Happy Woman's Day

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To say that women had a slow start in Dentistry would be a generous understatement. Before 1970, there were almost no women in South African Dentistry, which, like all professions, was then a male preserve.

Is it the biology of the sexes, or the sociology of the genders, that really matters? What role do these questions play in Dentistry? More specifically, what is the true nature of changing gender demographics and the impact of women on Dentistry?

The percentage of active private practitioners, and the percentage of new active private practitioners reflects the steady increase of female dental students over the last generation. Within the next generation female practitioners should reach numerical parity with their male counterparts.

These are impressive numbers. Women have come a long way in bridging the gender gap in Dentistry.

But has gender parity erased gender differences? To what extent do oestrogen and testosterone determine behaviour patterns and brain functions for women and men respectively? Are men and women essentially different? Are women more articulate, verbal, compassionate, empathetic, sensitive, cooperative, sentimental, and loving? Are men more competitive, risk-taking, assertive, aggressive, independent, analytical, and self-reliant?

The eradication of the old boundaries separating the worlds of men and women coupled with the increasing sharing of home and work functions forms a behaviour and lifestyle pattern that sociologists call "gender convergence". The concept applies not only to the soft topic of the mutual sharing of work, but extends to women doing what have been traditionally "men's jobs".

What about social and cultural differences? Do they still exist even as the adamantine walls of patriarchy are coming down?

Notwithstanding gender-convergence and the greater role that men play in the household and women outside of it, it is still women who give more time, attention, and care to children and the aged right through the lifespan of the family.

The foregoing raises an interesting question: do women have something of significance to teach, precisely because of the way they learn and appropriate reality, and does that conflict with the traditional male model with its aggressive, competitive, and analytical ethos?

Is the male-dominated paradigm in Dentistry in trouble?

Hardly, but its hierarchical command and control methods of education and practice are coming under increasing, albeit incremental, reform amid the health agenda of women and the growing number of women in school, practice, and leadership positions.

The challenge of changing the dental curriculum (with its narrow focus on science and techniques) to better respond to the needs and talents of a diverse and pluralistic society has been undertaken. The result is that the admissions process at dental schools and the curricula have become more sensitive to women's health differences, as well as to gender and minority equality. Criteria have expanded to encompass a more diverse student population. Admissions at an increasing number of dental schools now include "whole file review," which evaluates the whole person beyond just academic grades, giving due weight to the "road travelled" (ie, socio-economic background, non-cognitive abilities, community service, work experience.

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What it does signify is the growing awareness that the dental landscape is enriched by the infusion of the diverse and valuable contributions of women and minorities as they interweave their own unique perspectives and talents. The gender change in student, staff, and leadership is gradually moving toward reorienting Dentistry from its "focus on diagnosis and treatment to a 'more humanistic' approach to healthcare, including greater emphasis on primary prevention and health promotion."

We have seen how biology and culture equip women in a unique way to integrate hard science with the nurturing arts.

In marking the growing numbers, influence, and unique value of women in Dentistry, there is a climactic question: what is the quality of their impact? Do women add more than just a quantitative component by increasing the competitive pool? Do they make Dentistry better? Are their unique talents sufficiently appreciated and optimally exploited? To what degree have they changed Dentistry and to what degree have they been changed by Dentistry? All provocative and tantalizing hypothetical questions for which there are mostly tentative and varying answers as information is preponderantly anecdotal.

The discussion of these questions will revolve around the business and the profession of Dentistry.

Female dentists unanimously agree on the joys of Dentistry for providing not only professional status and revenue, but a flexible schedule tailor-made for family needs. Because of pregnancies and family considerations, women tend to join group practices rather than own a separate practice, which happens to dovetail with the national trend toward group practices, as they are more efficient and capitalize on economies of scale. Women put in the same or more hours than men by working more days and hours to compensate for family obligations and also working longer careers as they outlive men.

Just as the business of Dentistry is kind to women, women are kind to the business of Dentistry as well. Enhanced office aesthetics are a welcome contribution by women to what were once rather clinical dental rooms. , Children and women often favour female dentists. One of the reasons for this is the perception that women are more gentle and caring; the other is: women support women. Women spend more time with patients, and minority women do more pro bono work than others because they deal more with disadvantaged and poor patients.

Notwithstanding all of the above—women's equitable representation and special contributions in Dentistry—the traditional business model remains pretty much intact, with "the emphasis on technology, techniques, risk management, science, cost efficiency, and the shifting requirements of insurance companies and employers...," with the net result of prejudicing a healthy doctor-patient relationship.

What is true of the business model of Dentistry is no less true of Dentistry as a whole—the way it is taught and the way it is practiced. The "scientific" model still reigns, despite some reforms and a growing consciousness of holistic health and the needs and interests of a diverse population. Even though, as noted above, dental schools have changed admissions criteria to recruit and cultivate more women and minorities, they still have not to any extent moved away from the hierarchical, scientific paradigm toward a more humanistic, holistic, and wellness approach that incorporates science and treatment as an equal component among other promising therapies.

Women have some social and biological relationship advantages, but the selection and training process in dental schools tends to negate these, rather favouring people with analytical, deductive aptitudes in science, engineering, tactics, and techniques, as well as a "thing" instead of a "people" orientation.

While much remains to be done, appreciable progress is being made as some dentists are performing relationship-based Dentistry and oral/systemic medicine with a focus on health and wellness instead of disease. The theoretical foundations for a paradigm shift are in place. The call for a more relationship-based, health-centred Dentistry that includes the nurturing voice of women is loud and clear—its time has come.

Men and women are individuals; they are more than just male or female. Our gender is only part of who we are; it does not define us as people.