More Unbridled Bureaucracy

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The seemingly infallible Federal Trade Commission is at it again. At the December 1993 meeting of the ADA Board of Trustees, an agenda item involved a report on a November 2, 1993 letter from the FTC which claimed that the ADA has violated certain provisions of a 1983 consent decree and order that had been agreed upon in 1982. In effect, the original ADA-FTC agreement provided for the loosening of restrictions on advertising and specialty announcement standards for dentists provided in the Association's "Principles of Ethics and Code of Professional Conduct." In 1988, the ADA had sought modifications in the final order that would assure continuation of the rules on specialty announcement. Now some five years later, the FTC not only belatedly rejected the ADA's request, but cited the Association for overstepping provisions of the original decree in four areas: certification and specialization, advertising exclusive methods or techniques, restrictions on quality claims, and supporting constituent dental society restrictions on deceptive advertising.

Challenges that seek to protect the public from poor care and unjustified fees by health care professionals are facts of life in a democracy. Whether initiated by individuals, groups of individuals with a cause, or government, remonstrative actions often begin as honest endeavors to prevent abuse or assure equal opportunity. Not infrequently, what begin as well-intentioned efforts become lost in the pursuit of bigger and more attention-getting projects that stray from the original purpose.

Whether or not one agrees with the American Dental Association's organizational structure and its programs, the ADA has charted a course for the dental profession that has provided a framework for the evolution of dentistry in the US, resulting in the highest standard of dental care found anywhere in the world. Its paramount goal has been protection of the public its members serve. In creating ethical standards for the professional conduct of its constituents, the Association has sought to assure that educators teaching dental students, clinicians treating patients, and researchers investigating the dental unknown have a common goal: the protection and enhancement of oral health. Protection of the public from untested or poorly delivered care and the excess of undeserved or inappropriate fees is the centerpiece of professional free enterprise. The designation of dental specialties is a policy extension of assurance that the highest quality care be made available. Limitation of the number of specialties by the Association in effect further controls fees, thereby protecting the patient and those third parties who help support the care.

Enter the government's FTC, which continues its series of challenges to the ADA's modus operandi in providing protection for the lay public and members of

the dental profession alike. In an attempt to assure access to care, the FTC championed the unproven practice of denturism. In recent months, it has charged the California Dental Association with abuse of authority in ruling that a member dentist had violated state laws governing advertising and chastising the ADA for supporting such action. How much intrusion is enough and where does it end? When one listens to the plethora of misleading or false advertisements on television or reads the same misinformation on the product containers, it is appropriate to question where the FTC priorities lie.

In this recent episode, two factors are disturbing. Firstly, the FTC cites dental anesthesiology and implantology as tao areas of dental practice not permitted to advertise specialty status under the current ADA code. Then the FTC claims that both of these areas have "bona fide" certifying bodies operating in other than the eight specialty areas recognized by the ADA. Within the profession, it is acknowledged that these "bona fide" certifying bodies exist and are operating outside the standards and guidelines of their parent dental organization, thus falsely advertising their authority/credibility to the public.

Secondly, the identification of two specific dental areas that have been unsuccessful in achieving specialty status within the profession is interesting. Could it be that the current FTC letter is at least in part the response of lobbying by disgruntled professionals in these areas frustrated by their lack of success in achieving recognition? Since the FTC has not come forth with proof or evidence of the possible anticompetitive effects of the challenged ADA code rules, is this another witch hunt? It was encouraging to note that two of the five FTC commissioners wrote a four-page dissenting opinion questioning the agency's tact in "suddenly reversing the settled interpretation" of an order in effect for more than a decade. Times, faces, and attitudes change, but there are some tenets that have survived the test of time and merit continuation. It is difficult enough in today's society to teach and instill a sense of professional ethics in students preparing for a career in dentistry without governmental agencies grinding their bureaucratic axes on a profession which continues to make every effort to ensure protection of the public welfare while keeping its own house in order.