**Why Patients Say “No”**

**How to Handle the Two Most Important Patient Objections**

Tyson Steele, U.S.A.

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**Practice Matters**

**Improving Profitability**

Gone are the days when simply taking care of your patient base and providing a moderate array of services are enough to make your practice profitable. Dr. Levin explains the three business systems that have the biggest impact on profitability.

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**Science & Research**

**Make It Just ‘One-Step’**

An immature tooth that develops pulpal or periradicular disease presents special problems. In this article, Doctors Fayad and Montero present a new approach for management of necrotic immature teeth—one-step apexification.

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**Trends & Applications**

**Justifying Thoroughness**

Since the 1960s, researchers have been tackling the problem of how deposits on the root surface can be removed thoroughly and gently. The pervasive question—How much thoroughness is biologically justifiable in root planing?—is thus explored in detail.

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**Meetings & More**

**Combining Work & Play**

The summer season is upon us, which gives you an even better excuse to combine work and play. Why not attend a dental meeting in a new local and then tack a few extra days on after for a well-deserved vacaton?

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**PATIENT COMMUNICATION**

**Oral Disease Around the Globe:**

**The Battle Continues**

Dental Tribune International
By Robin Goodman

Amidst the findings of the World Oral Health Report, released in February of this year by the World Health Organization (WHO), is the surprising fact that dental caries still affects 60–90% of schoolchildren and the majority of adults in the developed world. Also, in several Asian and Latin American countries, dental caries is the most prevalent oral disease.

Treatment in industrialized countries accounts for 5–10% of total health costs, which is beyond the resources of most developing countries. The report estimates that among the 6.3 billion people on the planet, 5 billion have experienced dental caries.

Given limited access to oral health care, the situation in developing countries in Africa is expected to get worse due to low exposure to fluorides and increased consumption of sugars. Africa’s dentist-to-population ratio is estimated at 1:150,000, a far cry from the 1:2,000 found in many industrialized countries.

In most populations, severe periodontitis exists among 5–15% of the populace. Although a modest reduction in tooth decay has been realized among the younger generation of the developed world, it is still a primary cause of pain and ill health for the older generation.

Oral cancer is one of the three most common types of cancer in south central Asia. Worldwide, it is the eighth most common among men and, along with pharyngeal cancer, is exhibiting an alarming increase in central and eastern Europe, Denmark, Germany, and Scotland. Increases in these two types of cancer have also been reported in Australia, New Zealand, Japan and the USA. Risk factors include alcohol use, chewing betel, smokeless tobacco use, and smoking.

The World Oral Health Report outlines the major aspects and priorities of the WHO’s Global Oral Health Programme. The report addresses in detail what are defined as modifiable risks (tobacco use, sugar consumption, lack of calcium) and sociocultural determinants (low levels of education, poor oral health traditions, poor living conditions) and suggests solutions.
One problem in many medical practices is that too much paper is hoarded and this becomes a burden. On average, 50% of all information and working material is superfluous. The consequences are:

- Problems with the flow of information
- Long periods spent searching and filing
- Multiple filing and multiple handling
- Difficulties with replacement staff
- No overview of available knowledge

Any investigation of the grounds for this shows that processed documents do not immediately find their way into the designated file. One reason for this is that momentarily one doesn’t know where to put it; another is that having several filing trays makes it easy to just shove the paper into one of them.

**POWER TIP:** Reduce the number of your filing trays. Put documents in them only temporarily!

**Throw out Ballast**

**Step by Step**

**Step 1:** Pick up every unsorted and loosely piled document and ask yourself the following:

- Am I going to need this paper within a year?
- Can I not access the information from elsewhere (from a colleague, a reference work, or on the Internet)? Consider how much effort will be required to replace it?
- Is there a regulation about keeping the paper? (For instance, in the case of documents relevant for tax purposes.)
- If you answered yes to any of these questions with “no” then this is a clear case for the waste bin.

**POWER TIP:** Throw away everything which you can obtain again at any time!

**Step 2:** The remaining documents are sorted according to completed files and pending files. You deposit completed files in your archive. The pending files are kept for re-submission. The various types are the re-submission brief-case folder, the hanging file cabinet, and re-submission by FAX or a suitable system.

