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Do we need standards of care?

THE FIRST INSTALLMENT of the standards of care for pediatric dentistry was a dose of reality. This first taste of quality assurance terminology provides a hint of what the future holds. At our recent annual session in Boston, we approved standards for behavior management which are a better indication of the substance of standards of care. Expect to see standards generated for all aspects of pediatric dentistry and brought for approval to the membership in San Antonio next May. Each of us will have the opportunity to approve or disapprove both the concept and the substance of standards of care in our specialty.

If the first installment didn't bring home the message that standards of care are coming, then consider that while we labor over the wording and content of our standards, insurance companies, physicians, regulatory bureaucrats, and our fellow specialists are at work setting standards for us.

In the absence of strong standards, insurance companies have been generating the equivalent of standards by telling us what they will pay for and when it can be done. As you read this, physicians are debating the benefits and risks of the hand-over-mouth technique just as they have the timing of the first baby dental visit and the appropriate dose of systemic fluoride. Our approval of standards for behavioral management may have come at Just the right time.

Appropriate radiologic practice is already judged according to federally generated standards and has been since 1987. In the last issue of *Pediatric Dentistry*, we discovered that not all dentists adhere to these recommendations. The nationally syndicated columnist, Jack Anderson, recently jabbed at the lack of rectangular collimation in dental radiography for children. Perhaps a standard of care which addressed the indications for rectangular collimation in children would have focused Mr. Anderson and helped him see that pediatric dentists have taken the lead in radiation safety in dentistry.

Our sister specialties have, or are now developing standards or their equivalent for use in clinical care. As we might expect, many of the procedures we perform are already included — according to the wishes and wording of these groups.

By the time this issue of *Pediatric Dentistry* reaches you, the American Dental Association will have had its annual meeting and dealt with their version of standards called parameters. The initial response from the trenches has not been supportive, despite intense preparation and support by the ADA leadership.

It's fair to ask whether standards are necessary or just another layer on the mantle of practice regulation, disguised as a protection for practitioner and patient. Other questions need to be asked as well:

- Do we prefer to have our practice shaped by non pediatric dentists such as insurance companies, physicians, bureaucrats, attorneys, or other specialists?
- Would our specialty recertification have gone more smoothly had we established standards that defined our niche in dentistry?
- Would our interaction with third party payers and governmental agencies bear more fruit with established standards?
- Will the care of our children be better?

I also have to wonder whether the standards will help in other ways. In the last issue of our Newsletter, we were asked to provide input into the deliberations of a joint committee of the Academy and the American Board of Pediatric Dentistry in the Board certification process. Clear standards of care would clarify expectations for the candidate and give a well-defined tool to the examiner. Some of the anxiety and emotion of the process might be alleviated. Standards of care also would facilitate postdoctoral education. They would provide a more specific basis for evaluating what is taught in the clinical portion of our training programs.

Standards will come before the membership for ratification. They will need discussion and dialogue to address the diverse needs of our membership. We need to be willing to speak up—as some of our members did in Boston—on the behavior standards' and our leadership will need to be attuned to the sensitive nature as well as the import of standards recognizing that they may need more than our usual mechanisms of membership input.

I believe we will all confront the standards of care at some time or another, whether they are of our making or not. It may be in the quiet of our own office as we judge or own practice against them or in the very public silence of the courtroom as we are judged. We have the opportunity to know whether those standards will be friend or foe, if and when we meet them, if we are willing to take them on now.

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Letters & Comments

Readers are invited, as always, to comment on articles, editorials, and the general formula of *Pediatric Dentistry*. A lively dialogue among author, editor, and audience is an essential part of the communication necessary for good research, education, and clinical technique.

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