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NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

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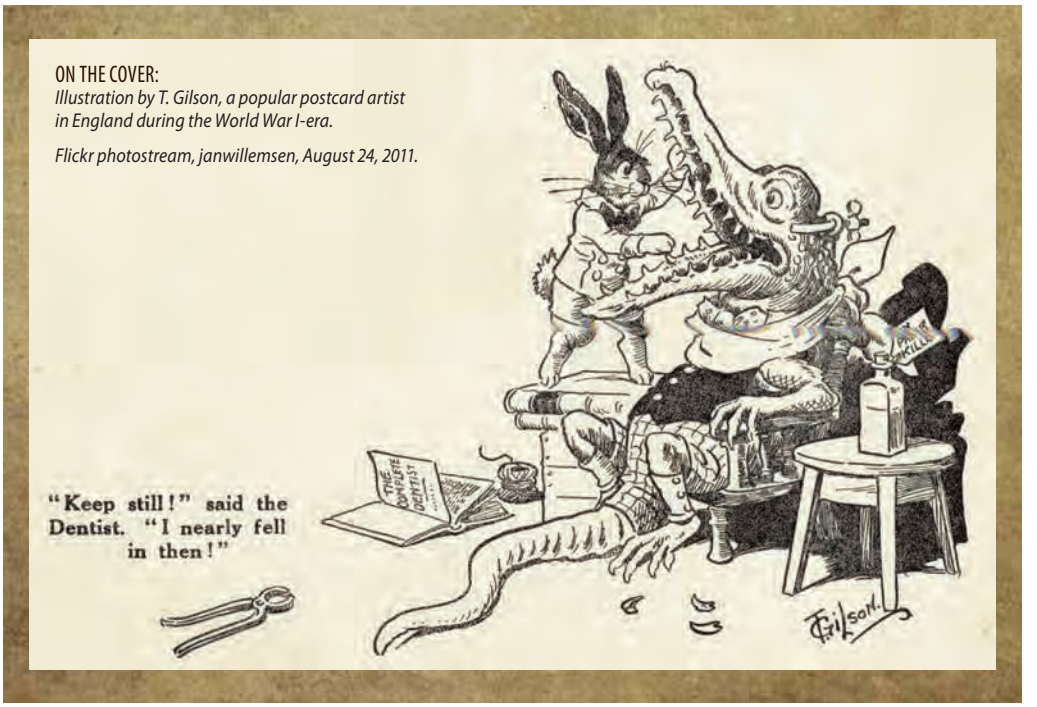

ON THE COVER:
Illustration by T. Gilson, a popular postcard artist in England during the World War I-era.

Flickr photostream, janwillemsen, August 24, 2011.

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Of insurance consultants and Tooth Fairies, and Luke

Recently a patient reported that she now had dental insurance benefits in place. Since she was referring to dental insurance, as opposed to the Unaffordable Care Act, optimism was in the air. However, upon coordinating with our patient's carrier, we were advised that coverage is for "simple extractions only." I asked my staff to find "simple" nomenclature in the ADA CDT publication. Alas, we could find no such term, even down in the descriptors. I was concerned…had I missed out on an essential surgical procedure during the past few decades of practice and academia? My staff called the carrier back to find what the nascent CDT code for "simple extraction" was. We were advised that the code was actually good-old D7140. But, the syntax "simple" is still nowhere iterated in association with D7140, although insurance administrators apparently regularly use the term.

I wondered if there was now a code book dedicated to low- or mid-level (I am unsure as to qualifications one way or the other) providers which would logically list all sorts of "simple" dental procedures not requiring a licensed dentist's skill set. Our investigation revealed that the other-level providers use the same CDT codes dentists do.

Merriam-Webster's definition of "simple" is actually pretty convoluted.[1] After "not hard to understand or do," one can find double digit bullet points, most with subheadings, including: 1. lacking knowledge or expertise (should a simple person be allowed to do a simple procedure?) and 2. free of secondary complications (like aspirated simple D7140s? [2]).

Back home at the end of the day, my six-year-old Luke approached me for a surgical consult. He felt #/letter P was ready to be removed. I agreed with Luke's diagnosis and treatment plan so we prepared for a hopefully uncomplicated (therefore not necessarily "simple") surgical procedure by means of a dental floss garrote (*Figure 1*).

Figure 1. Luke prepped for surgery

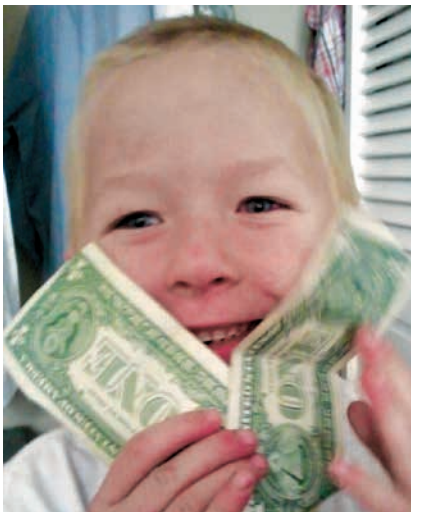

Figure 2. Moneybags Luke post-operative day 1.

Luke's procedure went well...he was asked to count to three but only made it to one before P was twirling through the air like a truncated yo-yo trick. I was set to give Luke post-op instructions when the budding capitalist advised me he was supposed to make a profit on this event. Evidently, he had pre-operatively consulted with some of his older siblings and had been told about Tooth Fairy (TF) largesse. Perhaps this explained why he was so eager to electively loose a body part without anesthesia? I advised Luke that there is likely one main TF with lots of helper TFs in order to handle all the post-bedtime remuneration required globally (possibly a reason for the differing TF rates of return per tooth[3]). But Luke had no interest in TF logistics, he just wanted some cash, and was happy finding $2.00 (the approximate going rate[4]) softly impacted under his pillow the next day (*Figure 2*).

We obviously had a good TF assigned to us. But other TF reps are allegedly not so virtuous. A recent article about a titular TF aid in Tulsa, Oklahoma was reported in that city's paper.[5] Evidently, school health assistant Jeanne Mandeville has been doing a lot more than putting H_2O_2 on playground scrapes (a possible medical board issue?) …she's been removing loose deciduous teeth at the school …bagging 74 teeth, possibly without a wit of concern for HIPAA, over the past 16 years. Within hours of reading the Tulsa *World*'s accidental expose, an incensed informant sent an email to the Executive Director of the Oklahoma Board of Dentistry:

> "…Jeanne Mandeville is practicing pediatric dentistry without a license here in Tulsa...not trained, not qualified, and not even allowed to put gauze into a mouth without a practicing Dentist at her side. She is disposing of saliva and blood (and blood from nosebleeds, which she also treats!) in a (sic) unsanitary, illegal manner manner (sic). Those children could have any disease and she should be stopped from this practice by law. IT DOES NOT MATTER WHAT THE VENUE OF HER PRACTICE, SHE IS PRACTICING DENTISTRY ILLEGALLY."[6]

Subsequent investigation revealed that some children were refusing to allow parents, most also unlicensed, to remove their teeth. Many students just seemed to favor Ms. Mandeville, even when compared to real dentists. (Note: I have an active license and am legally qualified to remove Luke's teeth. I assert my Fifth Amendment right to remain silent about rumors that a signed consent was not obtained from Luke regarding #/letter P. In a related matter, why would any Orr kid, for instance Holly, *ever* self-refer to Mom or another sibling for an extraction? Those amateur stomatologists aren't even board certified).

School principal Maureen Clements was "incredibly disappointed" that what was supposed to be a "cute little thing" had resulted in the remote possibility of Ms. Mandeville's facing criminal charges. Clements stated, "She's kind-hearted; she's compassionate; she loves our children…Everyone loves her."[7] Evidently everyone does not love Ms. Mandeville. As Yogi Berra stated: "Anyone who is popular is bound to be disliked."[8]

Non-dentist TF competitor parents and others flooded the media with missives long on emotion, but short on dental science, in support for Mandeville. One, with the nom de plume Chelsea, posed some serious questions on *The Lost Ogle* after allowing that this issue was a legitimate one for the Board to evaluate: "…I mean, am I liable if I pull someone else's kid's teeth? What about administering a bandage? Or stuffing gauze up some brat's nose? Or giving them dirty looks when they don't shut up at a restaurant. How long does this statute of limitations last?"

