

## You Are The Future of Dentistry

by Dr. L.D. Pankey

It was back in the '20s that Harry Bosworth, father of the concept of dental economics, advised young dentists to fight their way to the top, "because there's more room up there and less competition."

What Bosworth was doing when he made that statement was putting on record a solid statement about the future of dentistry, because that advice a half century or more ago is just as accurate and makes just as much sense today as it did way back there when C. Edmund Kells still was pioneering in dental diagnosis through X-ray.

"More room at the top and less competition up there," still describes the state of the art in the dentistry of the '80s.

In 1958, I spoke to one of the early meetings of the Academy of Dental Practice Administration in Chicago on the assigned topic of "Dentistry Yesterday, Today and Tomorrow." Bosworth was a representative of yesterday's concept of practice administration. As I prepare this article, I am struck by the realization that today is the "tomorrow" of that lecture of 23 years ago.

The state of the science will go on changing, of course. There will be better equipment, faster procedures, more precise tools, more effective medicines, more skilled practitioners, and above all, an unprecedented effort in prevention. New experiments will bring new discoveries in technique, and new "giants" in the profession will emerge to claim the recognition they deserve. But, even with the dramatic changes we are destined to see in the decade ahead, the "future of dentistry" is not going to be much different from what it always has been: a few will excel and enjoy the elbow room at the top; a few more will try hard, but have to settle for a classification of "adequate." All the rest will just plod along, viewing dentistry as a good way to make a living, without getting very excited about territory they might have claimed.

A year and a half ago, Dr. Harold Wirth of the Louisiana State University Dental School told the New Orleans Dental Conference, "The future of dentistry lies in the hands of the dentist himself... shaped by the ideals, desire, motivation, understanding, ambition and determination of the institutions that will

select, train, motivate and precipitate dentistry and its principles." I fear not all of his listeners detected the philosophic undertone of Dr. Wirth's words, but those who could were provided with a clear insight into the shape of things to come. The hands he spoke of are your hands.

Dentistry has no form or substance of its own; it is merely the sum of all its parts. What the parts are, the whole must be—it is inescapable. You are "Dentistry" when you conduct an initial interview, do a case study, make a diagnosis, draw up a treatment plan. You're molding the future when you make your personal commitment to the best long-range interests of your patient—minister to the whole-person well-being of the individual on the other end of the tooth you treat. You are "Dentistry," just as surely, when you fail to deliver the quality of dental care the well-being of your patient requires.

The day will never come, of course, when there is only one way to take care of teeth, or only one way to protect the best interests of a patient. Different people expect different things from dentistry—and, sadly, some expect nothing at all. Every individual you treat represents a special collection of needs, desires and expectations. The only way you can meet all those needs and fulfill all those expectations is to take the time and trouble to find out what they are. You do that through careful interviews with the patient, conscientious diagnosis, painstaking treatment planning, determined upgrading of your own technical abilities.

That is why it is just as important to KNOW YOUR PATIENT as it is TO KNOW YOURSELF. An essential meshing of personalities must be there. If not, then that particular patient's future in dentistry may not be with you. His future dental care probably lies with someone who may be no better than you are, or no worse—only different. The sooner you can help him make that determination, the better off both of you will be.

One formula for the future of dentistry consists of three layers, or "tiers" of dental practice. They have been numbered from 1 to 3 without any intention of judging the relative values or merits of the layers. The three "Classes" exist, no doubt, because different classifications of patients may require treatment in

different modes—and probably because there will always be dentists who prefer to practice at one of the three levels that have been designated.

The fastest growth in the coming decade probably will be in the mode of dentistry that prefers the relative comfort and security of a capitation program (the word comes from Latin *capitatio*, for “poll tax”). This is the system that stems from increase in health programs, corporate dental care and other semi-socialized fee-fixed-by-the-organization treatment programs. Each patient gets precisely what every other patient gets, because a higher authority decides on the charges and sets the criteria for treatment. The “organization” arranges the funding and pays the fee or the salary of the practitioner.

Difficult cases cost no more than the easier ones in a capitation program. So much for a filling, so much for a crown, so much for full dentures. The master dentist is paid the same fee as those who never go to dental meetings, never read case studies, never get into continuing education programs and seldom take pride in a job well done and a patient whose teeth have been saved or his health restored.

Then, there is the middle tier—the “clinic” approach, sometimes operated by a department store chain, or perhaps by a group of investors, or the practicing dentists themselves. The fee may be variable. Because of the patient volume that is sought and the type of service that is rendered, the fee often is less than might be imposed by someone else. But volume is the key. Most of the dentists who do the work are paid a salary or a percentage by the people who own or operate the clinic.

Last—but certainly not least—is the individualized fee-for-service practice, and this is the tier in which quality and character take on far more importance than in the other levels of dentistry. In this tier (some put it at the base of the pyramid, while others put it at the peak), everything depends upon the individual practitioner and the class of work he is willing or able to deliver to the public at a fee considered fair to both.

There are no dues or taxes to take care of payment, though dental insurance sometimes absorbs part of the cost. There is no company name behind the serv-

ice, no marketing program, no competitive fixed fees to underprice the competition. At this level, it is character and quality alone against whatever forces are out there—plus good communication. I believe the highest and best potential for a personal sense of achievement lies in the “character and quality plus good communication” approach to the practice of dentistry.

Some three hundred and fifty years before Christ, Aristotle gave us a definition of communication that has not since been surpassed, and that definition philosophically is related to the future of dentistry as I see it from the top of the year, 1981.

