

Looking for Solutions

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Looking for solutions How often has it happened in your dental practice that a problem is posed to you for which you do not have an answer or a solution? I am not just talking about clinical dental problems, but also practice-management issues which seem to crop up on a regular basis. We leave dental school, residency programs, and specialty training with a finite amount of information. There are only so many hours in the day and only so many clinical teaching situations. Experience is a wonderful teacher, but while gaining experience or climbing the learning curve, someone suffers. Everyone's quick response is that it is the patient who suffers, but I believe dentists suffer the most. How many of us still think about cases we have done where we did not obtain the best clinical results? Those results were based upon the best clinical judgment you had at the time. It is those guilt pains of trying to do your best -- and knowing that your best may not be good enough -- which really hurt. A sports example of this might be if you play professional baseball and get a hit half of the time. That means you are batting .500, which equates to the greatest hitter of all time. You could play for anyone! However, in dentistry, if you bat .500, you are out of business and have failed miserably. As I write this, I am on the way to teach a course in Calgary. This year marks my 25th anniversary in private practice. The time I spend traveling really gives me an opportunity for introspection. As a result, I was thinking about a case that I have been dealing with for about seven years! A simple description of the case is that it is an upper and lower reconstruction gone bad. I have continued to work with this wonderful patient, holding her together and repairing problems as they arise. At my patient's last visit, I once again "put out a fire" and received a wonderful compliment of, "Doctor, thank you for all your efforts." Why should I receive this compliment if the case I had so carefully planned, worked so hard on, and was paid well for had not worked out at all? What could I have done differently -- technically -- that would have made this case a successful one? Maybe the answer is nothing. *How* I managed the patient is more important. I am standing behind my dental work and doing the best I can for this patient. More importantly, the patient *understands* this. Not all patients are so understanding, and sometimes your best effort is just not good enough. Many patients become angry and seek out other dentists. I have had patients leave my practice for many reasons, and I often have wondered how that case turned out or how was the problem resolved? But certainly, this bad result didn't happen too often, based on the growth of my practice. I have gone from one dental chair to a 10-chair facility with four doctors. Many more things must have been done right than wrong. Maybe there is another factor that no one is talking about in dentistry. Every engineer knows this word. I want to introduce this concept to the world of dentistry. The word is *entropy*. The classic definition of this term is "going from order to chaos or from organized to disorganized." The reason I feel this is an important concept for dentistry is that nothing lasts forever, and in the restorative world of dentistry, the best day of a restoration is the day it was placed in the patient's mouth. Our dentistry is subjected to extreme forces, stresses, and strains. How long should a restoration last is a common question all dentists hear. I have never heard a satisfactory answer to it. When patients spend thousands of dollars on dentistry, they certainly do not want to hear that their bridgework or dentures will last only five to seven years. So, what is the answer to the "entropy question," and the fact that restorations only go from good to less good the moment they are placed in the mouth? I think I have part of the answer. I do not think any dentist has gone into the office on Monday morning, hoping to do a bad job or not trying to do the best restorations possible. There are limitations to the materials we use and how they respond to the stresses our patients place on them. Maybe the answer is as simple as things wear out, and we have to expect entropy to occur and rear its ugly head. It all depends on the relationship we have with our patients and the understanding they have that we, as dentists, are trying to do the best we can each and every day. Have a productive month, and when planning your next treatment, keep that new dental word in mind -- *entropy*. Jeffrey C. Hoos, DMD, FAGD, is president of the Giraffe Society: "Professionals willing to stick their necks out." His seminars focus on "Balancing: The Art, Science, & Business of Dentistry." Contact him by email at jchdmd@msn.com or visit his Web site at www.dentalexplorations.com or www.bettersmile.com.

