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September 28
Restorative Yoga & Meditation
for Dentists

October 18
Evening Workshop
Planning for Retirement and the Sale of Your Practice

October 20
New Speed Learning:
6 Speakers 6 Hours 6 Credits

November 6
General Membership Meeting
Henry Spenadel Award Lecture

November 15
Young Professionals’ Event

November 24-29
Greater New York Dental Meeting

PRESIDENT’S MESSAGE

Kenneth B. Cooperman, DMD

I hope you all had a wonderful and restful summer! Fall is already here, and we’ve plowed into it full steam ahead!

In July, there was a widely shared article in the Washington Post entitled, “The Unexpected Political Power of Dentists.” This article had a definite anti-dentist tone. The focus of the article was the opposition of the ADA to the adoption of the Dental Therapist as a mid-level provider, thereby both reducing access to care in areas of need and also keeping prices high by forcing dentists to be involved. The political muscle of the ADA was described as having the same clout as the NRA.

Although imbalanced and negative, this article did bring something important to light: it was an illustration of your dues dollars at work. The ADA and its Political Action Committee have been working tirelessly to both increase access to care for those in need, while balancing the protection of our profession. Their ability to thwart the rise of the Dental Therapist in New York State is a very real benefit of your ADA membership, and of your support of the ADA PAC.

But the ability of the ADA to continue to defend our careers as dentists is completely dependent on numbers: the ADA can only represent us in a meaningful way if they represent a large majority of America’s dentists. Our membership is gradually shrinking, and as our numbers decrease our political muscle rapidly atrophies. We do not want to follow in the footsteps of the AMA, which has become increasingly irrelevant and ignored while physicians’ quality of life continues to degrade.

Participation in organized dentistry is particularly not strong (continued on page 4)
From the CE Director
By Lois A. Jackson, DDS, Diplomate ABPD

As a pediatric dentist, I feel a responsibility for the overall health and well-being of the children I see in my practice. This is why I am especially proud of a course we are offering in the fall that addresses the role that you and your staff can play in identifying and reporting child abuse. It is not an easy topic, but it is one that as health professionals, we have an obligation to recognize and report.

Child Abuse: Implications for the Dental Professional
Wednesday, November 8, 2017
6:30 PM to 8:30 PM / CE hours: 2
Tuition: Dentists: $135
Hygienists, Assistants employed by NYCDS members: $70
ADHA and DHACNY members: $70
Hygienists, Assistants employed by other dentists: $80
Non-ADHA and non-DHACNY members: $80
Instructor: Salim Rayman, AAS, BS, MPA, RDH
Professor and Unit Coordinator of the Hostos Community College Dental Hygiene Department.
Co-sponsored by the Dental Hygienists’ Association of the City of New York.

Child abuse and neglect (maltreatment) permeates all ethnic, cultural, and socioeconomic segments of society. Between 65-75% of all non-accidental injuries to children involve the head, face, mouth, or neck, suggesting that the dental team may come into contact with a significant number of abused children. Dentists are obligated to assist these children through proper identification, diagnosis, and reporting suspected cases. This course will present reasons that abuse and neglect can occur, the effects of child maltreatment, and the role of the dental team.

Don't miss your FINAL opportunity this year to attend our very popular Symposia Series featuring all-new speakers at every program! Tuition is very reasonable ($99 for members) making it a great educational opportunity.

Speed Learning 6 Speakers, 6 Hours 6 Credits—
October 20, 2017

William Lieberman—Current Concepts in Pediatric Dentistry: Materials and Techniques
Ernest Robertson/Daniel Narain—Correction of Implant Failures in the Esthetic Zone
Jeffrey Shapiro—Effective Integration of Digital Workflow into Clinical Practice
Michael Toffler—Implant Placement in the Low Sinus: Selecting the Best Approach
Richard Trushkowsky—Selection of Appropriate Ceramic Material and Cement for both Esthetics and Longevity
Michael Wahl—Medical Myths of Clinical Dentistry 2017

Be sure to see the back of this newsletter for all our other course offerings in October and November.

There is also a brand-new collaboration with Henry Schein Business Solutions offering key programs to help you remain competitive in the years to come. See details on page 3. CE credit cannot be offered for these programs, but the information you learn should prove invaluable.

