

THE EDITOR'S CORNER

Are Orthodontists Overpaid?

In early November, an article on the CBS MarketWatch website generated a bit of a stir in the world of orthodontics. Titled "Ten Most Overpaid Jobs in the U.S.", the piece by Chris Plummer had orthodontists listed at No. 4, trailing only "CEOs of poorly performing companies", "washed-up pro athletes in long-term contracts", and mutual-fund managers, but ahead of such nefarious professionals as skycaps, wedding photographers, and real-estate agents.

I would certainly be the first to acknowledge that my beloved profession has provided me and my family with an enviable lifestyle. I am grateful to whatever powers that may be for allowing me to make my living doing something I enjoy so much. What makes practicing orthodontics so special is that I am able to provide a service to a group of people who genuinely need and want my help. The fact that I make a good living doing so is more a reflection of the value that my patients put on my services than on any bloated market estimation of their worth. It does not bother me in the least that some keyboard-bound, San Francisco-based "personal finance editor" considers me to be overpaid. I know that I am not. If my patients thought so, they would go to one of the discount chain clinics in Southern California. They do not. While my fees may be high compared to some low-price competition, they are certainly not exorbitant, and my patients agree. In return for those fees, I, in turn, do my best to provide the patients with an excellent service and a high-quality outcome. In the vast majority of cases I treat, my patients become long-time friends. I honestly do not remember any patients or their parents who thought they did not get their money's worth. This is a win-win situation, representing the best of what the free-market system has to offer.

According to the latest JCO Orthodontic Practice Study, orthodontists earned a median \$350,000 in net income in 2002. But let's break down that figure a little more carefully. First of all, orthodontists who are just starting up are intentionally excluded from the survey so that it presents an accurate picture of full-time solo practitioners in the United States. Even at that, a median figure means that half the orthodontists in the country are taking

in less than the average. And the “net income” we report reflects only gross practice income minus total operating expenses. The typical educational path for orthodontists involves an investment of at least 10 years of time and foregone income. Since most orthodontic graduate programs require their students to pay tuition and fees and do not include a resident salary or stipend, unlike medical residencies, it is not uncommon for a young orthodontist to enter practice more than a quarter-million dollars in debt. Many graduates face educational debts closer to \$400,000, resulting in an annual student debt payment load of close to \$60,000 per year—higher than the starting salaries of most other professionals. These loans are typically paid off over a 15-year period. Assuming that the average orthodontic graduate is close to 30 years old by the time education is completed, he or she will be in the mid-40s before this debt load is relieved. Many choose to consolidate student debt into a single account to be paid over 30 years, resulting in lower monthly payments, but extending the payment period to close to the age that most other professionals retire. I will be 63 when my student debts are finally paid off. What’s more, these figures do not include any of the debt incurred to purchase an existing practice or to start a new one.

On the MarketWatch website, Mr. Plummer made the flippant comment, “This isn’t brain surgery: Orthodontists simply manipulate teeth in a growing child’s mouth—and often leave adjustment work to assistants whose handiwork they merely sign off on. What makes their windfall egregious is that they stick parents with most of the inflated bill, since orthodontia insurance benefits cover nowhere near as large a percentage as for general dentistry.” Where does one start in countering such a ridiculously ignorant statement? About the only thing he says that I agree with completely is that orthodontics isn’t brain surgery. In some ways, orthodontics is more complicated than brain surgery. It takes longer, requires more equipment and materiel, and is subject to the vagaries of esthetic judgment. What we do not do is “simply manipulate teeth in a growing child’s mouth”. A while back,

I had the opportunity to hear an orthodontic educator I admire greatly, Dr. James Loos of the University of Southern California, addressing a group of newly admitted orthodontic graduate students. His opening remark has always stuck in my mind: “If you think that orthodontics is easy, you don’t know enough about it.” There’s nothing simple about what we do. How many brain surgeons have to deal with unpredictable facial growth vectors, dynamic metallurgy, biomechanics, complex behavioral issues, and relapse tendencies? Brain surgeons deserve whatever they make. So do we.

We might also take issue with Mr. Plummer’s statement that orthodontists “often leave adjustment work to assistants whose handiwork they merely sign off on”. I don’t know of a single office where the assistants do the “adjustment work”. The assistants may tie or untie the archwires or do the initial bracket positioning, but all actual adjustments and final bracket positioning are done by the doctor’s hands.

Finally, although it is true that many dental insurance plans do not include any benefits for “orthodontia”, the number of patients seeking orthodontic care continues to rise, insurance benefits or not. A great many patients, or the parents of adolescent patients, are willing to pay for our services out of their own pockets. Why? Because our services are well worth what we charge. If they were not, the public would be quick to reduce our fees through the time-proven mechanism of supply and demand. Unlike most cases involving brain surgery, orthodontics is elective for the great majority of patients. No one is “stick[ing] parents with most of the inflated bill”. The parents can take it or leave it. Time after time, they opt for treatment at what they deem as fair prices.

Like most other orthodontists I know, I worked for years to get to where I am now. I currently work very hard for what I earn. I pay taxes on my income, contributing to the common good, and I sincerely believe that my services are well worth what I charge for them. The public seems to agree, even if Mr. Plummer does not.

RGK