

## The practice of dentistry: To have or to be

At a recent dental meeting, I heard a speaker recite a litany of threats and weaknesses related to contemporary dental practice. No mention was made of the strengths and opportunities inherent in today's profession, and I left the presentation appalled.

The individual speaking, of course, offered various opportunities for the "lost souls" of dentistry to find the answers to dentistry's alleged woes through the purchase of myriad publications and consultation services offered for sale by that individual.

This episode continues to bother me. The manipulation of hard data to create a sense of need among one's listeners is questionable. All who engage in any form of teaching are called to the highest levels of ethics and are expected to present full, balanced, objective data as the core of their presentation. In this case, the profession I heard described from the lecture podium was alien to the profession I practice and have been an active part of since 1963.

The really bothersome part of the presentation is that continuing education credits were offered for what amounts to a sales pitch for an individual dentist's opinion and products. Is it any wonder that licensing boards around the world generally refuse to grant continuing education credit for such courses? While I can argue that true practice management courses are vital components of any competent dental practice, travesties such as this particular presentation fail to meet minimal standards of educational events.

The larger issue is, in my opinion, best defined by each individual practitioner when we ask ourselves, "What does dentistry represent to me: a way to make a living, or a way of life? Do I practice dentistry to have or to be? How do I define myself? Am I what I do, or do I do what I am?"

These are not trivial questions. The wisdom literature of all ages ponders them and all theologies address them. None of us can attain an appreciable degree of balance in our lives until we answer them for ourselves, in a manner that is congruent with our personal core values.

Some of the negatives iterated in the episode described above were managed care, lack of patient appreciation, third party and regulatory interference with how we practice, high employee turnover, escalating overhead costs, growing patient expectations, increasingly expensive "high-tech" equipment, rapid introduction of new materials and procedures, increasingly expensive direct and opportunity costs of continuing education, and high cost of education and practice startup.

For the practitioner who looks at dentistry as just a way to make a living, these issues are indeed potholes on the road to the bank. They are vexing, and they require effort and energy to deal with, learn about, evaluate, and decide about.

However, the picture is much brighter for the practitioner who is deeply engaged in dentistry as a passionate way of life. These individuals recognize that the *average* dental practitioner around the world is in the top quartile of all wage earners (actually in North America, they are in the top 5% according to ADA practice survey data). These individuals find satisfaction and fulfillment in their practices because, in general, they focus on service to their patients rather than how much money they can collect.

These positive-thinking individuals realize that various managed care and insurance programs *might* have some value for those members of society who have active pain and infection, but who for myriad reasons cannot or will not access the health care systems of their communities. They realize that dental "insurance" is only a prepayment scheme that is not and can never be intended to provide full comprehensive dental care for subscribers, and they make sure their patients understand this critical fact.

They realize that a dramatic shift is occurring worldwide as patients become more educated about oral health issues and elect to purchase dental services based on *want* rather than *need*.

They realize that dentally aware patients make treatment choices that are in their own best interest, and so the enlightened practitioner and all staff members are active in insuring that all citizens in their communities are educated about the value of oral health and modern dental services.

They recognize that no group or association or hired firm can do for them what they will not do for themselves, and so they take individual responsibility for community service, education, and public relations on behalf of their profession.

The final analysis is the same as in many other cases: the world looks different to those who see their glasses as half-filled rather than half-empty.

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