Call the educations staff at 212-573-8500 for full program information on all of the courses mentioned and to register.
Dentists need a more efficient and sophisticated approach to running their business in today’s evolving environment. This includes better strategy and implementation of the right systems to help your practice thrive. Join us for this series of practice management programs as we team with Henry Schein Dental Business Solutions.

Dentistry’s Changing Landscape—A New Series
Insights and skills to help you remain competitive in the changing dental landscape.

Learn to:
- compete with corporate dentistry;
- transition from a fee-for-service practice to a profitable Preferred Provider Organization (PPO) practice;
- discover ways to maximize productivity and manage overhead;
- plan solutions that will attract and retain patients; and
- run a better practice.

Improve your practice care so you can focus on and grow your patient care.

The Corporate Proof Practice
Matthew Krieger, DMD
Wednesday, September 27, 2017
9:30 am-4:30 pm

Marketing in New York City
Abe Kasbo, Verasoni Worldwide
Wednesday, October 11, 2017
7:00 pm-9:00 pm

Effective PPO Management
Scott Hironaka, Unitas Dental
Wednesday, October 4, 2017
7:00 pm-9:00 pm

Building a High Profit PPO Practice
Matthew Krieger, DMD
Wednesday, November 1, 2017
7:00 pm-9:00 pm

REGISTRATION INFORMATION—Register for one or all four sessions.

WHEN
September 27, October 4, October 11, and November 1, 2017

WHERE
New York County Dental Society
622 Third Avenue, 9th floor
New York, NY 10017

TUITION
September 27: $99 for NYCDS members; $125 for all other dentists
Oct 4, Oct 11, Nov 1: $49 each for NYCDS members; $125 for all 3 evenings
$59 for all other dentists; $150 for all 3 evenings

REGISTER
call us at 212-573-8500

Although this practice management series is not eligible for CE credit in New York State, we believe that improving your practice care will improve your patient care, and ultimately help you run a better dental practice.

Mandelbaum Salsburg
Attorneys at Law

The Law Firm to help you with all your Dental Practice needs...

- Practice Purchases and Sales
- Associate Partnerships
- Real Estate Transactions
- Leasing
- Malpractice Prevention
- State Board Hearings
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- Dental Insurance/PPO
- Estate Planning
- Tax Planning

Mandelbaum Salsburg is a Corporate Friend of the New York County Dental Society
To discuss your practice’s legal needs call Bill Barrett directly at 973.243.7952 or e-mail Bill at wbarrett@lawfirm.ms

Join Bill Barrett at this year’s Greater New York Dental Meeting on Sunday, November 29th for his session on “Purchasing or Selling a Dental Practice vs. Associate Buy-In.”
The Greater New York Dental Meeting—Be a Part of It!

November 24–November 29, 2017

The 2017 Greater New York Dental Meeting (GNYDM) will be here soon! As the largest and most popular Dental Trade Show in the United States we reached record highs in 2016 with 54,890 attendees from every state in the USA and from 151 International countries.

Your component, the New York County Dental Society, along with the Second District Dental Society, representing the dentists of Brooklyn and Staten Island, have been sponsoring this event for the past 93 years.

A meeting of this size depends on the contributions of its members who effortlessly volunteer during the Meeting. This meeting is YOUR Meeting, and the revenues derived from this meeting serve to fund many of the activities of our Society.

You and your staff can be a part of it! Join your colleagues and be a volunteer! Enjoy the comradery, the GNYDM hospitality, and receive Free CE credit for your participation. You can easily register yourself and your staff to be volunteers and to attend the meeting by visiting our website: www.GNYDM.com. Please feel free to contact the GNYDM headquarters directly at 212-398-6922 if you have any questions or concerns. We’re looking forward to seeing you at this year’s Meeting in November.