The Board's Executive Director Susan Rogers commented: "Maybe a kid avoids a dentist because they know she [Mandeville] will do it and it will be cheaper. She may not be able to evaluate things that need to be evaluated. Kids have oral cancer. There are so many diseases in your mouth that can happen…A general citizen is not allowed to pull several kids' teeth in a row; that is illegal practice of dentistry. It's technically a felony."[7]

In another article, Rogers was clear that the Board might take no action in response to the complaint.[10] Interpreting Rogers' comment as the Board *might* take action, Principal Clements, hoping to forestall Mandeville's potential assignment to the Tulsa City Jail's dental unit, announced that the school's "Tooth Fairy" would no longer pull teeth.

Within a week of the original complaint, Board President Dr. James Sparks issued a public response stating: "THERE HAS BEEN NO ACTION TAKEN ON THIS MATTER BY THE BOARD IN ANY WAY AND NO INVESTIGATION HAS OCCURRED."[11]

So where do we stand? On one hand there are insurance carriers and others that tell patients that dentists and other-level providers perform simple procedures. We have regulators opining that removal of loose deciduous teeth by non-dentists may be a felony because that conduct is a risk to the public. Of course, plaintiff attorneys are available to help the legions of patients whose "easy," "simple," "minor," etc. procedures have resulted in foreseeable morbidity.[12] "Simple" government intervention has been shown to exacerbate the controversy. [13]

It would seem that dentists would be the logical choice to put these issues to rest. ▪

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Summer is heating up and so is the election season. The primaries are over and your NDA Executive Board along with the Legislative Committee is working hard to interview as many candidates (especially the new ones) as possible to educate them on our dental issues. Education of legislators to our issues is a key component. We will strive to be proactive on issues that are important and we will be ready for the inevitable attacks on our profession. As hard as it may be for some to understand we must support "friends of dentistry" no matter what party they are in.

Check out the article on page 7 by our NDA Lobbyist Chris Ferrari on the Margin Tax Initiative. ▪

Correction: *In the* NDA Journal, *Spring 2014 issue, the acknowledgement for "What is a Dental Specialist?" by Frank Recker, DDS, JD was omitted. The article was reprinted with permission from the American Academy of Implant Dentistry,* AAID News, *Winter 2014, www.aaid.com. The NDAJ aplogizes for the oversight.*

What is the Margin Tax Initiative?

By Chris Ferrari

Hopefully by this juncture, you have heard about the "Margin Tax Initiative"—AKA "The Education Initiative," AKA Question 3—so you are aware, these are all the same thing. Here is a bit more information on this proposal that, if passed, will dramatically impact consumers, patients, and business in Nevada.

Q: What is the Margin Tax Initiative? If passed, the 2% Margin Tax proposal would be imposed on a business' gross revenues—not profits—in excess of $1 million, regardless of profitability. The proposal has been calculated to be the equivalent of a nearly 15% corporate income tax. That would make Nevada one of the five highest taxed states in the country for business—nearly double California's corporate income tax rate of 8.8%.

Q: How much would the proposed Margin Tax cost Nevada businesses and consumers? Estimates of how much the tax initiative would raise vary from $460 million to $800 million. Question 3 contains no guidelines on how any funds that might go to education would be spent. It becomes a blank check with no accountability measures for the state's General Fund.

Q: If a business is making more than $1 million, why can't they afford to pay more for education? This tax is on gross revenue, not profit. Many small businesses—auto shops, franchise restaurants, health clinics, contractor services, medical offices, grocery stores, etc.—may have revenues of $1 million, but may have very small profit margins. On the surface, 2% doesn't sound like much, but considering many businesses operate on higher volume and low margin, this could drastically cut or eliminate any profitability. This means that these businesses will be forced to increase prices. Guess who foots the bill? *The consumer.*

Q: This won't apply to insurance or medical services? Wrong. Nothing escapes this tax. Did you know you already pay a 3.5% insurance premium tax in Nevada? Insurance isn't exempt from this tax—think 5.5% now if it passes. Medicaid and Medicare providers will also pay this tax.

Q: How can I help to stop Question 3? Visit the website for the Coalition to Deafeat the Margin Tax Initiative at **www.stopthemargintax.com**. Check the toolkit tab, and print the materials, post them, educate your family, patients and friends. Only a grassroots effort—your effort—will stop this tax. ▪

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I am both excited and sad as I write this letter. Excited because it is my last article for the *Journal*. This is not my forte and has been a challenge at times. Sad because the year has passed so quickly and there still seems much to be done. I thank you for letting me have this opportunity to serve you, the members of the NDA.

I wish to thank all the delegates and officers of the state and local components who attended the NDA summer meeting in San Diego. I know it is a sacrifice to give of your time to conduct the business of the NDA.

I appreciate and thank the other NDA officers, Mark Handelin, Brad Wilbur, Lynn Brosy, Dywte Brooks and Gilbert Trujillo for their support and help. A special thank you goes to executive director, Bob Talley, for all he does for the NDA.

Increasing PAC funding and growing membership were two of my main goals for the year. While there is still work to be done in these areas, we have made strides in both. We have been working hard to position ourselves for the next year's legislative session.

I know the ADA is striving to get all of us working together in order to increase the value we find in membership. There are times when we think of the ADA as being separate from the state and local societies. ADA President Charles Norman stated, "It is our intention to act not as a fragmented collection of national, state and local associations. We are more than that. In reality we are one organization, truly a family."

Whether you think of our relationship as a family, team or something else, we know that we can achieve more together than we can separately. I feel all three levels of the association are working to meet member needs, solve member problems and exceed expectations for members. There are many new and excited things coming from the ADA to help us all. I am committed to uniting together through organized dentistry to protect our great profession.

Thank you again for your support and generosity this past year. I wish nothing but the best for all of you in life and in dentistry. ▪

Gary S. Yonemoto, DDS, MS

First the good news! The ADA is financially stable. In fact, 2013 was an exceptional year for the ADA in regards to our financial condition. Some key factors include:

1. A 27% growth in our investment returns.
2. Substantial growth in non-dues revenue due to increased royalties from Great West Life Insurance.
3. Increased revenue from ADABEI, testing revenue and product sales.

The net result is: The ADA dues were not increased for 2014 and the net uncommitted reserves at the end of 2013 were $75.5 million. This represents 64% of the budgeted annual expenses. Our House mandated target is 50%!

Strategic Plan update

The 2015 to 2020 Strategic Plan *Members First!* was accepted by the Board at the March meeting.

This was a long process, which began in December of 2012. I view the Member's First plan as a "Roadmap" for the Board in managing the ADA over the next five years.

The new strategic plan is an improvement over our current plan. We have simplified the ADA Mission Statement. It is now: *Helping All Members Succeed*.

Our vision statement is also right to the point: *To be the Recognized Leader on Oral Health.*

In addition, we clearly established our Core Values. They are:

1. Commitment to the Members
2. Integrity
3. Excellence
4. Commitment to the Improvement of Oral Health
5. Science/Evidence Based

Once we set the core values, the ADA performed an environmental scan, "A Profession in Transition: Key Forces Reshaping the Dental Landscape." This scan helped the ADA identify its strengths and weaknesses and internal and external trends that will affect the future of Dentistry. If you are interested, you can review this analysis at: www.ada.org/escan.aspx.

After the completion of the scan we had a series of stakeholder meetings and a board and senior staff meeting to develop Members First. Through these meetings we set our three goals and six objectives. We also developed several strategies under each objective to help achieve these goals by 2020.

For example, the finance goal states: The ADA will maintain financial sustainability. The two objectives under this "goal" are:

1. Unrestricted liquid reserves will be targeted at no less than 50% of the annual operating expenses.
2. Non-dues revenue will be at least 65% of total revenue.

Membership

Since I joined the Board we have placed membership at the highest priority. There has been zero growth and a steady decline in membership percentage for the past several years. Currently, we are around 66%. Some of you may remember when membership percentage was at 74%.

The decline has been consistent at about 1% a year and we have seen this not only on the national level but also at the state and local levels. This is disturbing because the strength of the ADA is our membership. More specifically, we need to be able to leverage member numbers to effect positive change for our profession.

A little good news is that this past year our decline has been less that one percent. However, this is not enough!

