

Breaking the Mold



Charismatic dean aims to dramatically expand dentists' roles in health care continuum

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Story by Nicole Peradotto; photo by Douglas Levere, BA '89

Michael Glick attended dental school in Israel but discovered his calling in a Philadelphia clinic for AIDS patients. When he discourses on the future of dentistry, it's with references to Greek mythology. On a table in his Squire Hall office, next to a bookshelf lined with texts on oral medicine and back issues of the prestigious professional journal he edits, the dean of the [UB School of Dental Medicine](#) has left—for students, faculty or anyone who dares—a bowl of candy. Not just any candy, mind you: lollipops and taffy, the stickiest enemies in the war on tooth decay. “It’s a test,” says Glick, who holds DMD degrees from Hebrew and Temple universities. “Come back in a year and they’ll still be there.” From his broad grin, it’s apparent that he savors the contradiction. Likewise, Glick’s career has departed from expectations—his own included.

Initially drawn to dentistry for the prospect of autonomy within private practice, Glick has spent his professional life within academic institutions. As a young man, he also courted the idea of becoming a physician—and was accepted to medical school—but figured the dental track would fulfill his desire to care for others without requiring as much time and energy as medicine. Today, he’s one of the world’s foremost experts on the medically complex dental patient.

In his position as editor of *The Journal of the American Dental Association (JADA)*, the premier peer-reviewed publication on dentistry and dental science, Glick calls on dentists to assume a

more proactive role in the health care continuum, expanding their duties beyond the prescribed scope of practice. In Glick's progressive view of dentistry, a checkup of the future would include a request not only to open wide but to roll up your sleeve for a blood pressure reading. You might be offered a finger stick to test for diabetes and cholesterol—even a dental swab to detect the presence of HIV.

“I look at dentists as health care professionals who happen to be dentists,” says Glick, who also is the immediate past president of the American Board of Oral Medicine. “We shouldn't be separate from medicine nor should we be a subspecialty of medicine. We need to figure out how to not marginalize ourselves as a profession but integrate ourselves into the health care of our patients.”

“Everyone thought I was gay because why else would I do that? Either I had to be in a risk category—I was gay—or I was HIV-positive. The stigma was even attached to the people who treated patients with HIV disease.” Michael Glick

Dentistry is firmly rooted in the Glick family tree. Glick's father, aunt, second cousin and great-uncle made their livings as dentists. His family's apartment in Nyköping, a Swedish city 60 miles south of Stockholm, was attached to his dad's practice; Glick only had to walk through his parents' bedroom door to enter the waiting room.

Despite its proximity, he didn't venture there often. “My brothers and sisters spent time in my dad's office, but I didn't have any real exposure to it,” says Glick, who speaks fluent English with an accent often mistaken for Afrikaans. “Growing up, I didn't know what dentistry was all about.”

Back then, the only drills Glick cared about were those found in sports. A self-described jock, he excelled in volleyball during high school, qualifying to represent his country at the 1973 Maccabiah Games, an Olympic-style competition held in Israel for Jewish athletes.

After the games, Glick continued to play volleyball in Israel. But when the Yom Kippur War erupted in 1973, his conscience compelled him to abandon the sport and volunteer as a stretcher-bearer for injured soldiers. “I was 19, and these kids on the frontline were 19. They were doing this to keep their country safe, and what did I do—play volleyball?”

Two years later, Glick enrolled at Hebrew University Hadassah School of Dental Medicine, committing to the four years of Israeli army service required of all students in exchange for modest tuition. Upon graduation, he and his first wife moved to the States, where Glick began a residency program in oral medicine at the University of Pennsylvania.

While completing his training, Glick received an offer from Temple University in Philadelphia that would forever alter his outlook on dental care: Would he be interested in opening a dental clinic for patients with infectious diseases?

It was 1988, and AIDS was on its way to decimating a generation of gay men. Seven years after its outbreak, it continued to arouse irrational fear of contagion. Even health care providers were

known to ignore the medical evidence: A survey published in JADA at the time found that fewer than a third of the nation's dentists were willing to treat AIDS patients out of fear of contracting the disease and concern that patients would switch dentists if they found out.

For his part, Glick seized the opportunity to care for a population in dire need. "It was almost impossible for someone with HIV disease to get to a place where you could get treated," he recalls. "Or, if you could get treated, you'd be treated very differently. Dentists would suit up like astronauts and try to treat patients using infection-control procedures that made no sense whatsoever."

The Infectious Diseases Center treated patients with conditions ranging from syphilis to tuberculosis, but mostly AIDS. Although his patients showered Glick with gratitude, outside the modest North Philadelphia clinic, the response to his work was markedly different.

"Everyone thought I was gay because why else would I do that? Either I had to be in a risk category—I was gay—or I was HIV-positive," he says. "The stigma was even attached to the people who treated patients with HIV disease."