Marc B. Gainor, DMD
General Chairman 2017

Lauro Medrano, DDS
General Chairman-Elect, 2017

PRESIDENT’S MESSAGE
(continued from page 1)

among our new generations of dental graduates. Communicating with and engaging the millennial generation has proven to be challenging for organizations across the nation. In June, we invited Selena Drobnik to speak to NYCDS leadership about how to get our message through to millennials. She is a Program Coordinator of Student Affairs at the NYU School of Dental Medicine, and her interactive presentation was truly a call to action. In that vein, NYCDS engaged an intern to take us to the next level on social media. NYCDS now has a presence on Instagram (nycds622) and on Twitter (@nycds622) as well as our Facebook page and of course our website. We will be using these platforms to communicate with members and non-members alike about what our organization has to offer! If you are not already following us, please do so.

To encourage participation in a different way, we are also starting up a Wellness Program through NYCDS. We now have a running team in conjunction with the New York Road Runners’ Club, so if you are going to register for a road race with NYRRC (either for yourself, or as a team-building exercise for your staff) be sure to select NYCDS as your team affiliation! On September 28th, we have our first Yoga and Meditation class led by Sangeeta Vallabhan at Yoga Vida. No yoga mat required! Additionally, we have partnered with New York Sports Clubs, so NYCDS members can take advantage of one of the most prominent gym chains in the city at a significantly discounted rate. This is all following directly on the heels of our most successful NYCDS Golf Charity Event to date; we raised over $55,000 for the Hole in the Wall Gang Camp, a camp for seriously ill children and their families.

These are just some of the things going on at NYCDS. As always, we hope you have a wonderful and productive autumn, and invite you to visit our beautiful and modern new facility if you have not already done so. Thank you for your interest and continued participation! ■
The Society’s 3rd Annual Charity Golf Outing to benefit The Hole in the Wall Gang Camp exceeded expectations—garnering over $100,000 in total revenue. The setting at Fenway Golf Course in Scarsdale on July 20 was exquisite, the weather sunny and the atmosphere fun and relaxed. It was a day to enjoy golf, tennis, sun, drinks and dining. Most importantly, thanks to the participants, sponsors, and raffle/auction donors, NYCDS was able to provide tremendous support to The Hole in the Wall Gang Camp—with net proceeds topping a remarkable $55,000. The Camp, founded by Paul Newman, provides more than 25,000 seriously ill children and family members annually with “a different kind of healing” and a chance to just have some fun—all completely free of charge.

Golf Outing Chair David Koslovsky and his committee did an amazing job. This one-day event actually takes months to ensure everything goes smoothly. Special thanks to Dr. Koslovsky for taking over as chair from David Shipper, who initiated the first golf outing in 2015 and ran two highly successful outings. Many thanks to everyone involved in making this event a fantastic experience and fundraiser: Andrew Boyd; Christina Boyd; Suchie Chawla; Michael Donovan; Edward Gottesman; Andrea Keefe, Manager, Peer-to-Peer Programs, The Hole in the Wall Gang Camp; Mina Kim; Heather Kunen; Steven Levine; Michael Lituchy; Patrick Nolan; Alex Rubinov; Courtney Schiefelbein; David Sherman; past golf chair David Shipper and staff liaison Susan Apsley.

A fun and entertaining day under the summer sun was enjoyed by 72 golfers and tennis players. The day began with an elaborate brunch buffet. A putting contest for $10,000 kicked off the golfing and tennis activities. During the cocktail hour, attendees donated an additional $14,000, bidding on numerous high-end silent auction items and entertaining raffles. The prizes included a hotel resort vacation, gym memberships, restaurant gift certificates, sports memorabilia, spa treatments and more.

The over-the-top dinner reception was the perfect ending of the event. As the MC for the awards and charity dinner, Dr. Koslovsky said it best, “As oral and facial health care professionals, we treat patients with terminal illness on a routine basis. When children with terminal illness are involved, it means that much more. For NYCDS to partner with Paul Newman’s The Hole in the Wall Gang Camp, a magical environment where terminally ill kids’ wildest dreams come true, was a perfect fit.” Guests were moved by a former Hole in the Wall camper who eloquently described how the camp provided a life-changing experience for someone with a serious illness. The proceeds from the golf outing will mean MANY more seriously ill children will get that same experience.

Bravo!

