



Steve Dininno

What Is Trust Worth?

BY DAVID W. CHAMBERS, PHD

Human interactions are never perfectly articulated. He is late for the first meeting; she gave you the wrong information; they needed a little extra time to pay; the dentist said the sensitivity would stop soon. What a stupid, low-level, uptight world we would deal for ourselves if we failed to extend the trust necessary to grease the inevitable and random irregularities of interpersonal relations. Imagine a monetary system that constrained credit.

Individuals in America exhibit a range of trust as a basic personality characteristic. Some folks are trusters and some are not. Research has shown that those who by nature trust more are happier, wealthier, and less likely to be the victims of misplaced trust. Trust is a skill and those who practice get good at it.

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airBUG by Edge Medical Technologies Inc.

→ The airBUG e1 from Edge Medical Technologies, Inc. is an extraordinary new dental device that allows the dentist, hygienist, and dental assistant to aspirate, isolate, and provide tongue and cheek retraction during most dental procedures.



With the airBUG e1, the entire dental team can shorten procedure times, creating a more productive, efficient, and profitable practice. More importantly, patients will experience a higher level of comfort during treatment procedures without the added cost of new and expensive technology. For more information call, 866-979-3343, or go to air-bug.com.

Digital Radiography Sensors Donated for West Africa Mission

Mercy Ships, a global charity that operates vessels that provide dental and medical care to residents in developing countries, has recently received donated Kodak RVG digital radiography sensors by PracticeWorks Systems, LLC.

Already in use onboard the world's largest charity hospital ship, Africa Mercy, the intraoral sensors are already in use at mobile clinics providing digital X-rays for patients receiving dental care during the ship's ten-month deployment to Benin, West Africa.

The Africa Mercy ship has six operating rooms, an intensive care unit, and ward space for up to 78 patients. Volunteer dentists, physicians, surgeons, and medical staff from more than 30 nations are delivering desperately needed health services by mobilizing people and resources around the globe.

With this donation, Mercy Ships was able to convert its dental operatory from radiographic dental film to a digital environment, allowing the volunteer staff to achieve greater productivity and deliver better patient care. Its arrival also eased the difficult logistics and environmental impact of managing film chemistry and processing in remote regions.

Mercy Ships also operates portable clinics to serve residents unable to travel to the ship. For more information, go to mercyships.org.



Deborah Bell © 2009 Mercy Ships



“Redheads really do require more anesthesia, and by a clinically important amount.”

DANIEL I. SESSLER, MD

Tressed Out: Redheads Are More Sensitive to Pain

Would the love of Charlie Brown’s life demonstrate more anxiety in the dental chair than the famous blockhead’s friends, Peppermint Patty and Lucy Van Pelt?

According to new research recently published in the *Journal of the American Dental Association*: yes.

Anesthesiologist Daniel I. Sessler, embarked on a study of hair color after listening to many of his colleagues comment that more anesthesia is required for their red-headed patients.

“The reason we studied redheads in the beginning, it was essentially an urban legend in the anesthesia community saying redheads were difficult to anesthetize. This was so intriguing we went ahead and studied it. Redheads really do require more anesthesia, and by a clinically important amount,” said Sessler, MD, who also is chairman of the Department of Outcomes Research at the Cleveland Clinic.

Previous research has found that redheads require, on average, 20 percent more anesthesia than blonds or brunettes.

It was discovered that scarlet-tressed people were more often resistant to Novocaine or other local pain blockers, and it was common for redheads to be nervous about dental procedures, as well as twice as likely to skip going to the dentist than those with locks of brunette or blond.

Following the publication of his research, Sessler reported being contacted from other redheads who complained of fears going to the dentist and dental pain. That pain, researchers believe, is because of a mutation in a gene that is known to affect hair color. In those with blond, brown, or black hair, the gene for the melacortin-1 receptor, or MC1R gene, results in the production of melanin. However, a mutation in this gene produces pheomelanin, resulting in paler skin and a cherry mane.

Furthermore, it also has been found that carrot tops are more resistant to the effects of local anesthesia and other various numbing drugs that dentists use.

While this gene mutation can occur in darker-haired individuals, it is not a common occurrence.