Let me clarify this further. In the past ten years, we added more than 4,000 new members. However, when looking at the amount of new dentists added each year to the workforce (around 22,000 over the same period) we have a declining percentage. To attempt to stop this decline, the board has placed increasing member value as a key driver to increasing membership.

You are all familiar with the "Power of Three" program. The Board wants to enhance this program by changing the structure of our organization. Our concept of the tripartite is changing. Instead of the "old" tripartite structure, the board is hoping to institute a partnership relationship with the states and local components.

This will mean a change in our organizational culture. The Board has embraced this new paradigm and we are asking the state and local leadership to join the Board in this crucial change. Please look for the new logo depicting this new paradigm.

This change is already beginning. At our March board meeting we passed a new membership initiative. The emphasis of this initiative is to develop member loyalty beginning with the admission into dental school. The Membership Council did a fantastic job and Gary Jones, our 14th District representative to the Council, will be presenting the membership initiative to the entire 14th District soon.

Also, look for the "open letter" from the Board. It is entitled "Supporting Member Success Through the Power of Three." This is a great summary of what the Board is hoping to accomplish

with this new partnership. This letter was developed through the efforts of many stakeholders including many of the leaders within the 14th District.

The spirit of this letter details an agreement between the local, state and national organizations stating that we cannot work in competition with each other. For example, if a state has a better program or service for our members then it is not necessary for the ADA to duplicate this program or service. Keep in mind that the bottom line is that we need to increase the member value by offering the "best in class" programs or services.

It is my hope that the 14th District can be a change leader for the other districts. For example, Nevada has taken the first step by being one of the first states to switch to Aptify membership software. Aptify helps to integrate the management functions of all levels (local, state and national). This gives Nevada a technology foundation to increase member value on many levels.

Another example is that Arizona has started its "We Are One" program. In my opinion, this embodies what the Board is trying to accomplish—a partnership between local components, state constituents and ADA.

In closing, this is an exciting time to be in ADA leadership. We are engaging all levels—local, state and national—to change the culture of our professional organization.

The ADA is a great organization! However, we all need to work together at all levels to ensure that our profession survives!

This will take leadership! Together, I know that we can help our members succeed in their practices and promote the oral health of the public that we serve.

My wife, Toyie, and I thank all of you for allowing us to represent the *best district in the ADA!* ▪

Why patient autonomy is first

A commentary on ethical practices in healthcare

By Cameron Foulk

All healthcare professionals, at one point or another, learn and commonly take an oath to uphold a code of ethics. Physicians will be familiar with the philosophies of Hippocrates. There is a more modern dental basis in the American Dental Association (ADA) Code of Professional Conduct (CPC). Both of these include principles one would expect such as not doing harm, doing good, honesty, and so forth. One major addition to the ADA CPC is patient autonomy. Not only has this been added to the more classical principles from Hippocrates, but it is the first principle in the ADA code of ethics.[1] Patient autonomy is a principle that has evolved with western civilization to become a standard in our society's ethical paradigm.

As mentioned earlier, a model of autonomy has not always been part of the healthcare providers' code. The traditional model of patient relationships was based almost solely on beneficence. *To act beneficently, the Hippocratic tradition taught physicians to exercise authority over obedient patients.*[2] According to this philosophy it is even appropriate to perform treatment without patient consent or even knowledge. This sort of practice was even encouraged: *"Wisdom of concealing most things from the patient, while you are attending to him...turning his attention away from what is being done to him;...revealing nothing of the patient's future or present condition. Promise a cure to every patient, but.. tell the parents or the friends if there is any danger, and, the surgeon must not be afraid to lie if this benefits the patient.*[2] These guidelines were the general practice for several thousand years and seemed to be fairly effective. Not surprisingly, this mindset started to be challenged in the western world with the onset of the Enlightenment, about the time of the American Revolutionary War. With heavy value now placed on freedom and independence, people like Benjamin Rush[3] started a shift toward providing more information to the patients. This was a start, but the importance of autonomy was not apparent until World War II.

The doctor-patient relationship was the subject of the 2014 UNLV SDM senior class Jurisprudence final. Dr. Foulk's effort above is but one of many outstanding submissions.

What was the driving force toward revisiting the patient-doctor relationship? Progress. With evidence-based medicine becoming expected, there needed to be patients to conduct experiments on. Research on human subjects began to expand dramatically with the onset of WWII, and with it, there developed a real need to evaluate the ethics of human experimentation. In the US, practices were put into place to "infect otherwise healthy individuals with malaria so as to test the efficacy of experimental anti-malarial treatment." Experimental treatments were thus administered without consent to institutionalized children aged 13–17.[3] Infecting children in order to test potential treatment and testing experimental dysentery treatment on children without consent are two examples of what was done in the name of progress. While this seems unethical to us now, we have the benefit of retrospect. We are able to see the extent to which the Nazis used healthcare professionals to "do good" in progressing their own bigger missions.

Hitler employed the help of physicians like Dr. Karl Brandt to carry out experiments on people in concentration camps. These physicians did things like immersing patients in ice water to study the effect; they tried to sterilize male patients with x-rays.[3] These physicians were eventually tried for crimes at Nuremberg secondary to their unethical and illegal conduct. Dr. Brandt may have been the only person sentenced to death by both the Axis and the Allies, and was eventually hung after trial at Nuremberg.[4]

Modern mindsets have shifted in much the opposite direction, even to the point of allowing patients to choose any treatment, even if that means not utilizing beneficial treatment in order to electively end human life rather than persist in treating illness.[5] It could be our memory of the history of WWII that causes us to want to allow such full autonomy. Analysis of war crimes* causes us to have such a solid opposition when we hear of contemporary cases like the one involving David Eckert.

The case of Mr. Eckert is one that illustrates physicians placing their ethical loyalty in a government rather than honoring patient autonomy. Mr. Eckert was stopped by the police and was searched for illegal drug possession. When no drugs were found, the police obtained a warrant to perform cavity searches. When the initial doctor refused to perform the searches without the consent of the patient, he was brought to professionals in another hospital that agreed

to search per law enforcement's court order. It is true that we all sacrifice part of our liberties in order to maintain a secure community. However, another principle we have learned from war time crimes, is that there needs to be a due process before those liberties are grossly violated. The law enforcement officer in this case decided to forgo due process by bringing Mr. Eckert to a hospital outside the county and subjecting him to numerous procedures. Specifically, law enforcement directed the physicians to perform three enemas, radiographs, and a colonoscopy.[6] All of which were performed without the patient's consent. It could be argued that a greater service to the community justifies sacrificing some of one man's freedom. So why does this story seem so unethical? It may be reasonable to obtain a search warrant to prevent crimes. It may also be reasonable to have the person subject themselves to a cavity search. But we have learned through history how reasonable can be pushed to criminal when proper safeguards are not established and followed. In the law, proper safeguards translates to due process. In healthcare, it means more than just an arbitrary mantra to "do good." It means appealing to another principle to insure the atrocities we learn about in our history are not repeated.

How do we decide what it means to "do good?" Should our decisions be primarily for the good of medicine? Should they be first for the good of a community's security or society as a whole? Or should they be solely for the good of the patient? Since no man can serve two masters, using only a model of beneficence can be difficult to decide which one truly serves good and which can lead to horrific misjudgments. As dentists however; we can learn that our decisions are more ethically directed if we follow the ADA's lead and put patient autonomy first. ▪

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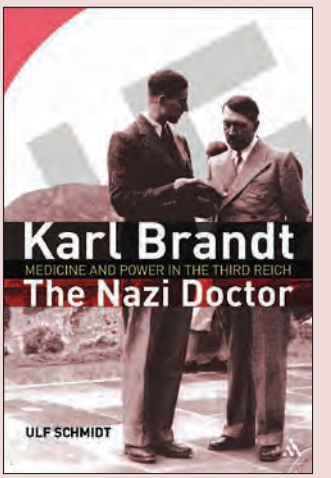
**Editor's note: Axis medical atrocities from Germany and Japan dramatically compromised the world's perspective on the once trusted doctor-patient relationship when trusted healers were seen as more loyal to the government than patients. Other professionals were also implicated: "Dear Teacher: I am a survivor of a concentration camp. My eyes saw what no man should witness. Gas chambers built by learned engineers. Children poisoned by educated physicians. Infants killed by trained nurses. Women and babies shot and burned by high school and college graduates. So, I am suspicious of education. My request is: Help your students become human. Your efforts must never produce learned monsters, skilled psychopaths, educated Eichmanns." (Schmidt, Ulf, Karl Bandt,* The Nazi Doctor: Medicine and Power in the Third Reich, *Bloomsbury Academic, NY, 2007)*



Judicial Hellholes 2013–2014

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Since 2002, the American Tort Reform Association's (ATRA) Judicial Hellholes® program has built on the American Tort Reform Foundation's (ATRF) annual report of the same name, documenting developments in places where judges in civil cases systematically apply laws and court procedures in an unfair and unbalanced manner, generally against defendants. More recently the lawsuit industry has begun aggressively lobbying for legislative and regulatory expansions of liability, as well, so Judicial Hellholes reporting has evolved to include such law- and rulemaking activity, much of which can affect the fairness of a state's lawsuit climate as readily as judicial actions.

