



## Moral Courage

BY DAVID W. CHAMBERS, PHD

Imagine you are on trial, accused of acting morally in your capacity as a dentist. In your heart you know you are ethical, but do you believe there would be enough evidence to get a conviction?

Philosophers usually make a distinction between the academic study of ethics and the practical application of moral behavior. It is something like the difference between architects who design a house and the construction workers who build it. Some very nice plans fail for a lack of resources. Occasionally, the work is less than hoped for due to spotty attention and inadequate skills.

The gap between knowing what to do ethically and doing it is called moral courage. Here are a few examples. Over

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Polly Powell



### The Official Tooth Fairy Kit by Notion Farm

Now you can keep documentation of every tooth you lose with your local Tooth Fairy. The Official Tooth Fairy Kit will provide you with one letterpress Certificate of Record and one reusable silkscreened cloth deposit bag. All you have to do is fill out your certificate, place your tooth in the attached

envelope, and slip both inside the deposit bag. Place the bag under your pillow and the Tooth Fairy will collect your certificate and leave your compensation in the bag. Extra Certificates of Record are also available for multichildren families. The Official Tooth Fairy Kit is available for order online for \$16. Go to [officeofthetoothfairy.com](http://officeofthetoothfairy.com) for more details.

## New Sonic Micropulse Device Obliterates Plaque

Obi-Wan Kenobi would be proud. And probably a hard-core handyman. A plasma blowtorch that's small and busts the adhesive properties plaque has on teeth has been developed by University of Southern California scientists. What's not to like? What's more, the torch gets no hotter than room temperature.

Plasma, a somewhat runny state of ions and electrons, creates free radical oxygen ions that tear apart the plaque membrane and kill the bacteria. Even better, the torch is so fluid and adjustable, it can get to bacteria in the mouth's most hard to reach places. Since this blowtorch of sorts uses short pulses of electricity, the gas in the flame ionizes without becoming hot.

In fact, 10 minutes under the torch raised the temperature of the tooth by only five degrees, according to a press release.

Dentists, to date, have only used the torch to sterilize a tooth during a root canal, and according to the school's research and development, scientists already have other uses in mind for this nifty tool.





### Pilot Evidence-Based Dentistry Training Course Offered

The American Dental Association Center for Evidence-Based Dentistry and The Forsyth Institute are offering a five-day training course in evidence-based principles and tools, including systematic reviews and applications for clinical decision making.

The collaborative “ADA/Forsyth EBD Course,” which is scheduled from Oct. 19 to 23 at Forsyth headquarters in Boston, Mass., will link the evidence-based dentistry initiatives of the ADA with the breadth and depth of Forsyth’s scientific research. The interactive course will include a preassignment and multiple hands-on activities throughout the week.

The curriculum can accommodate up to 30 students and includes: formu-

lating clinical questions; searching for evidence; critical reading and appraisal; and implementation. The coursework focuses on human clinical trials to include quantitative and qualitative outcomes; risk calculation; diagnosis; and systematic reviews.

Faculty members include Richard Niederman, DMD, MA, director, Center for Evidence-based Dentistry at The Forsyth Institute, and Derek Richards, BDS, director, Center for Evidence-based Dentistry at Oxford University, United Kingdom.

The course is designed for dentists, members of the dental team, educators and researchers, including practitioners involved in practice-based research networks, and other dental professionals.

For more information or to apply for the course visit [www.ada.org/goto/EBDCourse](http://www.ada.org/goto/EBDCourse).

### Minimal Time for Topical Anesthesia Application Is Sufficient

For years, dentists used a topical anesthesia to take the edge off the actual needle insertion of anesthetic fluid and using smaller-gauge needles in the belief that it causes less pain. Now, research has shown that needle size has no effect on perceived pain level.