Special thanks to the following premiere sponsors and donors, all of whom contributed to the overall success of the event:

- Alexander Wolf & Son
- Bank of America Practice Solutions
- BioHorizons
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- Drs. Alana & Steven Levine
- John Lewin
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- Robert Rothman
- Atoosa & Ari Rubenstein
- Sabra Dental
- Tali & Shai Shustik
- Peter Tannenbaum
- Town & Country Studios
- Weiss Realty
- Westchester Oral & Maxillofacial Associates
Forensic Dentistry In New York City
Ken Aschheim, DDS

Dr. Aschheim has more than 30 years of private practice experience in all aspects of cosmetic and restorative dentistry and is a dental consultant to the Office of the Chief Medical Examiner (OCME) in New York City. He was the chief design consultant and project manager for the development of the Unified Victim Identification Software Dental Identification Module.

How often have you heard that human remains were identified using dental records, an unknown decedent’s age was estimated based on dental development, or what appears to be a bite mark is evidence of abuse on a victim? As dental professionals, we are all aware of these techniques, but few have had the opportunity or the training to use our skills in these endeavors.

A team of dentists in New York City, after having received specialized training in forensic odontology, are employed by The New York City Office of Chief Medical Examiner (OCME) to perform these tasks. But how were they trained, what do they actually do, and how can one become involved?

Forensic dentistry involves many tasks, however the most common is the identification of unknown victims. This ranges from a single individual to multiple victims of mass fatality incidents. OCME has a long history of involvement in forensic odontology involving mass fatality incidents resulting from fires, airplane crashes, terrorist attacks, gas explosions, hurricanes, and transportation accidents. OCME’s dental team is currently staffed with fourteen forensic dental consultants, all with many years of forensic odontology training. It is the largest team of forensic dentists of any municipality in the country.

The team is headed by Dr. Lawrence Dobrin, the Chief Forensic Dental Consultant and Dr. Kenneth W. Aschheim, the Assistant Chief Forensic Dental Consultant. They coordinate the day to day operations of four Deputy Chief Dental Consultants and eight Forensic Odontology Consultants. Responsibilities include aiding in the identification of decedents within the five boroughs who cannot be identified either visually or by their fingerprints, and the radiographing and recording of the condition of the dentition of an unknown decedent prior to city burial on Hart Island (as required by New York State law). The information for unknown decedents is also registered by OCME on a national missing persons database, the National Missing and Unidentified Persons System, known as NamUS (https://namus.gov).

The team, usually in coordination with staff forensic anthropologists, may also assist in estimating the age of child decedents based on their tooth development staging. This consists of radiographing the mandible and maxilla and comparing the deciduous and succedaneous tooth buds with known tables to report a dental age range of a decedent. This technique can also be used with living individuals to verify their reported age.

Forensic odontology consultants are also asked to evaluate, document and analyze patterned injuries that are suspected of originating from the dentition of humans or animals. They evaluate these injuries and if there is sufficient evidentiary characteristics, they perform biometric analysis based on the most current recommendations of professional and standards organizations, as well as the courts.

The Medical Examiner Special Operations Response Team (MESORT) is the OCME emergency response team trained to deal with mass fatality incidents. The operation is coordinated by OCME and New York City’s Office of Emergency Management (OEM) and uses specialized software known as the Unified Victim Identification System. The UVIS Dental Identification Module (UDIM), a dedicated dental module, is used to catalog the victim’s dentition. This dental module uses a special algorithm to compare information, supplied by the family of missing persons, with decedents in order to find possible matches.

The MESORT team undergoes annual training in the utilization of specialized equipment needed for decedent recovery and identification. The dental team has specially prepared carts which run the UDIM software and contain portable radiographic equipment and digital dental radiographic sensors. The MESORT dental team is divided into specialized groups. One group collects antemortem (pre-death) information from the victim’s family. The second group performs dental autopsies and documents postmortem (post death) dental information. They, along with the third group, trained in forensic photography, record the information about the decedents. Another group specializes in reconciling the antemortem and postmortem data in order to create an iden-
tification. Other groups include teams involved with the information technology (IT) department at OCME, reviewing quality assurance and consistency in the documentation, and an administrative group which oversees the dental forensic operations of MESORT.