Though entire states are occasionally cited as Hellholes, specific counties or courts in a given state more typically warrant such citations. And importantly, jurisdictions singled out by Judicial Hellholes reporting are not the only Judicial Hellholes in the United States; they are simply among the worst.

Judicial Hellholes reports compile the most significant court rulings and legislative actions over the course of the year as documented in real-time online. The report also reflects feedback gathered from ATRA members and other firsthand sources. Because the program has become widely known, ATRA also continually receives tips and additional information, which ATRF then researches independently through publicly available court documents, judicial branch statistics, press accounts, and various studies. The Judicial Hellholes program considers only civil litigation; it does not reflect in any way on the criminal justice system.

Clark County, Nevada

In April 2013, the *Las Vegas Review-Journal* declared Sin City to be "the undisputed jackpot justice capital of the world" after another Clark County jury delivered a $500 million verdict against a health insurer.[1] The massive award is the latest in the continuing fallout from the hepatitis C outbreak stemming from unsanitary practices at Dr. Dipak Desai's endoscopy clinic. A doctor's pockets are only so deep, especially when he's fighting criminal charges, so plaintiffs' lawyers targeted every major business associated with the clinic. First, in 2010, they got a $500 million verdict against a drug manufacturer and distributor on the theory that they produced the anesthetic, Propofol, in vials large enough to be reused by clinic staff in treating colonoscopy patients. The following year, plaintiffs scored another $162 million windfall against those businesses. And only days later, another Clark County lawsuit yielded $90 million more in compensatory and punitive damages for a single patient.[2] After those outcomes, the drug maker Teva settled most of the remaining cases for $285 million.

But the plaintiffs' lawyers were not through. They turned their attention to local insurer Health Plan of Nevada (HPN), claiming that the insurer also had a role in the outbreak because it failed to remove Dr. Desai from its network of doctors despite quality-of-care concerns. This April, that trial resulted in $24 million in compensatory damages to three patients plus a mind-boggling half-billion dollars in punitive damages.[3]

HPN noted that if the verdict is allowed to stand, it will affect the affordability of health insurance in Nevada. "The only numbers that matter here are the higher insurance premiums that Nevadans may pay if health plans are held liable for the criminal conduct of independent doctors," the statement said. As the *Las Vegas Review-Journal* more colorfully observed, "The breathtaking stupidity of this verdict would be comical if it didn't have such costly ramifications for every resident of this valley."

Clark County jurors were kept in the dark about Dr. Desai's misconduct, allowing plaintiffs' lawyers to focus on demonizing whatever deep-pocket business they had dragged into court. As Peabody Award-winning investigative reporter George Knapp observed in the first trial, "Jurors were never allowed to hear a host of arguments, evidence and experts who would have offered alternative explanations." Knapp also noted that "the presiding judge, Jessie Walsh[4], was viewed as overtly friendly to the plaintiff 's attorneys. The fact that those attorneys contributed such a large percentage of Walsh's campaign war chest is only part of the explanation." *(Note: Jessie Walsh received the lowest score of nearly 100 judges in Clark County attorneys' survey.[4])*

Judge Jessie Walsh

Similarly, in the HPN case, another Clark County District Judge Timothy C. Williams barred the jury from hearing such evidence, including evidence about how insurers rely on numerous private and government regulators' site visits and credentialing and licensing

Judge Timothy C. Williams

processes, none of which uncovered improper practices at Dr. Desai's clinic over several years, the *Review-Journal* reported. Jurors also were not told that other juries had already found the drug companies at fault.

In October, Dr. Desai was sentenced to 18 years to life in prison for his criminal convictions in the deadly hepatitis C outbreak.

The *Review-Journal* has cautioned that the Clark County plaintiffs' bar and judiciary's response to the Desai case is "a warning to businesses everywhere: You won't get a fair shake in the Nevada justice system—not even close. Rest assured, our casinos offer fair play. But the courts are rigged."

All eyes on the Nevada Supreme Court

Nevada Attorney General Catherine Cortez Masto's repeated use of private law firms to enforce Nevada law, and her office's compensation of these outside lawyers based on the amount of fines they impose on those who do business in the state, are of continuing concern. A challenge to this practice, discussed in last year's Judicial Hellholes report, remains pending before the Nevada Supreme Court, which heard oral arguments in June 2013.

Nevada Attorney General Catherine Cortez Masto

That appeal stems from a Clark County case in which AG Masto hired Washington, D.C.-based plaintiffs' class-action law firm, Cohen Milstein, to challenge the business practices of home builders and mortgage lenders. Given that Nevada has among the highest foreclosure rates in the country, such lawsuits are politically popular. But by pursing such actions through contingency-fee arrangements, these lawsuits seem more influenced by the profit-motives of self-interested out-of-state lawyers than by justice in the public interest. ATRA filed an amicus brief in the case.

AG Masto has failed to explain adequately why her own substantial, taxpayer-funded staff cannot handle this

Continues ➲

litigation. Nor has she explained why she is letting an out-of-state private law firm drive such massive litigation in Nevada, though Cohen Milstein lawyers have generously supported her campaign fundraising and the Democratic Attorneys General Association in recent years. In fact, Masto's use of private lawyers could jeopardize a $127 million settlement between a mortgage processing company and 49 other states and the District of Columbia. The holdout is Nevada, where the Masto-Milstein deal gives the private firm "virtual veto power" over any settlement offer. As the *Wall Street Journal* explained, "under [the mortgage processor's] settlement with other states, the states can renegotiate if any state gets a different deal. So if Nevada's trial lawyers insist on a bigger payday for themselves, [the processor] has to return to the negotiating table." If she allows this to happen, AG Masto will have an awful lot of explaining to do.

Observers are not optimistic that the Nevada Supreme Court will intervene in the arrangement between Masto and her contingency-fee lawyers. And last year, the high court became the only appellate court in the nation to embrace a highly controversial rewrite of the law governing premises liability. In that case, the state's high court reversed a trial court's dismissal of a "trip-and-fall" case against Costco, finding that the store had a duty to guard against hazards that are open and obvious to all, such as a wooden pallet left in a warehouse aisle. This aspect of the decision is similar to the unsound West Virginia ruling detailed [in the original report]. But the Nevada Supreme Court went further. It imposed upon businesses and homeowners a new duty to guard against risks to any person who comes onto their property, even if that person is trespassing, adopting Section 51 of the American Law Institute's model Restatement of the Law (Third) of Torts: Liability for Physical and Emotional Harm (2012). In contrast to Nevada and as noted among Points of Light in last year's report, the clear trend nationally is to reject the new Restatement's radical approach. ▪

This portion of the ATRA 2013–2014 Judicial Hellhole's report reprinted by permission. View the entire report online at www.judicialhellholes.org.

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Nevada State Board of Dental Examiners

BULLETIN

Prescription Drugs

The Nevada State Board of Dental Examiners is issuing this bulletin to advise licensed dentists of individuals who are obtaining fraudulent prescriptions for controlled substances via social media, specifically Facebook. These person(s) are using valid patient's names obtained through your Facebook pages, then calling the licensed dentist pretending to be the valid patient on the weekends and at night (so identity cannot be verified) and then the dentist is calling in the prescription for controlled substances for the patient of record and the person pretending to be the patient of record is picking up the prescription.

You, as the licensed dentist, should be aware of this prescription scam and take all the necessary precautions when issuing or refilling prescriptions for controlled substances.

