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the editor's corner

A recent development in orthodontics has been the recognition by a number of non-orthodontists, usually with some background in clinical psychology, that there has been a missing link in the practice of orthodontics. While orthodontic technology has taken a quantum leap and our basic biological science has improved, we have been slow to recognize and pursue the idea that orthodontics is also a behavioral science. It simply has not been a part of our education. Considering the close interpersonal relationships that exist in an orthodontic office between doctor and staff, and between doctor and staff and patients; and considering the importance of patient cooperation, motivation, and performance to the success of orthodontic treatment; it is remarkable that the behavioral aspects of these relationships have been neglected.

Most orthodontists have understood the importance of patient cooperation and many have been guided by a principle that they were doing something with the patient rather than for the patient or to the patient. But, the efforts have generally not taken advantage of what is known in other fields about human behavior and motivation. Fortunately, this is changing and we are likely to see the behavioral aspects of orthodontic practice receive a great deal of attention, thanks to a great extent to our friends in these other fields. Dr. Charles Sorenson is one of these and he gives us some idea of the present capabilities and future potential in this field in an interview in this issue.

It is possible, with pencil and paper instruments, to profile the behavior charac-

EDITOR'S CORNER

teristics of doctor, staff, and patients and to guide them to more effective interrelationships. It is possible to know the management style of the doctor and channel him to more effective management. "Know Thyself", L.D. Pankey said, and he was right. It is probably the first step toward a behaviorally sensitive practice. Another step is to choose and work with staff people who are behaviorally sensitive.

Doctor and staff must not only be technically proficient and provide excellent treatment, but they must be reactive to the human element in their own relationship as a staff team and the relationship of the staff team to the patients. Genuine caring for the individual as a human being goes beyond straightening his teeth. This will be one of the characteristics of what Avrom King has described as Tier 3 practice. It is not exclusive to Tier 3. It is as important in Tier 1 and Tier 2, since it is the most important aspect of the human relationship in all forms of delivery of care. It will be essential for Tier 3; highly desirable for Tiers 1 and 2.

It will require sensitive understanding on the part of orthodontists to recognize the need to change, to know how to do it, and be able to accept it. To the extent that change may be stressful, this may involve stress. If it is accompanied by an understanding vision of what the goal might be, the stress may well be the stimulating kind that Hans Selye refers to, as opposed to distress.

Staff persons have to be selected with care, respected for what they are as human beings, and appreciated for the contribution they make to the success of the enterprise and the success of the human relationships in the practice. Doctor and staff with that feeling are co-workers in the service of the patient. From that feeling, patients

derive the vision that they, too, are co-workers.

A great deal of attention is going to have to be paid to a reallocation of priorities and duties. As far as possible, those things that can be delegated to machines must be delegated to machines. Repetitive paperwork and filing work must be delegated to computers. This includes patient treatment records, financial records, scheduling, letter writing, many aspects of office administration. Pulling and filing charts, and repetitive letter writing are examples of jobs that should be eliminated for humans and turned over to machines. The human employees, as Dr. Sam Callender pointed out years ago, will be freed to perform those tasks that they are uniquely equipped to perform — the warm, caring, sensitive, human relationships on which a health care practice should be based.

We have passed through a period when appliance therapy was most important and we have learned how to move teeth with great proficiency. Appliance therapy will continue to be important, but mastery of tooth movement is now a readily achievable goal. Orthodontists ought now be able to turn their attention to the behavioral aspects of orthodontics and become as proficient in that. Happiness will be more than a beautiful set of before and after models. The self esteem of a great many people — doctor, staff, and patients — will be both a result of and a contribution to the successful practice of the future. □

CORRECTION

The address given for Drs. William L. and Robert C. Wilson in the September issue was incorrect. Their correct address is 15 Dix Street, Winchester, Mass. 01890.