How does a dental professional become involved? Unlike most fields of dentistry, very few dentists and other dental professionals have formal training in forensic odontology as undergraduates or in their residency programs. Therefore, in order to participate, formal training must be obtained elsewhere. Fortunately, the New York Society of Forensic Dentistry (www.nysfd.org), the largest local forensic dental study group in the country, can serve as a starting point. The society provides five lectures a year to its members, typically at New York University College of Dentistry. After a dental professional gains some familiarity with forensic odontology, OCME, in coordination with one of their forensic odontologists, Dr. John Demas, offers occasional weekend morning seminars and hands on training sessions at the Brooklyn Medical Examiner’s office. The goal of the seminars is to allow individuals to become well versed with UDIM, OCME’s dental identification software. Members practice creating accurate antemortem records from sample charts, learn the UDIM coding, enter those codes into the software’s test database, and learn how to search and compare results.

Should you decide to become more involved, the next step is to join a national organization such as the American Society of Forensic Odontology (www.asfo.org). As with the NYSFD, the ASFO does not have any prerequisites and can be joined with a simple application. The ASFO has an annual meeting in February. The next level of participation is the Odontology Section of the American Academy of Forensic Sciences (www.aafs.org). Although the AAFS meetings are open to the public (and typically held around the same time as the ASFO meetings in February), the AAFS membership requires a minimum of 40 hours of specific course training. These 40 hour courses are presented throughout the year by different organizations at different locations. Some of the members of the New York City forensic odontology staff jointly run one of these approved courses in coordination with a meeting of the International Association Of Coroners and Medical Examiners (www.theiacme.org) usually held in Las Vegas the last week of July. The American Board of Forensic Odontology (www.abfo.org) is the recognized certifying board for forensic odontologists. Application for diplomate status requires a dental doctoral degree as well as extensive training and experience, an affiliation with an organized Medical Examiner /Coroner Office and passing a written and oral exam.

If you are interested in becoming involved please come to the next meeting of the NYSFD. Information concerning these meetings are available at the website (www.nysfd.org), as well as through email blasts for paid members. We hope to see you there soon. ■
Young Professionals Enjoy Special Culinary Event

Dr. Mark Bauman made a second guest appearance at NYCDS providing another incredible tasting event, this time centered around Extra-Virgin Olive Oil, Balsamic Vinegar & More in June. With training from the Culinary Institute of America and his incredible enthusiasm for “good eats,” Dr. Bauman entertained and educated attendees by showcasing quality extra-virgin olive and balsamic vinegar in a variety of mouth-watering appetizers and one remarkable dessert. (Who knew balsamic vinegar and a dash of pepper could taste so good on vanilla ice cream with strawberries?!) Everyone agreed it was a special night! The event was so enjoyable…there may be another theme event in the future…Saki and Sushi anyone?

Special thanks to Dr. Bauman for his time, preparations and sharing his expertise! While food is a passion, Dr. Bauman has been involved with organized dentistry in many capacities and is currently a member of the Board of Regents of the American College of Dentists, NYSDF Trustee, EDPAC Board Secretary and a NYSDA and ADA Delegate. Dr. Bauman had this to say about the event: “I’m hoping that the attendees did not just view the event as an opportunity to socialize, network, learn some food-related information, and eat and drink, but mostly to value the importance of NYCDS membership and support for its Young Professionals.”

Member News

Luis J. Fujimoto, DMD

NYCDS Secretary Luis Fujimoto, assumed the post of Chair of the Board of Trustees of the American Association of Dental Boards Foundation for the 2016-2017 term at the end of the annual proceedings of the AADB Foundation meeting. The AADB Foundation is operated for the improvement of the oral health care of patients through research, scientific discovery, publication, and training for agencies that regulate oral health care professions and protect the public in licensing jurisdictions throughout the United States.

David M. Shipper, DDS

Former NYCDS President David Shipper will serve as NYSDA Trustee for a four-year term from June 2017- June 2021 replacing Edward J. Miller, Jr., DMD in that role.