Should you have any questions, please contact the Board office at 702-486-7044 or the Board of Pharmacy at 800-364-2081. ▪

Pitfall for the unwary:

Informed consent in the context of dental malpractice

By ToanFoeng Tham, DDS, JD

Malpractice means "failure on the part of a dentist to exercise the degree of care, diligence and skill ordinarily exercised by dentists in good standing in the community in which he or she practices…"[1]

In order to win the malpractice case, a plaintiff usually must establish (1) the practitioner owed a duty to the plaintiff; (2) the practitioner breached that duty; (3) that the breach of duty proximately caused (4) injury to the plaintiff. To prove breach of duty, the plaintiff must show through expert testimony that the practitioner was rendering substandard care. Under Nevada law, breach of duty or professional negligent is defined as "negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death…."[2]

Whether one can win a malpractice lawsuit depends a lot on the selection of the experts, on your attorney's ability to understand and comprehend the complexity of the case, and on having a supportive professional liability insurance company that is willing to fight contend legally. The process of malpractice is a lengthy one, from a plaintiff's lawyer asking for dental records, radiographs, meetings, pleadings, affidavits, discovery, depositions, mediation sessions, and finally trial. The entire process may take years and certainly can drain emotions and finances.

Further, there is an area in malpractice in which even if the dentist performs the procedure optimally, liability may still attach: that is, violation of a patient's right to consent to a procedure. Informed consent law has evolved as a variant of within the tort of malpractice. Originally conceived as an offshoot of the law of battery, informed consent is now generally treated under a theory of negligence. All the essential elements in a malpractice-negligence action are equally applicable in an informed consent case.[3,4]

Most courts see the lack of informed consent as negligent behavior; it does not matter that the injury caused was a normal risk of the procedure and that the doctor was not negligent in performing procedure. The question is whether doctor improperly failed to get the patient's consent.

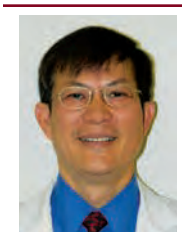
To illustrate, below are two cases that demonstrate the importance of a thorough and complete discussion of all elements of informed consent.[5,6]

Inadequate disclosure of experience

Johnson v. Kokemoor, Supreme Court of Wisconsin, 1996.
199 Wis. 2d 615, 545 N.W.2d 495.

Donna Johnson brought an action against Dr. Richard Kokemoor alleging failure to obtain her informed consent to surgery as required by Wis. Stat. § 448.30 (1993–94). The jury found that the defendant failed to adequately inform the plaintiff regarding the risks associated with her surgery. The jury also found that a reasonable person in the plaintiff's position would have refused to consent to surgery by the defendant if she had been fully informed of its potential risks.

This case presented the issue of whether the circuit court erred in admitting evidence that the defendant, in undertaking his duty to obtain the plaintiff's informed consent before operating to clip an aneurysm, failed, among other things, to divulge the extent of his experience in performing this type of surgery. The appellate court concluded that failure to disclose your experience in performing procedure were material to the issue of informed consent. As stated in *Martin v. Richards*, 192 Wis.2d 156, 174, 531, N.W.2d 70 (1995), "a patient cannot make an informed, intelligent decision to consent to a physician's suggested treatment unless the physician discloses what is material to the patient's decision, i.e., all of the viable alternatives and risks of the treatment proposed."



ToanFoeng (Bill) Tham, DDS, JD, is a visiting assistant professor at the UNLV SDM and a member of the California Bar.

In short, information regarding a physician's experience in performing a particular procedure would have facilitated the plaintiff's awareness of "all of the viable alternatives" available to her and aided her exercise of informed consent.

Failure to give alternative treatment options

Gemme vs. Schreiber, Hartford/New Britain, Connecticut. Case No. CV89-0032647

This case involved a 22-year-old female who presented to the defendant orthodontist in hope of correcting a pronounced overbite. The orthodontist recommended a course of treatment, which eventually included surgery. The orthodontist referred her to the defendant oral and maxillofacial surgeon (OMS). The OMS completed a Lefort I osteotomy to close the gap that had been created by the Orthodontist's prior extraction treatment planning. The plaintiff lost all of her upper teeth after the osteotomy due to compromise of the maxillary blood supply, a recognized complication of the procedure. The plaintiff contended that the defendants failed to obtain her informed consent prior to proceeding with the surgery and, specifically, failed to advise her of alternative methods of treatment.

This case is clearly demonstrated the accepted legal principle that informed consent, to be considered as valid, must thoroughly and completely discuss all alternatives to the proposed recommended treatment i.e., fixed bridge and/or veneer as alternative to surgery. Failure to do so will open the door wide to malpractice lawsuit.

Conclusion

The process of obtaining a person's explicit and informed consent to be treated is a clinical task that is an integral part of treatment planning and a good professional practice for all health care professionals.[7] The perspective of awareness of informed consent is being heightened and hopefully the numbers of malpractice cases can be reduced by conclusively establishing consent with patients for any proposed, recommended surgical or dental procedures. ▪

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Summer comes to southern Nevada, and with it the busy time of the year. Of course, we don't have seminars or general meetings in the summer, but this is the time of the year when all the arrangements are made and everything is put in place for the season that kicks off in September.

Certainly, last summer was plenty busy. We began the revision of our website, added Facebook to our social media, and worked through our re-branding. And we certainly haven't stopped there, as things continue to develop, evolve, and get added. All of this effort continues to provide a good value to our members, of course, but more than that, it is a manifestation of our commitment to being a relevant, meaningful support system in your practice. Even though the big reveal was held at Community Night in September we have continued to bring new programs and events to you.

Certainly one great example is our first (annual!) Shredding Day. Though the drop off for materials was between 10 am and 2 pm, we actually had to get a second shredding truck and they were here until 6:30 pm! Thank you to the many, many members who participated and made it a success, and to our sponsors, AMS Insurance and WestPac Wealth Partners. It was nice to see our members drop off their materials and join us for lunch and fellowship. Plans are underway to expand the event next year, and we hope that word of mouth spreads so that more of our members take advantage of it!

We are also working on our CE program, both the Premier series and the CE Café. The Premier Series is going to be a really strong set of speakers, with Dr. Charles Blair on Friday, September 26, 2014, Dr. John Kois on Friday, November 7, 2014, Dr. LeeAnn Brady on Friday, March 6, 2015, and rounding out with Dr. Gerry Kugel on Friday, April 24, 2015. We are also happy to announce that there will be no fee increase this year, so you can still sign up for this series, all four speakers, for just $750. This is only $187.50 per six-hour seminar, and a $500 discount over the non-member price. Watch your email for details or contact the SNDS office.

The CE Café ended on a strong note, with our best attendance ever. The topic was "The Regulatory Challenge," an overview of all the conflicting layers of regulation and compliance facing dentists in their practices. Look for more information along these lines, as well as a new battery of CE opportunities to help you with that compliance.

We'll also be adding other niche topics to the CE Café line-up, a mix of clinical and practice management. Remember, if you attend all six CE Cafés, for free, you will accumulate 12 CEUs. Add to that eight CEUs that are available to you through our dinner meetings, which are also included in your dues, and you have 20 CE credits just through your membership—at no additional charge!

We are continuing our partnership with AMS Insurance. This has been a great program, and if you're a new member, or haven't noticed, it can make a big difference for members. AMS works with dozens of insurance providers, and can help members with both professional insurance needs as well as personal insurance products, *all at a member discount*. In some cases the discount has been significant, but in any case, we hope that by participating in this member benefit, your dues are even more affordable.

As the summer progresses, watch our *SNDS Leader* for details and updates, and mark your calendar today for Community Night, on Tuesday, September 9. It's the gala meeting of the year, and we don't want you to miss it! ▪

Shredding Day. "Before Things Got Crazy!"

Lydia Wyatt, DDS

It's an honor to serve as President of the Southern Nevada Dental Society, and to present my first report.

My first order of business is to thank my predecessor, Dr. Byron Blasco, for the work he has done over the past year. Since this time last year we have a new look, a new energy, a new vitality. We're doing a better job of letting our members know about what we're doing as a society, and about the value of membership. In the last quarter of 2013, we saw a growth in our membership numbers, and the early signs are that that growth is continuing so far in 2014.

As president, I would like to continue this momentum, and see our society grow and develop as a real asset to our members, and to southern Nevada at large. That's what being a "Community of Leaders" really means.

