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THE EDITOR'S CORNER

Viewing the Child Patient as a Customer

Peter Drucker turned 90 the other day. You may have read his extraordinary book, *The Practice of Management,* which in one volume established management as a separate discipline. It did more than that, of course. Drucker proposed that any enterprise ask itself a simple question: "What business am I in?" Once business people pondered that question, they were bound to conclude that it was not their product or service that people were seeking, but the satisfaction or fulfillment of a felt need that the product or service could help them achieve.

Thus, in orthodontics, according to Drucker's theory, people do not seek our services because they want braces. They do not seek our services because they want straight teeth. For the most part, they don't seek our services because they want their teeth to function better. They seek our services because they want to achieve an improvement in their appearance that they can enjoy, and—perhaps more important—an improvement in their appearance that contributes to greater success in love, marriage, society, and employment. I think that is true of most of our adult patients and many of our child patients.

Drucker posed another, two-part question: "Who are our customers, and what do they want from us?" There was a time when orthodontics was strictly a service for straightening the teeth of children. The customers were the parents. And frequently, the parents' motivation was simply to do something for their children that had become fashionable—to correct the imperfection of crooked teeth. So we had, and to an extent, still have, a situation in which the customer is not the direct recipient of our services. This is true either when parents buy our services for their children or when third parties contribute to the payment.

In the first situation, the customers—the parents—do want straight teeth. The recipients of the service—the child patients—often could not care less about braces or straight teeth. Children may be motivated to please their parents or their orthodontist, or they may not. If not, we have devised a number of non-compliance appliances

that seem to work reasonably well. With these, we can satisfy the customers—the parents—by straightening their children's teeth. The children are rewarded when their braces are removed.

In the second situation, the co-customer—the third party—is motivated by neither the quality of the result nor the contribution it makes to the individual's self-esteem. Its reward is the income it receives from acting as a cost-controlling intermediary that contracts for professional services on behalf of groups. Since adults do not usually qualify for third-party contracts, the motivation of adults in seeking orthodontic treatment is seldom an issue.

In most commercial exchanges, the motivation to use or appreciate the purchase is, at least partly, related to the payment for it. The child patient is at best a non-paying customer, which makes it even more important that the child make a conscious decision to have orthodontic treatment. Case acceptance then becomes a two-part procedure. The parents—the customers, the payers—have to accept the overall process and agree to the amount and method of payment. The child—the actual patient—will be a better and happier patient when entering treatment with a high level of motivation.

This is where Drucker's ideas of customer motivation come into play. Children are not immune to the concept of improved appearance and its benefits in terms of self-satisfaction. These can be taught before the start of treatment—even before a discussion of what orthodontics entails. While children may not be so future-focused as to think in terms of lifetime goals in social and career achievement, they are acutely aware of their present situation. The role of orthodontic treatment in providing current personal and social rewards can be offered to them in a well-organized teaching program prior to gaining their case acceptance.

That does not preclude the use of appliances that require little or no patient cooperation. Such appliances may be entirely appropriate for some conditions and some patients, regardless of motivation. Nevertheless, as long as orthodontic treatment requires a level of cooperation that can make or break a case, then strong motivation and active cooperation must be developed and fostered before and during treatment.

Some orthodontists are natural motivators. Some are able to hire natural motivators or motivational consultants. The rest—and they may constitute a majority—would do well to consider a system of motivating first, of creating a partner-patient-customer who is ready, even eager, for treatment, and of reinforcing that relationship as treatment continues. ELG