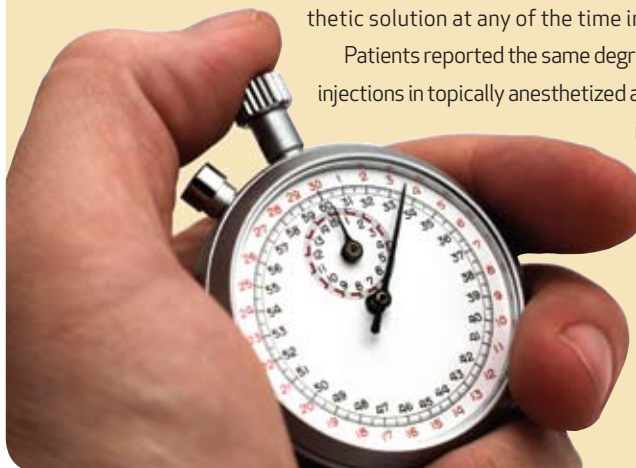
A recent study examined the effectiveness of topical anesthesia in reducing pain associated with needle insertion separately from the pain associated with injection of the anesthetic, according to an article published in *Anesthesia Progress*. After different time intervals (two, five, and 10 minutes), results were studied to ascertain the optimal efficacy time of the topical anesthetic.

Responses from 85 people in the study showed that the topical anesthetic was statistically and significantly more effective as opposed to the placebo for reducing the pain caused by needle insertion alone at all time points (two, five, and 10 minutes). However, in the double-blind, placebo-controlled study, results showed there was no effect on perceived pain intensity associated with injection of the local anesthetic solution at any of the time intervals, researchers said.

Patients reported the same degree of pain, all time lengths, from anesthetic solution injections in topically anesthetized and placebo locations. As such, the minimum two-

minute period appears to be sufficient for the topical anesthetic application, since a five- or 10-minute delay has no added benefit in reducing the pain of needle insertion. The pain intensity levels reported were not associated with differences in the subjects’ age, gender, weight, or heart rate, said researchers.

To read the entire study, “Effect of Time on Clinical Efficacy of Topical Anesthesia,” visit [anpress.com/pdf/anpr-56-02-03.pdf](http://anpress.com/pdf/anpr-56-02-03.pdf).





## Treat Your Back as if Your Life and Livelihood Depend on It (Because They Do)

Being kind to your back may extend your dental career and improve your life.

Writing in the *North Carolina Dental Gazette*, Stuart McGill, PhD, presented “spine-sparing guidelines” for dentists whose protracted awkward stance and near contortionist-like positions when working with supine patients can cause recurrent skeletal issues. McGill is a professor of spine biomechanics at the University of Waterloo, Ontario, Canada.

The most important thing dentists and other dental professionals should do to spare their backs is to develop work tasks that facilitate variety, McGill wrote. This in essence spreads the load among different parts of the back. Also, it’s important to avoid fully flexing or bending the spine, and to rotate the trunk at the hips. While working, try to keep your hands close, to reduce forward leaning of the torso, according to a press release.

Other tips McGill recommended to improving back muscle endurance:

- allowing time for tissues of the discs and ligaments of the back to regain stiffness after prolonged flexion;
- not immediately performing a subsequent strenuous exertion after performing long procedures;
- avoiding prolonged sitting;
- avoiding bending or lifting shortly after getting out of bed; and
- exercising.

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the years you see the occasional patient treated by a dentist in your community and have watched as the quality decrease: disease conditions are missed, treatment chosen seems difficult to explain, and the technical quality is not up to standard. This troubles you, but you see no clear way to confront the issue.

A family member demands narcotics for pain relief in conjunction with a work injury more than a year ago. You know it is not really right, but it is just easier not to confront the whole family who expect you to cover up. At a component society meeting, a colleague brags about a loophole in the policies of some insurance carriers that permits “perfectly legal” upcoding. You are skeptical and decide that sort of bending the rules is not for you. You mumble something to your colleague about “Well, anything

that would level the playing field” and comment later to your friends that “Some people in dentistry are getting pretty commercial, if you know what I mean.” In each of these cases, you get high marks for ethics and low marks for moral courage.