In 1991, after the death of Kimberly Bergalis, the young woman who alleged that her dentist had infected her with the AIDS virus, the CBS news program "48 Hours" featured Glick in a segment about health care professionals who cared for HIV-positive patients. When the TV crew learned that Glick wasn't gay, they drove to his home to film his wife and three children. "They were so astounded that here was this heterosexual guy who had no reason to do this—except that it was the right thing to do—that they had to put it on television."

For Glick, this early stage of his career proved particularly productive in understanding the oral manifestations of AIDS, a disease that often first appears in the mouth. One of his first professional papers, which appeared in JADA in 1989, was titled "Detection of HIV in the Dental Pulp of a Patient with AIDS." The same year, he organized the First International Medical-Dental Congress to encourage greater cooperation among dentists and physicians in fighting AIDS.

"In that era we defined our professional and ethical standards to a very, very high degree," he says. "This type of dramatic event—HIV—forced us to do that. It forced us to look at ourselves and ask: How should we treat patients? What is our moral compass? What is our moral duty to our patients?" After more than five years at Temple, he served as the director of the infectious disease program and a professor of oral medicine at the University of Pennsylvania. From there, Glick became chair of the Department of Oral Diagnostic Sciences at the University of Medicine and Dentistry of New Jersey. Before accepting the UB deanship, he was associate dean for oral-medical sciences at A.T. Still University's School of Osteopathic Medicine and professor of oral medicine at the Arizona School of Dentistry & Oral Health.

One of his collaborators describes Glick as an innovative leader and a visionary.

"He has a vision about oral health care and the integration of dentists into health care in a way that considers the whole patient," says Barbara Greenberg, acting associate dean of research at

the New Jersey dental school. “He was among the early champions of a patient-centered ‘health home’ in dental settings and has been a strong advocate for medical screening in those settings.”

Greenberg and Glick recently conducted a national survey that suggests that such ideas are gaining traction. The results, published last year in JADA, found a majority of U.S. dentists consider medical screening important and are willing to incorporate it into their practice.

As editor of JADA, Glick addresses a global audience. The 155,000-circulation monthly has multiple foreign-language editions; in 2009, there were 2.7 million downloads of JADA articles.

“I have been given the opportunity to sit in a position where I can espouse ideas and facilitate a discussion,” he says of the position. “That is part of what you do as an editor: You start a discussion. You bring up issues that may not be popular all the time, but they’re things you want people to talk about.”

In November, Glick received a first-place editorial award from the American Dental Education Association for an editorial in which he challenged the traditional dental workforce model imposed by state dental boards that do not favor dentists performing medical screenings. In the editorial, Glick likens these regulations to the Procrustean Bed, so-named for a villain from Greek mythology who lured unsuspecting travelers to an iron bed and then, to ensure that it was a perfect fit, stretched them to death if they were too short or cut off their limbs if they were too long.

“I was talking about the different tests that dentists could do, and how the dental practice acts can change to allow us to do them. But what happens is that if something fits the dental practice, it’s endorsed. If it doesn’t, there is a struggle. That’s the Procrustean Bed, isn’t it?”

Within educational institutions, dental students are not limited by regulations set forth in dental practice acts. At the UB dental clinic, students already conduct blood pressure screenings on patients, referring those with abnormal results to a physician.

With Glick’s encouragement, third-year dental student Donald Pitcher is investigating the feasibility of screening patients for diabetes at the clinic as well. “Dental students have a lot of enthusiasm, and Dr. Glick is a great person to help us direct our enthusiasm and our curiosities,” says Pitcher. “He treats us as professionals in the field, which goes a long way with students.”

Donald Antonson, professor, associate chair of restorative dentistry and interim associate dean for academic affairs, sees Glick as both a farsighted advocate for the profession and a pragmatic dean for the school. For instance, within Glick’s short time at UB, he has secured support to make the international dentist program a priority. The two-year program, which enables dentists educated outside the U.S. to earn a doctor of dental surgery degree at UB, had previously entered fewer than five students per year. By contrast, the class of 2013 will have 16, and future classes are expected to be larger still.

“He’s leading us in a direction that will showcase [UBSDM \[the UB School of Dental Medicine\]](#) as unique and demonstrating innovation,” Antonson says. “He will keep us moving toward what’s best for the profession and, more importantly, for our patients and students.”

Indeed, Glick is eager to position UB at the forefront of the debate on dentistry’s future. “I want us to do things that other people are going to emulate,” he says. “I want to develop models that are going to work and that are going to provide the type of education and training that we need for our future dentists. That’s the reason I became dean.”

A former reporter for the Buffalo News, Nicole Peradotto is a writer and editor in UB’s School of Medicine and Biomedical Sciences.