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# SPECIAL feature

Understanding today's dentist

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## You can lead him to the printed word, but can you get him to read?\*

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My grandfather's brother started practicing dentistry in my home town in 1909, and my father's brother started practicing there in 1931. I have seen dentistry change, and the dental delivery system change, from what it was then, to what it is now. It was the private practice system of dental health delivery then and it is the private practice system of dental health delivery today — but it is different from what it was then.

Is this system still viable? Is it worth trying to save?

If the answer is yes, we need to find a way to educate our members on how our national and state dental associations function. We need to motivate the members to work within these organizations to accomplish our goals, because the ADA and its constituent and component societies are the front line of defense for the private practice and dental health care delivery system in the United States.

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\* A. Lynn Ryan is a trustee of the American Dental Association. He presented this view of dentistry at the ADA Journalism Conference in April, 1980.

Traditionally, the privilege of delivering dental health care services to our fellow human beings has been granted by society to the few who have been tempered by the fires of the educational process, and have proven their ability to both treat and prevent dental diseases.

It has become apparent that a redefinition of dental practice, and of those who can practice dentistry, is taking place.

Society has already given us denturism.

It is important that we, as dentists, take part in any redefinition of dental practice. If the dental profession is to be effective, we must understand the ideological differences between dentistry as it now is practiced — and the social changes which are taking place in our environment.

Our attitudes must be fresh and realistic.

Our organizational structures must be less cumbersome, and more responsive. We must not only be able to respond quickly and effectively, we must demonstrate real leadership, we must plan for the future, and we must make the hard decisions — when necessary.

If the ADA is creative, it is going to continue to thrive. If the ADA continues to be largely reactive, and unimaginative — like Chrysler — it, too, is going to need money from the government to survive.

Most members do not know what the policies of the ADA are, how these policies are made or changed.

Most members do not understand the democratic process within the ADA. They do not understand that

the ADA is not the men and women who meet on the 22nd floor at 211 E. Chicago Avenue, or the full time staff working within that building.

Most members do not understand that the real ADA is the individual member at the component level — where the meeting attendance is from 10 percent to 15 percent of the membership, and the information level of what is happening in the profession near zero. This is in spite of the amount of information that appears in the *ADA News*, state newsletters, state journals, the *ADA Journal* and many other publications.

We can lead our members to the printed word, but can we get them to read?

I would like to cite an example from a recent letter printed in the *ADA News* in the "Letters" section:

"Once I wrote to you stating my opinion as to the *ADA News*. Now I find that I am going to receive it two times as often as before. What dental news is so pressing that it warrants using 33 percent more paper than before?

"Every piece of paper is another tree. If I were an advertiser, I would question its value altogether. Please accept my vote for removal of the *ADA News* altogether."

How are we going to reach this dentist?

Dentists talk about "patient education." We need to talk about "*dentist education*." There are a lot of dentists we're not going to reach. Most dentists do not understand the political process, whether it be local, state, or federal government, or whether it be our own dental association.

Many dentists are turned off by the political process, but the alternative is a dictatorship (hopefully benevolent). In a dictatorship, decisions could be made faster, but would they be better? Mark Twain said, "The businessman who says he is not interested in politics is like the drowning man who says he is not interested in water."

Most dentists are not political animals, but we, as dentists, must get into politics — or be legislated out of dentistry.

Many dentists do not understand the PAC Movement. In 1980, ADPAC has allotted \$550,000 to candidates for federal office. The average per member contribution to ADPAC is \$3.75, with approximately 25 percent of the membership donating. Is \$3.75 all that the future of dentistry is worth to today's dentists? Or, don't they understand the seriousness of political action?

Dentists practice dentistry for many reasons. One of those is to earn a living. With the economy the way it is today, earning a living is becoming more of a problem. And, lack of business of dentists is a problem throughout the United States.

Earning money is one of the strong motivating factors for dentists — there are others — but, announce in your next newsletter that at the next dental meeting a 50 percent dues increase will be discussed and voted on, and you will find that dentists do read.

Now that you have their attention, instead of a 15 percent turn out there will be a 50 percent turn out at the next dental meeting. Dentists really do read. They're just selective. If you can somehow relate a message, whatever it may be, to the dental pocketbook, you may capture the dentists' attention.

Witness the popularity of practice management courses — wall to wall people. Everybody is interested in improving their income and their efficiency.

How many show up for a course in head and neck anatomy? A few oral surgeons — maybe? Or, somebody wanting to brush up for a state board.

Television has largely replaced reading, but the power of the printed word remains potentially awesome, especially if the writer can just find the trigger and squeeze off the message before the reader knows what hit him. The potential reader is basically lazy and needs to be sneaked up on.

Most dentists do not know what the ADA does for them — other than make them eligible to purchase malpractice insurance.

Most dentists do not know that the ADA is involved in research development, and that because of this, they have improved dental materials, improved instrumentation and improved equipment. They do not know about the Washington, D.C. office, and the ADA's extensive legislative activities. They do not know that the ADA is heavily involved in legal issues that affect the profession. They do not realize the involvement of the ADA on their behalf on dental care issues, dental health issues, hospital and institutional issues, and the ADA's relationship with allied dental organizations. Instead, they sit on their duff and ask, "What does the ADA do for me?"