In Memoriam

Donna J. Rumberger, DDS

NYCDS mourns the loss of Past President Donna J. Rumberger. Dr. Rumberger graduated from NYU College of Dentistry and was a general dentist in private practice for over 35 years. She held several leadership positions within the Dental Society before assuming the role of president in 2001. Dr. Rumberger also served on the Organization Committee of the Greater New York Dental Meeting and helped establish the Meeting’s gift shop. Dr. Rumberger remained active in the Society and her presence and vital contributions will be missed.
This column is a departure from the typical Peer Review case study. The lack of clarity surrounding the employee-independent contractor relationship can be perplexing and even muddle questions for responsibility for services rendered when a patient brings a dentist to Peer Review. In light of this, I would like to address this complex relationship as it relates to the Peer Review process.

It is not in the scope of the Peer Review Committee to evaluate the professional business arrangement between dentists practicing together. This includes partnerships, associateships and independent contractors.

While partners assume joint financial responsibility for treatment performed in their offices and owners must assume full financial responsibility for treatment performed in their offices by associates, doctors who have dentists working in their offices as “independent contractors” might argue that they are not responsible for the treatment performed by these dentists in their offices.

Recently Peer Review was faced with just such a dilemma. A patient was treated by a dentist working as an “independent contractor” in another dentist’s office. Because the treating dentist received 50% of the fees collected, it seemed only fair to the employer dentist and his legal counsel that the independent contractor be responsible for 50% of the total escrow required. (Note: both patients and dentists are required to place all outstanding fees, or fees received for the treatment under review, in an escrow account pending the conclusion of the Peer Review process. Failure to submit such funds is deemed a violation of the Agreement to Submit to Peer Review.)

As previously stated, it is not in the scope of Peer Review to determine the exact nature of professional employment contracts or whether someone fits the criteria to be considered an independent contractor. As is often the case in these arrangements, the patient paid all the fees to the owner-employer dentist who in turn paid the “independent contractor” 50% of the collected fees. It was the opinion of the New York State Dental Association’s legal counsel that the fact that the owner-employer collected the fees and paid the dentist who provided the service, made that dentist an employee rather than an independent contractor. In addition, the “independent contractor” did not control the means and methods of the work (staff, supplies, equipment, space, billing, etc.) as one would when running their own separate dental practice.

Consequently, the Peer Review Committee informed the employer dentist that since he was paid all the fees for the patient, he was responsible for placing the escrow, and if he wanted to pursue the dentist who performed the treatment for 50%, he was free to do so, just not through Peer Review.

Editor’s Note: You can find a relevant article on this subject on the homepage of our website, www.nycdentalsociety.org entitled “Classification of Independent Contractors Versus Employees.” The article lists some of the key criteria and factors used to determine if a worker is an employee or an independent contractor. The article was written by Bill Barrett, Esq., Member, Manadelbaum Salsburg, a Corporate Friend of NYCDS.
Focus on Debt and Dentistry

**Q:** Dental students are graduating with an enormous amount of debt and can be swayed by the enticements of corporate dentistry with a guaranteed income. Unfortunately, the ethical principles of autonomy, non-maleficence, and beneficence are challenged when they are told to maximize insurance reimbursements, do procedures they might not have treatment planned, and not spend enough time per patient. How does this affect inexperienced dentists’ clinical decisions?

**A:** It cannot and it must not affect clinical decisions. Period. Apart from general ethical considerations, a dentist owes a legal duty of care to a patient to meet the correct standard of dental care. Performing unnecessary procedures, performing procedures negligently or incompetently due to lack of skill, experience, or training, or exercising undue influence on the patient for financial gain of yourself or a third person are all legal problems that can lead to malpractice cases or loss of your dental license in a professional discipline case. However, these considerations are not unique to so-called corporate dental settings. They can arise equally in an unscrupulous private dental practice. And they may never arise in a scrupulous so-called corporate dental setting. I use the phrase “so-called” because New York does not allow the corporate practice of dentistry at all. That “corporate dentistry” terminology is ill-advised shorthand for dental practices that are owned by a dentist, as all dental practices in New York must be, but where that dentist farms out his or her business aspects—like real estate/office space rental, bookkeeping, marketing, supply purchase, human resources, and other business items to a corporate entity—much like a franchisee does. But, no matter the setting, no dentist—newly licensed or licensed for many years—can allow an employer to compel a departure from the proper standard of dental care for a patient. Sometimes, difficult as it may be, it may require leaving that employment. Better to lose that one job than to lose your dental license and any chance for another job.

