



# BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

DECEMBER 1981

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## President's Message



As we approach the holiday season let us take this opportunity to reflect on some of the activities of this past year.

Membership has continued to grow with present level around 300 active members. Continued growth and participation by pedodontists in our state can only further help to accomplish the goals of CSPD. This interest was reflected in the large participation at our annual meeting this past Spring in San Francisco at the Stanford Court Hotel. For the first time over one hundred

pedodontists attended. A program directed toward practice promotion and premedication of the pediatric dental patient was of much interest to all of those in attendance.

From the stimulus of the annual meeting and continued efforts by Bob Weiss we have moved forward in our efforts relative to advertising and practice promotion. By now many pedodontists are utilizing the yellow pages format set up by our ad hoc committee on advertising. Additionally, CSPD has had preliminary consultations with several advertising agencies regarding advertising packaging on a state, regional and local level. Results of these meetings are forthcoming in the near future.

This past Spring the Pedo-Ortho Seminar was held in Los Angeles. Dr. L. Johnston, an orthodontist from St. Louis, was the featured speaker. Participation was enthusiastic by the members. Much thanks to Ray Stewart for organizing this meeting.

The activities of the standing committees has continued to grow and reflect the increased role CSPD is taking in California. With the changes in peer review, much thanks to Mel Rowan for facilitating a smooth transition in the increased responsibilities of CSPD.

Looking toward next year let us all begin by attending the annual meeting in Palm Springs. Hugh Kopel has worked hard in planning an excellent meeting. Let us ALL support our organization.

I personally want to thank our executive secretary, Bobbi Dennis for all her support this year. Her stability and advice has helped me tremendously.

Best wishes for a good year.  
Chuck Spitz.

## Project: Internal Promotion

The competition between Pediatric Dentists and General Dentists for young patients is becoming more obvious probably due to a greater familiarity of newer graduates with children and a decrease in the "busyness" of dental practices. Pediatric Dentists also have an ongoing challenge with parent apathy; a lack of public knowledge about our specialty; and a decreased amount of extra family dollars to spend on perceived elective dental care.

In consideration of these and other challenges to our specialty, let's examine some options available to C.S.P.D. members to help our practices grow in quality and in patient numbers:

### 1) Avon Calling:

We could hire an army of "Avon Girls" to knock on every door in California and present "Pediatric Dentistry," plus give out a list of all C.S.P.D. members within a 50 mile radius. This would be a very effective practice builder with a once only assessment of \$25,000 per member.

### 2) Rolling Stones:

We could hire the Rolling Stones to compose, record, and distribute a punk rock record about teeth, bugs, decay, and C.S.P.D. It might create a nice increase in our patient volume, but I'd hate to listen to that variety of music all day. Cost for this project only \$15,000 per C.S.P.D. member.

### 3) Local Media Advertising:

This has got to be the answer, because the C.D.A., A.D.A., A.A.P., and the Orthodontic Societies are using it. Unfortunately, nobody knows how well this type of practice building works, or how cost effective it is if done on a small, low scale budget. Very few prospective families may be listening to a radio spot or reading a particular magazine when they are specifically contemplating a new dentist. It would really be a coincidence if Johnny hit his front tooth during a C.S.P.D. radio spot. It is also hard to imagine an ad campaign so well done that parents would be excited enough to change their dentist, or for some, consider coming in the first place.

Media advertising must be done with a saturation philosophy. Recognition comes after hearing "C.S.P.D.," or "Pediatric Dentistry" a great number of times. Unfortunately this requires a large capital investment and it ultimately does not do anything to improve the quality of your practice. Results: uncertain. Cost: expensive for what you will directly receive.

### 4) Extra 10%:

We could send out hundreds of people who would excitedly recruit for our offices. These hundreds of people are our current patients and parents. One goal of Pediatric Dentists should certainly be to provide a better overall service to a child than the General Dentist *and* to convince parents that we're ready, willing, and able to extend this service to their friends and neighbors.

We need to create parents who tell their neighbors, "I've got just the place to call for Johnny's damaged tooth," or "My children have never had a more thorough dental exam and

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## A Look at Pediatric Dentistry at The Universidad Autonoma de Guadalajara

This past summer I was fortunate enough to spend nine days teaching at the University of Guadalajara Dental School. Dental education is unique in Mexico in that you begin your dental training after completing high school. The dental program is divided into eight semesters lasting about four years. After that all students participate as an "alumnus" teaching at the university, working in a public clinic, or as an apprentice in private practice.

Dental classes are very large with a majority of the students being females. Motivation of students ranges from the serious student to the casual social ones looking primarily for a mate.

