

# RDDS NEWS

WINTER 2006-7 EDITION

BRIAN RATHKE, DDS - EDITOR

## RDDS STAFF DEVELOPMENT SEMINAR

The RDDS welcomes Ms. Jo Ann Pulver of the Sapphire Group to the Waterfront Conference Center in Traverse City on Friday, January 12, 2007 for our Staff Development Day. She will be presenting a staff-centered, team-building program entitled, "Motivating and Inspiring the Dental Team." The professional dental staff is our most valuable asset in providing efficient, quality care to our patients. This presentation is aimed at motivating and building successful and highly trained teams. Registration begins at 8:00 AM and the seminar concludes at 3:30 PM with lunch provided. Six CE hours will be awarded to participants. Tuition is \$90 for Doctors and \$25 for Staff. RSVP with payment by January 3, 2007 to:

RDDS c/o Dr. Wayne L. Olsen, Attention: Sue, 12776 S. West Bay Shore Drive, Traverse City, MI 49684

\*\*\* A huge thank you to President Olsen and his staff for continuously organizing top quality events for our society!!!

**SPACE IS LIMITED!!! REGISTER EARLY AS THIS EVENT WILL BE SOLD OUT!**

## ARE YOU INTERESTED IN TAKING AN INTERN STUDENT?

NMC is seeking dental professionals who would be willing to provide clinical learning environments for their dental assisting students. As a society, we should try to reach out to accommodate these students because the students of today will be our dental teammates of tomorrow. We are lucky to have a local assisting program as it benefits the dental community as well as our patients. I have had multiple NMC students intern at my office and have never had anything but positive experiences. If you are interested, please contact Alison Collins, Program Director – NMC Dental Assistant Program at (231)-995-1250 for more information. FAQ's about internships are listed below.

What is an internship?

- An internship is designed to provide NMC dental assistant students a hands-on experience in chairside assisting, laboratory procedures, patient management, radiology, and duties delegated to the RDA in Michigan.

How many hours per week will the intern be in the internship office?

- The hours per week can range from 12 – 32 hours and may be spread over 8 – 15 weeks depending on the semester. Internship placements occur during fall, spring, and summer semesters. This is

arranged with both the office and students schedules in mind. Students need a total of 360 internship hours prior to graduation from the accredited program.

What is the most beneficial internship?

- An internship is typically going to begin with the student shadowing an assistant, keeping notes on their duties and office protocol plus helping with “behind-the-scenes” type procedures, i.e., operatory preparation, infection control procedures, confirming appointments and processing and mounting of radiographs.
- After a few days, the student should be getting supervised experience at the chair with patients. In some offices this will be scheduled a couple times/day depending on difficulty level of procedure and the patient receptivity.
- Ultimately, the student should be performing dental assistant duties (and RDA duties as applicable) a majority of their time in the office. Note: while observation is important, it has its limitations in learning the skills desired in a dental assistant.

## **RON LINTS AED MISSION**

Resort District member Dr. Ron Lints has been responsible for the distribution of multiple AED units to many of our area schools. This has been a huge endeavor and one that Dr. Lints, the RDDS, and the community should be proud of. Please see the enclosed letter from Dr. Lints detailing his journey to increase the accessibility of AED units in our schools. Great work, Ron!!!

## **NEW DENTIST UPDATE**

*Submitted by RDDS New Dentist Liaison, Dr. Sara Bergsma*

New Dentists are interested in and moving to our area.

Welcome Angela Santiti. I met Angela recently and I am sure that she will be a wonderful asset to the dental community!

I have had a few phone calls and e-mails from dentists interested in our area. If you are interested in adding an associate or selling your practice, and would like names and information from these individuals, please call my office or e-mail me at [ebergsma@chartermi.net](mailto:ebergsma@chartermi.net).

I attended the ADA 20<sup>th</sup> New Dentist Conference held in Boston in June. There were several very good speakers and lots of appropriate information. Next year’s conference is in Portland, Oregon June 23, 24. This may be a meeting to attend!

Plans are being made for the 4<sup>th</sup> annual New Dentist welcome party. Good dates and times are always tough to come by. We have planned this event in the early part of June, though if there is a better time, I would be happy to look into it!!