Equal Success Rate With Different Bone Reconstruction Methods

Following autogenous bone grafting or distraction osteogenesis, endosseous implants do equally well, according to authors in a recent issue of the *Journal of Oral Implantology*.

After alveolar reconstruction, endosseous implants support and retain the prosthesis. Therefore, it is imperative for the method of alveolar reconstruction to be very compatible with the subsequent implantation. The authors, in a report in the September 2009 issue of the *Journal of Oral Implantology*, conducted a retrospective analysis to determine whether distraction osteogenesis or autogenous bone grafting offers a greater chance of clinical success.

Eighty-two consecutive patients from the patient population of Loma Linda University in a retrospective analysis of the two alveolar reconstruction techniques and the subsequent endosseous implantation were included in the authors’ study. Every patient had been evaluated for implant success in a 36- to 61-month follow-up. There was a 97 percent success rate of implants preceded by autogenous bone grafts, and a 98 percent success rate of those preceded by distraction osteogenesis. There was no statistical difference between the two methods.

To read the entire article, “Implant Success in Distracted Bone Versus Autogenous Bone-Grafted Sites,” go to 2.allenpress.com/pdf/orim-35-04-196-200.pdf.



Smile Tokens by
TokensDirect



Smile Tokens are an effective way to reward pediatric patients for taking care of their teeth through flossing and brushing, as well as for having good checkups. The tokens can be used to claim prizes or used in on-site machines such as video games or gumball dispensers. Smile Tokens can be easily customized with the practice name, logo, or other marketing message. For more information go to tokensdirect.com.

Dexmedetomidine Hydrochloride: Has Propofol Met Its Match?

Dexmedetomidine hydrochloride may be useful for sedation in dental treatment, according to a new report published in the July–September 2009 issue of *Anesthesia Progress*, the publication of the American Dental Society of Anesthesiology.

Sedation is commonly induced with propofol, but use of this agent is often marked by high respiratory depression and the sedative actions are less sleeplike than is preferable. In an attempt to determine a reasonable alternative, the authors of the current study compared the effects of propofol with those of dexmedetomidine hydrochloride.

Fourteen patients scheduled for surgery at Matsumoto Dental University Hospital in Nagano, Japan, were randomly divided into two groups. One group received propofol, the other received dexmedetomidine hydrochloride.



Blood pressure, heart rate, arterial blood oxygen saturation, and the bispectral index were measured initially for control and then at prescribed intervals throughout the treatment. Patients also completed a questionnaire the day after treatment to determine memory presence or absence both at the injection of local anesthesia and at the start of treatment, and to determine the comfortableness of sedation.

No significant differences were noted between the two groups in any of the parameters; however, the group given dexmedetomidine hydrochloride was marked by hemodynamic changes, so close monitoring is recommended. Furthermore, evaluation methods other than the bispectral index must be developed because this method makes it difficult to evaluate intraoperative sedation levels.

To read the entire article, “Psychosedation With Dexmedetomidine Hydrochloride During Minor Oral Surgery,” go to <http://www2.allenpress.com/pdf/ANPR56.3FIN.pdf>.

TRUST, CONTINUED FROM 761

Trust means voluntarily making oneself vulnerable with the anticipation of greater rewards from cooperation than are likely from noncooperation. Sometimes the anticipated benefit from trust is a greater reward. Sometimes the anticipated benefit from trust is reducing the cost of transactions.

The phrase “I trust him about as far as his self-interests extend” makes perfect sense. Mutual self-interest, rather than presumed altruism or a sense of fairness, is the correct basis for trust. When agreements benefit all parties concerned, they can be counted on to be adhered to. These are referred to as self-enforcing agreements. They make possible things that could not be accomplished alone; they smooth out the random irregularities in social intercourse; and they reduce the costs of making contracts, monitoring them, and paying third parties.

Self-enforcing, mutually beneficial interactions are one of the hot new areas in moral philosophy. These contractarian theories of ethics turn out to successfully predict human behavior and explain us at our best. They also help identify where things can go wrong. The best places to look for abuses of trust are deception, coercion, and renegeing. The con game, which depends on an assumption of both trust and greed, works by appealing to unrealistic self-interests. A dentist would be unethical in the trust sense of the term if he or she deceived the patient regarding what work needed to be done, offered only some treatment alternatives (coercion), or changed the conditions of the treatment plan midtreatment. Patients could violate trust by misstating their health condition or financial condition, threatening suit over things that did not happen, or failing to pay for care.