One of the big upgrades of the last year focused on our Premier Continuing Education Series. For this year, we have a great lineup, featuring Charles Blair in September, John Kois in November, LeeAnn Brady in March 2015 and Gerry Kugel in April 2015. The value to our members of being able to take advantage of a team like this is incredible! We are truly living up to our goal of bringing the best speakers in the country here, to our backyard.

We are already at work in lining up the 2015–2016 speakers, because the best speakers are the first ones booked up. Our continuing education program is an excellent value, but also an important non-dues revenue source, which has kept our dues and fees from going up for quite a few years.

The CE Café has also come into its own, and you can look ahead for practice management and clinical niche topics, still free to our members! With members being able to get a total of 12 CEUs from the free CE Café series, plus one CEU for each of our eight dinner meetings, it's possible to get 20 CE credits included in your dues, simply by participating. In today's southern Nevada economy, that's a great value!

We also hope to continue to provide opportunities for our members to become active and get involved. Our Peer Review Committee is very active and has recruited some new members. We'll also be looking for new recruits for our Membership Committee and New Dentist Committee. Remember, the best way to feel the value of your membership, as well as that feeling of making a difference, is to get involved!

Along those lines, expect to hear more from our delegates, who are a vital link between the SNDS leadership and the members. We know that communication is a two-way proposition, so we consider the delegates as the best avenue to give you that connection to the society. We're fortunate to have dedicated, committed volunteers. This is especially true of our officers, president-elect, Dr. J.B. White, and our secretary/treasurer, Dr. Tina Brandon-Abbatangelo.

There are also opportunities for the dentists of southern Nevada to make a difference in the community at large. Our 2014 Give Kids A Smile event was very successful, and you can view the video of the event on our Facebook page. But through special events, along with new initiatives such as Volunteers in Medicine with their new clinic, we can have a greater impact in southern Nevada. This is not only a good thing to do, but it also makes a difference in dealing with the legislature in Carson City.

Give Kids A Smile will always be an important event, but through our networking capabilities, we can expand our impact to a great extent… working smart and not just hard. This means that we'll be reaching out to our corporate and community partners for sponsorship and support in making this an effective reality.

Of course, it makes sense to think ahead to the next legislative session. We had a banner year in the last session, and we should work together to have a solid agenda once again. The NDA is working behind the scenes with candidates and legislators. That's why it's important for all of us to support the NDA PAC fund. It would be shame to not keep that long-overdue momentum up in Carson City! So far, we've had 44 SNDS members contribute $39,058.87, which is fantastic! We want to continue to focus on our goal of 90 contributors by the end of 2014.

Along with everything else, we are also working to improve our website, create new apps for our members, and increase our social media footprint. All of this activity and communication will help develop new possibilities, new success, new developments for our Society and for us, the members.

I'm looking forward to a great year, and the honor of serving as President of the Southern Nevada Dental Society, A Community of Leaders. ▪

Lori Benvin
nnds@nndental.org

Summer is here, so is the change in officers to the Northern Nevada Dental Society Executive Board. Effective June 1, I congratulate and recognize the members of our volunteer NNDS Executive Board and of our state constituent, the NDA.

The following colleagues have spent (and will spend) a lot of time in leadership roles for the betterment of our society, for our community/state, for your patients, and for your profession. They don't get enough recognition or thanks—outside of fellow board members. If you don't agree with something happening in NNDS or NDA or you have concerns, don't hesitate to contact these leaders. That is their role, and they want to hear from you. Their names are always listed in the *NDA Journal* or they are present at our monthly general membership meetings. You can also get involved yourself; ask how you can become a part of the NNDS leadership and express your ideas for change. There are multiple levels of which you can volunteer your time.

Let's thank our officers, committee chairs and delegates. Your leadership colleagues feel very passionate about organized dentistry and want what is best for the profession. You all made a big investment to become a dentist. NNDS and NDA board members and committee chairs care about dentistry in Nevada.

I thank Dr. Frank Beglin, outgoing president, for his years of service to the NNDS. Frank took a *very* active role in the Executive Committee—he never missed a meeting—while spending time with his family and running his orthodontic practice in Carson City. Thank you, Frank, for a great year as president; I appreciate all the support you gave me and I thank you for your dedication to the society.

Welcome to the new NNDS officers. I look forward to a successful year!

Dr. Perry Francis—President
Dr. Brandi Dupont—Vice President
Dr. Maggie Heinen—Sec/Treasurer
Dr. Rick Dragon—Member at Large, Delegate and Legislative Committee
Dr. Spencer Fullmer—Member at Large and CE Speaker Chairman
Dr. Frank Beglin—Past President

At the NDA Annual Summer Meeting on June 7, the House of Delegates swore in the 2014–2015 NDA officers.

Dr. Mark Handelin—President
Dr. Brad Wilbur—President-Elect
Dr. Lynn Brosy—Vice President
Dr. George McAlpine—Secretary
Dr. Dwyte Brooks—Treasurer
Dr. Stephen Rose—Past President

Our outstanding Executive Director, Dr. Bob Talley, continues his diligent hours of commitment to the NDA—legislatively and professionally.

Dr. Spencer Fullmer is taking over the role of CE Chair and we thank Dr. Mike Almaraz for chairing this role for the past two years. Mike did an excellent job!

Please join me in welcoming new leaders and *thanking* them for serving as the leaders of our great society!

We have some great events planned for 2014 and 2015. Check out the Calendar of Events on our website at www.nndental.org for dates, guest speakers, and topics. You can also read our eNewsletters for more information. If you are not receiving our emails, please email us at nnds@nndental.org or go to our website.

We continue to value our members and your Executive Board has voted to continue offering all monthly general membership dinner meetings at a cost of $35 per person as well as reduced rates for quality CE courses. We *thank* you or your continued membership and support for NNDS events. We value your participation! ▪

Upcoming NNDS Events

July 31—NNDS Annual Open House BBQ Picnic. *Bartley Ranch Park.*

August 22–23—Laser Certification Course with Dr. William Leavitt. *Atlantis Hotel Casino Spa, Reno.*

September 5—NNDS Annual Spouses/Guest/Family Night and UNR tailgate. *Mackey Stadium, Reno.*

September 26—NNDHP/Joel F. Glover 12th Annual Charity Golf Tournament to benefit the Adopt-a-Vet Dental Program. *LakeRidge Golf Club, Reno.*

October 16—NNDS General Membership Dinner Meeting with Major David E. Webb, DDS, an oral surgeon with a specialty in oncology reconstruction.

November 13—NNDS General Membership Dinner Meeting with Dr. J.B. White presenting on non-covered services and legislative grassroots. *Atlantis Hotel Casino Spa, Reno.*

November 14—CE course (6 hour). "New Dimensions in Endodontics" presented by Alex Fleury, DDS. *Atlantis Hotel Casino Spa, Reno.*

December—No NNDS Christmas party due to our hectic December schedules.

February 13, 2015—We are planning a "Sweetheart" event at the Nevada Museum of Art. Please save the date and bring a date!

Spring time in Northern Nevada is a beautiful time of the year; the foliage covers the trees that were barren during winter. This reminds me of how lucky we are to live in beautiful Northern Nevada. I guess that it is not a coincidence that we also have one of the most cohesive, energetic and caring group of dentists that makes the Northern Nevada Dental Society.

First and foremost, I want to thank Dr. Frank Beglin for his time and effort that he has put over the last year as President of the NNDS. I also want to welcome our new executive committee. (See list on page 22.) The NNDS members would be lost without Lori Benvin as our Executive Director. Her years of experience and dedication give us the confidence to believe that any one of us could step into any position within the society and act like we know what we are doing. Thank you, Lori.

Dr. Adam Welmerink has been Membership Chairman for the society for the last two years and he has brought some great ideas to the table. He attended the ADA meeting in Chicago on recruitment, retention and membership in March. NNDS won numerous awards for our membership and retention numbers. We will not rest on our laurels; our plan is to keep advancing all aspects of dentistry and most of all reaching out to the younger colleagues in our community to be more involved and further strengthening our society. Drs. David White and James Mann have been doing all that they can to increase participation and involvement through the New Dentist's Committee.

