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, he was right, but 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 pace, 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 as a dentist that the work we do now can have a profound impact upon the way a patient’s life, and hopefully be with them for many years to come.

What this teaches us then is that we always have to have our eyes on the future and the ‘real 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 treat patients 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. 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 we should always endeavour to keep that smile or that bridge for the adjacent gap. But also to think about the need to be honest and open with our patients – he was telling me to always think in terms of long-term care.

The porcelain preparation interface.

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There will also be an optional live demonstration, lecture or hands-on from: Rob Endicott, Laura Horton, James Russell, Melanie Joyce, Rob Lynock, Chris Parker, Jürgen Seger, Ario Santini, Rahul Doshi, Rob Storrar, Simon Caution and Marc Northover.

For a detailed list of live demonstrations, lectures and hands-on sessions visit: www.ivoclarvivadent.co.uk/icde
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 pa-
tients don’t know what they
want, or they think they know
what they want, and don’t nec-
essarily have all of the facts
and evidence to hand. Finan-
cially 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 hav-
ing an implant and just waiting
for it. If the problem short-term
is financial then we should al-
ways do something that’s re-
versible and non-damaging.

But there’s also another el-
ment to this short-term gain
discussion that we haven’t yet
considered. How does taking
the long-term perspective ben-
efit our practices as business-
esses? Someone once told me that
the biggest practice builder is
emergency patients. If you re-
ally help someone out, then
more often than not, they will
stay with you for life. That’s be-
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 rela-
tionship 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 cer-
tainly nearly always is your
last buck, but this simple state-
ment means so much more
than that, and has an impact
on all of our working lives’

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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In 2008 he became clinical
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