The concepts of what is ethical and what is legal in dentistry are sometimes blurred. One way to distinguish them is to ask how much trust is involved. Legal settlements, even including arbitration in some cases, bleed all the trust out of the relationship. Ethics puts trust back in.

The nub:

- ❶ Don't expect relationships to last if there is not something of value in it for each party.
- ❷ High trust increases the size of the pie; low trust decreases it — no matter how it is divided.
- ❸ Practice the skill of trust building.

David W. Chambers, PhD, is professor of dental education, Arthur A. Dugoni School of Dentistry, San Francisco, and editor of the Journal of the American College of Dentists.

HemCon Dental Dressings by HemCon Medical Technologies

HemCon Dental Dressings are designed to seal an oral wound and offer relief of pain after a tooth extraction, for soft tissue wounds, and more. These dressings are designed to stay in place with sealing properties without the use of sutures, are safe, effective on anti-coagulated patients without the use of medication, and the dressings provide a barrier for tissue pain relief and dissolve within 48 hours. For more information go to hemcon.com.

Children's Dental Health Focus of New Patient Forms by The Dental Record

The Dental Record has produced two new forms for new pediatric patients: a caries risk assessment form and a preventive recommendations form. The caries risk assessment form highlights possible risk factors through a series of questions that are to be completed by the parent and the dentist. The preventive recommendations form provides a step-by-step plan for the parent to implement to improve the child's oral health. For more information, call 800-243-4675, or go to dentalrecord.com.

AGD Encourages Patients and Dentists to Work Together

The Academy of General Dentistry has issued an opinion to the American Academy of Implant Dentistry's advice that patients should elect not to save a tooth, but have an extraction and replace the tooth with a dental implant.

"It is important to note extracting a tooth and replacing it with a dental implant, while best for some, may not always be the best type of treatment for all patients," said David Halpern, DMD, FAGD, AGD president. "The state of oral health and the needs of each patient are unique as his or her fingerprint."

Last year, the AGD's House of Delegates issued a policy supporting dental implants as an accepted mode of treatment to replace a lost tooth. In 2009, the AGD's house passed guidelines for educational providers to use toward the development of curricula that will prepare dentists, regardless of generalization or specialization, to provide safe and appropriate dental implant treatment planning, placement, and restoration, according to a press release.

"In my practice, I encourage patients to save the natural tooth when possible," Halpern said. "Doing so can many times preserve the supporting bone, maintain the proper contacts to the adjacent and opposing teeth, and allow the patient to use the tooth for as many years as their other teeth. It used to be common practice to remove injured or diseased teeth. Maintaining a tooth through a root canal treatment can help people keep their natural teeth for life. Depending on your area that you live in, restoring and saving a tooth may cost less than replacing a tooth with a dental implant supported replacement."

Prototype Face Mask Makes Smile Visible, Improves Communication

San Francisco nurse Jeanne Hahne has designed a face mask made of cloth and clear plastic so that patients can see health care providers' most essential communication tool: their smiles.

Hahne, a nurse at California Pacific Medical Center, had the idea for the mask several years ago and recently took the time to make it a reality by designing the "ClearVision," a mask with cloth on the bottom half and clear plastic on top. It fits just like a regular medical mask, covering the nose and chin, with strings to tie in the back or loop over the ears.

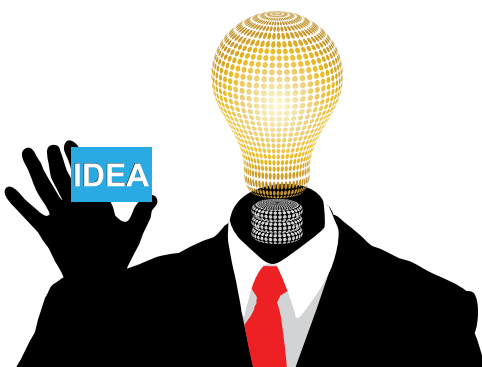
"There are a lot of studies about what this portion of the face conveys. A lot is said in facial expressions," Hahne recently told the *San Francisco Chronicle* newspaper. "We like to see the smile and reassurance. Anxiety is decreased when you can feel connected to somebody."

