

## What's Old Is New Again

**S**ome issues in dentistry never go out of fashion, at least for very long. The interest they generate may wax and wane but the issue itself remains, sometimes persisting through generations. Fifteen years ago, discussions on access to care were scarce. Yet, if one searched organized dentistry's journals and newsletters for commentaries and stories on insurance and amalgam, one could easily stack a desk with reading material. (Recall that it was all in print then.)

In more recent years, the topics of dental amalgam and insurance were more or less just under the radar of most dentists. There was activity. For instance, the American Dental Association successfully filed lawsuits against two major insurance companies for practices which were ultimately deemed unacceptable by the courts. And organized dentistry at all three levels of the tripartite have been dealing with fallout over ongoing concern with the presence of mercury in dental amalgam. Yet, to this observer, these issues have not grabbed the headlines nor infiltrated the practitioner's daily life like they once did, perhaps until now. Why have these "old" issues become new again?

Let's examine the issue of dental insurance first. As the 20th century drew to a close, it seemed that dentists began to settle into a philosophy of how they would deal with insurance. They fell largely into one of three camps. At one end of the spectrum, there were the dentists who decided the best way to deal with insurance was to distance their practices from it. They chose to no longer participate in insurance plans and stopped accepting assignment of benefits on behalf of their patients. Theirs

became true fee-for-service practices. Many were successful as the loss of some of their "insurance" patients was balanced out by higher fees and less hassle. At the other end of the spectrum, there were those dentists who recognized the tremendous number of patients who relied on and highly valued their dental insurance, whether it was indemnity, PPO, or HMO. Theirs became insurance practices as they were modified to remain profitable. These dentists typically saw more patients and substantially cut their overhead to make up for the reduction in reimbursement for services rendered. In essence, they learned to play the insurance game.

In between these two ends, there were the rest of us. We found being heavily involved in dental insurance objectionable. We valued a certain standard of care for our patients that we felt insurance companies compromised. We were not willing to reduce our time spent with patients, use cheaper and poorer quality materials and laboratories, and hire cheaper and lower quality staff. We did not violate legal and ethical principles as some insurance-heavy practices did to remain profitable. Yet, at the same time, much of our patient bases were made up of every day people who had dental insurance, and we did not want to turn our backs on them. Through the hard work of educating these patients on the benefits and limitations of their insurance, and educating our staff on proper financial arrangements and verbal skills, we walked the line down the middle.

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ance? Nothing. Most patients' yearly benefit maximum is \$1,000 to \$1,500, just as it was 30 years ago. During that same time, premiums paid by individuals and employers rose like all other costs making insurance companies some of the most profitable in all of the corporate world. Our questions still remain. Like why do insurance companies impose so many restrictions on reimbursement to patients that fall within a predetermined yearly maximum? Some of us will continue to shun insurance, some of us will warmly embrace it, and most of us will continue to walk the line between.

And what about the issue of dental amalgam? There has been a recent flurry of activity and media coverage since the Food and Drug Administration has been taking a closer look. Regardless of what we in the profession of dentistry know to be the science behind amalgam, as long as the material contains the magic word "mercury," there will be those who raise a skeptical eye. I do not believe that even amalgam's staunchest opponents are necessarily malicious-minded. Rather, they seem to be merely misinformed and misled. One need only look at the recent media coverage of the FDA panel's activities to see how journalistic spin can sway one's opinion.

I am a dentist first and foremost, but also a journalist, albeit an amateur one. At some point in their careers, journalists like dentists, must come to terms with what constitutes professional integrity. Particularly for the news media, this means reporting on issues in a fair and unbiased manner. Reporting that amalgam is safe, however, is not exciting, and such headlines will not captivate the attentions of readers or viewers. As soon as we hear or read that something is harmful to us, we take

note. Those are the headlines that sell newspapers and commercial spots and make profits for the parent media companies and careers out of reporters.

As this issue goes to press, a panel of outside advisers to the FDA voted, without unanimity, to essentially call for more research into the safety of amalgam. They noted gaps in the current research including the effects of maternal amalgams on the fetus. Some media sources, such as the *Chicago Tribune* chose to spin that rather simple concept into an indictment of both amalgam and the ADA. While some who covered this story did so responsibly, others, like the *Tribune*, seemed more concerned about reaping the rewards that a sensational story would generate than in practicing journalistic integrity. In so doing, they defile every other journalist, even the amateurs, who try to uphold professional integrity and present information in a fair and accurate manner.

So what has changed with amalgam? Nothing. The debate over the safety of amalgam continues. A legislative ban on amalgam does not seem imminent. And millions of us will quietly walk around with amalgam restorations, which are not only a part of, but contribute to, a healthy mouth and body.

Ours is a profession marked by both tradition and change. New challenges will always be around the corner. Others will remain with us like old, comfortable adversaries. Successfully meeting them, whether as individuals or a united profession, requires one foot grounded in fact and science, the other in character and integrity: strength drawn from history and tradition, and nimbleness to adapt to changing times. In so doing, the future of dentistry in good measure rests. ■■■■