HAVE YOU MET YOUR PRODUCTION QUOTA TODAY?

I recently perused through several dental journals and newsletters and found various advertisements in the “wanted” section requesting dentists to apply for positions in both private practice settings as well as large national chain practices. What caught my eye in several of the ads was the use of the term “aggressive” when describing the type of dentist they were seeking to employ. I wondered, what exactly is an aggressive dentist? Does that describe the type of dentist I would want to employ or to treat me or my family? A quick look at my thesaurus was of little help in understanding the nature of the ads. An aggressive dentist could be one who is hostile, destructive, belligerent, unkind, malevolent, contrary, antagonistic, pugnacious, bellicose, quarrelsome, inimical, and rancorous, hardly the type of dentist with whom I would want to be associated. However, an aggressive dentist could also be one who is forceful, powerful, convincing, enterprising, dynamic, bold, vigorous, energetic, persuasive, assertive, and zealous, ie, someone who might make an ideal business partner, particularly for an aging baby-boomer dentist who is starting to slow down with an eye toward retirement.

An aggressive dentist could be like those impugned on a recent television news program, for whom allegedly their remuneration depended on their meeting daily production quotas. Supposedly these dentists, often having hundreds of thousands of dollars of debt from student loans, were under so much financial pressure that they were forced to work for large corporate national chain dental offices that encouraged them to provide treatments that were not necessary in order to meet their production quotas. Highlighted in one of these news documentary programs were small children with early childhood caries who received multiple pulpotomies and stainless steel crowns, often under inhumane nonsedated physical restraint. After the treatments when the parents were interviewed, they explained that they were stunned that their child now had a mouthful of what appeared to them to be solid steel teeth, similar to the chrome grill of a 1950 Buick. The viewing public is left with the impression that dentists working in these chain practices cannot be trusted, that the treatments rendered were only those with the highest reimbursements, and that some were even not necessary at all.

Clearly, there are many young children who need full mouth restoration with pulpotomies and stainless steel crowns. Your editor has provided hundreds of general anesthetics for small children as young as 16 months with rampant early childhood caries in every tooth, and it is often only after a careful examination and treatment planning that the extent of the decay is realized. However, before beginning the actual treatment, the operating dentist should inform the parent or guardian of what to expect so that they understand that relieving infection and pain will outweigh the less than ideal esthetics in such cases. Otherwise an uninformed parent who is unhappy with the esthetic outcome then may complain to the state dental board, or more likely to the local television action news hotline, and that can lead to a nationally broadcast human interest story.

The truth is that, especially in the current economy, all dentists are aware of the business aspects of their practices. All dentists are under some degree of financial pressure to repay their student loans, pay their overhead, put their children through college, and plan for their eventual retirement. Dentists who give in to these pressures and provide dentistry that is not indicated are not unique to the national chain offices, as evidenced by the variety of practitioners brought before state dental boards for unethical practice. Fortunately, these cases may be rare, but they do provide evidence that parents need to be informed consumers and ask questions of their dental care providers to be clear on what to expect.

Actually, we all have some type of expectation or quota, even if it isn't spelled out in black and white. If our income does not appear to meet that expectation, we either accept less or work longer hours. Whether we work for ourselves or in a traditional group practice or for a large corporate chain, we all have the same obligation to do the best treatment we can provide that is acceptable to the patient and only the treatment needed or indicated. Each of us has a professional obligation not to let our personal financial pressures interfere with what is best for our patient. Dentists have no right to ever make the excuse that they were forced to do something unethical, unprofessional, immoral, or illegal because their employer or senior partner made them do it. In the end, we all have to answer to the person we look at in the mirror each day. It is not the dental license and reputation of our employer or senior partner that is at stake, but rather our own license and reputation

that is at stake every time we treat a patient. So if the term “aggressive dentist” describes a dentist who is convincing, enterprising, dynamic, bold, vigorous, energetic, persuasive, assertive, and zealous, that certainly can be viewed as favorable, because such a hardworking person can do much to preserve and advance the oral health of many deserving patients

and at the same time contribute to a successful practice, so long as that aggressiveness is always channeled in the right direction.

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