The mask will be the subject of exten-

sive studies to prove that it is as hygienic as the masks currently used by health care professionals. California Pacific Medical Center has already helped Hahne run some preliminary tests of the see-through face mask and so far, doctors, nurses and patients seem receptive. It is especially useful, she said, for young patients — children getting dental care seem particularly excited by the mask.

Hahne still needs a manufacturer for the mask, according to the *Chronicle*, but initial support for the product has been enthusiastic, especially from the deaf community. The mask is helpful when caring for patients who have some hearing loss.

Originally, Hahne's idea was geared toward easing patient anxiety, but now that doctors and nurses have actually tested the mask, a surprising aspect has emerged. The mask can help improve communication between health care workers because it's easier to see exactly what is being said when the mouth is visible.



Surgical Suites Refurbished at Dugoni School of Dentistry

The oral and maxillofacial surgery department at the Arthur A. Dugoni School of Dentistry hosted an open house recently to reveal its refurbished operatories and demonstrate its new video streaming capabilities.

The clinic, which underwent construction in May and was finished in mid-July, features expanded operatories that allow more space for students to view procedures, as well as permit wheelchair access. There also is a postsedation recovery area.

State-of-the-art audiovisual equipment has been installed in the surgical suites, including high-definition plasma screens and remote-controlled cameras, allowing for videoconference procedures to be televised to classes throughout the San Francisco campus or to record procedures to be used in continuing education classes.



From left to right are Bahram Javid, BDS, DMD, associate professor; Anders Nattestad, DDS, PhD, professor and director of Undergraduate Oral and Maxillofacial Surgery; Remy Lagman, a registered nurse; Rowena O'Connor, manager, Oral and Maxillofacial Surgery; A. Thomas Indresano, DMD, professor and chair, Oral and Maxillofacial Surgery; and Len Tolstunov, DDS, assistant professor.

Hospital-grade operating lighting, which is low maintenance since there are no bulbs to service, also was installed. The LED light source provides more than ample light for procedure yet without heat.

“Our whole department is very proud of this new state-of-the-art clinic and excited about the potential this gives us to treat patients and to educate students in a hands-on way,” said Anders Nattestad, DDS, PhD, professor of oral and maxillofacial surgery. “This is a unique oral surgery facility among dental schools due, in part, to its technical and audiovisual capabilities. We’re glad to see the new surgical suites open and in use to benefit our students and patients from the community.”

The remodel was made possible, in part, through alumni and friends’ support of the Dean’s Fund for Excellence, the school’s annual fund. This fund allows Dean Ferrillo the flexibility to enhance the institution and the opportunity to meet any challenges that arise without using student tuition, according to a press release. Nearly half of the funding was provided from a federal facilities improvement grant and special care funds, which were raised through the Pacific Center for Special Care, under the direction of Paul Glassman, DDS, MA, MBA, and Christine Miller, RDH, MHS, co-directors of the center. This money was raised for the purpose of improving oral health for people with disabilities who face multiple barriers in obtaining oral health care.

UPCOMING MEETINGS

2009

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| Nov. 2-4 | National Network for Oral Health Access National Primary Oral Health Conference, Nashville, Tenn., Luana Harris-Scott (619) 279-5879 or nnoha.org . |
| Nov. 8-14 | United States Dental Tennis Association fall meeting, Scottsdale, Ariz., dentaltennis.org . |

2010

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| April 11-17 | United States Dental Tennis Association, Amelia Island Plantation, Fla., dentaltennis.org . |
| April 26-28 | National Oral Health Conference, St. Louis, Mo., nationaloralhealthconference.com . |
| May 13-16 | CDA Presents <i>The Art and Science of Dentistry</i> , Anaheim, 800-CDA-SMILE (232-7645), cda.org . |
| Sept. 9-11 | CDA Presents <i>The Art and Science of Dentistry</i> , San Francisco, 800-CDA-SMILE (232-7645), cda.org . |
| Nov. 7-13 | United States Dental Tennis Association, Grand Wailea, Hawaii, dentaltennis.org . |

To have an event included on this list of nonprofit association continuing education meetings, please send the information to *Upcoming Meetings*, CDA Journal, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to 916-554-5962.



