Address all other communications to *Journal of Clinical Orthodontics,* 1828 Pearl St., Boulder, CO 80302. Phone: (303) 443-1720; fax: (303) 443-9356; e-mail: info@jco-online.com. Subscription rates: INDIVIDUALS—U.S.A.: $220 for one year, $390 for two years; Canada: $260 for one year, $465 for two years; all other countries: $315 for one year, $545 for two years. INSTITUTIONS—U.S.A.: $310 for one year, $540 for two years; Canada: $345 for one year, $620 for two years; all other countries: $390 for one year, $705 for two years. STUDENTS—U.S.A.: $110 for one year. SINGLE COPY—$21 U.S.A.; $28 all other countries. All orders must be accompanied by payment in full, in U.S. Funds drawn on a major U.S. bank only.

THE EDITOR'S CORNER

The Business of Orthodontics

The *Journal of Clinical Orthodontics* has always been devoted to the practical side of the specialty. In the first Editor's Corner of the inaugural issue (September 1967), Dr. Eugene Gottlieb stated that the journal would "concentrate on the treatment of the orthodontic patient and the administration of the orthodontic office". In other words, we have covered both the practice and the business of orthodontics from day one, with the understanding that for orthodontists to reach our full potential, we have to combine all three aspects of the specialty: practice, business, and science. Every individual doctor has to decide for himself or herself in just what proportion the three facets will be combined.

Many of our readers are extraordinary businessmen and -women who are able to maximize their practices' efficiency and profitability. On the other hand, many of our readers take the stance that the business aspect of orthodontic practice should be secondary, and that patient care should be the determining factor in all practice decisions. I, for one, don't see that the two concepts are mutually exclusive. Any doctor, any practitioner of health care, must place the patient first. Indeed, every self-respecting orthodontist I know makes the patient's well-being the focus of all diagnostic and treatment-planning decisions.

Over the years, I have had the good fortune to become friends with some of the best orthodontists in the world. I have also been proud to know the owners of some of the most profitable orthodontic practices in the world. You might be surprised to find out how much overlap there is between the two groups. Then again, maybe you wouldn't. Most outstanding orthodontists—and by that I mean the ones who deliver the highest quality of care in the most efficient manner—are also good business people with profitable practices. Their treatment decisions always put their patients' best interests at the forefront. Their fundamental understanding of the biomedical science of orthodontics, and all that it entails, serves as the foundation of their planning. They are masters at applying scientific principles to the analysis of treatment outcomes and

then using these analyses to improve their future planning. It's not surprising, then, that these same excellent, scientific practitioners are just as methodical in their approach to business. They apply fundamental principles such as hypothesis testing and statistical techniques to the analyses of their business outcomes, just as they analyze their treatment outcomes. There is no reason whatsoever that a doctor cannot do both.

Much has been made in the literature of late regarding evidence-based treatment planning—using the best available evidence to make your treatment-planning decisions. Evidence-based practice-planning decisions are just as valid. In this issue, Contributing Editor Robert S. Haeger and statistician Roger Colberg present a scientific analysis of the economic ramifications of single-stage comprehensive treatment compared to early, two-phase treatment. Using a much broader base of practices than in any study published to date, the authors substantiate the results found in Dr. Haeger's own practice and published in the March 2008 issue of JCO.

It seems as if the debate over the relative merits of these two philosophies will never end, as indicated by this month's letter from Dr. John Hayes. In my view, the weight of the available evidence favors the one-stage concept, but the verdict is not yet in—and may never be, due to the scarcity of funding for large-scale, population-based orthodontic research. I know practitioners on both sides who get wonderful results. Some techniques work well in one clinician's hands that do not work as well in another's. When the evidence is equivocal, it is in both the patient's and the practice's best interest to select the most efficient of the two from a management point of view. If one technique is just as clinically valid as another, the orthodontist is entirely justified in selecting the more profitable of the two.

Like the debates over one-phase vs. two-phase treatment, extraction vs. nonextraction, and functional vs. fixed appliances, the argument regarding just how businesslike orthodontics should be will never be settled in the literature. It is a decision that has to be made in the mind of each individual doctor. JCO will continue to serve as a forum for the discussion of practice management on an analytic basis. The series by Drs. Haeger and Colberg is another example that may well inform your own decisions on the matter.

RGK