

My Philosophy

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It is my professional mission to offer you, my valued dental patient the finest dental care possible in the most comfortable, relaxing environment my staff and I can create. Here are a few words about my philosophy as a “health-centered” dentist and how I got there.

My primary aim is to live my life with full purpose, both personally and professionally. My home and family is what grounds and nourishes me. My innate curiosity and passion for life, together with my formal and informal learning experiences have shaped my values and viewpoint, and especially shaped who I am as a dentist. My curiosity as a youngster of 10 or so got me in trouble for taking apart my parent’s nice clock. I believe it was this inquisitiveness and need to know how things function that eventually led me to entering dental school.

After graduation, I remained insatiably curious. My continuing post graduate studies while practicing dentistry gave me a realization of the complexity of the human body and how it interrelates with the health of the teeth and mouth. I soon realized that dental school, although extremely important, was merely a primer to the more broad, overall knowledge necessary to realize this intimate relationship between one’s oral and general health and self-esteem. I discovered things I had not learned in dental school, such as how pain in the jaw joint, head and neck can be directly caused by the way the teeth and surrounding structures of the mouth function, or how people who have gum disease are twice as likely to suffer a heart attack as those with healthy gums.

Realizations such as these compelled me to integrate teaching into my dental practice, so that my patients could understand the basis of their dental problems and their potential implications. Then we could treat the problem and what’s more, teach them how to prevent future problems. I have truly come to understand why the word “doctor” means “teacher” in several languages.

I have found dentistry to be a wonderful and challenging profession, one that is a true blend of art, science and skill. As crucial as it is to provide excellent technical skill, the one type of skill-learning that was missing in dental school was that of interpersonal relations. Which leads me to my next point that was another important realization: No matter how gifted, skilled or technically able the dentist may be, true dental health cannot be achieved by the dentist alone. It must involve the participation and partnership of the patient as well. This is why I take the time to get to know my patients, and to gain their confidence and trust before we even begin dental treatment. If one has a willingness to learn and improve as a patient, combined with my expertise and passion as a dentist, the true formula for success appears! This relationship development and emphasis on patient learning is the core of what has been called the “health-centered” dental practice, to which mine has evolved.

A little insight into the dental profession: Most dentists typically are not the greatest of teachers. We were selected for dental school based mainly on our manual dexterity and analytical skills, not on our ability to interact with people. We were taught to diagnose dental problems and to “fix teeth.” We were expected to perform procedures on patients who sit passively in dental chairs, not to involve them in learning, which is an interactive process. Consequently, most dental offices you see today are designed mainly for “doing” or “fixing” rather than for “teaching” and “learning.” I have made a concerted effort, over time, to gear my practice towards offering learning experiences for my patients that can empower them to take a large portion of their dental health into their own hands.

This may sound simple enough, but there are obstacles that work against the dentist developing a health-centered approach to their practice. For instance, if you are a new dentist starting out today, you are saddled with major debt. It is not uncommon for the new dental school graduate to have an indebtedness of \$200,000, to which a return on invested capital including interest, as well as lost income while in school must be realized. Add to this the fact that, unlike a physician for example, who has hospital privileges, which includes staff, the dentist must set up and operate his/her own dental “hospital” with expensive equipment and quality staff. This financial burden puts pressure on the dentist to produce, rather than to take the time to further their studies and teach their patients. These realities are what tempt the dentist to feel the necessity to be concerned more with quantity than quality.

Another obstacle in the way of a health-centered approach is that of having been trained solely to repair mouths and as indicated, having no training in teaching. With this early mechanistic outlook, at first I stumbled in my efforts to teach patients who were used to only having things “done” to them. I found that I was rushing my patients into solutions to their dental problems that they had not yet owned. It was too one-sided, as they did not yet realize that the best chance for success depended upon our becoming partners as dentist and patient. It wasn’t the patient’s fault, as I too had a lot to learn. I persisted, as I noticed early on that those patients with whom I had developed good relationships experienced the best dental outcomes. Those with whom this type relationship did not exist continued to have dental problems. This realization compelled me to continue integrating teaching into my practice. This learning journey taught me a lot about myself. I discovered that to effectively create this partnership with my patients, I would have to change my way of thinking, which was based on my early dental school experiences. Since I discovered this need to involve my patients more in the process of treating their dental problems, I learned to value more the initial time with them during the first appointments to develop trust. In medicine this is known as a “therapeutic relationship.” I know that without it, the process won’t get off the ground.

However, as I mentioned before, to allot this time is another risk because insurance companies provide little or no paid benefits for education and diagnosis, that only further supports the mode of “fixing teeth” for many dentists. Most patients (probably including yourself if you can admit it) are used to paying to “have something done.” To pay the dentist to take the time needed to develop a trusting relationship, and to work through a “co-learning” process, seems foreign to most patients, and I understand this. I understand that I am asking for a lot of mutual trust up-front when I suggest to you that it would be

in your best interests to take this time initially to learn. For example, if I would tell you that you would benefit from special self-care training that would allow you to have better dental and general health, or that your excessive teeth wear would require more extensive investigation, would you be willing to spend the time and monetary investment necessary to do this, even if your insurance company wouldn't cover it?

