

President's Column

TO CARE OR NOT TO CARE... THAT IS THE QUESTION



Dr. Louis Dubé

I wrote in an earlier column that I decided to become a dentist when I was in Grade 8, as I was sitting in my dentist's chair. And here I am, 30 years later — president of the Canadian Dental Association...

So what was behind this decision to become a dentist? It's quite simple, really. My dentist liked his work, enjoyed life and, above all, took care of people and made them feel better.

More and more, whether we want it or not, our practice is influenced by the media, new technology and competition between professionals. More so than ever before, today's new dentist, when starting up a practice, must find a way to stand out from the crowd. Twenty-three years ago, when I set up my practice with my partner,

we stood out from the rest with our open concept COX system, and because we had a panoramic X-ray machine, which at that time was the state-of-the-art! Imagine how many impacted teeth and abnormalities, undetected by other dentists, we were able to identify in our new patients. It would be unimaginable to start a practice today without a panoramic X-ray or computer.

In our 500-channel universe, not a day goes by that a patient doesn't ask for information about teeth whitening, because he or she saw such-and-such a star on television sporting a bright white smile. Perhaps a patient came across a magazine story or newspaper advertisement or Web site touting the latest "sure thing" for replacing missing teeth.

Our main mandate is of course to meet our patients' needs. However, it is even more important to consider that we are not there to create needs, but to take care of them. The competition in our limited market sometimes makes us lose sight of this fact.

There was a time when certain business gurus were intent on applying tried-and-true sales and marketing techniques to dentistry. This trend was most pronounced in the 1980s. Patients were divided into 2 halves. "Lying down" was the patient, but "standing up" was the client. We talked about marketing strategies, sales incentives and a patient management team. This concept proved to be very popular and effective, but over time, patients, ever more informed and suspicious, began to reject this approach.

Most recently, we've noticed that patients don't want "production line dentistry." They now have more discretionary money and they know

what they want. Our role no longer involves determining the needs of patients, but establishing options that meet their expectations. Once we have given the required explanations, the patient is the one who decides which treatment is best suited for him or her. Of course, we can influence choices, but only to a point. The patient has the last word.

I sincerely believe that this relationship is far healthier, since this concept brings us back to our initial role of taking care of people. There is nothing in the Hippocratic Oath that mentions marketing or money. These should not take precedence over care and ethics. I believe that dentistry is above all about taking care of people. The money we receive is a reward for a job well done, and not the purpose of our work.

Having dealt with many dentistry representatives both nationally and internationally, and being involved over the years in almost every aspect of organized dentistry, I can assure you that Canadian dentistry is one of the soundest and most innovative of professions. Let's hope it stays that way and that we continue to put our patients' interests above our own.

À la prochaine.

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