter should explicitly describe the impact of the nominee's research on clinical dentistry.

Address nominations to Marcia Greenberg, staff coordinator, Norton M. Ross Award, American Dental Association, 211 E. Chicago Ave., Chicago, 60611. ■



Dr. Roy Page: Received the award last year for advancing our understanding of the etiology and pathogenesis of periodontal disease.

What does it take to earn an ADA Seal? Quite a lot!



- ADA evaluation procedures typically require at least three months for completion.
- Applicants must supply objective data from clinical and laboratory studies supporting the product's safety, efficacy and promotional claims.
- All clinical trials conducted must be in strict compliance with ADA guidelines and protocol.
- Applicants must provide evidence that manufacturing and laboratory facilities are properly supervised, are adequate to assure purity and uniformity of product, and that products are in compliance with the Good Manufacturing Practice Code.
- All advertising, promotional claims and patient education materials must be reviewed and be in compliance with the Association's Advertising and Exhibiting Standards.
- All patent information, ingredient lists and other pertinent product information must be reviewed and approved.
- ADA Seals are normally awarded for a period of three years, at which time resubmittal is required.
- Any change in composition of an accepted product must be submitted for review and approval before it is marketed.

ADA ONLINE Internet Address:
<http://www.ada.org>

For more information, contact the Council on Scientific Affairs, American Dental Association, 211 East Chicago Avenue, Chicago, Ill. 60611, 312-440-2500, ext. 2840.

ADA ONLINE

helps you face anesthesia questions

ADA members fielding questions from patients or the media regarding the recent "60 Minutes II" report on dental anesthesia can turn to the World Wide Web for some tips.

The report, which aired Jan. 20, addressed adverse outcomes with children undergoing dental procedures requiring anesthesia.

ADA members who have access to ADA ONLINE, the Association's Web site at "www.ada.org", will find dental anesthesia briefing materials for ADA members only and an online patient brochure, titled "Understanding Dental Anesthesia: What Every Patient Should Know."

Patients have access to the brochure online.

To access this information online, visit the ADA ONLINE homepage and look for the following links in the scrolling text box:

● Anesthesia Media Materials (ADA Members Only)

Dental Anesthesia: What Every Patient Should Know.

When you spot these links, click on them to go to that information.

The online material also includes the "ADA Policy Statement on the Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry" and "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia For Dentists." Just click on the "Anesthesia Media Materials" link on the ADA ONLINE homepage to access this information.

Both the policy statement and the guidelines were published in the Jan. 11 ADA News. ■