

Can We Talk?



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entists love to talk. Even though we don't get paid for it as lawyers or talk show hosts do, we can't help it. There are three reasons for acquiring information: some people want to know it, some want to use it, but most want to tell it, or think they have to. No sooner does a newly minted dentist, keen as mustard, get a captive, fee-paying audience, than the eight years of accumulated dental lore bursts forth like a breached Louisiana levee.

Dentistry can be a hard sell. A \$900 root canal treatment can never compete with almost anything else. Gum surgery appeals only to masochists. Salesmen for cemetery plots have an easier pitch. As a rule, patients are of one mind, i.e., get in, get it over and get out. We are not their bosom buddies, our offices are not a Starbucks in which to hang out. If the new dentist hasn't already learned this in school, his patients will soon make it clear.

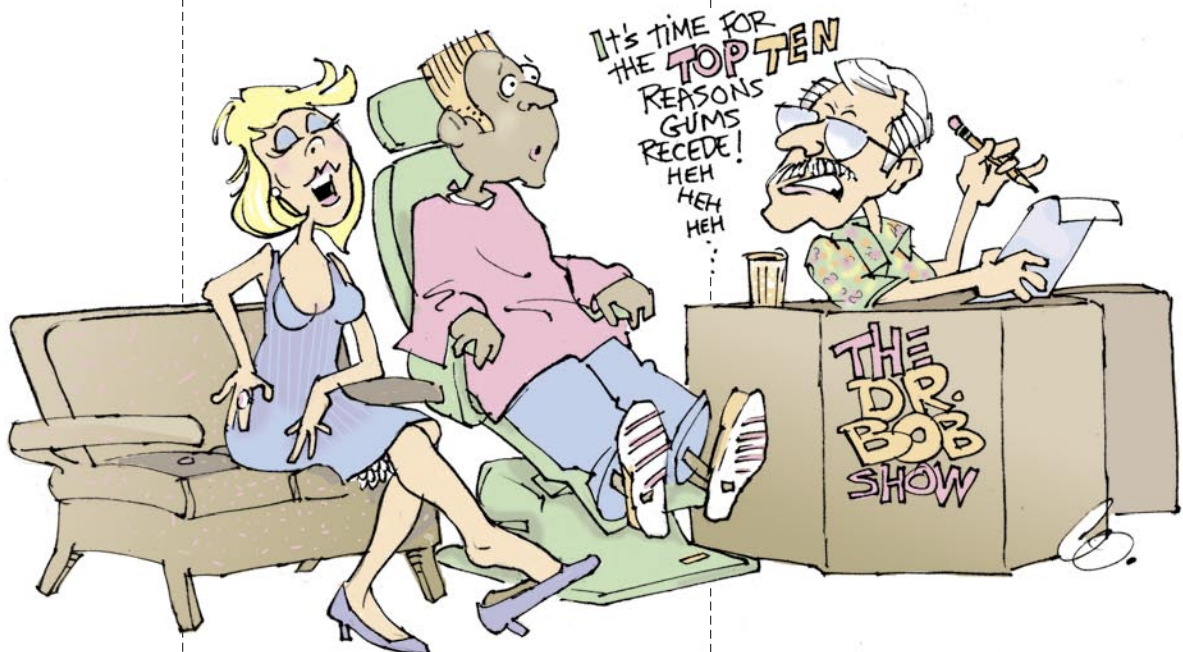
"How does that feel when you bite together?" he asked anxiously.

"Just fine," mumbled the patient, briefly aroused from his catatonic silence. "Fine, fine, feels just fine," he bleated like a sacrificial lamb as he used both hands to debib himself in a transparent effort to hasten the exodus.

There was a time in our history when dentists cut an authoritative figure. Marketing was a chore done on Saturday to lay in groceries for the week. It was a time when there were fewer modalities, therefore fewer explanations. We wore white coats and serious frowny expressions. If we said something was needed and this was the way we were going to handle it, then, by the authority invested in us under the laws of the State of California, that was it. Now, of course, that is *not* it.

As Jefferson once noted, "It is the trade of lawyers to question everything, yield

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nothing and to talk by the hour." Two legal concepts have forced even those few taciturn dentists clinging vainly to their vanishing Olympian position to babble on like a filibustering senator.

"Informed Consent" and "Second Opinion" are the twin progenitors of the current source of TMI (too much information) in the dental office. Take a relatively simple requirement of restoring a molar with a least three surfaces involved. Obviously, the patient cannot give his informed consent until we've outlined every available option known to present-day dentistry, including the nature of the restorative materials, their cost, durability and chances of taking 10 years off his or her age. A conscientious dentist with a genius for inducing tedium can spend upward of two hours just getting through the basics and that precludes the patient asking questions. The "Q and A" session could easily add another hour of interrogation during which he might ask for the key to the restroom and never return. This is an unacceptable risk.

Checking the patient's eyeballs for evidence of TMI glazing is as important as checking his other vitals. He has to be sufficiently conscious to sign the informed consent form, to initial the take-home brochure that expatiates in depth everything we have already said, plus fetching candor of all the down-

sides to every option.

If our narcotized patient, visibly bleeding from both ears and staggering under the labyrinthine information overload, should have the temerity to plead, "You're the doctor. Do whatever you think is right," we are in big trouble. The white coat and corduroyed forehead are not going to cut it anymore.

Time to recommend the second opinion option. Get him out the door and into the hands of another practitioner. This worthy effort may offer the same information, in which case the patient might just as well stay in that office since we are both in agreement. Or he might get an entirely new set of recommendations that now indicate a third, or even a fourth consult if he is to be really, really informed. One doesn't give one's consent lightly.

We know few dentists who are paid to just consult. We know even fewer patients who are willing pay for information without the accompanying laying on of hands. "Billable hours" is a concept not readily adaptable to dental offices. Why not? Because insurance companies say so and because dentists love to talk and would feel guilty for taking money without implementing thousands of dollars worth of dental equipment. We need to find out how lawyers get away with this. If it weren't

for the palpable uneasiness of having a lawyer for a patient, we might learn if billable hours could work for us. **CDA**