



“Talk” dentistry is sensational

In Houston, Texas, a TV station runs an expose on pediatric dental behavior techniques. In the January *Readers Digest*, dentistry is indicted for “cheating” patients. In Georgia, Ohio, Pennsylvania and a number of other states, sedation deaths prompt newspaper series on pharmacologic management practices and dental care for children. Recently, the media have latched onto dentistry (and often dentistry for children) as the latest most fashionable establishment icon to topple. The public is watching.

Unfortunately, our first response to these attacks is with a band aid or a knee-jerk. We rush to justify the act and protect our own with official statements that often lack depth or are a denial of any problem. This immediate “damage control” can ultimately damage any control we might have had when a skeptical public and press demand more information — as they usually do!

When these situations arise, we ought to become introspective and ask whether under all the sensationalism, an ounce of truth exists. With many sedation deaths, dentists *are* to blame when they ignore guidelines, don't use monitors and have no emergency management system. In other cases, like the *Readers Digest* article, we might look at the changing character of our profession. Dentistry's popular success and high public esteem have been built over decades on a dedication to relief of pain and attention to precise margins rather than payin' and profit margins as *Readers Digest* suggests. These sensational headlines do hint at one unifying message: don't lose touch with the people you care for and don't forget you're entrusted with their health.

Those who deal with and study malpractice know that practitioners who are perceived to care about their patients are less likely to be sued...*even when things go wrong!* Patients haven't changed. They couldn't care less about our bottom lines or, for that matter, our finish lines! They want to be cared for.

Take care of the customer or someone else will.

Care about your patients; people can sense compassion in how you talk, touch, and take time with them. I suspect in the history of dentistry, we can count on one hand the patients who have recommended a dentist to a friend because of marginal integrity!

Heal the “wound”; it may be an illness or just a question, but try to remember, in spite of your wonderful treatment plan, why the patient came to see you in the first place.

Invoke participation; the oral health alliance between doctor and patient is not an adversarial relationship until we allow it to become one.

Listen, Look, Stop; the school crossing guard's safety message is reversed for patient care because now we're driving the car! Communication is key to caring. It could save a life.

Disarm dissatisfaction; our gut reaction to criticism is defensive, but should be engagement in thoughtful dialogue. The brain is far more formidable than the adrenal gland, if we'll just use it!

Render care that needs to be rendered; health is not defined by the most procedures, but the least! Hippocrates warned us many years ago, “First, do no harm.”

Encourage feelings; yes, maybe you've upset the patient, but just as likely, maybe they're having a bad day or even a bad life! If there's a problem, find out what it really is.

Nurture the relationship; patients want to spend time with *you*. No measure of managed care, delegation of tasks, computerized education, or intraoral cameras will replace the doctor-patient bond.

First and foremost, treat all your patients as you would want to be treated if you were at the other end of that mirror.

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