**Step 3:** Sort the folders and hanging files gradually on a regular basis. On the calendar, mark a specific definite day for doing this each month. This will serve as an automatic reminder. Examine the overflowing files first. How odd are the contents and how often do you still need the documents? What can be thrown away? Do the files remain to be used in the practice or can they go to the archive?

If the file is still too full even after the “die,” it needs to be divided. An important side effect: You obtain a good overview of your collected information because: you use only what you know you have! “Remembrance, on average, 50% of all information and working material is superfluous.”

**Lack of Urgency**

- The most important reason patients fail to accept treatment is broadly defined as a lack of trust. Many years ago, dentistry was considered by the public to be one of the most trustworthy professions. Unfortunately, recent surveys of public opinion have indicated that this attitude has largely shifted. Whatever the reasons for this change, it has left dentists fighting an uphill battle when it comes to case acceptance.
- If you see, if patients trust you, then almost all of their other objections can be overcome. Trust is the foundation of the dentist/patient relationship, and when it’s there, case acceptance is a given.
- Again, you already know this. You have patients who hold you in high regard. When you accept treatment with them, they hardly need to listen. They make decisions regarding their care based completely on your judgment and recommendation. “You Doc, just do whatever you think would be best.”
- Think about it. If a patient really trusts you, they will prioritize the treatment. If they trust you, they will usually find the money. If they trust you, they will believe they need the treatment. If they trust you, their fear of dentistry is overcome.
- Trust is the foundation. Without it, you will fail.

**Building Trust and Urgency**

Ultimately, there is a foundational problem with the manipulative case presentation strategies taught at many seminars today. For, while they attempt to overcome some of the less important objections, they diminish patient trust in the process. In addition, they fail to address the patient’s lack of urgency in a way that simultaneously builds trust and addresses the other objections.

Once again, the only way to overcome these misleading objections is to discover new reasons NOT to receive treatment. The Real Reasons

The funny thing about the two most important REAL objections in dentistry is that, most of the time, you overcome them without even knowing it. You see, you MUST overcome these objections in order to get the patient to accept treatment. So, if you are getting any case acceptance at all, you are already addressing these two issues indirectly.

But don’t start thinking you’ve got it all figured out and you can stop reading now. The better you understand this, the better you will become at helping your patients get healthy.

So, what are the REAL primary reasons that patients fail to get treatment? Well, here is the first one for your consideration...

**Lack of Urgency**

Ultimately, many patients fail to get treatment because of a perceived lack of urgency. Of course, patients do have a right to this, but their subliminal reason for rejecting treatment is that the treatment will take too long.

This is a huge objection. In fact, it’s the most common objection in dentistry.

Ultimately, many things contribute to a perceived lack of urgency, but the most important are:

- Lack of pain. “It doesn’t hurt, so it must be okay for a little while longer.”

2. The problem has existed for some time. “Why get treatment now?” It’s held up this long, I’ll just wait it out.”

3. In the process of explaining treatment, the doctor tells the patient that the treatment could “wait.” There’s nothing wrong with this except that it is often the only part of the conversation that the patient remembers. “Doctor said it would probably hold up another year. I’ll just wait.”

4. The perceived benefit of getting treatment now is outweighed by other concerns. —“I’ll just delay until when I have the money (or insurance).”

Of course, in many of these cases the patient will tell you that they don’t have the money or they don’t have the time. However, you can be assured that a lack of urgency is often the real objection.

In fact, you know this already, you treatment plan a crown based on the fact that the patient has a failing amalgam restoration. The patient doesn’t get the treatment and tells your staff they are “really busy, don’t have insurance, need to wait for the money,” or some other objection. Several weeks later, the tooth fractures, causing a great amount of discomfort for the patient. Ultimately, the same patient who “didn’t have the time,” or didn’t have insurance, didn’t have the money, suddenly finds time and money for treatment and has decided that it’s now necessary to have insurance.

You see, pain creates a real sense of urgency. And, once urgency is established, all the other objections are overcome. “My tooth ‘really’ had a money objection, they would still have the money objection even when it’s urgent!”

Now it’s time for the second REAL objection. If a lack of urgency is the most common objection in dentistry, then this one is the most IMPORTANT.

**Lack of Trust**

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