There is a phony debate over whether ethical outlook has been entirely formed in youth or at least before dental school. The literature says ethical reasoning skill keeps on developing as long as individuals continue to grow intellectually, with a practical cut off occurring in many cases in the late ‘30s. But that debate narrows our focus too much. The big challenge is not increasing knowledge of the philosophical principles of ethics or ethical reasoning fluency. What we need is training in communication and assertiveness, professional support groups,

peer-review mechanisms, and follow-up on disciplinary actions.

For some, ethics is a spectator sport and we hope our team wins. Getting into the game and actually making a difference to the outcome requires moral courage.

The nub:

- ❶ Growing an ulcer over a wrong you see or turning it into an opportunity to gloat over your own ethical superiority both are signs of a failure of moral courage.
- ❷ Confronting wrongs is a skill that can only be learned through active practice.
- ❸ When broaching moral topics make your words tender, you may have to eat them.

*David W. Chambers, PhD, is professor of Dental Education, Arthur A. Dugoni School of Dentistry, San Francisco, and editor of the Journal of the American College of Dentists.*



## Smile Savers System May Make a Dentist's Office Smile

With dentists and their staff spending more time marketing their practice on top of the myriad of responsibilities with the actual running of their practice, the Academy of General Dentistry has launched a new member benefit, AGD Smile Savers.

The automated tool creates e-newsletters, appointment reminders, surveys and more, allowing dentists more effective communication with patients.

"We realize that, in the present economy, dentists everywhere are looking for ways to save money and increase patient retention," said Paula S. Jones, DDS, FAGD, AGD president. "We are delighted to give our AGD members more tools that will improve the quality of their practice and the services they provide."

This tool, which helps dentists maximize staff time and increase the level of attention given to their patients, is free. AGD members who integrate Smile Savers with their current office software have the capabilities to communicate frequently and automatically, right at their fingertips. Not only is there a cost savings, there's a time savings. Staff who manually confirm the appointments can save about two hours each day.

"This new benefit provides one turn-key solution to service practices of all sizes," said Linda Edgar, DDS, MEd, MAGD, secretary of the AGD, who uses the tool in her practice. "It is now very convenient for patients to receive text messages and e-mail appointment reminders, allowing my staff to focus on other tasks around the office. They also send 'Happy Birthday' messages, which our patients love, and the system allows patients to send comments about their appointments for feedback to the office."

Highlights of the Smile Savers include:

**APPOINTMENT REMINDERS** automatically are sent to members' patients customized appointment reminders by text and e-mail. This feature can reduce the chance of missed and forgotten appointments.

### DORMANT PATIENT REACTIVATION

reactivates patients who the office has not seen for 12 months. The aim is to reintroduce the practice and invite them back into the office. The system does an in-depth examination of the patient database to pinpoint dormant patients. Reactivation can add thousands of dollars every month to the practice. Best of all, Smile Savers does the reactivation work.

**NEWSLETTERS**, of which the program has more than 100 ready-to-send articles, can be edited to meet the member's needs. Members can even add their own articles. Newsletters can increase new patient referrals, inform patients of what

is happening in the practice, and educate them on the new services and technology available to them. All newsletters bear the member's name and logo.

**SURVEYS** allow the members to measure the level of patient satisfaction in the practice.

**MICROSITE** is a free, one-page Web site available to all registered users. A practice can display the details and testimonials without creating and maintaining its own Web site. The microsite can be a companion to an office's existing Web site, according to a press release. The microsite also is home to more than 50 links to different blogging and social networking sites.

### UPCOMING MEETINGS

#### 2009

Sept. 10-13	CDA Presents <i>The Art and Science of Dentistry</i> , San Francisco, 800-CDA-SMILE (232-7645), <a href="http://cda.org">cda.org</a> .
Sept. 30-Oct. 4	American Dental Association 150th Annual Session, Honolulu, Hawaii, <a href="http://ada.org">ada.org</a> .
Nov. 2-4	National Network for Oral Health Access National Primary Oral Health Conference, Nashville, Tenn., Luana Harris-Scott (619) 279-5879 or <a href="http://nnoha.org">nnoha.org</a> .
Nov. 8-14	United States Dental Tennis Association fall meeting, Scottsdale, Ariz., <a href="http://dentaltennis.org">dentaltennis.org</a> .

