

**EDITOR**

Larry W. White, DDS, MSD

**SENIOR EDITOR**

Eugene L. Gottlieb, DDS

**ASSOCIATE EDITORS**

Charles J. Burstone, DDS, MS

Melvin Mayerson, DDS, MSD

Homer W. Phillips, DDS

John J. Sheridan, DDS, MSD

Peter M. Sinclair, DDS, MSD

**BOOK EDITOR**

Robert G. Keim, DDS

**EDITOR, SPANISH EDITION**

José Carrière, DDS, MD

**CONTRIBUTING EDITORS**

R.G. Alexander, DDS, MSD

Thomas D. Creekmore, DDS

Gayle Glenn, DDS, MSD

A.J. Gwinnett, PhD, BDS

Warren Hamula, DDS, MSD

James J. Hilgers, DDS, MS

Howard D. Iba, DDS, MS

Richard P. McLaughlin, DDS

James A. McNamara, DDS, PhD

Thomas F. Mulligan, DDS, MSD

Robert M. Rubin, DMD

Thomas M. Stark, DDS, MSD

Dr. John C. Bennett (England)

Dr. Carlo Bonapace (Italy)

Dr. Jorge Fastlicht (Mexico)

Dr. Angelos Metaxas (Canada)

Dr. Georges L.S. Skinazi (France)

Dr. Ane Ten Hoeve (Netherlands)

Dr. Bjorn Zachrisson (Norway)

**MANAGING EDITOR**

David S. Vogels III

**BUSINESS MANAGER**

Lynn M. Bollinger

**CIRCULATION MANAGER**

Carol S. Varsos

**COMMUNICATIONS MANAGER**

Denise Skeels Harford

The material in each issue of JCO is protected by copyright. JCO has been registered with the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923. Permission is given for the copying of articles for personal or educational use, provided the copier pays the per-copy fee of 5 cents per page directly to the Center. This permission does not extend to any other kind of copying, including mass distribution, resale, advertising or promotion, or the creation of collective works. All rights reserved.

Address all other communications to *Journal of Clinical Orthodontics*, 1828 Pearl St., Boulder, CO 80302. Phone: (303) 443-1720; fax: (303) 443-9356. Subscription rates: INDIVIDUALS—U.S.A.: \$124 for one year, \$225 for two years; all other countries: \$155 for one year, \$275 for two years. INSTITUTIONS—U.S.A.: \$165 for one year, \$290 for two years; all other countries: \$205 for one year, \$365 for two years. STUDENTS—U.S.A.: \$62 for one year. SINGLE COPY—\$12 U.S.A.; \$14 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

## Professional Incivility

A friend recently confided about a patient who, a few years after completing orthodontic treatment, sought the help of a periodontist for receding gingivae. The periodontist told the patient that all of her problems were due to the orthodontic treatment. A cursory glance at the orthodontic records, however, would have shown that early gingival recession was apparent at the beginning of treatment, and that it had not progressed during the course of orthodontic therapy. Had the patient allowed herself to be misled, my friend could have been in for some difficult legal problems.

Would that such breaches of professional ethics were rare. Unfortunately, they are not. I have now been in this profession for more than 40 years, and I have never seen legal action taken against a dentist without the active and, usually, eager participation of another dentist. It has always seemed strange to me that health professionals would ever expect any of their problems to be resolved by our current system of jurisprudence. And I am astonished that dentists and physicians do not try to stay as far away as possible from the arbitrary and questionable decisions of present-day jurists.

I often wonder what practitioners gain from accusing others of negligence or malpractice. They may feel that such claims make them appear to be unusually astute to prospective patients. In fact, their accusations only call into question the patients' choice of doctors, and people don't take kindly to having their judgment criticized by new acquaintances. This kind of conduct causes patients to lose confidence in all of dentistry—not to mention stirring up a great deal of resentment among colleagues. Ultimately, the entire profession suffers.

