



## Is Advertising Jeopardizing the Team Concept?

William R. Laney, DMD, MS, Editorial Chairman

In the January 6, 1992 issue of the *ADA News*, Daniel McCann reported a growing concern within the profession regarding the effects of nationwide advertising campaigns soliciting patients for implant services. Cited specifically were the AAOMS promotional pieces appearing in recent consumer and professional publications, which have elicited adverse response from various sectors of the practicing profession. Prominent among the retorts to date is that of the Academy of General Dentists through its editor, William W. Howard. In addition, specialists in areas other than oral and maxillofacial surgery have voiced concerns about the aggressive and ubiquitous advertising campaign being conducted by the surgeons to bring new implant candidates into their offices. Since the clinician ultimately providing the restorative services would seem to be the likely point of entry into the service delivery system, the hidden agenda could include the matters of patient selection or treatment planning and where each should logically begin.

Advertising and its ethical application within the profession has been massaged vociferously and episodically since the FTC threw open the gauntlet some years ago. Now toned down under the "marketing" label, professional advertising in the news media, periodicals, and the Yellow Pages has become commonplace and seemingly has no bounds. It is a fact of life today, and all segments of the profession have put it to use to enhance their respective special interests. That it is a legal and effective tool for reaching the lay audience, and professions alike, cannot be disputed. However, the intent or approach to utilization can be misconstrued because of the language or tactics employed, to wit the application under consideration.

Without question, the use of bone-anchored implants as support for dental restorations has grown dramatically in the past decade and will continue in the future. Their application is not only widespread, but also involves a broad spectrum of overlapping practicing professional personnel. Generalists and specialists have a staked claim in this treatment entity and while some will proclaim a more qualified basis for specific service provision, all should have legitimate professional qualifications from which to proceed. As has been repeated here in the past, our primary obligation is to educate and treat an informed patient with specific needs.

While there is no unanimous agreement with the treatment concept, there is ample evidence to suggest that a majority of those providing implant services are doing so in conjunction with one or more colleagues in a team effort. Whether the collaborating service is diagnostic, operative, or maintenance oriented, each is vital to the success of the functioning restoration regardless of who is the provider of a specific service. The goal is to enhance treatment quality and efficiency through

open and understood communication among the treating team. This theme has been the basis for the founding of such organizations as the Academy of Osseointegration, which encourages the membership affiliation of generalist *and* specialist. Learning through shared clinical experience, the results of current research, and interpersonal contact with allied professionals and manufacturers is facilitated by regular attendance at annual Academy meetings. This organization was founded to foster *cooperative* efforts directed toward improvement of the art and science of osseointegrated implant-based restorations among dentists, related professions, and the public. Hopefully, its growth in member numbers and quality of meeting experience will continue to be an impetus to the enhancement of interdisciplinary professional relationships, which can only lead to improved patient care.

As the respective disciplinary programs of marketing continue to evolve and influence favorable public and professional response, may the basic program intent and rhetoric be conducive to the improvement of interprofessional relationships rather than be divisive. If patients are to accept and benefit from the application of implant therapy, their clinical course of treatment needs to be unencumbered from the discontent and mistrust of the contributing partners.