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Guest Editorial

Patients. . . or 'profit centres'?

We are told these days that every medical consultation is the meeting of two experts. We are experts in health care provision but the patient is also an expert. . . in their own condition. The patients' wishes therefore, are an extremely important consideration when planning a course of treatment. Patients often select an orthodontist, based on the opinion they gather either from their circle of friends or perhaps peer group advice and possibly based on their insurance coverage. In a survey conducted recently, the friendliness of the staff was rated to have an 86.9% influence on patient's office visits and interestingly the educational qualifications and the prestige of affiliated educational institutions were rated much lower. These superficial ways of selecting medical or dental care makes patients extremely vulnerable to the 'power of advertising'.

We in dentistry and orthodontics, work in an industry dominated profession where we and our patients both rely on these companies to supply all the products to allow us to provide optimal patient care. This does not mean however, that we are obliged to sell whatever the companies provide us, irrespective of the effect that sale might ultimately have on patient (Fig. 1). This would be totally unethical, and indeed a breach of the spirit of the Hippocratic oath [1], which has guided medical practice for the past 2500 years. One of the fundamental principles of this oath is that of non-maleficence i.e. first do no harm!

Companies always stand to profit significantly from the products they manufacture and promote, and they therefore always have this financial incentive to influence both health care professionals and consumers to use their products, which unavoidably introduces a conflict of interest. This is defined by Thompson (1993) as "a set of conditions in which professional judgment concerning a primary interest (such as a patient's welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain). As a link between orthodontic supply companies and patients, our objective should be ensuring the company's marketing plans and advertising are consistent with professional integrity and does not affect the organizational culture of professionalism [2].

The standard no-advertising rule by American Medical Association (AMA) was discontinued in 1980 by Federal Trade Commission (FTC) stating that AMA's restriction of advertising by physicians was a restriction of trade. They have now adopted an ethical standard for advertising such as: appropriate forms of communication, use of objectively true and unarguable statements, no claims promising results, no use of superlatives, no disparaging of other providers, not using actors to represent patients, and not using an agency for traditional advertising campaigns that typically exaggerate the truth, being discriminatory against specific groups [3].

Even with the existence of advertising guidelines, which are generally in existence in most countries providing sophisticated orthodontic therapy, the use of marketing material to promote products by some companies, is truly exasperating. This 'race to the bottom' was eloquently described by Martin Kelleher in his beautifully crafted article the 'Uberization of orthodontics' – or how low can you go'. The author reminds us that the rights and privileges given to the professions are in return for undergoing a rigorous education and training and that we all are expected to demonstrate good behaviour in accordance with an often-unwritten 'code of ethics' [4].

If a Dentist in the UK is found to be misleading patients, which could easily happen perhaps by them reproducing manufacturers unsubstantiated claims on their websites, they could be found to be 'unfit to practice' by the General Dental Council, our regulatory body, and they could, as a consequence, lose their livelihood. The Advertising Standards Authority (ASA) is the regulatory body overseeing all advertising in the United Kingdom and their primary requirement is that all advertising should be: *Legal, Decent, Honest and Truthful*. In this 'Post-Truth' era however, in which we are all currently forced to live, this may seem to some, to be Cloud Cuckoo Land. Just conducting a random search on 'Damon Braces vs traditional braces' flagged up many Websites (Fig. 2) making a whole variety of claims about the superiority of the system over other bracketed appliances. Some of these sites appear to contain statements that could easily fall foul of the requirements of initially the ASA, and ultimately the GDC. All it takes is one complaint by a single patient, or parent, or indeed a business rival to put the owner of the website in serious risk of losing everything. . . Rather that the maxim 'caveat emptor' often bandied around in this 'Brave New World', perhaps a more appropriate warning is 'Dentist Beware' as the internet police could soon be on their case.

The ASA has recently taken an interest in advertising both for the 'Damon Brace System' and for 'Fastbraces'. To see the details of their rulings one needs to merely access their website (http://www.asa.org.uk/). The common features of both adverts were that they claimed superiority to competitors based on the treatment being faster or alternatively less painful than other treatments. The evidence to support the claims in both cases was