## **ASSOCIATE OPPORTUNITY**

My name is Jill Johnson. I graduated from the University of Michigan School of Dentistry in May 2006. I am currently doing a one year GPR (general practice residency) program at the VA hospital in Ann Arbor, Michigan. I am interested in moving to the Traverse City area. I am

looking for a part time or full time position in an existing group practice. I may be looking for buy-in/buy-out opportunity in the future, but for now I am seeking an associate position. My phone number is (734) 327-1342 and my email address is [jkjohnso@umich.edu](mailto:jkjohnso@umich.edu).

RDDS dentists in the Traverse City area seeking an associate may contact Dr. Johnson directly.

## AMALGAM AND ETHICS

I find myself having the following conversation with patients more and more lately:

**Mrs. X:** I need to have all of my leaking amalgam fillings replaced as soon as possible.

**Dr. Rathke:** Haven't I talked about crowning several of those teeth with the very large amalgam fillings for years now? You always told me that you didn't want me "grinding down" your teeth and that you've had those fillings for the last fifty years and that they don't bother you. Why the change of heart?

**Mrs. X:** My doctor says that my blood tests abnormally high for mercury and that my fillings are leaking mercury into my system and slowly poisoning me. He says that I need chelation therapy – whatever that is. All I know is that I need those fillings out and out now!

**Dr. Rathke:** And what do you think removing the fillings will accomplish?

**Mrs. X:** Well, it will get all of that mercury out of my body and I will feel a lot better. He says the toxins in my body are poisoning me and that my immune system is shot.

**Dr. Rathke:** Did you know that the act of removing the amalgams can generate mercury vapor and remove small amounts of sound tooth structure? Actually, the people who are most at risk are the dentist and the assistant as we work around it frequently. If we are the most at risk by occupational exposure, why is it that we don't see an abnormally high percentage of sick dentists? And if your doctor is so worried about your mercury levels, do you think it is wise to electively generate mercury vapor and remove sound tooth structure?

**Mrs. X:** It will be worth it as long as it makes me start feeling better.

**Dr. Rathke:** Well, I can't promise you that you'll start feeling better or that you will get any health benefits if I replace your amalgams. I'm glad to replace them for valid reasons like the fact that the white fillings are bonded, they are more esthetic, and crowns or onlays may protect some of those heavily restored teeth. As far as health benefits, though, I really hate to mislead you into thinking that you will somehow feel better. In fact it is written within our Code of Ethics that it is improper and unethical for a dentist to tell you that.

**Mrs. X:** Well, my doctor says it must be done. And I've been looking on the internet...

**Dr. Rathke:** (Thinking, but not out loud) – Oh, boy...

**Mrs. X:** There are a lot of sites that show that amalgams cause all types of diseases and they all suggest removing them. One site even shows a tooth “smoking” off mercury vapor, and there’s a lot of it. That was only one tooth. Imagine how much vapor my fillings are releasing!

**Dr. Rathke:** The internet is a wonderful source of information, but it is also a wonderful source of misinformation and is highly unregulated for content. For example, I could publish a website devoted to informing the public that the sky is green, but just because I write it and you read it does not prove that the sky is truly green. I hope that you visited reputable websites like those of the American Dental Association or the Michigan Dental Association.

**Mrs. X:** Well, they didn’t come up when I entered “mercury amalgam poison”.

**Dr. Rathke:** I see.

**Mrs. X:** Besides, the dentists just want to keep using amalgams because they are financially invested. They wouldn’t give you any straight information because there is a lot of money involved.

**Dr. Rathke:** Did you ever stop to consider that if amalgam fillings were proven to be harmful tomorrow that I could retire on all of the immediate work that would need to be done? If all dentists cared about was money, they would surely tell all of their patients that amalgams are harmful because a line would form at their front doors that would last for years considering the prevalence of amalgam restorations in the population. Common sense must tell you that the major dental associations are motivated by evidence and not money. It just seems that fear always trumps common sense in this arena and fear is definitely a powerful motivator.

**Mrs. X:** Well, if you won’t take them out, my doctor gave me a list of dentists that will!!! (Shows me the list.) These dentists even have “special” suctioning systems to cut down the vapor.

