

Having served in leadership positions in the AAO, I am keenly aware of the hard work, sacrifice, commitment, time away from family, and dedication of those who voluntarily serve our membership. The leadership as well as the members share common concerns. Rather than publicly bashing them as Ackerman and Burris have done and have made a popular pastime, how about commending the AAO leadership? How about offering to help rather than publicly humiliate? The AAO has done an exemplary job of developing and continuing to refine the vision for our profession, and I am extremely grateful for their leadership. It's not clear where Ackerman and Burris are leading, but I am not following.

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The way it really is

I am writing in response to the recent editorial by Drs Ackerman and Burris (Ackerman M, Burris B. The way it was, the way it ought to be, the way it is, and the way it will be. *Am J Orthod Dentofacial Orthop* 2018;153:165-6). Although I agree that many of their observations are true, I think they've missed the mark on their interpretation.

Technology disrupts industries. Sometimes it enhances them, sometimes it replaces them, sometimes it makes them more efficient. Technology is surely disrupting orthodontics. Some say for the better, some for the worse. Some embrace the change, some resist.

Drs Ackerman and Burris began their editorial by giving examples of technology disrupting 2 industries—the entertainment industry and the airline industry. The orthodontist is analogous to a travel agent, and the American Association of Orthodontists is analogous to the American Society of Travel Agents. In these examples, those who are “mired in the tyranny of a glorified past” end up missing the wave of change and are left without a job. As a Virginian, I don't take charges of tyranny lightly. If you want to understand why, just check out our state flag.

In their analogy, Drs Ackerman and Burris showed a cynical misunderstanding of what an orthodontist is. In their view, we are tyrannical middlemen, seeking only to protect our position in the marketplace and ensure our profits, lest we be discovered as frauds and our jobs evaporate. In their vision, we are mere orthodontic salesmen who seek to prevent the public from “booking” their treatment elsewhere.

But what is an orthodontist? Is an orthodontist analogous to a travel agent? If we stick with an aviation analogy, I would argue that an orthodontist is more like a pilot than a travel agent. We have the knowledge, training, and skills to take our patients where they want to go. We aren't selling a product or a ticket; we are providing care and a service. This is muddied by arguments that do-it-yourself mail-order aligners are providing “access to care.” Access to aligners isn't access to care; it's access to aligners. What differentiates patient care from selling a product is our knowledge, skill, and expertise at diagnosis, prescribing treatment, and executing that treatment plan to the best of our ability. It's attention to detail and putting ourselves in the patient's shoes. It's taking personal responsibility for the outcomes we are striving to provide.

Drs Ackerman and Burris mentioned the principle of respect for patient autonomy. This is extremely important, and forces both outside and inside the orthodontic community are helping those inside to realize that there is a large market for patients who don't want a perfect occlusion, just an improved smile. However, there are 4 other principles of ethics that we must abide by: non-maleficence, beneficence, justice, and veracity. These are what separate doctors from salesmen, and professionals from products. Our commitment to our patients is to do no harm, to do good, to be fair, and to be truthful.

Orthodontics is not analogous to air travel, and orthodontists are not analogous to travel agents. Orthodontists are doctors, we are professionals, and we are the best orthodontic problem solvers. We diagnose and treat the human body. We care for individual patients with individual treatment modalities, respecting the patient's autonomy, but also holding to the other 4 ethical principles. Patients can only truly exercise their autonomy when fully informed of their choices. Patients are free to refuse the surgery, extractions, or appliances that may give them an ideal result, but our responsibility as orthodontic professionals is to inform them of all their options and let them decide.

Dr Greco¹ mentioned the principle of fidelity in his article in the same issue of the *AJO-DO* in which this article appeared. He stated that “fidelity is essential because of the disparity in knowledge between the professional and the patient.” This is where the travel agent

analogy breaks down. With access to Google, I have just as much information, if not more, than any travel agent does. But seeking orthodontic treatment is not the same as booking a flight, because I don't know where I am going or how to get there, I just know I want to go somewhere. I need a professional's help. I need someone with the knowledge to select the right vehicle and the skill to operate that vehicle to the desired destination. I could attempt to program the GPS in my self-driving car to cross the Atlantic, but if my goal is to make it to England, I'm better off paying a pilot or a captain to get me there.

Drs Ackerman and Burris spoke of leadership and vision. They ensured us that we will not be successful by "colluding. . . against purveyors of doctor-directed at-home aligner treatment or by trying to convince the consumer of the perils of do-it-yourself orthodontics." The evidence of inconvenient truths such as root resorption, gingival recession, posterior open bites, and traumatic occlusion argues otherwise.

They spoke of vision and leadership requiring courage, and again I agree with their statements on courage. Specifically, they wrote about courage to change and improve in spite of our fears, traditions, and tendencies. This is all well and good, but improvement can't just be measured by increased profits or increased convenience. Improvement requires a standard, and a standard requires the truth. We must also be willing to ask ourselves whether we are committed to the truth, whether we are committed to results, and whether we are committed to what's best for our patients, sometimes over and against what is profitable or convenient.

Their new vision for orthodontics essentially comprises "courage" to accept what the American consumer wants and expects from us. I'm not sure that this is really courage at all. It doesn't take courage to tell people what they want to hear; this sounds much more like compromise and convenience. Courage must be tethered to truth, lest it become baseless zeal. Drs Ackerman and Burris sought to turn their cynical vision of "the way it ought to be" into "the way it will be." However, they have misdiagnosed, and therefore do not understand, "the way it is." When you take your eyes off the principles and commitments that make you a clinician and a professional and focus only on market demand, true patient care is abandoned. Patients become consumers, treatment becomes a product and a commodity, and a different form of tyranny emerges, the same type of tyranny that the airline industry exerts over its miserable customers and one which Drs Ackerman and Burris seem to admire and aspire to: the tyranny of the lowest price. Seth Godin² put it this way, "At first, the process of lowering your price involves smart efficiencies. It forces

hard choices that lead to better outcomes. Over time, though, in a competitive market, the quest for the bottom leads to brutality. The brutality of harming your suppliers, the brutality of compromising your morals and your mission."

Orthodontists are adapting to a demanding market and will continue to adapt. We offer a variety of treatment options, treatment durations, and solutions to our patients' problems. But we are dental professionals, not salesmen. We must make a living, but we have also sworn an oath to do no harm, to educate and inform our patients, and to treat them to the best of our ability. There's a difference between the level of trust you have with your doctor and the level of trust you have with a car salesman; it is a trust that is worth fighting for and maintaining. Drs Ackerman and Burris sought to blur the line between professional and product, between doctor and salesman, and thereby degraded our profession. I believe our future in orthodontics is bright if we remain true to our principles and do what is best for our patients. The sky is the limit.

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The sky is not the limit!

I was drawn in by the all-encompassing title of the recent Guest Editorial by Ackerman and Burris (Ackerman M, Burris B. The way it was, the way it ought to be, the way it is, and the way it will be. *Am J Orthod Dentofacial Orthop* 2018;153:165-6). It is ironic that I am writing this response on a flight home. It's just like the authors described. I'm very happy with my direct and on-schedule flight. I have my favorite seat position—on the aisle, right over the wings. My 300-pound neighbor is Jim, and he's from Wisconsin. Homeward bound.

I know we are above 10,000 feet in the air because we can turn on our laptops. The flight is extremely bumpy, so we will not receive in-flight service today. The plane is bouncing erratically, and this is the worst I've experienced on a commercial flight. These bumps don't bother me much, but Jim appears to be very nervous. I notice