

Marketing Can Serve Dentistry's Noble Goals

To the Editor:

I am offended by so many aspects of the editorial “The Business of Dentistry” (July 2008, Page 473) that I almost don’t know where to start.

I’m glad the editor is not responsible for guiding the hotel, pharmacy, hospital, airline, grocery, restaurant, entertainment, or any other service-oriented industry.

Seeking to grow a big business is “appalling” and “repugnant” because it focuses on making money over quality of care? I don’t know what big businesses the editor has in mind, but most of those I can think of got big because they were better, not worse, than alternatives available to the consumer. Microsoft, Disney, Hilton, Delta, FedEx, Patterson, Schein, Ivoclar, Dextrix, and Kerr all come to mind as “big businesses” that provide a pretty solid product and service, without which our society and profession would be much the worse. Profit is the applause we get when we take good care of our patients (customers). It is to be encouraged, not denigrated.

If our profession is serious about making a real difference in the oral health of our communities, we would be well-served to learn the ways of marketing and advertising, and harness their powers to achieve our most noble goals.

What have established models of dental practice given us? Nice cars, nice houses, and an occasional boat or airplane, for sure. But fully one-third of the population we are tasked to serve will still lose all of their teeth — an impressive record of failure that compares favorably only with lead balloons and stone canoes.

Is this track record something for us to be proud of? Can we reasonably assert that our “ethical” resistance to advertising and marketing has in any way served the public better than it has served our own selfish interests?

If my life depended on improving the oral health of my community, I would advertise like the dickens. The only reason our stodgy and ossified profession resists these efforts is because we really care more about our own egos than we care about the oral health of our neighbors.

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Goal Is Health, Not ‘Production’

To the Editor:

I would like to comment on your recent editorial, “The Business of Dentistry.” You certainly are the outspoken one! (That is a good thing.) I think you are right on! Some of the problems I have seen with my referring dentists (I am a specialist) include back dating insurance claims, performing all the restorative work first (or until the insurance ran out) then referring them to me as a specialist, and a significant amount of overtreatment.

The practice of dentistry is changing. Many of the changes are good, especially with the advent of implants and other technological advances. I have changed some of my practices. What is quite shocking is that some dentists won’t perform basic, restorative dentistry on

teeth that need several procedures, e.g., build-ups, etc. Instead, these teeth are extracted and replaced with implants in the name of expediency.

Even more saddening is the *Extreme Makeover* mentality that makes everyone’s anterior teeth “perfect” with irreversible procedures. I’d like to ask these “cosmetic” dentists if this is the same dentistry they would perform on THEIR 21-year-old daughters or THEIR mothers! Probably not.

One of my friends sent his 79-year-old mother to me for an exam after she was diagnosed with \$22,000 worth of dentistry, including replacement of ALL amalgam fillings, several crowns, veneers, this after quadrant scaling. I saw her at her request, and she needed perio maintenance (not four quads of periodontal surgery). I referred her to a friend, and she needed one filling replaced. I just interviewed a woman for a position in my office who bragged, yes bragged, about the “upgrades” she learned how to bill as the insurance person in a local GP’s office. This included adding “desensitizers” under composite fillings, “irrigation” per quad for cleaning and placement of Arestin per site — all done at the insurance billing level, not treatment diagnosed by the dentist.

When I started my practice, I went in knowing that all I had to do was be honest, treat people fairly and kindly, and I would make a living. When I took a partner, it was sealed with a handshake, because our word meant something. We have practiced together for 27 years ethically, honestly and without having to resort to the latest fads or gimmicks.

But then again, I am probably unusual in that, I live well within my means, I don't gauge my success by comparing myself to others, and my practice is only a part of who I am.

The handwriting is on the wall. It costs so much to get the education that it is tempting to cheat as needed. This is not a justification, but seems to be the reasoning. More significantly, though, is that "production" is the end-all target — just ask our consultants. More and more, people will have to beware of what they get from dentists because they appear to be driven primarily by money and production, not the needs of the patients.

Thanks for saying what many of us believe. Someone needs to say this — someone needs to tell it like it is.

NAME WITHHELD BY REQUEST

Struggling to Make Ends Meet

To the Editor:

I would like to start off by thanking you for a great editorial on the business of dentistry. I have felt this way about dentistry since I graduated from dental school in 2002. I have read the majority of your editorial pieces from the *CDA Journal*, but this article really hit home. My vision and aspiration of my profes-

sion has changed dramatically since I graduated from dental school. I grew up in a small rural town where general dentistry was still practiced as general dentistry. When I chose this profession, I chose it because I wanted to be a dentist, not a salesman. Dental school taught me to be ethical and ideal in my diagnosis and treatment planning. However, when I entered the real working world, dentistry isn't just that simple. I worked for a larger "dental company" where my schedule was filled with 20+ patients for an eight-hour schedule and I had to meet daily quotas. Another practice informed me that I'm not providing proper patient care because my number-of-crowns-to-patient ratio is too low and that I'm not recommending enough Arestin. I became tired of working for other doctors and decided to start up my own practice. I wanted to provide ideal dental treatment to the best of my capabilities and be compensated fairly for my service. I did the traditional things and just hung my name up on the door. I placed ads in the local newspaper and sent out letters to the neighborhood to let them know I was available if they need our service. It has been two years, and I am still struggling with making ends meet. I read advertisements of local dentists and see the competitive offerings that you mentioned. Patients come and shop around for competitive pricing. Since when has dentistry become a retail store? When is enough enough? I attended a marketing class and was told that dentistry has entered into the marketing realm and that you have to beat your competitor's offerings. Is this my future in dentistry? Are the CDA or ADA doing anything to address these concerning issues?

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