

THE EDITOR'S CORNER

You Have No Enemies, You Say?

Every January issue of JCO focuses on a single, pressing topic. In recent years, we've explored airway orthodontics, tooth substitution, and treatment failures. This year's issue examines the rise of questionable practices by nonorthodontists—among them, the use of dangerous appliances, “mewing,” extraction regret syndrome, and more. It's a timely and provocative collection, sure to spark meaningful conversations and ruffle a few feathers, particularly among our dental colleagues.

Beneath each of these questionable practices lies an uncomfortable truth: orthodontists do not fully control the practice of orthodontics. Some dentists provide orthodontic services without the training or safeguards we uphold. Many of them dismiss the evidence-based methods of orthodontists in favor of appliances that promise faster profits, presenting them to patients as a more modern form of care—and perpetuating the false notion that orthodontics is merely the act of delivering an appliance.

Here lies one of the sad ironies of dental law: an orthodontist, already a licensed dentist, cannot legally “practice down” by performing (or at least billing for) routine dental procedures, but a general dentist with no accredited specialty training is free to “practice up,” offering complex orthodontic treatments. This imbalance is reinforced by misleading marketing language—using phrases like “specializing in orthodontics” instead of the protected title of “orthodontist.” So the next time a patient says, “My dentist is also an orthodontist,” you'll have to smile and explain, “No, they're not.”

Why don't state dental boards intervene? These boards are largely composed of retired general dentists and hygienists, many of whom either see no problem with dentists performing orthodontic treatment or lack a full understanding of craniofacial growth and biomechanics. The result is a troubling rise in harmful interventions by non-orthodontists. At the milder end, these practitioners overprescribe frenectomies and myofunctional

appliances—costly treatments with little evidence of lasting benefit. Even more concerning are biologically implausible approaches that disregard fundamental principles of growth and development, chief among them the use of tooth-anchored expanders in adults in a misguided attempt to induce skeletal changes. These are often the same self-styled “experts” who pitch clear aligner therapy as a cure for obstructive sleep apnea.

The trends I've described are not just clinical concerns—they are tests of our willingness to defend sound practice, even when it comes at personal or professional cost. Speaking out may strain professional relationships or even mean losing a valued referring dentist, but silence only allows harmful treatment to take deeper root. Choosing the harder path demands integrity and fortitude. That truth brings to mind the verse “You Have No Enemies, You Say?” by Charles Mackay, a 19th-century Scottish poet:

You have no enemies, you say?
Alas! my friend, the boast is poor;
He who has mingled in the fray
Of duty, that the brave endure,
Must have made foes! If you have none,
Small is the work that you have done.
You've hit no traitor on the hip;
You've dashed no cup from perjured lip;
You've never turned the wrong to right;
You've been a coward in the fight.

The poem's message found an admirer across the pond in Theodore Roosevelt, the reform-minded 26th U.S. president. A war hero and principled leader, Roosevelt believed that true courage lay in the resolve to stand up for one's convictions. He embraced Mackay's words and echoed their spirit in his famous “man in the arena” speech. Both works champion principled action over passive acquiescence. So what are you waiting for? If you see orthodontic injustice, speak up—and get in the fight. NDK