Animosity between dentists usually involves little more than a difference of opinion or philosophy. For example, one orthodontist may believe in the extraction of bicuspid, while an antagonist sees this as a cardinal sin. One orthodontist may choose to extract second molars, while another insists that this is tantamount to malpractice. When I review the old debates between



THE EDITOR'S CORNER

ENTIRE  
LARRY W. WHITE, DDS, MSD  
Associate Editors  
Eugene J. Cottler, DDS  
Associate Editors  
Charles J. Burstone, DDS, MS  
Melvin Meyerson, DDS, MSD  
Homer W. Phillips, DDS  
John J. Shestak, DDS, MSD  
Peter M. Sroka, DDS, MSD

Angle and Case, it strikes me that orthodontists haven't learned anything at all over the past century. Many still argue the extraction-nonextraction question with all the warmth and intellect of a hot rock. It isn't so much that Angle was wrong 100 years ago about not extracting teeth or not trying to move the maxillary molars distally, but that people nearing the 21st century hang on to these archaic and indefensible beliefs with a passion that would shame the most fanatic religious zealot.

I have a friend who used to extract bicuspids frequently—too frequently, I thought—but he was comfortable with that regimen and handled it well, and his patients benefited from his therapy. It was certainly nothing to lose a friendship over. A few months ago, my friend surprised me with a confession of his recent professional epiphany, which now obliges him to treat 95% of his patients nonextraction. I wanted to ask (but prudently did not) if he still took diagnostic records. When 95% of an orthodontist's therapies have been decided beforehand, records become almost superfluous. But such a rational thought would seldom occur to a true believer.

Perhaps our passion for belonging to a group with like beliefs and behaviors is a pack or herd instinct, left over from our mammalian and

reptilian forebears and now buried deep within the human genetic makeup. Whatever it is, it short-circuits rational discussion and keeps us from reaching reasonable solutions to our common therapeutic problems. Humans do have a neocortex, and even though it is relatively new (about 500,000 years old, give or take a few millennia), to insist that people engage it when trying to discover a scientific truth is, to paraphrase Lysle Johnston, not unreasonable, impolite, or uncollegial.

The power of ideology, in my opinion, is rooted in a human lack of curiosity about facts. It is not that ideas do not interest us. But the ideas that interest us most are familiar ones. Our need for intellectual certainty and mental tranquility seems considerably stronger than our need to know or explore the truth. For science to progress, it has always had to struggle against this primordial human apathy.

Maybe nature will eventually make something a little more sensible out of this. Until that good day arrives, orthodontists and other professionals will simply have to rely on lowering their voices and claiming the freedom to make mistakes and *admit them*. There is no shame in this; indeed, it is the core of scientific progress and the signature of a true scientist. **LWW**

ing which of negligence or malpractice. They may feel that such claims make them appear to be unusually astute to prospective patients. In fact, their reactions only call into question the patient's choice of doctor, and people don't take kindly to having their judgment questioned by new acquaintances. This kind of conduct causes patients to lose confidence in all of dentistry—not to mention stir up a great deal of resentment among colleagues. Ultimately, the entire profession suffers.

Animosity between dentists usually involves little more than a difference of opinion or philosophy. For example, one orthodontist may believe in the extraction of bicuspids, while an antagonist sees this as a cardinal sin. One orthodontist may choose to extract second molars, while another insists that this is tantamount to malpractice. When I review the old debates between

The Journal is published by the American Association of Endodontics, 1230 Park St., Boston, MA 02129. Periodicals postage paid at Boston, MA. Postmaster: send address changes to JOURNAL OF ENDODONTICS, 1230 Park St., Boston, MA 02129. Telephone: (617) 552-1500. Second-class postage paid at Boston, MA. POSTMASTER: SEND ADDRESS CHANGES TO JOURNAL OF ENDODONTICS, 1230 Park St., Boston, MA 02129. Telephone: (617) 552-1500. Single copies \$10.00. Copyright © 1997 by American Association of Endodontics. All rights reserved.