Many dental professionals make it easy for the press to convince the public that the dental profession is aristocratic, self-serving, and unconcerned by their unwillingness to participate in community activities — such as chamber of commerce, service clubs, school boards, church organizations, political parties, United Way and other community projects. Most dentists won't even pay dues to the chamber of commerce let alone participate in committee work.

It is difficult for the public to vote against a "good guy." Dentists need to spend more time being the good guy and then letting somebody know about it.

Last October, the house of delegates approved dentistry's access to comprehensive dental care program, and directed the board of trustees to begin implemen-

tation of the program. The access program can be one of the biggest public service and public relations programs in the history of dentistry, if we pull it off, or one of the biggest duds — if we do not. We've run up the flag. We must make a concerted effort to win the minds of the public, while we are improving their access to dental care. We, as dentists, must do our jobs, in our offices, on a daily basis, of not only preparing mouths, but, preparing minds. We need the cooperation of the entire dental profession. In helping others, we will be helping ourselves.

But, if dentists continue to stay in their little ten-foot-by-ten-foot "isolets," not listening to the needs of the people who pay for their services, or more importantly, *not listening to the needs of people who cannot pay for their services*, the dental profession as we have known it will be viewed in the future as just another interesting phenomena that fell by the wayside in the natural progression of society.

Fortunately, most dentists are not as hopeless as the one who wrote the letter to the ADA News. Most dentists are intelligent. Some may be intellectually lazy. Some may be apathetic, and we haven't gotten the attention of others. As communicators, we must understand the audience we are trying to reach.

Avrom King told the ADA Board of Trustees in December, 1979 that, "we think that a substantial portion of the dental profession, as it is constituted, is not well suited for private practice." Mr. King went on to say, "at least one third and maybe as high as one half of the dental profession is composed of individuals who lack entrepreneurial competency." How does this affect the future of dentistry?

Does this mean that the ADA and the educational institutions should be teaching dentists and dental students how to run a dental business? Do we need to look into our dental student selection process? Are we accepting the wrong ones?

Does this have a bearing on today's lack of business of many dentists? The ADA's long range planning committee identified lack of business as a number one priority for study and action by the board of trustees.

Does this account for the reasons many dentists are willing to go into department store clinics, and group practices, where someone else "runs the business?"

Mr. King also said, "the conditions of practice today are not regular. They are not part of an established tradition and this is creating overwhelming stress and anxiety in large numbers of practitioners. Local component and state associations are seeing an accelerated withdrawal from localized activities."

"Clinically we call this apathy, and apathy is an acknowledged way of dealing with stress."

Mr. King also said, "that the literature of dental education is replete with documentation that we do not attract people into dentistry who enjoy helping people." Of all the professions who need to be made up of people who enjoy helping people, dentistry is it. Mr. King is not always right, but, he is not always wrong, either.

Norman Cousins published, in The Seattle Times, an article entitled, "Wanted: Doctors Who Care." In it, Cousins states: "The modern doctor strides forth into the world from medical school today — with a certificate of learning in one hand, and a vast array of exotic medications and technological devices in the other. But the humans who look to the doctor for help are fragile and perplexed and as vulnerable as they ever were. And what the people want more than anything else is to know that they matter. They don't want anything to come between them and their doctors, not an electronic device, or even an old fashioned telephone.

"They want to be taken seriously. They want to feel direct connection with the person to whom they are entrusting what to them is the most important thing in the world — themselves. They want to be reached. They don't want their doctors to be impersonal and detached super-scientists, but finely-tuned human beings, capable of exquisite sensitivity and tenderness."

If we could all give sensitivity and tenderness to our patients there would be no lack of business. We must treat our patients fairly and with compassion and consideration. Advertising may help bring the patient into the dental office for the first time. It is up to us to make him want to return. Consider that the dentist works primarily in a hostile atmosphere. The mouth is an erogenous zone. It is an emotional area designed to be a part of two of life's sustaining functions — feeding and reproduction. The dentist is an intruder in this area.

Most patients would rather not be in our offices, let alone in our chairs. Receiving dental treatment is a personal situation and a stress situation for the patient, and consequently, a stress situation for the dentist. The dentist must constantly adjust his personality and his approach, from patient to patient. The mouth is small. The procedures are exacting. The dentist is constantly reminded in one way or another by the patient that even though he may tolerate what you are doing, he really doesn't like it. He'd rather be somewhere else — doing something else. Soon the dentist would rather be somewhere else — doing something else. The dentist must have a strong personality to maintain a bright outlook on life, under his day-to-

day work circumstances. Some do it well, and some not so well.

In the next eight years, 50,000 dentists with a median age of 31 will have entered the dental profession. It is time that we invited the young to be a part of our organization, to be a part of the ADA before someone else invites them to be a part of their organization.

Can the ADA represent, and be meaningful, to both the young and the mature? Can the ADA represent the department store dentist, the HMO and the closed-panel dentist, the government-employed dentist, the institutional dentist, and the traditional or private practice dentist? It is vitally imperative that

we do, or become hopelessly fractionalized and therefore ineffective.

Whatever his mode of practice, the practicing dentist has many demands upon his time. He must be many things to many people. He performs difficult procedures under difficult circumstances as a matter of daily routine. Yet, most dentists, if they had to choose again, would choose dentistry.

If we can better understand the problems of today's practicing dentist, we should be better able to communicate with him through the written word in a meaningful way.