The "departamento de infintile" is organized and directed by Dr. Frank Bowler who has been there for about 10 years. Many of us know Dr. Bowler as he had spent many years before that teaching at the University of Washington. There is a special pediatric clinic located adjacent to the main clinic facility. The equipment, what there is, is relatively modern. Maintenance is almost non-existent. Availability of supplies is a little better. The dental students rotate through the pediatric section on a block rotation. Generally they are scheduled for lectures from 8:00 to 9:30 and then spend from 10:00 to 11:00 in the clinic. Another section of students would have lectures from 1:00 to 2:30 and then spend the



Dr. Charles M. Spitz and Dr. Frank Bowler

afternoon in the clinic. The clinics generally remain open until 8:00 p.m. with an afternoon break from 3:00 to 4:00 p.m. Patients whether adults or children are most abundant providing a large variety of clinic experience for the students.

Problems in teaching? Yes. Like all other institutions the University of Guadalajara has its problems. Politics seem to be a very strong dominant force in the University. The school being privately owned and operated (by dentists) is very concerned about "economics," therefore, equipment, staff, and supplies are monitored very closely.

The staff and students were most friendly and helpful to me in my stay. They were most gracious in their hospitality and made my stay a rewarding experience. I look forward to returning in the future.

—Chuck Spitz

## Internal Promotion – continued.....

been so excited about it—they even . . ." etc. We can create this type of parent not solely by providing top-quality dental care *but* also by giving an extra 10% of effort. The extra 10% may be an idea for practice building; a gimmick to keep the children talking about your practice; or, a community service involving dentistry. The extra 10% is different for Dave Good, for Chuck Spitz, for Roland Hansen, or for Weyland Lum. As members of the C.S.P.D. we have a tremendous reservoir of practice-building tips, gimmicks for the children, ideas for parent interest, etc., in our own membership. I'm urging each member of the C.S.P.D. to share their "extra 10%" ideas with the rest of the membership. If each of us contributes one good idea, C.S.P.D. will be able to distribute a manuscript with over 300 contributions. We can share the ideas of the best Pediatric Dentists in California and know that it is cost-effective. The goal of this project is to help each member find some ideas to help promote and build his practice, and also to increase the fun and quality of the care provided. *Please promptly respond to the questionnaire you have received.* Don't be in too much of a rush to ignore the chance to give something back to your specialty, and gain even more because of the small time it will take.

There is a second part of the questionnaire called a "source reference." The source reference will be used by members to learn where to acquire samples of a particular type of printed material from other Pediatric Dental Offices. For example, if I wanted to update my office brochure, I could write to all the dentist names listed who have an office brochure. If I wanted a baby bottle information sheet printed in Vietnamese, hopefully, the reference source would tell me which C.S.P.D. members have one. The questionnaire will only take a few minutes to fill out and can save you hours of time when you need a new pamphlet in the future. After the source reference is compiled and distributed, all members requesting information will be directed to always enclose a stamped, self addressed envelope so as not to burden fellow members who are responding.

The two project responses outlined above—1) sharing our best office promotion, practice building, or special gimmick,

and 2) sharing the written materials available from our offices to be used in a C.S.P.D. source list—are two relatively inexpensive ways for each of us to increase the use of internal practice building. The pyramiding effect of community good will and parental enthusiasm using proven methods shared by our membership can create a demand for our services far beyond using other methods of practice promotion.

Please accept the challenge with me to help C.S.P.D. create a unique manual to be used exclusively by our members.

—Michael J. McCartney, D.D.S.

If you do not have a questionnaire, they may be obtained by calling or writing Mrs. Barbara Dennis, 927 Mendocino Ave., Santa Rosa, CA 95401. (707) 528-6555

## Combined Orthodontic-Pediatric Dentistry Postdoctoral Program at UCLA

The objective of this new three-year graduate training program is to train individuals for a teaching and/or research career in Orthodontics and Pediatric Dentistry. Upon completion of the program, certificates in both orthodontics and pediatric dentistry will be awarded to the candidates. A Master of Science degree in Oral Biology or a Master of Education degree will be offered to those individuals who have satisfied both the didactic and research requirements for the advanced degree. This 36 month program emphasizes complete dental care for the child patient, including experience with the mentally and physically handicapped, and children with craniofacial anomalies. The combined program in orthodontics and pediatric dentistry has been granted "accreditation eligible" status by the Commission on Dental Accreditation of the ADA.

Dr. Patrick Turley, a new member of C.S.P.D., is the Program Director.

