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hot cocoa mixes, try using skim sugar found in pre-packaged more anitioxidants than drink-hot cocoa appeared to release high in antioxidants as red 
the amount found in each. 
Harvard in Dubai 

Antioxidants Quiz 
Which has more antioxi-dants—tea, red wine or hot cocoa? An article in the 5 De-cember 2003 issue of the Jour-nal of Agricultural and Food Chemistry proves that when comparing similar-sized serv-ings, hot cocoa has more anti-oxidants than tea and red wine. 

The study is the first to compare tea and red wine with cocoa, which scientists have long known is also rich in antioxidants. The re-

searchers used similar condi-tions and serving sizes to test the amount found in each. 
Cocoa proved to be twice as high in antioxidants as red wine, 2-3 times higher than green tea, and 4-5 times higher than black tea. Also, drinking hot cocoa appeared to release more antioxidants than drink- ing it cold. To avoid the extra sugar found in pre-packaged hot cocoa mixes, try using skim or soy milk and an artificial sweetener with pure cocoa-
powder.

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Why Patients Say “No” 
How to handle the two most important patient objections

Tyson Steele, U.S.A.

Oral Disease Around the Globe: The Battle Continues

Dental Tribune International
By Robin Goodman

Amidst the findings of the World Oral Health Report, re-leased in February of this year by the World Health Organization (WHO), is the surprising fact that dental caries still affects 60-90% of school children and the major-ity of adults in the developed world. Also, in several Asian and Latin American countries, den-tal caries is the most prevalent oral disease.

Treatment in industrialized countries accounts for 5-10% of total health costs, which is be-yond the resources of most devel-oping countries. The report esti-mates 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 de-veloping countries in Africa is ex-pected to get worse due to low exposure to fluorides and in-creased consumption of sugars. Africa’s dentist-to-population ratio is estimated at 1:250,000, 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 de-cay has been realized among the younger generation of the devel-oped 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 southern central Asia. Worldwide, it is the eighth most common among men, and along with pha-syngal cancer, is exhibiting an alarming increase in central and eastern Europe, Denmark, Ger-many, and Scotland. Increases in these two types of cancer have also been reported in Australia, New Zealand, Japan and the U.S. Risk factors include alcohol use, chewing betel, smokeless tobacco use, and smoking.

The World Oral Health Re-port 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 con-sumption, lack of calcium) and sociocultural determinants (low levels of education, poor oral health traditions, poor living conditions) and suggests solu-
tions.

cuts and all sorts of improve-ments without ever going back to the drawing board to fix the foun-dation. It’s often the same thing with the way we handle case presenta-tions. We try all sorts of methods to overcome patient objections without ever going back to fix the foundation. In other words, we need to know “why” patients say “no” in order to better know how to present treatment.

The Wrong Reasons
Ask most dentists and staff members why patients say “no” and you will hear a litany of re-sponses. However, the most com-mon ones tend to fall into several categories:

1. Money & Insurance. Many people assume that patients fail to get treatment due to a lack of money or insurance. (Of course, this is what patients say. But
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 each of these questions with “no” then this is a clear case for the waste bin.

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

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 PC-readable.

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 old are the contents and how often do you still need the documents? What can be thrown away? Do the files need to remain in the practice or can they go to the archive?

If the file is still too full even after the “diet,” 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! “Remember, on average, 50% of all information and working material is superfluous.”

Building Trust and Urgency
Ultimately, there is a foundation 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.

One-and-a-half 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.

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 given.

Again, you already know this. You have patients who hold you in high regard. When you discuss treatment with them, they hardly need to listen. They make decisions regarding their care based completely on your judgment and recommendation. “Gray 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.