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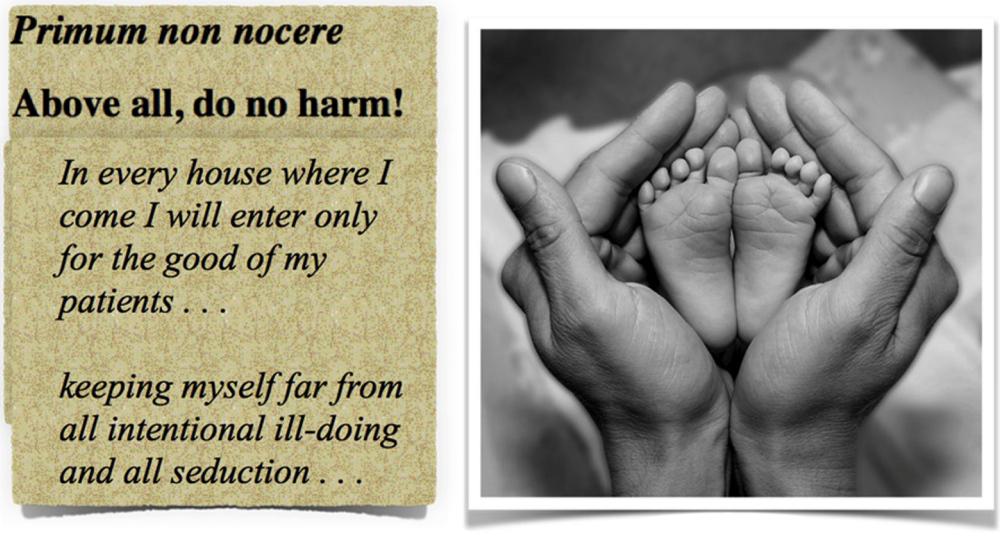

Fig. 1. Primum non nocere: Do no harm.

however deemed to be inadequate, and both claims were judged to be misleading. The perpetrators were instructed to remove the advertisements.

A recent addition to the orthodontic market which has caught the imagination of the narcissistic, selfie-obsessed, Facebook generation is 'do it yourself (DIY) orthodontics'. The general public are, after all, already expert self-photographers, so surely it is only a tiny step further to ask them to take some 'clinical' photographs of their own teeth, perhaps using the dental retractor lookalikes, now freely available in the high street party game 'Watch ya mouth' (Fig. 3). After photos have been submitted to an aligner provider and the case has been deemed suitable for orthodontic tooth movement, the patient is then sent a home impression kit, to allow them to produce 'impressions' of a sort, which are then sent to the manufacturer for the construction of a series of 'orthodontic aligners'.

Interestingly, it takes me up to 12-18 months with my postgraduate trainees, working with them daily, until I am completely happy with the quality of their clinical photographs. Goodness knows what quality material these 'punters' are producing, on which a decision about suitability for orthodontic treatment is based. Although I certainly have an inkling. . .

This whole approach to rapid smile production with either DIY aligner therapy or perhaps 'braces in a box', training for which is acquired after a one or perhaps two-day course, seems to ignore everything we are meticulously taught as undergraduate dental students i.e. a fully comprehensive dental and medical history, and thorough clinical examination to ensure the treatment we are about to provide is necessary, safe, appropriate and has at least a fighting chance of achieving what we and the patients wish to achieve. Who will assume the responsibility for monitoring progress of these treatments, who will fix things when the almost inevitable problems occur, and who will be available to help these vulnerable and unsuspecting patients when the results inevitably fall short of their expectations? This whole approach to the shameless promotion of rapid smiles and DIY aligners has regrettably turned our unsuspecting patients into mere 'profit centres'. The British Orthodontic Society has 'stood up to be counted'. They have expressed concern to the public and to the profession about 'DIY Braces'. They have emphasised the importance of a full clinical examination by an appropriately trained clinician who can also explain the risks of various approaches to treatment. The British Orthodontic Society has also warned of the dangers of unsupervised treatment and the permanent damage to dental health that could result [5].

There arises the big question currently open to debate: 'what exactly qualifies as 'unethical' this overwhelming market driven culture? Misleading advertisements most certainly are not only unethical, but are now deemed to be illegal too. In a recent example Nutella, the sugary hazelnut spread, claimed to be a nutritious breakfast for children, but when challenged on this claim the company had to return $20 to every consumer who had bought the spread for the above reason. Companies contacting patients, directly through email or any other form of communication without their consent, is now considered unethical. A recent legal ruling has however made a provision, with a 'CAN-SPAM ACT', whereby companies can contact the public through email legally only 'once' without their consent. Sometimes, this one-time contact can be irritating and damaging the reputation of the product, but have proven as advantageous too in many occasions [6]. It is clear that there is an urgent need to construct stringent and enforceable ethical guidelines for advertising, and this list of standards will continue to grow as more and more avenues of communication are opened with burgeoning technological advances.

As specialist orthodontists we must be the guardians of this profession that has provided us with what many consider to be the greatest job on the planet. Most of us are paid handsomely to provide orthodontic treatment to our patients, and we have the enviable opportunity to change our patients lives for the better, and on a daily basis. Very few professionals can say the same! It is indeed a precious gift to be able to create beautiful smiles, and at the same time enhancing and significantly