Communication, Aristotle said, is a proper blend of *ethos*, *pathos* and *logos*. Each of those Greek words needs a bit of explaining; *ethos* is the root from which “ethics” derives, and it refers to the character of a man. It is what he looks like, talks like and how he performs his duties. *Ethos* is what a man is, and in the dentist, it encompasses his professional abilities, his concerns for his patients and his motivation to provide for them the health service they need. He can never communicate in sincerity and truth any more than what he is, and in his more reflective moments he knows the futility of trying to fake it.

*Pathos* is, in essence, the character of the patient. The Latin word is one of the roots from which “empathy” derives—the ability to share in another person’s feelings. Aristotle used the concept to speak of the perceptions of the person to whom the communication is addressed. *Pathos* deals with his intellectual, sociological and economic classification—plus his “dental I.Q.” The dentist must understand the feelings and needs and perceptions of his patient. He must make the effort to raise that “dental I.Q.” Unless the practitioner concerns himself with the *pathos* involved in each effort to communicate (to deliver quality dental care), those needs will not be met.

*Logos* is the root from which “logic” derives, and this refers to the ability of the patient to accept what he sees and hears. It’s the way he responds to the communication once it comes through. Is this prescribed treatment really something important—something that ought to get a “right now” priority? Will it hurt very bad—perhaps catch the patient up in the “cure is

worse than the disease” syndrome? Can he really afford it, what with all the other financial obligations pressing in upon him? Are all the horror stories true that he has heard about botched up dental treatment? Is this dentist the right one to do the work?

The need for logos in communication means the dentist’s responsibility does not end with mere statement of facts. Can the patient understand his dental needs? Is your explanation at a level he can comprehend? He may not know enough to care. We must reckon with the shocking statistic that half the population of America visit a dentist’s office only when an emergency arises. The reasons are obvious; fear, ignorance, indifference. Your own future in dentistry depends to a large degree upon your ability to identify with a patient’s need and help him understand the importance of teeth that function right and have good aesthetics in a mouth that is healthy and clean.

Each person who considers himself a candidate for dental services probably asks himself (whether consciously or unconsciously) these five basic questions:

1. Exactly what is my need in this situation?
2. What is it that will best fulfill that need?
3. Is this the best source from which to expect that need to be met?
4. Now that I have found a solution, is the price right?
5. Is now the proper time to “buy?”

Remember Doctor Wirth’s statement in New Orleans? The future is “shaped by ideals... ambition... determination.” It rests not only in the hands of the practitioner, but also in the hands of those who train him and provide him with the guidelines by which he practices his profession. That includes continuing education as well as predoctoral studies.

President Reagan has warned us of impending chaos on the economic front unless drastic changes can be made in the attitudes and actions of the American people. Only time will tell whether that chaos overtakes us or not, and much of what the future holds depends upon the outcome of the new administration’s efforts to limit waste and halt inflation. But of this I am confident: the dentist who is dedicated to doing conscientious service for people he is genuinely concerned about will survive any econom-

ic situation, come what may. In good times or in bad times, if he cares about the well-being of the whole patient and commits himself to the ideals of quality treatment, he will be able to appraise his own life at any point along the way and call it “good.”

On the other hand, good location, good reputation, good equipment, and clever marketing programs in themselves can never assure success. Frequently, we hear it said today that “the schools are turning out too many dentists; they are ruining it for all of us,” but I don’t believe that statement is true. If every person in the United States who needs dental care today would choose a dental office and call for an appointment, the dentists wouldn’t have time to shake hands with all of them, much less relieve their symptoms.

Another important element, then, in the future of dentistry is determining the answer to the question: why don’t more people with needs go to the dentist? In-depth studies on consumer attitudes have turned up a host of reasons, but one surpasses all the rest. Most people who fail to seek dental care because they don’t perceive their need. More astounding than that fact is the fact that the majority of people who do go to the dentist don’t perceive the need either!

If the public is ever to be enlightened about the importance of dental health, who will have to do the enlightening? I’ve never found anyone else I could depend on to do it. I had to build the one-to-one relationships with my patients that were needed to make my practice-and thus the future of dentistry-prosper and grow.

People with dental needs are out there, all right, but even when they do perceive their need they must be assured there’s someone available who will identify with what they’re feeling and devote himself to helping them to be healthy, happy, and whole.

We’ve all heard the old saying that “You never get a second chance to make a good first impression.” I believe that truth applies as much to a dentist as to any professional I know.

You won’t excel in the communications process unless you are personable, clean-cut and dress like a professional person. That’s what we call “nonver-

bal” communication. It may be a “new day” in terms of informality and “laid back” enjoyment of life, but when people choose someone to make repairs on something as sensitive and intimate as their mouth, they want someone whose appearance and demeanor generates confidence in his ability to do the job right.

Your staff, too, will be a reflection of your own character and concern. Knowledgeable, thoughtful, understanding, tolerant, capable people in an attractive, well-equipped tastefully appointed office will help establish the confidence level your patient needs to enjoy.

The way the telephone is answered, the way the bills are sent out, the way the new patient is interviewed and the patience with which he is treated, all contribute to the good impression that is imperative to the patient-doctor relationship.

We’ve come a long way since the “Painless Parker” days when dentists were barbers or, worse yet, traveling medicine men and other assorted charlatans and clowns. Many things have changed, but there is always truth in the warning that “the more things change, the more they remain the same.” What remains is the need of the patient to understand the importance of dental care and the need of the dentist to continue relentlessly his personal pursuit of excellence.

“Whatsoever ye want, o discontented man, step up, pay the price, and take it.” The future of dentistry is your own personal future, and you have little either to fear or to cherish apart from what you personally are prepared to make of it.