**Q:** How can new dentists walk the line of needing to “produce” but avoid performing procedures that may be clinically unnecessary?

**A:** It is never reasonable to offer clinically unnecessary services. There really is no line to walk. You cannot offer services that the patient has no clinical need for. Section 1-J of the NYSDA Code of Ethics States: “Dentists shall not deliberately represent the care being rendered to their patients or the fees being charged in a false or misleading manner.” Advisory Opinion # 1(a) of the NYSDA Code of Ethics under that section states: “Deliberately representing treatment or fees in a false or misleading manner includes but is not limited to: performing unnecessary procedures”. Of course, there may be elective services like teeth whitening that you may seek to offer for purely cosmetic reasons. Cosmetic options are not necessarily clinically unnecessary. But offering teeth whitening to a patient who has teeth that need no whitening is clinically unnecessary—not because the cosmetic procedure is itself a problem, but because the particular patient has no need for the service. New dentists have to be mindful that not every treatment option is subject to being challenged as unnecessary, but where your instincts tell you that something is dubious to offer, follow up on that with questions to the employer and then use sound professional judgment. There is no substitute for using sound professional judgment, no matter what an employer may tell you. A good employer will be willing to discuss and explain treatment options from a sound clinical viewpoint to a new dentist—a bad employer will just insist you do what they want and tell you to stop asking questions.

**Q:** How does this affect the patient’s autonomy? How about the patient’s informed consent?

**A:** Section 1-K of the NYSDA Code of Ethics states: “In order that the patient may be involved in treatment decisions, the dentist shall inform the patient of the proposed treatment, reasonable alternatives, fees, and proximate risks.” The Advisory Opinion under that section states: “A dentist shall make certain that a patient understands the options, needs, and risks for treatment, including nontreatment. It is unethical to provide treatment when the dentist knows or has reason to know the patient does not understand the reasons or need for treatment.”

This is also a mixed issue of law and ethics. Informed patient consent is a legal requirement as well as an ethical requirement. Malpractice lawsuits can be based on lack of informed consent. The NYSDA Code of Ethics makes it clear that informed consent means the patient must be given accurate treatment and fee information and must be able to understand that information. Giving a patient information on unnecessary treatment options or skewing fee information only to push higher cost treatments is not consonant with the theme of informed consent and limits genuine patient autonomy. The patient isn’t really making an informed or intelligent decision if the information provided is manipulated to highlight unnecessary or improper treatment options. Only reasonable treatment options may be offered and they should be described thoroughly and effectively to the patient.
The New York County Dental Society Welcomes Our Newest Members

May, June, July 2017

New Active Members

Diana Levingart, DDS
25 Central Park West Suite 1T
New York, NY 10023
New York University General Practitioner

Adam Merriam, DDS
18 East 48th Street #1502
New York, NY 10017
New York University Oral Surgeon

Homam Saleh, DDS
42 Broadway Suite 1536
New York, NY 10004
New York University General Practitioner

Yonathan Schwartz, DDS
122 East 42nd Street Suite 2511
New York, NY 10168
Columbia University General Practitioner

Linda I. Tran, DMD
119 West 57th Street Suite 700
New York, NY 10023
University of Pennsylvania Endodontics

Lisa Vasserman, DMD
955 Lexington Avenue Suite 1A
New York, NY 10021
New York University General Practitioner

Boston University

Jenifer Yessa, DMD
501A Main Street
New York, NY 10044
University of Pennsylvania General Practitioner

Graduate Student Members

Rachel Cohen, DMD
330 East 33rd Street
New York, NY 10016
Tufts University General Practitioner

Jonna Kurman, DDS
219 East 2nd Street
New York, NY 10009
New York University General Practitioner

Lisa Sti
50 West 34th Street
New York, NY 10001
Harvard University Endodontist

Associate Members

Madeline R. LoDuca
653 152nd Street
Whitestone, NY 11357
University of Pennsylvania General Practitioner

Queens County Dental Society

Transferred Members

Barry M. Katzen, DDS
235 West 56TH Street
New York, NY 10019
University of Maryland Medford Oregon Dental Society

