

Cost of Putting Patients First: \$0; Professional Credibility: Priceless

STEVEN A. GOLD, DDS

Last week I was asked by two different patients if I heard on the morning news that "... the FDA says that the mercury in silver fillings is bad for you." Being skeptical (without discrediting my patients), I said I would "do a little research on it."

Not by coincidence, I received an e-gram from the ADA exactly two days later explaining the nature of the settlement between the FDA and an anti-amalgam group. Further details were provided on the ADA's Web site. (For those unfamiliar with these developments, the information is currently located under the "Announcements" section of the home page.) Not only was I impressed by the timeliness of the ADA's e-gram, but also by the breadth of informative statements available to the public on their Web site. These included statements about lead in dental prostheses and the safety of fluoride, two topics that continue to see exposure in the media.

What a valuable service this is that the ADA provides to its members; serving as a source of information to the public. Being a trusted source of information is one of the most important roles our local, state and, in this case, our national organization can fulfill. We as individual dentists could never amass the information the ADA can, nor could we make it available in a format so easy for the public to access and understand. Furthermore, legislators and other public policy makers are bombarded by information from both individuals and organizations. They make decisions (hopefully more than occasionally) based on information they receive from trusted sources. Trustworthy organizations such as the ADA and CDA



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are thus vital to the protection of both the public and the profession from poor public policy decisions.

The trust that is placed in a professional organization, such as our dental tripartite, is both precious and delicate and it can be undermined by the very actions of that profession. Most damaging are those messages that reach the public, which sound like either individual dentists or the profession as a whole putting their well-being above that of the patient. The public rightfully holds us to this standard. They rightfully expect us to put them first. This should not be difficult to do. If we hearken back to the more idealistic days of our childhood, or young adulthood, or whatever point in our lives it was that we decided to be dentists, the notion of helping people was no doubt a big part of that decision for all of us.

Putting patients first does not cost anything, yet when we fail to do it, we lose some of the credibility we, as a profession have with them; a credibility which, as we see, is truly priceless. Therefore, we should critically evaluate those actions that can be perceived as being self-serving and ask ourselves how we can do better.

There is a myth that is often thrust upon us by some of the well-known dental "institutes," consultants, members of the dental industry, and even our own

member dentists. This myth says that the quickest way to become financially successful in this profession is to help create a demand for elective, specifically cosmetic, services. Every time these messages reach the public, we lose some of that priceless credibility. Dentists are then implored to fill this demand, oftentimes by taking advantage of their patients' trust and delivering gross overtreatment, including removing healthy tooth enamel to place porcelain veneers and other restorations when no other need for them exists.

Furthermore, this is often done on multiple teeth with inappropriate and adverse changes to a patient's occlusion without the patient being fully informed of the nature of such drastic treatment and its risks. Every time an improperly informed patient has an adverse treatment outcome after having his or her enamel stripped away and replaced with glass, we as a profession lose some of that priceless credibility.

Overly emphasized cosmetic treatment, and its demand, are often fueled by advertising that ignores long-standing principles reflective of a profession that places the care of patients first. Many of us have seen commercials and print advertising more appropriate for selling big-screen TVs than for offering health care. Every day that the public is increasingly besieged by such advertisements hawking

cosmetic dental care, we lose some of that priceless credibility. Dentists are also the targets of potentially credibility-damaging advertising.

There is a limitless stream of publications containing articles and solicitations for services and “continuing education” courses aimed at making dentists as profitable as possible. The emphasis is so geared toward profitability that the message that genuine patient care is involved, if it is present at all, is lost. We would be foolish to think that these messages never reach the eyes and ears of the public, and when they do, we again lose some of that priceless credibility.

Messages that dentistry cares more about profit than patients can even be more subtle, but no less subversive to our credibility. Extreme caution must be used when dental organizations partner with

the for-profit industry side of the profession; for such partnerships can become the source of these public perceptions. Pure altruism by a for-profit entity should not come with strings attached. Our organizations should not indulge them with commercial-like exposure in our scientific journals, on billboards, or other high visibility media. This can cause both questioning of the profession’s motives and dulling of the edge of science. Each time there is such fallout from unwise partnering with industry, we lose some of that priceless credibility.

These actions do not reflect a culture of putting patients first. Whether intended or not, they carry the grave potential of simply damaging our credibility with the public. The day an individual seeking dental information disregards the ADA as a credible source they will turn to

much less scientifically oriented sources. Furthermore, we will find ourselves at the mercy of politicians and government regulatory agencies who base oral health-related public policy decisions not on information provided by our profession, but on information provided by consumer watchdog groups, litigious attorneys, or other individuals and groups with far less scrupulous motives.

When we as a profession have lost our credibility, only then will we realize that we failed to make good on the immense responsibility of ensuring that the public image of dentistry is one of a noble, scientific-based profession comprised of caring individuals who always place the well-being of patients first. ■■■■

Address comments, letters, and questions to the editor at alan.felsenfeld@cda.org.