This article is reprinted by permission of Dr. Arthur Schultz was suggested by member Larry Luke. It conveys the feelings of a then-law student and a fulltime dentist.

## Even If You Don't Help 'Em, Don't Hurt 'Em

By far, the highest number of legal actions against dentists are based on the tort of negligence. But that doesn't mean that there aren't many other types of problems a dentist can get into.

One such problem is assault and battery, especially in the treatment of children. When I was in dental school one of the instructors in the Department of Pedodontics gave us some guidelines on how to handle more or less unwilling children. As I think most of us have found out, the major problem is not with the fearful children as much as with the rebellious ones.

The general idea was that if a child needed dental work but didn't want it, the way to handle the situation was to use verbal, and if absolutely necessary, physical force to complete the needed dental procedures. More specifically, if the child refused to submit to treatment the dentist might then use a harsh voice, cold stare, etc., and if that failed and the child still resisted, the last resort was to cover the child's mouth and physically restrain him until he gave up. It's obvious why this problem doesn't come up with adult patients that play professional football.

Fortunately, physical force is not necessary in order to handle the situation; I say fortunately because of two people who lose—namely, the patient and the dentist. The patient is spared both the trauma itself and the psychological scars. The dentist is spared both the strain of being forced to administer force (we've got enough tension already) and the possibility of an assault and battery lawsuit.

A battery is legally defined as "a wrongful physical violence or constraint, inflicted on a human being without his consent." The reason why all dental work is not battery is because it is done with the patient's consent. As a child is too young to be legally able to consent, the parent's consent is what counts. The word "wrongful" is there to cover situations such as a peace officer constraining someone into jail for committing a crime.

The point is that forcing dental treatment on anyone is a battery. Aside from the other problems, from a legal point of view if such extreme measures are needed, it's wise to make sure that the parent agrees to what you're doing, because consent will not be automatically implied and you could get into trouble. Besides, the civil lawsuit problem, it is also a criminal offense.

—Arthur Schultz, D.D.S.

## TDIC Replies to Request for Consent Form Information

*The Dentist's Insurance Company's response to Weyland Lum, Chairman—Dental Care, is quoted here:*

"TDIC cannot give advice to individual dentists on the adequacy or inadequacy of a legal consent form. The situations of individual insureds differ to such an extent that a universal form is not possible.

You can generally be assured that you are properly protected if you cover the following six points in a written consent form:

- 1) Describe treatment to be performed.
- 2) Describe the possible adverse effects of the treatment.
- 3) Describe the consequences if the treatment is not undertaken.
- 4) Discuss alternatives to the described treatment plan.
- 5) Make sure patient, parent or guardian clearly understands what has been discussed.
- 6) Have the patient, parent, or guardian sign the form."

## Kopel Firms Plans for 1982 Annual Meeting



Don't worry, Chuck,  
the meeting's all set.

The Spa Hotel in Palm Springs is the setting for the 1982 Annual Meeting.

The principal speaker will be the Dean of Case-Western University Dental School, Dr. Thomas DeMarco. His subject will be "The Future of Dentistry in the 1980's."

Two honorary memberships will be awarded at this meeting. The recipients of the awards are Doctors Reidar Sognnaes and Marvin Stark, both very deserving because of their many contributions to Pediatric Dentistry.

Hugh has been corresponding with the president of a Mexican pedodontic study group that may have 12-15 members attending.

There will be a special low fee for early registration, so sign up well in advance. The Dinah Shore Golf Tournament which begins right after we leave has limited the number of rooms available, so obtain these early also. Room rates are \$90.00 single and \$95.00 double.

## Residency Discontinued

The Pediatric Dentistry Residency Program at Harbor-UCLA Medical Center in Torrance has been discontinued due to reductions in the Los Angeles County Health Services Department budget.

The residents and part-time staff were abruptly terminated in August and the Pediatric Dentistry clinic was closed.

The two first-year residents in the program have been transferred to UCLA's campus program and the two second-year residents are temporarily being supported by UCLA's medical school and are continuing in a reorganized program utilizing L.A. County Public Health Clinic facilities, where full-time faculty continue to supervise the program.