Welcome to our newest NNDS member

Eric Wilbur, DMD—Endodontist

NNDS had increased attendance at our monthly dinner meetings; our ability to host the dinner meetings at a lower cost has been well received. We have had some successful continuing education classes in Northern Nevada which were well-attended. Our two-day courses for the upcoming year have been scheduled; we are looking forward to an excellent prosthodontic course followed in the Fall of 2015 by a pedodontic course. There have been many requests from our members for a laser certification course and we have scheduled a two-day laser certification course in the summer. Dr. Spencer Fullmer has been working hard to schedule our continuing education classes.

There have been so many members of our society that have been involved in providing free care to the general public that need dental care. I am not going to mention all of them because it would take quite a bit of space. I do want to thank all of the members that have contributed in this last year.

The Northern Nevada Dental Health Program golf tournament takes place in September. There is going to be an increased focus to channel a major portion of the proceeds from the golf tournament to take care of the well deserving veterans in our community.

Perry Francis, DDS

We have a legislative year coming up; we will keep our membership current with the developments at the capital. We feel like we are in good hands with our lobbyist Chris Ferrari, Dr. Mark Handelin, Dr. Bob Talley and the past presidents leading our cause.

Lastly I thank the NNDS members for giving me the opportunity to serve you this coming year. ▪

NORTHERN NEVADA DENTAL HEALTH PROGRAM/JOEL F. GLOVER DDS

12TH ANNUAL CHARITY GOLF TOURNAMENT

"Caring for the most vulnerable and those who protect them"

TO BENEFIT

AAVD
Adopt a Vet Dental Program

SPONSORSHIP OPPORTUNITIES

GOLF SPONSOR** ..... $2,750** after June 1

- Your company name/logo on tournament golfer's gift.
- Pre and post event publicity including recognition in tournament flyer (if purchased before 6/1), press releases, radio promotions, NDA Journal, and the NNDS eNewsletter and website.
- Special recognition during tournament and Award BBQ.
- Signage with your company name/logo at the tourney, including beer cart, banner, and invitation for company representation on a tee-shirt.
- One (1) foursome reservation to play.

HOLE/TEE SPONSOR** $1,350**

- Pre and post event publicity including tournament announcements, golfer's printed programs, and table tents.
- One (1) foursome reservation to play.
- Signage with your company name/logo on a tee including invitation for company representation on a tee.

FOURSOME ** $940**

INDIVIDUAL GOLF ** $250**

BREAKFAST SPONSOR $1,000

BBQ LUNCH SPONSOR $2,500

HOLE SPONSOR ONLY $550

ADDITIONAL BBQ GUEST $40

DONATION ONLY ..... $ _____

**Entry fees include the cost of golf and food at $100 per person; balance of your sponsorship is a tax-deductible charitable contribution. Tax ID# 88-0411192

LAKERIDGE GOLF COURSE
FRIDAY, SEPT. 26, 2014

7 A.M. Breakfast & Golfer check-in
8 A.M. Tee Time

Format: Scramble, mulligans available.
(Collared shirt, please. No denim.)

Fees include: Breakfast, BBQ lunch, hosted beer and wine, range balls and golfer's gifts

LAKERIDGE

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NORTHERN NEVADA
DENTAL HEALTH PROGRAM

Greetings from the UNLV School of Dental Medicine!

UNLV
UNIVERSITY OF NEVADA LAS VEGAS
School of Dental Medicine Update

Admissions and Student Affairs

The 28th annual meeting of the International Association for Dental Research (IADR) was held June 25–28 in Cape Town, South Africa. Four UNLV SDM students presented their research projects: Kelcey Loveland, Lindsay Row, Chelsie Todd, and Ashkan Mahdavi. All four students were awarded travel grants from the Graduate and Professional Student Association (GPSA) at UNLV and two received IADR travel grants, which are awarded to less than 1% of all accepted presentations. Dr. Karl Kingsley (Dir. of Student Research) accompanied the students and presented his research.

Advanced Education in Orthodontics and Dentofacial Orthopedics Residency Program

ProStem Solutions, Inc., a company founded by Dr. Happy Ghag, an alumnus and orthodontic resident of the UNLV SDM was named a finalist in the Donald W. Reynolds Governor's Cup Collegiate Business Plan Competition. ProStem Solutions, Inc. collects and stores clients' dental stem cells which can be used in case of future injury or illness.

Advanced Education Program in Pediatric Dentistry

The UNLV SDM Advanced Education Program in Pediatric Dentistry recently accepted six postgraduate students. Four of the incoming class members already have either a DDS or DMD degree. The other two will graduate from their respective dental schools before the program starts. The Class of 2016 begins July 1 and will complete their program in 24 months.

Four of the postgraduate students in the Advanced Education Program in Pediatric Dentistry presented their research projects and case studies at the AAPD Annual Meeting in Boston, on May 22–25, 2014. Part time faculty member William O. Dahlke, DMD, a 2006 UNLV SDM graduate, and a 2012 UNLV pediatric dental program graduate, was recognized by the American Board of Pediatric Dentistry (ABPD) for his successful completion of the process to become a Diplomate of the Board.

Seran Ng, DMD, Class of 2013, is a recipient of the ABPD Richard C. Pugh Achievement Award for being in the top 15% of the ABPD qualifying examinees. Since the beginning of the Pediatric program in 2008, our program has had a 100% success rate in passing this examination.

General Practice Residency

GPR Resident Class of 2014–2015 will commence on July 1, 2014. Class members include:

Jacqueline Delaney, DMD
UNLV School of Dental Medicine

Mackenzie A. Porter, DMD
Western University of Health Sciences, California

Ducvinh T. Vo, DDS
University of California

NamThien Q. Vu, DDS
University of Washington

Richard A. Witty, Jr., DMD
University of Mississippi

Jessica K. Wu, DDS
University of Texas

Office of Research

The UNLV SDM Dean's Symposium and 12th Annual Student Research Day was held on March 3. We were honored to have Dr. Jeffrey L. Ebersole from the University of Kentucky, College of Dentistry as our guest speaker and Student Research Day judge. Congratulations to the students who were awarded prizes:

John Silvaroli—ADA/Dentsply Student Clinician Award.

Mehrnaz Khadiv—Hinman Student Research Symposium.

Richard A. Bandley—50th Annual Colgate Dental Student Conference on Research.

Dr. Amy Rusinoski from Pediatric Dentistry—UNLV SDM Post-graduate Research Travel Award.

Faculty News

Dr. Christina Demopoulos has completed all of the requirements for and been awarded Diplomat status with the American Board of Dental Public Health. She is the first boarded public health dentist in Nevada.

Dr. Wendy Woodall was inducted into the American College of Dentists (ACD), the oldest major honorary organization for dentists.

Publications: **Riva Touger-Decker** and **Connie Mobley**. *Nutrition and Oral Medicine, 2nd Edition* (Humana Press). March, 2014.

Community Service Report

Students and pediatric dental residents continue to provide preventive services in community-based, underserved settings in Clark County. Recently, SDM was asked to offer oral health education for community health nurses that provide education and referrals for the Home Visiting Program (Kids age 5 and under) in Las Vegas. Presentations were also offered to staff members at Sunrise Children's Foundation.

UNLV SDM faculty and students participated in the first annual Remote Area Medical (RAM) event in Las Vegas on April 5–6. SDM also hosted the GKAS event on February 8.

Dr. Christina Demopoulos presented at the Healthy Disparity Symposium at UNLV on April 17. The presentation highlighted the oral health disparities for the older adult population.

From November 15, 2013 to March 31, 2014, an estimated $16,691 (SDM fees) in donated services has been offered in school- and community-based events (excluding specialty SDM clinics). ▪

Advice

By Robert E. Horseman, DDS

"Dear Dr. Bob," writes agitated reader Carlin Matson, "I am sick and tired of reading the results of polls taken to discover what patients want and how to cater to their needs. This subject has been done to death," he goes on. "By this time every dentist in the world knows what patients want and how to give it to them."

Dr. Matson's discomfiture is not easily assuaged. "I am also weary of practice management companies offering for a price to let me in on the secret of how to increase my income and excite my staff into a frenzy of self-motivated office efficiency."

The good doctor has only himself to blame. He reads too much. Much dental literature is of the ad-supported variety. The subscription is free. So that the publication won't be entirely made up of ads, short articles are inserted here and there to relieve the hype.

Unfortunately, the hype is not relieved; it is exacerbated by the articles' content. For example, how many times do you want to read "Zoom Your Practice to Stratospheric Heights with Cosmetic Dentistry?" How many new dentists with multi-thousand dollar debts to service need to learn "How to Fund Your Pension Plan Through Clever Investment Strategies Involving Wolverine Breeding?"