Jaron Paul Van Meter, DDS
1995 Broadway
Suite 200
New York, NY 10023
Suny Buffalo General Practitioner

9th District Dental Society

IN MEMORIAM

George P. Argerakis, DDS
Georgetown University; 1965

Bert D. Gaster, DDS
New York University, 1950

Alvin J. Grayson, DDS
Indiana University, 1952

Steven Karr, DDS
New York University, 1945

Marvin A. Richter, DDS
New York University, 1954

Donna J. Rumberger, DDS
New York University, 1980

Robert B. Sloane, DDS
New York University, 1941

CLASSIFIEDS

Members—Log onto www.nycdentsociety.org to find additional classified ads. New online ads added regularly!

FOR RENT

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## Henry Spenadel Continuing Education Program, New York County Dental Society

### Fall 2017 Continuing Education Program calendar

**OCTOBER 2017**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Speaker/Instructor</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>9:00 AM – 1:00 PM</td>
<td>Basic Life Support/ CPR Certification Course</td>
<td>CPR123</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>9:30 AM – 12:30 PM</td>
<td>Avoid the Million Dollar Mistake: HIPAA Security Compliance</td>
<td>Kenneth Aschheim, DDS</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>9:30 AM – 4:30 PM</td>
<td>Uncomplicating Esthetic Challenges: Everything You Need to Know About Veneers</td>
<td>K. Michael Ghalili, DDS</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>8:30 AM – 4:30 PM</td>
<td>SPEED LEARNING: 6 Speakers 6 Hours 6 Credits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>9:30 AM – 4:30 PM</td>
<td>Demystifying Attachment Dentistry &amp; Treatment Planning</td>
<td>George Bambara, M5, DMD</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>9:00 AM – 1:00 PM</td>
<td>Infection Control for the Dental Practice</td>
<td>Ronnie Myers, DDS</td>
<td></td>
</tr>
</tbody>
</table>

**NOVEMBER 2017**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Speaker/Instructor</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9:30 AM – 4:30 PM</td>
<td>Treatment of the Diabetic Patient; and Update on Medical Emergencies</td>
<td>Daniel Pompa, DDS</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>9:30 AM – 12:30 PM</td>
<td>Mastering Pain Control and Anxiety in the Dental Office</td>
<td>Zev Schulhof, DMD, MD</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>6:30 PM – 8:30 PM</td>
<td>Child Abuse: Implications for the Dental Professional</td>
<td>Salim Rayman, MPA, RDH</td>
<td></td>
</tr>
</tbody>
</table>

**DECEMBER 2017**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Speaker/Instructor</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>9:30 AM – 4:30 PM</td>
<td>Transform Dental Codes to Medical Codes (with hands-on practice)</td>
<td>Christine Taxin, Links2Success</td>
<td></td>
</tr>
</tbody>
</table>

### Dentistry's Changing Landscape

*New practice management series co-sponsored with Henry Schein Business Solutions. Improve your practice care so you can focus on and grow your patient care.*

<table>
<thead>
<tr>
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<th>Time</th>
<th>Event</th>
<th>Speaker/Instructor</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/27</td>
<td>9:30 AM – 4:30 PM</td>
<td>The Corporate Proof Practice</td>
<td>Matthew Krieger, DMD</td>
<td></td>
</tr>
<tr>
<td>10/4</td>
<td>7:00 PM – 9:00 PM</td>
<td>Effective PPO Management</td>
<td>Scott Hironaka, Unitas Dental</td>
<td></td>
</tr>
<tr>
<td>10/11</td>
<td>7:00 PM – 9:00 PM</td>
<td>Marketing in New York City</td>
<td>Abe Kasbo, Verasoni Worldwide</td>
<td></td>
</tr>
<tr>
<td>11/1</td>
<td>7:00 PM – 9:00 PM</td>
<td>Building a High Profit PPO Practice</td>
<td>Matthew Krieger, DMD</td>
<td></td>
</tr>
</tbody>
</table>

*The dental team is encouraged to register*

The Henry Spenadel Continuing Education Programs are held at our facility at 622 Third Avenue in midtown Manhattan. Call the Education Staff at (212) 573-8500 for full program information and to register.