COMMENTARY

False advertising in dentistry

BACKGROUND

Advertising dental services is a common way to attract new patients, but it's important that the information presented is both factual and supported by sufficient evidence. Patients aren't all knowledgeable about dental practices, and advertisements should not lead them astray.

WHAT IS FALSE ADVERTISING?

When an advertisement makes statements that are contradicted by facts, that's false advertising. A closely related use in advertising is puffery, which is a subjective claim made to highlight the best attributes of a product or service with the goal of encouraging business. Facts can be used to prove false advertising, whereas puffery can mislead patients, but not be literally false advertising, since it is subjective. However, if puffery is used in a dental ad, the advertising dentist can be guilty of violating the ethical principle of veracity that governs dental practice.

REGULATION OF ADVERTISING

The Federal Trade Commission (FTC) is charged with promoting equitable business practices. It has set the standard for substantiating advertising claims. Substantiation requires the agreement of several well-controlled, valid studies accepted by other experts in the field. If conflicts of interest or significant flaws in the study design are present, the claim may not be substantiated. Testimonials are not considered substantiation. The individual responsible to the FTC is the advertiser, even if he or she didn't produce the ad.

DENTAL APPLICATIONS

Dental ads should not claim the dentist can provide absolutely painless treatment, that he or she can perform early treatment that will eliminate the need for future extractions, or that his or her innovative techniques will expedite tooth movement because there are no supporting studies that can substantiate these claims. Other claims, such as making generous contributions to charity, must also be clearly documented if the dentist wants to use them in an ad.

Clinical Significance

The positives of the practice and its staff, but not veer off course into claims that exceed the truth. When dental ads fail to adhere to professional standards and legal requirements for a truthful ad, they undermine the public's confidence in not just that dentist but in the dental profession.

Greco PM: The truth be told. *Am J Orthod Dentofacial Orthop* 154:166, 2018

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Justifying our existence

BACKGROUND

Dentists, the health care industry, and the press are pushing the concept that individuals must take care of their oral health or they will suffer heart attacks and any number of other adverse systemic health conditions. A close look at the supposed link between oral health and systemic health is needed to set the record straight.

CAUSATION VERSUS ASSOCIATION

No studies to date have shown a causal effect between oral diseases and systemic diseases. Causal effects are not the same as causal associations or relationships. Such associations between diseases deserve our attention because they may identify patients who have common risk factors. However, associations between diseases must not be interpreted as indicating that

the treatment of oral diseases such as periodontal disease will prevent a heart attack or significantly improve the outcome of a disease.

JUSTIFICATION OF DENTAL PRACTICE

The practice of treating oral disease, restoring patients' oral health, or preventing oral diseases from occurring are in and of themselves sufficient justification for the existence of a dental profession. Rather than seeking to obtain greater status by claiming a link between oral health and systemic health, dentists should recognize that they provide a valuable service when they address oral health care situations in their patients. The claim of an oral/systemic health connection is intriguing, but has insufficient support to use it in attempting to lure new patients into a dental practice.

RECOMMENDATIONS

Before there can be claims of conditions being related to periodontal disease, there must be sufficient validation through large-scale, high-quality population-based studies. Any oral health–systemic health associations require validation. If they don't meet the parameters considered consistent with biologic plausibility and clear strength of association, they should not be used to justify the existence of the dental profession.

Clinical Significance

Dentistry has moved from preserving, restoring, and providing esthetics in oral health care to understanding how oral infection and inflammation can be harmful and require control to achieve good oral health. This change is providing a very real and exciting goal for dental professionals and should be sufficiently engaging to justify the role of dentists with respect to oral health care.

Bartold PM: Opportunistic dentistry is harming our credibility. *Austral Dent J* 63:269, 2018

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