## Members' Activities:

Former President **DAVE GOOD** is heading one of the Academy's most important new committees this year, that of component organizations. . . . **RON MACK** is the current president of the Northern California unit of ASDC, **CHUCK CREEVAN** is secretary, and **HARRY PLETT** is membership chairman. . . . **AL TONN** spoke last summer at a conference on pit and fissure sealants, this was in Chicago and sponsored by the ADA. . . . Our society has a member on the American Board of Pedodontics—this being, of course, **BRIAN LEE**. . . . *Pediatric Dentistry*, a recently released text has as co-authors, members **RAY STEWART**, **TOM BARBER** and **KEN TROUTMAN**. . . . Registered this summer at the International Association of Dentistry for Children meeting in Davos, Switzerland, were **JOHN GROPER** and **ED HOFFMAN**. . . . **ROLAND HANSEN**, another hard working ex-president, is busy as a member of the executive council at ASDC. . . . The continuing education situation in ASDC is being studied by an ad hoc committee of which **KEITH RYAN** is a member. . . . Fellow member **BOB SMITH** was part of the scientific program of the ASDC annual meeting in Scottsdale in October. **MARTY ROBBINS** helped with local arrangements for that meeting.

The above information about our members is by no means a complete listing of member activity. The editor welcomes news of you or your friends in C.S.P.D.

## Welcome New Members

Manuel A. Carrillo, DDS  
1413 Foothill Blvd., La Verne, CA 91750  
Steven D. Chan, DDS  
3300 Webster St., Ste. 804, Oakland, CA 94609  
Santos Cortez, DDS  
9050 Telegraph Rd. #201, Downey, CA 90240  
Craig G. Coy, DDS  
209 W. Pearl St., Pomona, CA 91768  
J. Patrick Davis, DDS  
317 El Camino Real #203, Encinitas, CA 92024  
Ronald A. French, DDS  
21320 Hawthorne Blvd., Torrance, CA 90503  
Albert W. Friedman, DDS  
11900 La Mirada Blvd. #1, La Mirada, CA 90638  
Edwin F. Froelich, DDS  
2780 State St., Ste. 3, Santa Barbara, CA 93105  
Max E. Greer, DDS  
498 Hale St., Chula Vista, CA 92010  
Marc L. Grossman, DDS  
268 Green Valley Rd., Freedom, CA 95073  
Alan L. Lippincott, DDS  
2021 Ygnacio Valley Rd., Walnut Creek, CA 94598  
Alan D. Murray, DDS  
317 El Camino Real #203, Encinitas, CA 92024  
David M. Okuji, DDS  
700 W. Sixth St., Ste. Q, Gilroy, CA 95020  
Jac W. Pedersen, DDS  
18 Hathaway, San Luis Obispo, CA 93401  
Richard C. Rissel, DDS  
2875 Willow Pass Rd., Concord, CA 94519  
Marvin K. Rosenberg, DDS  
18700 Main St., Ste. 210, Huntington Beach, CA 92648  
Leonard C. Schmitt, DDS  
2879 Willow Pass Rd., Concord, CA 94519  
Claude P. Warden, DDS  
2021 Ygnacio Valley Rd., Walnut Creek, CA 94598  
Lee R. Winters, DDS  
2877 Willow Pass Rd., Concord, CA 94519

## Classified

KAUAI-For rent. On beach, near Hanalei. 2 bedroom, 2 bath modern home on garden island of Hawaii. Free brochure. Dr. Larry Reichel, 733 Bishop St., Suite 2275, Honolulu, Hawaii 96813. (808) 523-6421.

## Dr. Sidney R. Francis



Sid Francis, a friend of many of us, died August 20 at the age of 53.

One of Sid's last appointments was that of Director of Dental Services for the California Dental Service. It was in this capacity that he addressed our meeting last March in San Francisco.

We will certainly miss him for he has made many outstanding contributions to organized dentistry.

## Letters to the Editor

re: Baby Bottle Warning Label

Dear Editor,

The largest cause of cavities in young children is the nursing bottle. Going to sleep with the bottle causes severe decay, abscess, and infection in young children.

Most people do not know of the potential hazard from prolonged baby bottle use. Literature is available from the American Dental Association and the American Society of Dentistry for Children, but have limited distribution and warning effect.

A simple warning label not to use the bottle for prolonged times like while the child is asleep, etc., would nearly eradicate the tremendous amount of pain and suffering caused by excessive use of the baby bottle.

Pediatric dentists are not against the bottle itself, just what's in it. Plain water will not decay teeth, but juices and even milk bathing the teeth while asleep 12 hours each day for a year causes severe dental infection.

If our Pediatric Dental Representatives and members would ask the bottle manufacturers, gov't agencies, and consumer groups for a product warning label, Baby Bottle Syndrome could be stopped.

"If I had only known" is the title of the ADA Baby Bottle pamphlet. A product warning on the label of the bottle would be a simple and very effective way of letting them know of the danger.

Sincerely yours,  
Philip A. Trask

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