A Yearn to Return

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A recent full-page ad in a metropolitan newspaper, which was headed "Dental Implantology," was the trigger prompting these few thoughts on the health of the professional world in which we live. Advertising by health care professionals has never been appealing, regardless of what the FTC has to say about restraint of trade. During the course of the 20th century, there has been a rush to grasp and proclaim the strength of professional ethics, only to see this ground swell reach its peak and now slip into a steady decline with seemingly no end.

In the piece under consideration, an attempt was made to educate the public regarding the advantages of safe and predictable dental implants. However, much of the "scientific" information presented was outdated, and the clinical experience of the salesman was anecdotal and steeped in marginal procedures of yesteryear. The credentials presented in support of seeking a new patient supply might sound quite adequate to John or Jane Doe, but on closer inspection, the individual professional accomplishments noted and their relative importance in the scheme of accepted science and professional credibility were rather weak. Who now polices what information the average potential patient, in possible need of implant services, is exposed to and upon which treatment decisions might be based? Should it be the newspaper or magazine editor who is primarily interested in advertising and sales numbers, not proven fact and truth?

The dental profession took another "hit" in the recent *Readers Digest* expose on how the dentist is ripping off patients. In "How Honest Are Dentists?" author William Ecenbarger shopped his typical oral condition and found recommended treatment plans ranging from \$1,500 to \$29,000. The JADA Editor could not find space in the next *ADA News* to accommodate all of the letters received from outraged practitioners who were chagrined by this blanket condemnation of the ethical state of dentistry and its providers. Yet, we must accept some culpability for permitting the state of the profession to drift into ethical complacency and accommodation.

On another front, the managed health care epidemic illustrates more lost control in the practice of dentistry and medicine. While the dental profession has not been quite as consumed to date as medicine, the handwriting may be on the wall unless we collectively show some strength in resistance. In a concise piece in a recent newsletter of the American Cleft Palate-Craniofacial Association, author Marilyn Cohen speaks to a myriad of problems that have evolved from capitulating to the insurance industry in waiving rights to treatment options and professional access. She notes that, "Patients and their families must be made to understand that the physician or health care provider has limited ability to negotiate with a managed care or insurance company regarding their decision to allow or disallow a specific treatment or evaluation recommendation. The ability to change the practices of insurance companies remains with patients and their employers, the purchasers of insurance policies." What about the doctor . . . where is she or he in this mix? When did our leadership role get reversed?

When it comes to ethics, the health care professions are by no means alone in slippage. Today's polities, law, business, journalism, and about any area one might name, have suffered significantly in the onslaught of societal ills. This writer yearns for a return to the days when ethical clinicians were routinely and solely interested in the health and best treatment possible for their patients at a reasonable

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and justifiable fee. Was it ever so, one might ask? The belief here is that it was—at a time when the health care professions were strong, uncompromising, strictly ethical, and without need to sales pitch services. They had earned the respect of a public that had confidence in their doctors and deeply appreciated the fact that treatment recommended and competently rendered was the best available anywhere.

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