Long-term care vs. short-term gain

Michael Sultan highlights the importance of thinking long-term...

The one thing I always remember about my first employer was his favourite lesson. ‘Michael,’ he would say, ‘Always remember: a fast buck is your last buck.’ Of course, when I was young, I didn’t think my younger self quite realised the significance of those words. Now, looking back, I am much better placed to understand exactly what he meant. He wasn’t just telling me about the need to be honest and open with my patients – he was telling me to always think in terms of long-term care.

When we’re young I don’t think we appreciate the passage of time, but as we grow older we soon wonder where the time’s gone. As dentists we’re in a fairly unique position as if we continue to work at the same practice, we get the chance to assess the outcome of our work over a number of years. It’s lessons such as this that really push the point home.

Whereas 20 years ago a patient may have sat in my chair and said ‘I’m 60, is it worth it?’ today I’m more likely to have someone say ‘I’m 80, is it worth it?’ If you’ve got a toothache then it doesn’t matter how old you are. The oldest person we’ve treated here at EndoCare was 100. Did she want to keep her teeth? Very much so!

What this reminds us then is that with an aging population, looking to the long-term is even more important than ever. If people want to look good at 70 then rather than patching up teeth one tooth at a time we need to be thinking about the overall big picture, and not constantly fire-fighting each separate problem as it occurs.

So now, more than ever, ‘short-term gain’ is very short, especially when we consider the longevity of patients. But it’s a fine balancing act. Of course as dentists we always have to have our eyes on the future and the ‘oral health journey’ our patients will take. It’s no good for example seeing a tooth with a broken filling and putting a crown on it without thinking that six months down the line the patient would have opted for a bridge for the adjacent gap.

One factor that’s had a significant impact upon the way we treatment plan nowadays is the aging population. I remember back when I was a schoolboy, the woman who used to run the chip shop near our school died. Ok, so she was 60, overweight and a smoker, but a generation or so back, 60 wasn’t too bad an age. Nowadays, it’s a completely different story.

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to focus on the long-term but at the same time we have to give patients what they want. As we all know, very often patients don’t know what they want, or they think they know what they want, and don’t necessarily have all of the facts and evidence to hand. Financially some patients may have only short-term goals. Students for example may not be able to afford major treatments until a later date. We should always endeavour to provide a solution with as little harm to the long-term prospects as possible. With treatment discussions, ‘no’ sometimes means ‘no not now’ rather than ‘no not ever’. If a student came to you who needed an implant but couldn’t afford it, it would be very wrong to cut down their adjacent teeth and make a bridge (short term gain) when in the long-term they would be better off having an implant and just waiting for it. If the problem short-term is financial then we should always do something that’s reversible and non-damaging.

But there’s also another element to this short-term gain discussion that we haven’t yet considered. How does taking the long-term perspective benefit our practices as businesses? Someone once told me that the biggest practice builder is emergency patients. If you really help someone out, then more often than not, they will stay with you for life. That’s because people don’t forget the great service provided. They don’t forget if you go out of your way to help them out in a difficult situation. If you’ve got an emergency in and you’ve been punitive with fees and ‘fast buck’ culture, yes you’ve got them out of pain, but no, they’re not going to come back. For the sake of a few hundred pounds you’ve soured a relationship for a lifetime. If you think about the cost of patient acquisition and how much a patient is worth to a practice these days (especially taking patient longevity into account), sometimes it’s even worth just shrugging your shoulders and waiving a fee if that means you might be able to keep hold of someone for 10, 20, 30 years or more.

So there’s a lot more to my old mentor’s advice than meets the eye. Yes, a fast buck certainly nearly always is your last buck, but this simple statement means so much more than that, and has an impact on all of our working lives.

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