

# Editorial

## Need before greed

As health professionals, our obligation to the general public goes far beyond simple disease prevention and treatment; beyond relief of pain or esthetic and functional improvements; beyond simply performing a job. Our commitment is to perform a service that will respect the public's need, not satiate our greed. Our commitment is based on trust.

This trust should be held inviolate. Yet some, it seems, are trying to drag the profession down to the level of high-pressure, hard-sell tactics to increase office profits.

I read a little blue booklet the other day. It was about building one's practice with esthetic dentistry. It contained some useful advice on increasing productivity. There is nothing wrong with encouraging the office staff to work more efficiently. That is, provided that higher productivity is not accomplished at the expense of quality.

The little blue booklet starts out, however, by encouraging the use of auxiliary staff to "develop cosmetic awareness among patients." The dentist-author continues, "I recently overheard one hygienist tell a dentist, 'Mrs. Howard would like you to do six anterior bondings to cover her areas of erosion.' That is music to any dentist's ears!"

So, when Mrs Howard is seen by the dentist, who is, after all, trained in diagnosis and treatment planning, what happens? There is a subtle pressure to conform to the auxiliary's diagnosis, even if the lesions are not suitable for that treatment. The pressure is particularly prevalent if the patient has already been persuaded that this treatment is the best that modern dentistry can offer.

The little blue booklet continues by discussing bonus systems that motivate the office staff. "For example, an office may want to perform one hundred bicuspid composite resins in the ensuing twelve months. One bonus system may be to offer a prize if the goal is achieved. . . . Remember, you will be expanding the practice with bicuspid resins."

Once again, there is nothing wrong with increasing efficiency to increase productivity. But what if the patients coming to this office don't need 100 composite resin restorations in bicuspids? Will the pressure of reaching the bonus level lead to some unnecessary dentistry?

The goal of getting more patients educated about, and treated with, the new esthetic treatments that have proliferated in recent years is a worthy goal. But are barefaced sales techniques necessary to "sell" a treatment plan? Surely high productivity can be attained in a professional fashion. Surely a treatment plan can stand on its merits. If the patient refuses the treatment plan, it is not the dentist's place to coerce the patient into conformity, particularly if the motive is higher office productivity.

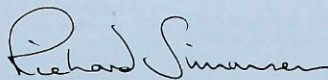
Before we know it, the office will be offering daily specials. Then the more amalgams the staff can turn into crowns, or the more adults they can talk into orthodontic treatment (before the dentist has seen the patient, of course), the more bonuses they will earn. But greed blinds.

It is simple. The dentist, not the receptionist, the hygienist, or the assistant, makes the diagnosis and treatment plan. The treatment plan is presented to the patient with suitable alternative treatments depending on the patient's needs, desires, and, regrettably, ability to pay for the services. Thereupon a joint decision is made that is, in most cases, a compromise between the patient's needs and desires and the dentist's desire for optimal treatment. Treatment planning should *not* be a hard-sell approach activated by the office staff.

This is my problem with the little blue booklet. It talks of bonus systems and sales techniques while placing the patients' needs squarely subordinate to the office's productivity. This is unethical, unprincipled, and unconscionable.

Health professionals are bestowed with the uncommon power of trust by fellow citizens. Trust should be the foundation of the health professional/patient relationship.

Greed has no place here. The patient's needs are nonnegotiable.



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