Oral Health Care Project in the Works for Rwanda

A dentist in North Carolina is looking for adventurous and caring dental professionals for an outreach project in Rwanda.

Having completed a feasibility study on a successful model in Kenya, Richard T. Reckmeyer, DDS, MBA, would like to take the project west to help meet the demand for oral health care in Rwanda.

Reckmeyer met with Kigali Health Institute faculty, students and administrators. (The school is Rwanda's only dental facility.) He also met with other governmental officials and administrators of nearly a dozen community health centers in Musanze District as part of his feasibility study. The results were eye-opening. Following the 1994 genocide, in which 1 million people were killed in 100 days, oral health care is in high demand but scarce.

Some of the statistics, according to a press release:

- The ratio of oral health care providers to the total population of Rwanda is 155/10.5 million.

- Simple extractions are the second most common service (second to lower respiratory disease) in the community health centers in Gakenke District, Northern Province, Rwanda.

- For 987 patients, 95.5 percent of the oral health care needs in Nyabihu District, Northern Province, Rwanda, are simple extractions and basic cleanings.

Dental professionals and students interested in a life-changing experience can contact Richard T. Reckmeyer, DDS, MBA, at richard.reckmeyer@cox.net or 623-979-7555. More information can be seen at <http://members.cox.net/richard.reckmeyer/RROHC.pdf>.

Honors

Rachel R. Johnson, DDS, has passed the American Academy of Cosmetic Dentistry's accreditation written examination, the first step in the accreditation process. The program is for dentists and laboratory technicians that tests their foundational knowledge in cosmetic dentistry. The three-part process consists of written, clinical case, and oral exams, and each part of the process must be completed in sequence. Dentists and laboratory technicians have up to five to years to complete the process after passing the written exam.

Harold C. Slavkin, DDS, is the 2009 recipient of the American Dental Association's Gold Medal Award for Excellence in Dental Research.

The award honors individuals who have contributed to the advancement of the profession of dentistry or who help improve the oral health of the community through basic or clinical research.

"Dr. Slavkin's impact on public policy and dental research has been considerable," said John S. Findley, DDS, ADA immediate past president. "In addition to contributing substantially to the peer-reviewed literature, his exceptional national and international leadership has served to advance dentistry in countless ways."



Harold C. Slavkin, DDS



Anders Nattestad, DDS, PhD

Slavkin received \$25,000 and a gold medalion at a formal presentation last month during the ADA's 150th Annual Session in Honolulu. He also can serve a three-year term on the ADA Council on Scientific Affairs.

Slavkin was dean of the School of Dentistry at the University of Southern California from August 2000 until his retirement in December 2008. Presently on sabbatical, he plans to return to USC next year to resume being part of the Center for Craniofacial Molecular Biology, of which he is founding director, and teaching in the graduate school and dental school.

The Arthur A. Dugoni School of Dentistry has named **Anders Nattestad, DDS, PhD**, as the school's director of Global Initiatives.

While continuing to maintain his current responsibilities as professor and director in the school's oral and maxillofacial surgery department, Nattestad will help manage and review opportunities for global partnerships and initiatives for the school, as well as work closely with the dean, administration, faculty, and students. Prior to joining the San Francisco campus, Nattestad was professor and head of oral and maxillofacial surgery at the University of Nevada, Las Vegas School of Dental Medicine. He previously held the position of chair of the department of oral and maxillofacial surgery at the University of Copenhagen, Denmark, where he also earned his DDS degree, PhD, and specialization in oral and maxillofacial surgery, according to a press release.

Additionally, Nattestad served the last 10 years on the executive committee for DentEd, an extensive European Union project, and served as secretary general of the Association for Dental Education in Europe for five years. He is fellow of the American Dental Education Association Leadership Institute, a reviewer for the *Journal of Dental Education* and the author of more than 40 published articles.