**Dr. Rathke:** (Thinking to myself: Must have missed that one in the Schein and Patterson specials last month...)

**Mrs. X:** All I know is that I need chelation therapy and my amalgams removed immediately!

**Dr. Rathke:** Listen, if I am going to replace them I just want to do it for the right reasons. I would encourage you to research some reputable sources and look into the matter further before we begin removing fillings that you yourself have repeatedly told me haven’t bothered you in over fifty years. I’m just trying to be honest and ethical. You might also look into the chelation therapy and the safety of EDTA and other agents before you get them injected into your system. ANY procedure comes with some degree of risk.

**Mrs. X:** I’ll look, but it won’t change my mind. Did I mention that I found out that fluoride is poisonous and that root canal treatment can leave miles of microscopic tubules in your tooth that can harbor bacteria?

**Dr. Rathke:** Miles, huh? I'd hate to have to measure them. Let's leave those discussions for your next appointment!!!

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I am not a pro- or anti-amalgam, but I am pro ethics and pro evidence-based dentistry. No one is going to argue that mercury is good for you, but, to my knowledge, there has been no evidence to support the elective removal of amalgam restorations for the elimination of diseases. I have had many patients in their eighties and older with amalgams who tell me that they have had them since they were kids. I believe them. You can hardly argue with that track record. I have amalgams in my own mouth and I put one in my own daughter. Having said this, I probably haven't placed an amalgam in a month or two at my office. Not because I don't like to do them or that I believe they are in some way harmful, but because when given the choice, my patients almost always choose "white" fillings. It just bothers me when patients come to my office with their "Urine Toxic Metals" report in hand and tell me that their doctor told them that it is imperative that they have their amalgams removed. This is happening more and more. If these doctors have some evidence that the rest of the scientific community isn't privy to, I sure wish that they would share it. I would be glad to print it in the newsletter. The arguments for the use of amalgams have been well documented by the ADA, FDA, CDC, WHO, and others. Future research may prove otherwise, but until that time, I want to know that if I remove an amalgam, it is for the right clinical and ethical reasons.

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A few well-documented recommendations from the National Council Against Health Fraud (NCAHF) Position Paper that was featured in an issue of the ADA News can be accessed at [www.dentalwatch.org](http://www.dentalwatch.org). Among them:

There is no logical reason to worry about the safety of amalgam fillings.

Anyone told that a urine mercury level produced after taking DMPS represents a toxic state is being misled.

Avoid health professionals who advise you that amalgam fillings cause disease or should be removed as a "preventive measure."

Report any such advice to the practitioner's state licensing board.

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If you're really brave, watch the video of "The Smoking Teeth" at [www.iaomt.org](http://www.iaomt.org). Watch as mercury vapor "smokes" off a 25 year old amalgam! Scared the heck out of me and I don't even believe the claims! But then I think to myself, "If mercury has a boiling point of 357 degrees Celsius and the tooth is at body temperature and the restoration is not undergoing deformation, why is that much vapor rolling off the tooth? If the molecular weight of mercury is 200.59, why is the vapor rising and not sinking? If that much vapor has been coming off the restoration for the last 25 years, why is there any mercury left?" Table salt (NaCl) is composed of Sodium (Na), a highly reactive metal, and Chlorine (Cl), a poisonous gas! The fish in our Great Lakes contain methylmercury – highly absorbable and well documented to bioaccumulate in humans. Will I move to form a group called Dentists Using Metal Band Against Salt and Salmon (DUMBASS)?

This is sensationalist and ridiculously tongue in cheek, but I'm a "common sense" type of guy and "smoking teeth" make me nervous. Imagine what it does to our patients. Watch the video, but don't watch it alone!

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### **Food for thought from the MDA / ADA Code of Ethics:**

**Section 5 - PRINCIPLE: VERACITY** ("truthfulness").  
The dentist has a duty to communicate truthfully.

#### **CODE OF PROFESSIONAL CONDUCT**

##### **5.A. REPRESENTATION OF CARE.**

Dentists shall not represent the care being rendered to their patients in a false or misleading manner.

#### **ADVISORY OPINIONS**

##### **5.A.1. DENTAL AMALGAM AND OTHER RESTORATIVE MATERIALS.**

Based on current scientific data the ADA has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist, is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

##### **5.A.2. UNSUBSTANTIATED REPRESENTATIONS.**

A dentist who represents that dental treatment or diagnostic techniques recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically.