

Ethical Marketing in Orthodontics: A Review

Sumita Mishra¹, Ananya Panda², Smruti B. Nanda³

¹Associate Professor; ²Post Graduate Trainee; ³Head of the Department, Department of Orthodontics and Dentofacial Orthopedics, Institute of Dental Sciences, Siksha 'O' Anusandhan (Deemed to be University), Bhubaneswar, Odisha, India

Abstract

Due to rise in the Orthodontic treatment by general dental practitioners and pedodontists, there has been a widespread increase in the mass promotion and publicizing by the Orthodontists about their specialty and particular expertise. Earlier, treatments were advocated in the form of maintenance of good oral health, however, it is now being recommended to patients as life-enhancing. Commercialism in publicizing orthodontic care has taken up the field. Because of the elective nature of Orthodontics, highly productive marketing strategies are aimed at those with discretionary income or insurance benefits. This kind of commercialism deteriorates the name and fame of the Orthodontist and the opinion of the people by casting a picture of greed. Inappropriate advertising can make a dental practitioner look more like a business person than a professional service provider.

Keywords: Ethical Marketing; Orthodontic treatment; Dental Practitioner.

Introduction

Years of self-regulation in the field of medicine, dentistry, and allied health sciences ended with the change in the law by The Supreme Court acknowledging the Federal Trade Commission's proposition to legalize advertising by the health care providers in the year 1975. This change was basically due to the lack of basic and relevant information to the general public and the various options to explore while selecting a health service provider through advertisements and promotions.¹⁻³ However, the opponents of the ruling had the apprehension that some health care personnel would misuse the freedom of marketing, thus, reducing professionalism into mere commercialism. According to

Welie et al, marketing or advertising is ethically difficult because it is more of a commercial than a practicing genuine dentistry. The client knows, he has to be aware to get the best bargain and he knows the trader will make efforts to gain maximum profits. This has always been the game of merchandising. Advertisements are used by traders or sellers to attract clients away from other traders. Similarly, advertisements by Orthodontists encourages competitions among other Orthodontists and general dentists and Pedodontists who also provide Orthodontic treatment rather than a sense of joint responsibility for providing quality dental care.¹⁻³

Ethical Principles of Veracity in Marketing:

Ethical marketing is a method of recognizing, foreseeing and satisfying the needs of the patients in a profitable manner which the dentists do in their regular practice such as consultation, patient examination and the required treatment, for years. This requires thorough research of the market by understanding the needs of the people, anticipating their future requirements and building a product or delivering a service that would satisfy the need, publicizing it and confirming that the whole procedure is profitable. On the other hand, Unethical marketing is influencing people and convincing them to purchase what one is intending to sell.⁴

Corresponding Author:

Dr. Sumita Mishra

Associate Professor, Department of Orthodontics and Dentofacial Orthopedics, Institute of Dental Sciences, Siksha 'O' Anusandhan (Deemed to be University), Bhubaneswar, Odisha, India
e-mail: sumita.mitali@gmail.com

Orthodontists, not anymore depend on the referrals from the general dental practitioners, but have switched to a different approach to the market and promote themselves to the likely patients directly. This method of marketing is known as “direct-to-costumer” marketing. The outcome is that some Orthodontists have become shrewd and determined marketers, to achieve freedom from the general practitioners on whom they were profoundly dependent, even if there is a violation of ethical code and professionalism. The AAO’s Ethical principles and Code of Conduct, section V, mentions that the members of the association shall make sure that the announcements made by them in the public or any publicizing campaigns or activities with an intent to inform and enlighten the people and help them make informed decisions, are not bamboozling, untruthful, or fabricated. This reprimand is also mentioned in the “American Board of Orthodontics’ (ABO) Guidelines for the use of the diplomate title or logo” in which the ABO prohibits diplomates to issue any statement about their reputation that renders them more proficient or competent than non-boarded Orthodontists.⁵⁻⁷

In the past, because of the FTC ruling, 1975, the commercialism has almost taken over professionalism in the field of health. Each Orthodontist must have an attitude that creates a sense of professionalism and exhibits the utmost care for the patients. This will attract patients to maintain the respect and value for our society. Being authentic and restricting one from portraying supremacy might help in preventing the degradation from Orthodontic specialty to meager trade. Furthermore, the suitable way to react to any other practitioner’s inappropriate methods of advertising is to retain one’s professional stance in all forms of marketing, rather than adopting methods that defame, devalue or degrade our specialty.^{5,6}

Clarity in Marketing: Several patients and general dental practitioners are not aware of the scholarly importance of a specialist and the advantages of board recognition. A lot of patients are fascinated by the faster esthetic enhancement. According to the Pennsylvania Code, marketing or advertising is fabricated, untruthful, or fallacious if it is adopting any one of the following:

- a) Consists of a falsification of facts or excludes a fact obligatory to make the report considered altogether and not materially deceiving.
- b) Builds baseless expectations about the treatment results the dentist can accomplish

- c) Evaluating the publicizing dental practitioner’s facilities with the facilities of other dentists unless the evaluation can be realistically validated.⁸

If any untruthful or fallacious advertising is found, a complaint will be filed against the offender in the State board’s professional compliance cell. There will be an inquiry for penalization if the complaint is found relevant. There are disparities between the ethical principles of the AAO and the specialized laws implemented by each state. Breach of any law or principle of ethics could lead to eviction from the association and board; and breach of the legitimate laws by the state could result in a way serious aftermath apart from the monetary penalty or restraint from practice. The parameters for ethical marketing are distinctly demarcated for both the general dental practitioners an Orthodontic specialist. Even if certain general practitioners facilitate Orthodontic treatment, layman should not be confused when selecting a dental health care provider. The Orthodontists should try to reduce the exposure of the prospective patients to deceptive and untruthful marketing. Along with the presence of the ethical rights of the patient, the orthodontist should make sure that the patients get the best that dental science can provide.²

Discretion in Marketing: The 1975 ruling was done to improve the well-being of patients by promoting free competition and information on available facilities. It was meant to be advantageous and constructive for the ones who used discretion in their marketing strategies. However, the opinion and morals vary among the people and the health care providers and there remains a fine thin line between commercialism and professionalism.³ Many Orthodontists get involved in group discount marketing which is not only damaging to the image of the specialty but also harmful to the Orthodontists as he/she loses the skill to choose which patients to treat. While the right to autonomy gives patients their right to select different alternative options for treatment, it also permits the Orthodontist to choose his/her patients. The group discount advertisement makes the Orthodontist give up the freedom of choice as anyone who responds to the offer is mandatory to be attended by that practice. Also, the Orthodontist in the contractual agreement with the group coupon advertisement administrators, gives away the freedom to manipulate the fundamentals of the proposal as well as the percentage of the fees collected for treatment from the patients. This involves “fee-splitting” which is highly unethical as well as illegal.^{9,10}

Widespread flashy and derogatory marketing makes us wonder if the future generation of Orthodontists will value the dignity and respect our forerunners have established for our specialty. It took years to uplift the field of dental sciences and Orthodontics to an eminent and notable status. Thus, we must always be cautious among us to avoid deterioration and regression of our profession to meager trade.

Acceptable Self-Promotion: Self-promotion is defined as performance shown or action taken to grab attention mainly in work or business. There was a time when self-promotion of an Orthodontist and his practice was thought to be immoral. Even there were restraints on marketing and campaigning. Even the letter size on the board outside an Orthodontist's clinic or house was strictly restricted to 8 inches. Marketing through newspapers, magazines, or on television was never heard of and would have been considered unacceptable.

Time has changed drastically. Today, marketing by Orthodontists has become common. For a few years, the AAO has expended a significant amount of time and wealth, publicizing Orthodontists to the general people through magazines. Campaigning through television targets the adults but how well they influence the people to make suitable choices whether to go for Orthodontic treatment or not and if yes then which and whose office to choose is always a matter of question. Strategies like entertaining your referral sources by giving them holiday grants or taking them for lunch, perhaps maybe advantageous but would cost a fortune and also demands a lot of time. Nevertheless, self-promotion can be done in a way that costs minimal, educates the people and publicize your practice without breaching the code of ethics. The most efficient method to publicize starts at the patient level through a satisfied patient.¹² Patients who are satisfied with the Orthodontic treatment will return and also refer their relatives and friends due to the positive experience they had with the particular Orthodontist. A way to achieve this is by surrounding yourself by pleasing staff and to behave in an amicable and friendly manner with the patients every time. Always having a follow-up session post-Orthodontic treatment creates a positive impact on the patients. There are numerous advantages of the follow-up appointments. Firstly, regularly reviewing the pre-Orthodontic treatment and post-Orthodontic treatment records of the patients provide substantial information regarding the treatments and their approaches. Secondly, for the endurance of the practice, this allows highlighting

the long term functional and aesthetic improvements due to the Orthodontic treatment to the patients and their family. Thus, post-Orthodontic treatment consultation can be considered as an acceptable self-promotion.

Direct-to-Consumer Marketing: "Direct-to-consumer (DTC) marketing" provides information regarding the products directly to the consumers or buyers. But the marketing campaigns do not provide all the information about the products and which can be deceiving.¹² Invisalign adopted the marketing strategy of DTC marketing that disturbed the Orthodontic society. At present, Invisalign advertisements range from ads in magazines to commercials that air on television. However, there is a reasonable concern that these ads could be deceptive and misinforming. Invisalign advertisements portray each one of us as a probable patient, and that may not be true. It entails that treatment with bracket system and wires is painful and an obsolete technology and treatment with clear aligners is comfortable and esthetically pleasing. The advertisements obscure the line between the Orthodontists and a general dental practitioner. Perhaps, this sort of marketing has increased the need for the Orthodontists but with a negative impact on the Orthodontic specialty. Also, due to the direct marketing to the consumers, patients turn up at the clinic with an expectation of treatment with Invisalign without a complete examination to ascertain whether they are suited for it or not. General dental practitioners with incompetent diagnostic proficiencies and training consider that altering clear plastic trays can treat any malocclusion. This, in turn, puts pressure on the Orthodontists to recommend their patients for Invisalign treatment due to the distress of losing a patient to any other dentist. Such a scenario is neither in favor of the patients nor follows the ethics of marketing. With the growth in advertisements on social media, misleading claims of Orthodontic treatment in six months were advertised on various platforms of social media which is highly deceiving. It misinforms people about the differences in expertise and training of general dental practitioners and Orthodontists, as well as, the difference in the treatments provided by them. Over the years, Orthodontists have started marketing directly to their patients by adopting many external as well as internal marketing strategies.¹² Many were not in terms of marketing ethics such as branded tokens, small presents, discount coupons, etc. However, the best long-term direct marketing is always recommendations from a satisfied patient. The most influencing sort of

external marketing in today's generation is the website of Orthodontic practice. Such websites are increasingly developing into more attractive and communicative incorporating links of various platforms of social media for interacting with the designated fraternity or with the satisfied patients and their relatives.

Contemporary forms of direct internal marketing comprise several ways to attract patients such as including newer advanced technology, keeping typodonts to educate patients, a photographic book of pre and post-Orthodontic treated patients, a wall exhibiting the smile photographs of the best-finished cases. Irrespective of the various current methods of marketing, Orthodontists are trying to make use of this opportunity to educate and create awareness among people in particular. Direct mails, posters inside the clinic or even colloquiums conducted for patients, provide informative data like the appropriate age and time for the initial visit to an Orthodontist and the advantages of different types of Orthodontic treatment. Several Orthodontists also meticulously make effort to educate people regarding the difference between a general dental practitioner and an Orthodontist not with a selfish motive but with a motive to ensure the general public is getting the Orthodontic treatment from a specialist who is an expert in his field having proficient knowledge of his work.

Conclusion

Numerous circumstances have affected the kind and extent of marketing in the field of Orthodontics. This even consists of the surge in number of general dental practitioners providing amateur Orthodontic treatments, the violation of the ethical principles of marketing, the excessive advertising by "direct-to-consumer" ads, and alterations in referral patterns and sources: competition instead of collegiality. The present DTC marketing method by Orthodontists has been the major reason for the increase in such issues. Genuine referrals by general dental practitioners will always be a vital source to an Orthodontist; however, increased marketing directly to the patients targets at enormous freedom, but must be considered with sincere concern for professional code of ethics.

Conflict of Interests: None

Ethical Permission: Approved

Funding: Nil

References

1. Shaw B. Uncertainty of Orthodontic Benefit and the Questionable Ethics of Marketing. *Seminars in Orthodontics*. 2012 Sep 1;18(3):210–6.
2. Greco P. Clarity in advertising. *American journal of orthodontics and dentofacial orthopedics : official publication of the American Association of Orthodontists, its constituent societies, and the American Board of Orthodontics*. 2011 Aug 1;140:143.
3. Greco PM. Discretion in advertising: it's up to you. *Am J Orthod Dentofacial Orthop*. 2012 Mar;141(3):259.
4. Roberts-Harry D. Unseen evidence. *British dental journal*. 2006 May 1;200:418.
5. Greco PM. Truth in advertising. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2011 Apr;139(4):429–30.
6. Principles-of-Ethics-May-2018_1.pdf [Internet]. [cited 2020 May 27]. Available from: https://www1.aaoinfo.org/wp-content/uploads/2019/10/Principles-of-Ethics-May-2018_1.pdf
7. Rule J, Veatch R. Ethical Questions in Dentistry. Fidelity: Obligations of Trust and Confidentiality. 1993 Jan 1;
8. 49 Pa. Code Chapter 33. State Board Of Dentistry [Internet]. [cited 2020 May 27]. Available from: http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter_33/chap33toc.html
9. Welie JVM, Simpson M, Westerman GH. The troubled history of dental advertising. Part 4. Ethical reflections. *Bull Int Dent Ethics Law Soc* 2002; 2:8-11.
10. Dillard K. Caution on charity auctions and group discounts: doctors can lose control of patient selection. *AAO Bull* 2011; 29:5-10.
11. Kokich VG. Acceptable self-promotion. *Am J Orthod Dentofacial Orthop*. 2012 Oct;142(4):427.
12. Kravitz ND, Jay Bowman S. A Paradigm Shift in Orthodontic Marketing. *Seminars in Orthodontics*. 2016 Dec;22(4):297–300.