

## **An Orthodontist looks at 50...**

**Robert H. Schindel**

Anyone who knows me well, knows that I am a huge Jimmy Buffet fan, a true “parrothead”. Sitting on the bookshelf, behind my desk is a book he published titled “A Pirate Looks at 50”. It is a travel log of his insights as he undertakes a trip around the world, piloting his seaplane, to celebrate his 50<sup>th</sup> birthday. With the demands of private practice and responsibilities in the orthodontic department at Stony Brook, I did not feel I had the time management skills, (or a pilot’s license) to follow his lead. However, I did feel motivated to write a little about my insights into my chosen profession as I approach that same milestone.

I probably have a longer association with orthodontics than most 50 year olds. My earliest memory is visiting my father at the NYU dental clinic when he was in his residency in the mid-1960’s. I can close my eyes and picture wandering up and down the clinic bays with my mother, in a tremendous room, with endless numbers of chairs, looking for him. When we finally found him, he was treating a patient, standing up, with some cool looking belt driven machine sitting next to him. We still have one of those in a corner of the office basement.

As I grew older, I can remember going to the office and watching him treat patients. It was a time when bands were pinched, buccal tubes were welded, cement was mixed and a banding could take a whole morning. I also could not believe, looking at his schedule, how many patients he could see in a day. It could be as many as 20. At home, I watched him spend every Saturday morning doing treatment plans, examining models, hand-tracing cephs and writing detailed problem lists and treatment plans. He spent hours doing them.

In my late teens, I went to work in the family business. I swept floors, stocked the drawers, emptied the garbage and even learned to pour models. I was also given the responsibility of developing x-rays. There was obviously no digital radiography or even an automatic processor. I used the dip tank, developing one x-ray at a time and drying them on a little clothesline over the sink.

Now, entering my 50’s, with almost 25 years of practice and teaching experience, I marvel at how much things have changed. There has been a continuous explosion of technology and advancement. Patients have the ability to be treated more efficiently with more treatment options. The possibilities seem endless. Sometimes it feels impossible to keep up.

However, upon reflection, would I trade how I am doing things now for how things were done then? While we are definitely more efficient, we are faced with a different type of time constraint: time for thought. With increased numbers of orthodontists, a decreased pool of patients and diminishing fees due to insurance coverage, we have been forced to increase the number of patients we see every day. The result is less doctor time per patient visit. Additionally, as more patients are treated by our general dentist colleagues, the cases we are seeing are the more complex ones. More than ever, we need time to think, analyze and formulate the best treatment strategies. We need to find the time to do this. While I could not imagine taking a whole morning to do a banding, that extra time with the patient gave the practitioner more time to gain better insight into that particular case. It also allowed the doctor to get to know a patient personally, for better or for worse. Additionally, the time taken to plan out a case ahead of time was invaluable.

The best piece of diagnostic equipment in our office is our brain. However, I wish we could put extra RAM into it to speed our thought processes to keep up with the demand. While this is of course impossible, it is my hope that we can indeed keep up with the demands of our profession, but also maintain the heart of it. It is a thinking person’s profession. We need to take the time to be creative, be innovative, keep learning, not take short cuts and, most of all, take care of the people who have put their trust in us. This applies also to the education of our orthodontic residents. The focus of the training of our next generation should be their education, not the number of patients treated or the income generated. They need the time to diagnose and treatment plan. They need the time to decide for themselves, with our guidance, what treatment is indicated at each visit. They need the time to figure out why something is not working. They also need time to bend a wire and rebend it as many times as it takes until it is just right.

If I needed to, I still could pinch a band, hand trace a cephalometric radiograph, develop x-rays in a dip tank or bend an edgewise arch wire in three dimensions. However, at this point, I do not want to give up my computer, my digital x-rays or my straight wire appliance. I also do not have the time to do a three hour banding or the luxury to keep my schedule limited to 20 patients per day. However, it is important to be able to find a balance between our clinical demands and the time

needed for diagnosis, treatment and patient interaction. I wish I had the answer. However, give me some more time and I will think about it some more...

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