Why Patients Say “No”  

How to Handle the Two Most Important Patient Objections

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Oral Disease Around the Globe: The Battle Continues

Dental Tribune International
By Robin Goodman

Amidst the findings of the World Oral Health Report, released in February of this year by the World Health Organization (WHO), is the surprising fact that dental caries still affects 60-90% of schoolchildren and the majority of adults in the developed world. Also, in several Asian and Latin American countries, dental caries is the most prevalent oral disease.

Treatment in industrialized countries accounts for 5-10% of total health costs, which is beyond the resources of most developing countries. The report estimates that among the 6.3 billion people on the planet, 5 billion have experienced dental caries.

Given limited access to oral health care, the situation in developing countries is Africa. In this report, we explore the impact of periodontal disease on the health of the population.

5-15% of the populace. Although a modest reduction in tooth decay has been realized among the younger generation of the developed world, it is still a primary cause of pain and ill health for the older generation.

Oral cancer is one of the most common types of cancer in southern central Asia. Worldwide, it is the eighth most common among men and, along with pharyngeal cancer, is exhibiting an alarming increase in central and eastern Europe, Denmark, Germany, and Scotland. Increases in these two types of cancer have also been reported in Australia, New Zealand, Japan and the U.S. Risk factors include alcohol use, chewing betel, smokeless tobacco use, and smoking.

The World Oral Health Report outlines the major aspects and priorities of the WHO’s Global Oral Health Programme. The report addresses what are defined as modifiable risks (tobacco use, sugar consumption, lack of calcium) and sociocultural determinants (low levels of education, poor oral health traditions, poor living conditions) and suggests solutions.

"Oral Health International." No doubt this is an American keyboard.

Improving Profitability

Gone are the days when simply taking care of your patient base and providing a moderate array of services are enough to make your practice profitable. Dr. Levin explains the three business systems that have the biggest impact on profitability.

Practice Matters

Have you ever wondered why the keys on a typewriter keyboard are laid out in their current order? Many people assume that the format is designed to improve typing speed.

As you’ve probably guessed, it is not.

The early typewriters had levers that were activated by pressing the keys. When a key was pressed, a lever with the appropriate letter would fly up and strike an inked ribbon placed just in front of a piece of paper, transferring ink to the paper. If the lever didn’t have enough time to fall back into place before another key was struck, the two levers would crash into each other and jam the typewriter.

This, of course, didn’t look so good when a salesman was demonstrating the typewriter to a potential customer. To solve this, the creators of the first typewriters moved the keys out of alphabetical order in order to prevent users from typing too fast. (They even put all the letters for the word “typewriter” on the top row to make them easy for the salesman to find!)

The Wrong Reasons

Ask most dentists and staff members why patients say “no” and you will hear a litany of responses. However, the most common one tends to fall into several categories:

1. Money & Insurance. — Many people assume that patients fail to get treatment due to a lack of money or insurance. (Of course, this is what patients say. But...
One problem in many medical practices is that too much paper is hoarded and this becomes a burden. On average, 50% of all information and working material is superfluous. The consequences are:

- Problems with the flow of information
- Long periods spent searching and filing
- Multiple filing and multiple handling
- Difficulties with replacement staff
- No overview of available knowledge

Any investigation of the grounds for this shows that processed documents do not immediately find their way into the designated file. One reason for this is that momentarily one doesn’t know where to put it; another is that having several filing trays makes it easy to just shove the paper into one of them.

POWER TIP: Reduce the number of your filing trays. Put documents in them only temporarily!

2. Lack of time.–Commonly cited by patients as a reason to put off treatment, this objection is often held in high esteem by dentists and staff alike. However, it’s rarely a real objection.

3. Lack of understanding.– Another theory is that patients avoid treatment because they don’t understand the procedure or why it is necessary. Of course, like the money issue, this can sometimes be true, but it’s not as common as you think.

4. Fear of dentistry.– This is the one that leads dentists to write, “we eat our cowards” in their yellow page ads. Of course, this can also sometimes be a real objection, but you don’t overcome it the way you might think.