#### 2010

April 11-17	United States Dental Tennis Association, Amelia Island Plantation, Fla., <a href="http://dentaltennis.org">dentaltennis.org</a> .
April 26-28	National Oral Health Conference, St. Louis, Mo., <a href="http://nationaloralhealthconference.com">nationaloralhealthconference.com</a> .
May 13-16	CDA Presents <i>The Art and Science of Dentistry</i> , Anaheim, 800-CDA-SMILE (232-7645), <a href="http://cda.org">cda.org</a> .
Sept. 9-11	CDA Presents <i>The Art and Science of Dentistry</i> , San Francisco, 800-CDA-SMILE (232-7645), <a href="http://cda.org">cda.org</a> .
Nov. 7-13	United States Dental Tennis Association, Grand Wailea, Hawaii, <a href="http://dentaltennis.org">dentaltennis.org</a> .

To have an event included on this list of nonprofit association continuing education meetings, please send the information to Upcoming Meetings, CDA Journal, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to 916-554-5962.



### Protecting Your Dental Office Against Employee Theft

Employee theft, regardless of the size of the company, always is distressing. But for small companies, it can be more so because they often do not have the resources to successfully guard against it or the financial cushion to comfortably take the hit.

But all is not dismal. In an article by Kristin Heylmun of COPIC Financial in a recent issue of *Colorado Dentistry*, there are things small businesses, such as dental practices, can do in what is the country's most underreported crimes.

Chief among them: know who you are hiring.

"Some people have theft in mind from the start and you can avoid hiring these candidates by conducting thorough back-

ground checks and obtaining previous job references," Heylmun wrote.

Cultivate and encourage honesty in the office. The office manager and dentist play an important role in ensuring employees are in tune with the practice's code of conduct. It's also a good idea to nurture an office environment that's respectful and emphasizes teamwork. Instituting a checks and balances system, as well as technology to prevent theft are other ideas, Heylmun said.

Moreover, "employee dishonesty insurance" should be considered. These individual policies were created to guard businesses from the misfortunes of safe/vault burglaries, robbery, theft, and coverage also can include fraud ranging from funds transfers and credit cards, to computer and forgery.

### Family Smoking Prevention and Tobacco Control Act Applauded

Following Congress' passage of the Family Smoking Prevention and Tobacco Control Act, the American Dental Association commended the effort that gives the U.S. Food and Drug Administration the authority to regulate the manufacturing, marketing, and distributing of tobacco products.

"Dentists are the first line of defense in the war against oral cancer and many other tobacco-related diseases," said John S. Findley, DDS, ADA president, in a statement. "The American Dental Association has a long-standing policy that nicotine is a drug, and that cigarettes and other tobacco products are nicotine delivery devices and, therefore, should be regulated by the FDA. The Association has devoted particular attention to the insidious marketing of tobacco products to children, especially so-called 'smokeless' or spit tobacco products.

"Many Americans believe that tobacco products already are regulated for health and safety when in fact they're

not. Over the years, the tobacco industry has used its enormous political influence to avoid even the most basic oversight of its products," said Findley. "As a result, tobacco use remains the main cause of preventable disease and death in the United States.

"About nine out of 10 people who will die from oral and throat cancers use tobacco, and their risk of developing these cancers is related to how much (and how often) they use tobacco. On average, 40 percent of those with these cancers will not survive more than five years," Findley continued. "Tobacco products are also associated with higher rates of gum disease, one of the leading causes of tooth loss in adults. Congress's action is the first step in more effectively regulating tobacco use and marketing, and we urge the president to sign this legislation as soon as possible."



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**JOHN S. FINDLEY, DDS,  
ADA PRESIDENT**