A little insight into the dental insurance industry: Insurance companies see patients essentially as “units of work” in a “factory,” to be handled cost effectively as they move along through various dental treatments. They pay mostly for basic “repairs,” not listening and learning procedures that involve prevention and the promotion of health. This emphasis on repair rather than a learning process only helps to support the public's already low value of taking the time to learn and diagnose by offering “fix it” benefits only. The whole language of dental insurance companies presents a view of dental health not so much as a service, but as “units of things being sold,” such as fillings, crowns, partials, dentures, and cleanings. Their benefit schedules list one fee for each procedure, with no flexibility for the differing needs of each mouth, tooth or patient. I find that this way of thinking has permeated most of dentistry as well as being the expectation of many dental patients. The insurance industry is influencing dentistry in much the same way that it has the medical profession with denial of benefits, limitations on treatment, and fee schedules that necessitate increased patient visits with little time for the all-important feature of interaction

And so, it has come to a point where a dental practice is defined based upon how it chooses to deal with these realities. Let me offer you these definitions. We now see the development of three definite modes, or “tiers” within the dental profession, which exist based upon the viewpoint of the dentist and his/her basic values

Tier 1 – This is the dentist who is basically “putting out fires,” seeing patients who just want to get out of pain through having teeth removed, or basic “patch and repair.” These dental practices are heavily based upon insurance company policy, and the patient may be treated by several dentists who have little time for interaction or teaching. I would say that I practiced this type of dentistry in the earliest stages of my career after I graduated from dental school

Tier 2 – This type of dentist is also very common. This is the dentist who primarily is a “fixer,” perhaps even touting “cosmetic dentistry” to attract new patients. They may educate the value of having good dental repair, having teeth cleanings regularly, and a “perfect smile,” but don't take it much further, as they are also influenced by insurance company policy that has more to do with its bottom line than the health of its enrollees (patients). I confess that I passed through this mode of dentistry as well. Within this mode I discovered that there was little time to teach and provide high quality services, as the insurance companies were in essence dictating how much time I should spend with my patients. I eventually had to get out of that mode, as I felt that the regulation of my dental practice based on insurance company policy was a disservice to my patients and conflicted with my sense of ethics.

Tier 3 – This is the dentist who practices “Health-Centered Dentistry,” to which I aspire. It views dentistry from wellness and learning rather than just treating the results of disease. I made a decision in the years after dental school to search for more educational experiences that looked at the “bigger picture” of the connection between dental health and general health. During this learning evolution, it became more and more apparent that each patient is unique, with individual needs. A health-centered approach was what naturally followed this ongoing learning process. I now take the time with each patient to delve further into diagnosing their dental needs, and thus provide a wider range of preventive and treatment services. This interactive process is very important because it facilitates the development of trust. As indicated, trust is of paramount importance in the healing professions, especially dentistry. Many patients who have described past negative dental experiences to me say that the dentist spent little or no time with them from the beginning, which resulted in rushed diagnosis and uncomfortable and/or poor treatment. Trust was not given a chance to develop, so the patient eventually learned to avoid going to the dentist altogether, until their pain finally outweighed their fear. This negative experience is completely avoidable, and I have learned that the uniqueness of each person demands that they cannot just be put into “time slots” to fill appointment times on my schedule. Excellent dental service can only occur where quality becomes the constant, and time the variable, not the other way around.

I have noticed that only a few of the dentists out there have “taken the leap” and moved on to the Tier 3, health-centered mode. This is probably due to a combination of the above-mentioned factors. The tough question for me was, “How can I exist and be nurtured through really helping people if they only relate dental fees to things being “fixed?” Will they pay for relationship building time, data collection and diagnostic procedures not covered by dental insurance?” It was difficult and risky for me to all of a sudden change my office, staff and systems into a Tier 3 practice, so I tried to ease into a Tier 3 mode while still practicing Tier 2. The question then became, “How would I manage in one facility, two distinctly different modes of dentistry?” I discovered the futility in attempting to “serve two masters” by providing both Tier 2 and Tier 3 care under the same roof. I tried for some time to “dance to two tunes,” but discovered that it didn’t work. I have seen other dentists try this and fail. I still don’t know of any dental practice in which these two tiers co-exist successfully. I have discovered that if I wanted my patients to benefit as I have through the knowledge I have gained, I must cherish, and therefore allot the time necessary for my patients to realize these benefits. I must “assume the full mantle” of Tier 3, so to speak, rather than tiptoeing back and forth between the two, no matter what the risks.

I certainly cannot do this alone. My staff has been selected for their expertise and health-centered values, and has chosen to continue the learning process along with me. They also see the potential for self-fulfillment through what we are able to offer our patients. They know that a health-centered practice offers the most opportunity for patients who value their own health, and each member of my team strives to optimize this process to allow for excellence in dental care. My staff “walks-the-talk,” having committed to their own dental and general health, which gives them a fuller realization of what we are able to offer our patients.

It is a sad fact that many people fear the dentist and suffer irreversible dental damage, not because of “poor genes,” but because they never had the opportunity to develop a quality relationship with a health-centered dentist. My hope is that in sharing a little about myself and by defining the three main modes of dentistry, it will help you understand the choices that you have. Like I said, it’s all out there...if you’re looking for the “drill and fill,” you can find it in the yellow pages. If you want just the “cleaning and whitening,” just pick up that flier that comes in the mail every week. But if you truly want a dentist who will take the time to get to know you, to listen to your needs and help you to make informed choices about your dental future, with a dedicated staff that provides excellent personal service (regardless of what the insurance company dictates), then our practice is the place for you.

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