Silver Restoration: Bringing Back Our Graying Dentists

A recent *New York Times* Sunday Business Section article raised the issue of an aging workforce in the US, with particular attention to inadequate replacement workers in the generations to follow. In many other industrialized nations, a similar pattern can be found as social and economic forces combine to reduce population growth below what is needed to replace current levels. This same phenomenon is occurring in the dental profession here and abroad, yet little appears in the professional media. The post-World War II generation of dentists is rapidly entering retirement age and leaving the workforce in ever-increasing numbers. What will the next 20 years bring to dentistry?

We face a loss of up to 30% of our workforce to retirement in the next decade as the baby-boom generation moves into retirement. While lack of adequate retirement planning, higher taxes and the anticipation of a lackluster multi-decade retirement lifespan may prompt some dentists to continue to work, it will not be in a full-time capacity. How we use these older dentists and how they shape the workplace will determine the future of dentistry.

Organized dentistry in the US still refuses to use the "S-word," arguing that the workforce suffers from maldistribution rather than shortage. (Our medical colleagues, interestingly, with about 3 times the number of physicians, recently declared an impending shortage of medical providers!) Consequently, we are unlikely to see an increase in dental graduates in the near future. What will more likely happen is that we, like business, will find creative ways to use the expertise and other qualities of dentists set to retire.

Higher education has already begun reclamation of retirees back into academia. Universities quickly realized that they could pay retirees a fraction of their previous salary and have them continue to teach with expertise but without the shared burden of academic advancement. Many university retirees serve as consultants in their fields, thus remaining current and benefiting students. Dental schools have also engaged in this practice and will continue to do so for the same reasons and while recycling faculty satisfies current needs, it mortgages the future by depriving the next generation of its inheritance of opportunity.

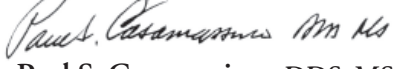
The practice world will likely also mine the bounty of skilled, and probably bored, providers who can contribute to the oral health needs of society part-time from their retirement. In societies dominated by private practice care models, these grayed providers offer a reasonably priced skilled workforce. In the US, senior dentists will probably be willing to trade top salary for health benefits as more and more live into septa- and octagenarianism and find health coverage difficult to get.

The complexion of practice will surely change, particularly as it relates to children and special needs patients, both physically and emotionally demanding populations. We will see the convergence of an age-depleted workforce and one dominated by women shape a less physical and more pharmacologic approach to behavior management. We will also see a less rapid pace of care delivery which may have negative effects on capacity. On a positive note, should the educational system expand to address looming shortages with young dentists, the senior workforce would provide much needed safety net care in clinics now hard-pressed to find dentists.

How will the health of older dentists challenge dentistry? Many of today's dental students already use loops to render care and the thought of 70-year old eyes trying to discern line and point angles and finish lines suggests the equivalent of head-held Mount Palomar telescopes! More likely is the continued evolution of today's microsurgery and microscopic techniques into clinically useful devices that can magnify the operating site and assist the hand movement of dentists. We will also see attention to the ergonomic needs of professionals lacking the stamina of the younger generation.

The profession itself and its representative bodies, like the American Dental Association will change. Within two decades, 20% to 30% of dentists will be in the senior citizen category, another 40% to 50% will be female and just a small percentage may represent the traditional male, solo practitioner. These demographic changes will alter the membership needs of dentists and probably challenge the need to be a member at all. How professional organizations respond to the graying of dentistry will also play out in how it is practiced, not only because of the dentists themselves, but because of groups seeking to fill the void and the public clamoring for access. This may include a dramatic rise in corporate dental ventures with dentists as employees and a decline in the traditional dentist-owned private practice.

It would be nice to think that a declining caries rate and scientific advances in prevention will obviate any diminishing of dentistry's position over the next 20 years, but the reality is that the need for dental care will increase worldwide. The specifics of change in dentistry as we age may still be a "gray area" today rather than one spelled out in black and white, but the graying of our profession is crystal clear!



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