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Editorial
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Are we Losing Control of our Dental Practices?

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Editorial

Dentistry is a healthcare service that is truly part art and part science. It is based on patient care that includes highly technical skills and the application of that science to an artistic talent that provides the patient with function and cosmetic outcome. Over the past 20 – 30 years there has been an influx of marketeering from outside the profession. Insurance companies, non-dentist corporate ownership, and practice marketing gurus have changed the manner in which dental services are offered. There is also the changing of the costs of a dental education that has compounded the already complex balancing of ethical patient care, maintaining a profitable practice and a suitable professional lifestyle that includes paying off enormous educational debt. There is both positive and negative impact from all these influences. Positively, they have increased the public's access to dental care and allowed those who previously not able to afford dental care to seek the help they need. Negatively, they have diminished and weakened the doctor-patient relationship and allowed non-healthcare professionals to begin taking charge of patient's dental care and controlling the cost of healthcare for their profit taking. With the ever-increasing cost of a dental education, newly minted dentists face a never-ending repayment of those costs with their future incomes becoming controlled by insurance companies and non-dentist corporate ownership offices. This I fear will affect the ethical decision-making necessary for proper patient care. New dentists must accept the offered job "opportunity" with the corporate dental office due to large debt repayment pressures. Instead, under these negative influences, newly minted dentists will have to focus on mandatory production levels and repayment of large educational debt; thereby, moving from a trusting doctor patient relationship to a merchant type relationship of selling dentistry rather than selling trust to meet expected pressured outcomes. This will not only affect the chair-side practicing dentist but also the research dentist. The potential earnings of an average research dentist will not enable the dentist to pay the educational debt, enjoy the fruits of their labor and an average professional's lifestyle. In many of these situations there is loan forgiveness within certain commercial enterprises that own dental offices, certain research facilities, and outreach programs. This is done with an agreement to work for the organization for a certain number of years in exchange for the loan being paid or forgiven; however, most new dentists prefer not to enter the profession in this manner. Most prefer to start in a traditional practice under the guidance of a senior experienced dentist/s. However, with the economic forces as they are today, more dentists are working longer and pushing retirement to a later date than previous generations. This adds to the employment pressures on the availability of jobs for younger dentists. Older dentists need to understand that to work till an older age they need to bring in a younger dentist to take some burden of patient care and train a young dentist in proper ethical care of his or her patients. This allows the older dentist to actually work longer. To regain control of our profession, we must treat our patient as someone to whom we offer our services and care about; and not making the patient a mere statistic of office production. It is only in the building of trust within the doctor-patient relationship that patients will choose to see a caring dentist and not a dental care provider motivated by insurance company money. Working together to keep the patient first and foremost will enhance the professionalism of dentistry, keep true to our social contract, and retain dental care as a true patient caring profession.

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