At most case presentation seminars, you are taught to “overcome” these misleading objections. The problem, of course is by assuming these objections are real, you are misled from the beginning. Ultimately, this causes you to address something that may not even be an issue but ultimately becomes an issue as the patient considers it. In other words, by trying to address the wrong objection, you can actually help your patient discover new reasons NOT to receive treatment.

The Real Reasons

The funny thing about the two most important REAL objections in dentistry is that, most of the time, you overcome them without even knowing it. You see, you MUST overcome these objections in order to get the patient to accept treatment. So, if you are getting any case acceptance at all, you are already addressing these two issues indirectly.

But don’t start thinking you’ve got it all figured out and you can stop reading now. The better you understand this, the better you will become at helping your patients get healthy.

So, what are the REAL primary reasons that patients fail to get treatment? Well, here is the first one for your consideration ...

Lack of Urgency

Ultimately, many patients fail to get treatment because of a perceived lack of urgency. Of course, patients don’t say this, but their subliminal reason for rejecting treatment is that the treatment is not urgent.

This is a huge objection. In fact, it’s the most common objection in dentistry.

Ultimately, many things contribute to a perceived lack of urgency, but the most important are:

- Lack of pain.– “It doesn’t hurt, so it must be okay for a little while longer.”
- 2. The problem has existed for some time.– “Why get treatment now? It’s held up this long. I’ll just wait it out.”

- Am I going to need this paper within a year?
- Can I not access the information from elsewhere? From a colleague, a reference work, or on the internet? (Consider how much effort will be required to replace it.)
- Is there a regulation about keeping the paper? (For instance, in the case of documents relevant for tax purposes.)

If you answered yes to any of these questions with “no” then this is a clear reason for the waste bin.

POWER TIP: Throw away anything you can obtain again at any time.

Step 2: The remaining documents are sorted according to completed files and pending files. You deposit completed files in your archive. The pending files are kept for re-submission. The various types are the re-submission brief-case folder, the hanging file cabinet, and re-submission by PC-accessible.

Step 3: Sort the folders and hanging files gradually on a regular basis. On the calendar, mark a specific definite day for doing this each month. This will serve as an automatic reminder. Examine the overflowing files first. How old are the contents and how often do you still need the documents? What can be thrown away? Does the file remain to serve in the practice or can you go to the archive?

If the file is still too full even after the “diet,” it needs to be divided. An important side effect: You obtain a good overview of your collected information because you use it when you need it and working material is superfluous.

Tackling Stock

- Reduce time-spent searching and filing with a clear filing system.
- Up to 50% is ballast! Throw away a lot of papers and magazines.
- Differentiate between pending and completed files.
- Check your files at regular intervals. Keep them in a “clean condition.”
- Make one of the information you have collected looking at it regularly.
- Send any files you use infrequently to the archive.

Lack of Trust

The most important reason patients fail to accept treatment is broadly defined as a lack of trust. Many years ago, dental care was considered by the public to be one of the most trustworthy professions. Unfortunately, recent surveys of public opinion have indicated that this attitude has largely shifted. Whatever the reasons for this change, it has left dentists fighting an uphill battle when it comes to case acceptance.

You see, if patients trust you, then almost all of their other objections can be overcome. Trust is the foundation of the dentist/patient relationship, and when it’s there, case acceptance is a given.

Again, you already know this. You have patients who hold you in high regard. When you discuss treatment with them, they hardly need to listen. They make decisions regarding their care based completely on your judgment and recommendation. “Greg Doc, just do whatever you think would be best.”

Think about it. If a patient really trusts you, they will prioritize the treatment. If they trust you, they will usually find the money. If they trust you, they will believe they need the treatment. If they trust you, their fear of dentistry is overcome.

Trust is the foundation. Without it, you will fail.

Building Trust and Urgency

Ultimately, there is a foundational problem with the manipulative case presentation strategies taught at many seminars today. For, while they attempt to overcome some of the less important objections, they diminish patient trust in the process. In addition, they fail to address the patient’s lack of urgency in a way that simultaneously builds trust.

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