

Quo Vadis: Part 2

In my previous editorial I bemoaned the fact that multiple economic and regulatory forces acting on dentistry do not allow the average practitioner to deliver the highest quality care for his or her patients. I think it would be wrong to point out all the problems without making some suggestions for their solutions.

The first factor contributing to fee escalation is the rapid progression of technology and its high cost. While we can't stop progress, we can be selective about new techniques and devices used in our practices, thus, reducing the need for fee increases. We can make sure that someone has tested these products before we use them.

The best solution to governmental interference is to eliminate most of it. History shows that increases in governmental intervention lead to reduced quality of care. If you don't believe it, look at medicine. Our medical friends are a few years ahead of us in these terms, and the results have been disastrous. Regardless of what politicians say, no country can pay for optimal care for everyone. The sooner that this is admitted, the sooner we are likely to find better solutions.


As to private insurance, let's get realistic. With the exception of those individuals who have suffered facial trauma in an accident, our patients rarely get adequate coverage. We should cut out the middleman and simply have negotiations done between the dentist and the patient. This would necessitate giving the patient the economic ability to negotiate. One method would be the use of medical savings accounts for dentistry. Another would be to have a limited number of dollars for dental coverage provided by corporations, which are controlled by the patient, not a third party.

The increasing number of lawsuits can be handled by a combination of effective self-policing and tort reform. It is very easy to blame all of the litigation on lawyers, but it is not all their responsibility. Individual dentists can keep better records, keep up with their education, and refer when appropriate, thus reducing the number of lawsuits. Serious tort reform could go a long way toward discouraging frivolous lawsuits.

For tort reform to work without having patients suffer, organized dentistry needs to step up and actually get serious about regulating its members. Self-policing, if handled correctly, can be effective but needs to more closely resemble that of our medical colleagues.

Another important step is to change the character and location of the average dental practice. Tax incentives could be provided that would encourage dentists to go into underserved areas, while tax penalties could be levied against those not in multi-dentist offices.

I understand that the probability of all these solutions occurring is extraordinarily remote. But if we are honest and work together, we can waste less money and apply those dollars toward delivering the highest quality care. Are you?



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