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Improving Profitability

Short Cuts

Harvard in Dubai

Dental Tribune International

By Robin Goodman

Amid the findings of the World Oral Health Report, released in February of this year by the World Health Organization (WHO), is the surprising fact that dental caries still affects 60–90% of school children and the majority of adults in the developed world. Also, in several Asian and Latin American countries, dental caries is the most prevalent oral disease.

Treatment in industrialized countries accounts for 5–10% of total health costs, which is beyond the resources of most developing countries. The report estimates that among the 6.3 billion people on the planet, 5 billion use, chewing betel, smokeless tobacco, and smoking.

The World Oral Health Report outlines the major aspects and priorities of the WHO’s Global Oral Health Programme. The report addresses in detail what are defined as modifiable risks (tobacco use, sugar consumption, lack of calcium) and sociocultural determinants (low levels of education, poor oral health traditions, poor living conditions) and suggests solutions.

Dental Tribune

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Why Patients Say “No”

How to Handle the Two Most Important Patient Objections

Tyson Steele, U.S.A.

Have you ever wondered why the keys on a typewriter keyboard are laid out in their current order? Many people assume that the format is designed to improve typing speed.

As you’ve probably guessed, it is not. The early typewriter had levers that were activated by pressing the keys. When a key was pressed, a lever with the appropriate letter would fly up and strike an inked ribbon placed just in front of a piece of paper, transfering ink to the paper. If the lever didn’t have enough time to fall back into place before another key was struck, the two levers would crash into each other and jam the typewriter.

This, of course, didn’t look so good when a salesman was demonstrating the typewriter to a potential customer. To solve this, the creators of the first typewriters moved the keys out of alphabetical order in order to keep people from typing too fast. (They even put all the letters for the word “typewriter” on the top row to make them easy for the salesman to find!)

In other words, the typewriter keyboard is actually designed to help you type slowly! The funny thing is that we keep creating ergonomical keyboards, extra sensitive keyboards, data entry short-cuts and all sorts of improvements without ever going back to the drawing board to fix the foundation.

It’s often the same thing with how we handle case presentations. We try all sorts of methods to overcome patient objections without ever going back to fix the foundation. In other words, we need to know “why” patients say “no” in order to better know how to present treatment.

The Wrong Reasons

Ask most dentists and staff members who patients say “no” and you will hear a litany of responses. However, the most common ones tend to fall into several categories:

1. Money & Insurance. — Many patients say “no” due to a lack of money or insurance. (Of course, this is what patients say. But...
2. Lack of time. Commonly cited by patients as a reason to put off treatment, this objection is often held in high esteem by dentists and staff alike. However, it is rarely a real objection.

3. Lack of understanding. Another theory is that patients avoid treatment because they don’t understand the procedure or why it is necessary. Of course, like the money issue, this can sometimes be true, but it’s not as common as you think.

4. Fear of dentistry. This is the one that leads dentists to write, “we cater to cowards” in their yellow page ads. Of course, this can also sometimes be a real objection, but you don’t overcome it the way you might think.

At most case presentation seminars, you are taught to “overcome” these misleading objections. The problem, of course is that by assuming these objections are real, you are misled from the beginning. Ultimately, this causes you to address something that may not even be an issue but ultimately becomes an issue as the patient considers it. In other words, by trying to address the wrong objection, you can actually help your patient discover new reasons NOT to receive treatment.

The Real Reasons

The funny thing about the two most important REAL objections in dentistry is that, most of the time, you overcome them without even knowing it. You see, you MUST overcome these objections in order to get the patient to accept treatment. So, if you are getting any case acceptance at all, you are already addressing these two issues indirectly.

But don’t start thinking you’ve got it all figured out and you can stop reading now. The better you understand this, the better you will become at helping your patients get healthy.

So, what are the REAL primary reasons that patients fail to get treatment? Well, here is the first one for your consideration...

Lack of Urgency

Ultimately, many patients fail to get treatment because of a perceived lack of urgency. Of course, patients do have a point, but their subliminal reason for rejecting treatment is that the treatment is not urgent. This is a huge objection. In fact, it’s the most common objection in dentistry.

Ultimately, many things contribute to a perceived lack of urgency, but the most important are:

1. Lack of pain. “It doesn’t hurt, so it must be okay for a little while longer.”

2. The problem has existed for some time. “Why get treatment now? It’s held up this long, I’ll just wait it out.”

3. In the process of explaining treatment, the doctor tells the patient that the treatment “could” wait. “There’s nothing wrong with this except that it is often the only part of the conversation that the patient remembers.”

Of course, in many of these cases the patient will tell you that they don’t have the money or they don’t have insurance. However, you can be assured that a lack of urgency is often the real objection.

In fact, you know this already, you treatment plan a crown based on the fact that the patient has a failing amalgam. The patient doesn’t get the treatment and tells your staff that they are “really busy, don’t have insurance, need to wait for the money,” or some other objection. Several weeks later, the tooth fractures, causing a great amount of discomfort for the patient.

Ultimately, the same patient who “didn’t have the time, didn’t have insurance, didn’t have the money” suddenly finds the time and money for treatment and has decided that it’s necessary to have insurance.

You see, pain creates a real sense of urgency. And, once urgency is established, all of the other objections are overcome. Once the patient “really” had a money objection, they would still have the money objection even when it’s urgent!

Now it’s time for the second REAL objection. If a lack of urgency is the most common objection in dentistry, then this one is the most important.

Lack of Trust

The most important reason patients fail to accept treatment is broadly defined as a lack of trust. Many years ago, dentistry was considered by the public to be one of the most trustworthy professions. Unfortunately, recent surveys of public opinion have indicated that this attitude has largely shifted. Whatever the reasons for this change, it has left dentists fighting an uphill battle when it comes to case acceptance.

You see, if patients trust you, then almost all of their other objections can be overcome. Trust is the foundation of the dentist/patient relationship, and when it’s there, case acceptance is a given.

Again, you already know this. You have patients who hold you in high regard. When you discuss treatment with them, they hardly need to listen. They make decisions regarding their care based completely on your judgment and recommendation. “Yes Doc, just do whatever you think would be best.”

Think about it. If a patient really trusts you, they will prioritize the treatment. If they trust you, they will usually find the money. If they trust you, they will believe they need the treatment. If they trust you, your fear of dentistry is overcome.

Trust is the foundation. Without it, you will fail.