

*Is Your Dentist  
Over-Selling?*

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Keep his hands in your mouth...  
and out of your pocket!

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# Preface

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“... my sense is that there is too much selling of unneeded dentistry in the United States. The ADA would be wise to take a hard look at our profession. In the long run, our profession would be well-served if we more frequently critiqued ourselves vs. defending our profession at every turn in the road. Dentists who oversell should be criticized, not defended, by their profession.” (Sinclair, 1997).

I could not agree more with Dr. Sinclair. There has been little criticism about over-treatment by dentists. Overselling is well known amongst dentists, but how informed are the people who really matter—the patients?

No dentist is perfect; I certainly don't claim to be. Day in and day out, patients walk into my office, frustrated because another dentist has given them a price of thousands of dollars to fix their teeth. Much of it is either elective or not required. In my experience, patients are rarely given options, nor are they fully informed of treatment choices.

I do not claim to be technically superior to other dentists, or better in any capacity. I do my best to relax patients and gain their trust. This, however, is becoming more difficult because patients are “*on guard*.” Many people have had bad experiences at other dental offices.

There is one aspect of my style of practice that I take a lot of pride in. I sincerely and honestly separate my financial gains from what a patient “needs.” The farthest thing from my mind when I sit down to examine a patient for the first time is what a procedure is going to cost them or how much of a profit I will make from it. You may be thinking this should be the norm. As a dentist, it should be required to have the patient’s best interest at heart. This is not always the case. I have experience with dental “consulting companies” who encourage exactly the opposite-either directly or indirectly.

The Dental profession is paralleling society; ethics and morals are being replaced by personal gain. Arguably the most respected dental clinician and researcher of our time, Dr. Gordon Christianson states, “*In my opinion, the ethics of the dental profession have taken a real dive*”. He believes the dental profession has plummeted from the highly trusted profession that it once was (Christensen 2003). The focus for many dentists is how to get ahead financially to buy that big home, or pay off enormous debt. It is a mindset that is formed in dental school or earlier and continues throughout a dentist’s professional career. This is fueled by the rising costs and stressful demands of business ownership.

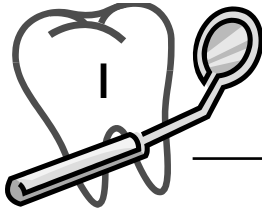
My objective is not to degrade my own profession. It is to inspire it to be better. To fix a problem, one must understand what is wrong. While this is occurring, I believe it is in the public’s best interest to know what “can” happen when they go to the dentist. There are many skilled, ethical dentists out there. Hopefully, this

book will lead you to one of them. Moreover, it is not my objective to upset or offend my colleagues. I believe the honest dentist out there-and there are many-will like what I have to say, because he has seen the same scenario in his office.

Most important, this book is written from a dentist's perspective for the benefit of the average person going to the dentist. My intent is to inform, so you can make better choices when it comes to fixing your teeth. This book is not meant as a textbook, or literature-based facts. The ideas I express are based on clinical judgment and supported by research. I wish to give consumers a guide and present my views in a clear fashion, without dental rhetoric.

The masculine form, or "*him*" is used in place of dentist throughout this book. This is solely to simplify the writing process. There are many excellent female dentists whose patients are lucky to have found them.





## Understanding the Dental Professional

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**M**ost dentists first earned a bachelor's degree and then went on to complete four years of Dental School. Common reasons dentists cite for becoming a dentist include an enjoyment of hands-on work, working with people, an interest in science, and the desire to make a good living. The desire to help people is also a reason dentists give.

The true reason a person initially decides to become a dentist is extremely important in determining his current motivations. Obviously, if asked this question, a dentist will most likely give a politically correct answer, an answer that makes him appear caring. You want to get a feel for why you think your perspective dentist is sitting above you with funny glasses and a noisy drill. The answer to that question is of paramount importance. There are two ways of obtaining an idea of his motivations.

First, ask him directly. *“So, why did you want to be a dentist?”* Obviously, you are hoping for the *“help people”* response, but you may be surprised. He may tell you straight out that he wanted a good living. You can tell a lot by hesitation or a fumbled, stuttering response. Try to see through him to determine if the response seems sincere.

Second, look around. Is there a huge fountain as you walk up to the door? Are there plush marble floors? If the office has cost the dentist a million dollars to build, it could mean he just wanted a plush, nice looking place to practice. It also means this dentist must generate a lot of money in order to cover the enormous overhead he has incurred. The dentist may need to extend a treatment plan and perform expensive procedures in order to stay in business. This is just one scenario. Not every dentist with an elaborate office is dishonest.

As soon as you walk through the door or into the operatories are you bombarded with images of cosmetic dentistry? Big before and after pictures can often mean you are in a dental office that is going to push you to consider “*elective*” dental work. This may include tooth whitening, front tooth veneers, crowns that aren’t necessary or white fillings. There is definitely a time and place to provide these procedures to those patients who desire them. Actively pushing these services strictly for financial gain is not ethical.

The appropriate time to inquire if a patient desires these elective procedures is not before the dentist has addressed basic dental concerns. For example, tooth decay or gum disease needs preferential treatment. If a patient has a very healthy mouth, free from cavities or active gum disease, informing the patient of elective procedures is appropriate. Informing is very different from pushing elective procedures.

A critical time that shapes a dentist's motivation occurs in dental school. The first two years of dental school is mainly basic science courses, followed by two years of clinical work. That transition into working on real patients is a huge step. This phase involves fulfilling clinical requirements for graduation. This was the time I saw first hand the type of dentist a student would likely be. On one side of the spectrum there were students who were genuinely excited to help people improve their health, and enjoying learning their new profession. On the other end were students who would stab someone's eyes out in order to get ahead. Their primary concern was fulfilling requirements and getting ahead any way possible. I believe these students leave school and become dentists who put profit ahead of a patient's needs.

The old phrase "*money makes the world go around*" is never more evident than in the dental profession. During the last 30 years college costs have skyrocketed. The debts of graduating students continue to rise. According to an ADA survey, the average debt of dental school graduates upon graduation from dental school in 2000 was \$143,250.

This translates into a \$1,000-2,000 monthly student loan payment for up to 30 years. As a new graduate gets out of school and begins practicing dentistry, good intentions may become clouded because of this financial burden.