Most dentists are so thoroughly saturated with internal and external marketing hoopla, the mere mention of the word "marketing" is enough to initiate an instant response in those nerve centers controlling emesis. Why don't we read about something called "managed care" more frequently? There's a verdant subject hardly touched on except in newsletters, periodicals, magazines and journals telling us how to get in on it or stay out of it. Really!

The truth is there are only six subjects that dental publishers use to flesh out their publications each month. These are printed on a rotating basis so that each topic is repeated every other month with a new title. They are:

Economics. Basically, dentists are advised to invest wisely, save prudently and if in doubt, buy low, sell high. The word "portfolio" appears regularly, although 6 out of 10 dentists think it refers to an Italian city on the Adriatic.

Patient relations. Skilled writers who are being paid by the word have expanded the Golden Rule to the length of the Congressional Record. See "Be Nice" in 10,000 words, or more.

Practice management. It has become incumbent upon somebody to regularly point out to dentists that dentistry is a business as well as a profession; they would never have thought of this themselves. It has to be repeated every month because dentists have the attention span of gerbils. PM firms confide that for about $295, dentists can buy a day out of the office and get a gourmet lunch, catered by Denny's. They can leave the course happy in the knowledge that what they learned last time is still valid.

Marketing. Marketing is still the buzzword of the 21st century and will be for the unforseable future. (Unless the mention of it becomes a felony punishable by death. Unfortunately, you won't get to vote on this.)

New products. Every month there are revelations of new products. If the manufacturer can't think up a new one, the ad people can change the packaging to produce a revolutionary breakthrough in deviousness.

Techniques. If red is ever declared an illegal color, this subject will have to be dropped. Many of these sanguineous photos of before and after techniques are awe-inspiring and suitable for framing to display in an abattoir.

Out of the 100 pages in the average dental publication, those attracting the most interest are the Letters to the Editor. Here is where dentists can exchange ideas and opinions to their mutual benefit.

Editor: "In response to Dr. Arnold Potts' response to my earlier response, let me say that I appreciate Dr. Potts' well-intentioned criticism of my stand on blue-bristled toothbrushes. I'm sure if he had not purposely misinterpreted what I wrote previously, we would not be having this discussion. Perhaps if Dr. Potts had taken the trouble to actually read my treatise, he would not present himself as such a cretinous doodyhead."
Sincerely, Forest Ganglia, DDS

Editor: "Dr. Ganglia has a good point and I am proud to be a member of a profession that would allow such differences of opinion to be expressed. I wish to thank him for taking the time to bring his moronic misconceptions to a public forum where popular demand will hasten his return to the position of shoe clerk where his talents are more suited."
Fraternally, Arnold Potts, DMD.

So, Dr. Matson, if you find regular dental literature repetitious and boring, look to the Letters to the Editor; it is to the usual grist as Jerry Springer is to *The Brady Bunch*. ▪

Originally published in the Journal of the California Dental Association, *07/98*.

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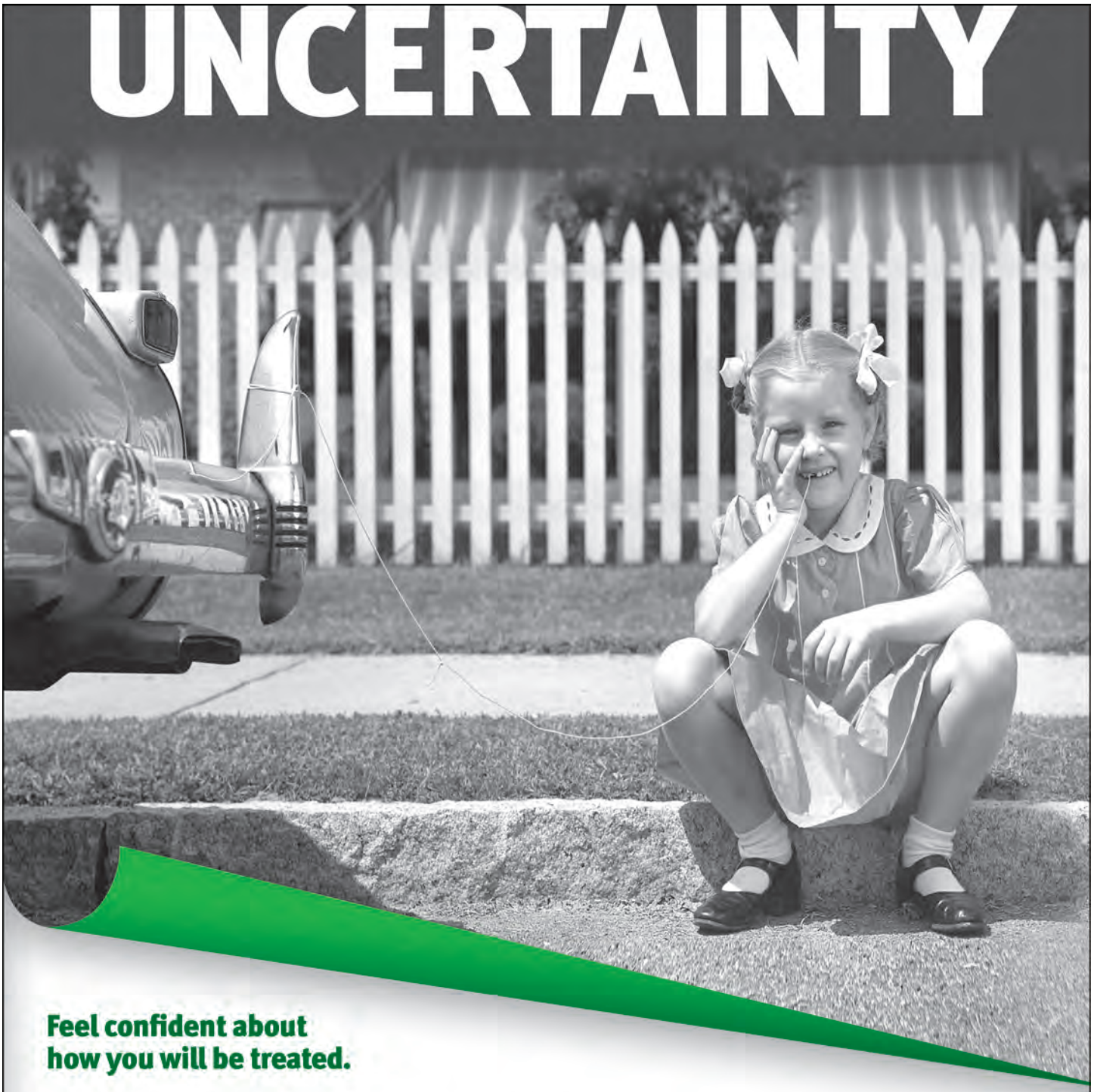
NDA Calendar of Events

JULY – OCTOBER 2014

JULY			
Tue 8	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 31	NNDS Annual Open House BBQ Picnic	5:30 PM	Bartley Ranch Park, Reno
AUGUST			
Thu 7	NDA Executive Committee Meeting	6 PM	Video Conference
Tue 12	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Fri 22 – Sun 24	14th District Caucus 1		
Fri 22 – Sat 23	*NNDS presents:* Laser Certification CE Course, with Dr. William Leavitt	8 AM	Atlantis Hotel Casino Spa, Reno
SEPTEMBER			
Fri 5	NNDS Spouses/Guest/Family Night UNR vs. WSU Football Game & Tailgate		Mackey Stadium, Reno
Tue 9	SNDS Community Night		
Tue 9	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Fri 26	NNDHP/Joel F. Glover 12th Annual Charity Golf Tournament To Benefit the ADOPT-A-VET Dental Program	8 AM	LakeRidge Golf Club, Reno
Fri 26	*SNDS presents:* CE Premier Series with Dr. Charles Blair		
OCTOBER			
Thu 2	NDA Executive Committee Meeting	6PM	Video Conference
Fri 10 – Tue 14	ADA Annual Meeting	All day	San Antonio, TX
Tue 14	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 16	NNDS General Membership Dinner Meeting, with Major David Webb, DDS	6 PM	
Thu 23	AGD Dinner Meeting & Fellowship Seminar	6 PM	TBD



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