

In defense of corporate sponsorships and a plea for civility

David E. Paquette
Mooresville, NC

I was the first one in my family to graduate from college. My father was a small-business owner with a high school diploma who employed many people during his career, including some with PhD degrees. I learned from him early on that having an advanced degree was no guarantee of success because all too often it stymied innovation. He also believed that those who have the good fortune of success have an unwritten social contract to give back to society, each in his or her own way.

Having practiced pediatric dentistry for 6 years and now orthodontics for almost 30 years, I have become increasingly disappointed of late at the vitriol within our orthodontic community. Although I have not actually practiced pediatric dentistry in 3 decades, I can't recall an incident where anyone in the pedodontic community attempted to eat his or her own, especially in a public forum. Unfortunately, public verbal execution seems to be the sport du jour in orthodontics. In the annals of great orthodontic debates, it was (and is today) fine to question someone's science but rarely was social decorum so lacking that another's motivation or integrity was questioned.

One thing that was lacking then, as today, is the development of new techniques or products in the university setting. By their very nature, universities teach through a rear-view mirror, studying methods or techniques already in use that are often poorly documented or understood. When we were residents, we attended courses sponsored by manufacturers and had speakers in the department who were sponsored by many of the same manufacturers. No one needed to tell us that they might have a bias toward whatever they were speaking on: it was self-evident. Most of the time, the speakers named the technique or product they spoke about after themselves anyway, so no disclaimers were needed. Did that mean that their information was any less valuable? Absolutely not! We learned a great deal

about clinical techniques and differing approaches to clinical problems from all of them; this in turn helped our patients receive better care in the long run. It was and is the manufacturers who continue to develop new and improved products to help us provide better care.

Our faculty members also had differing approaches and opinions, few of which were based on much evidence other than their personal clinical experiences. Despite the lack of firm evidence and the numerous disparate opinions on how to approach a clinical issue, we learned that our specialty is based on science, experience, and art, with science as the basis with which to weigh our experience and determine the biologic limits of our art. Unfortunately, even today the science to determine the correct direction of treatment is often confounded, equivocal, or lacking, and contemporary online arguments on either side of a discussion seem to repeatedly break down in emotional tirades and personal attacks.

In recent months, some people have taken it upon themselves to be self-appointed arbiters of the "truth" in online forums. When a suggestion or pearl is offered to help a colleague who poses a question, there is often an immediate rush of self-righteous pundits questioning whether there is evidence to support the suggestions, or whether the person suggesting it has an associated financial interest. In the context of these questions, it is implied that financial interest insinuates personal gain, when generally anything but that is the case. It is as if the underlying assumption is that association with a manufacturer at any level is the equivalent of ethics for sale. In some circles, just the identification of someone having an association with a manufacturer negates all contributions he or she might make. Unfortunately, these attacks deflect the discussion away from rational and meaningful debate and seem intended to demean or publicly smear a fellow orthodontist.

Many things have changed over the past 30 years. One thing is the advent of the corporate-branded orthodontic meeting. These meetings have a specific focus, present cutting-edge information that is unlikely to be found in any other setting, and provide an

opportunity for orthodontists from around the world using similar techniques to easily share ideas and mutually problem-solve issues associated with the techniques. The bias in these meetings is obvious. What may be less obvious is the more subtle and unintended bias at the American Association of Orthodontists Annual Session, based on an intrinsic bias in the Scientific Affairs Committee that selects the speakers, or the unintended bias in articles that make it through the arduous vetting process in any of our journals based on who gets assigned as a reviewer.

Many state and regional meetings that avoided corporate subsidies in years past now accept corporate sponsorships to be able to afford the expense of putting on a meeting. Does the public display of sponsors make corporately sponsored meetings less valuable? I would say not.

Many sponsored speakers (ie, key opinion leaders) are also practicing orthodontists and are passionate about their work. Although there are charlatans and snake-oil salesmen in every walk of life, the key opinion leaders I know take their roles seriously, understand the weight of influence their presentations may carry, firmly believe in what they are presenting, and would not knowingly present deceptive or misleading information. Ask yourself, “what purpose would that serve?” Of course, there may be secondary reasons such as notoriety or marketing value; however, regardless of the sponsor, virtually every speaker I have ever met personally has the same core reasons for taking valuable time from practice and family—and that is to give back to the specialty and improve patient care. Unlike academics who receive a salary and then deservedly may supplement that by receiving an

honorarium for speaking, it would be unusual for someone in private practice to make enough money lecturing to offset the overhead expense of lost time in the office; and counter to common belief, federal laws discourage companies from providing free products in exchange for services.

Many times, the only evidence to back up claims about a new technique is a series of case histories coupled with personal experience. Is the information always correct? By no means. But neither is it incorrect or unfounded; it is simply unverified. It is up to each clinician to determine how early, if ever, he or she chooses to ascribe to a new technique. Is it beneficial to have evidence to support our treatment? There is no question that it benefits both the orthodontist and the patient. But would patients be better served if every new development was withheld until a randomized clinical trial could be conducted? I would suggest not.

To make ad hominem attacks on either side of a discussion does nothing to improve patient care or the way the public views our specialty. It is only fair and reasonable that all on the public stage should openly disclose their associations and biases. For those who feel compelled to avoid all corporately sponsored events, continuing education will be difficult to find. For those who insist on playing armchair quarterback by constantly judging those on stage or online with nothing else to offer, I challenge you to review and analyze your treatment, assemble a coherent presentation, and attempt to contribute to our specialty in a meaningful way. Otherwise, let's at least support orthodontics and each other publicly, and we can meet for a drink to discuss differences in a more collegial manner.