Spring 2017 Volume 19, Issue 1

NDA JOURNAL

Official Magazine of the Nevada Dental Association and Component Societies
A Peer Reviewed Journal

2,146 maximized fee schedules for our members and counting…

Get the most out of your dental insurance relationships. Tap into the Dental Cooperative's partnership with dental insurance companies to help maximize your relationships and fees. With thousands of successes already, the Cooperative provides our members the resources to help maximize insurance fee schedules for your practice and to help identify new profitable partners you may be missing out on.

Maximize your dental insurance relationships today.

Contact us today for a free maximization analysis.

Leo Agustin
Nevada Area Director
(702) 626-0646 | leo.a@dentalcooperative.com

dentalcooperative.com

*The Cooperative partners with insurance companies under the FDA counseled Messenger Model approach. Fee maximization results may vary for each practice.

COOP
DENTAL COOPERATIVE

You are a dentist deserving of an insurance company relentless in its pursuit to keep you protected. At least that's how we see it at The Dentists Insurance Company, TDIC. Take our Risk Management program. Be it seminars, online resources or our Advice Line, we're in your corner every day. With TDIC, you are not a sales goal or a statistic. You are a dentist.

Endorsed by the Nevada Dental Association

Protecting dentists. It's all we do.®

800.733.0633 | tdicinsurance.com

Nevada Dental Association
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147-8718
PH 702-255-4211 • 800-962-6710
FAX 702-255-3302
EMAIL info@nvda.org
WEB www.nvda.org

NDA JOURNAL

Editor
Daniel L. Orr II, DDS,
MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

Publisher
LLM Publications
800-647-1511
www.llmpubs.com

NDA Journal is published four times each year by the Nevada Dental Association and state component societies. All views expressed herein are published on the authority of the writer under whose name they appear and are not to be regarded as views of the publishers. We reserve the right to reduce, revise, or reject any manuscript submitted for publication.

Materials: All articles, letters to the editor, photos, etc. should be sent to Daniel L. Orr II, DDS, via email to EditorNDA@nvda.org. All chapter and committee reports and business communications should be sent to Robert Talley, DDS, Exec. Dir., Nevada Dental Assn., 8863 W Flamingo Rd, Ste 102, Las Vegas, NV 89147, Ph 702-255-4211 or 800-962-6710, Fax 702-255-3302. Materials may be reproduced with written permission.

Subscription: Members receive each publication as a membership benefit paid by membership dues. Non-members may subscribe to the Nevada Dental Association Journal for $50 annually.

Advertising Policy: All advertising appearing in the NDA Journal and other Nevada dental publications must comply with the advertising standards of the Nevada Dental Association and its component societies. The publication of an advertisement is not to be construed as an endorsement or approval by the publishers of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. The publishers further reserve the right to cancel any and all contractual advertising agreements should an advertiser be engaged in litigation concerning their product or service, or should the product or service be in conflict with the standards of the NDA or its component societies.

Advertising rates and specifications are available upon request. Contact Dan Hartzog, LLM Publications, at 800-647-1511 ext 2229 or email danh@llmpubs.com. Mailing: Send address changes to: NDA, 8863 W Flamingo Rd, Ste 102, Las Vegas, NV 89147.

NDA JOURNAL

SPRING 2017

On the Cover

Apollonia, the patron saint of dentistry, lived in Alexandria, Egypt where in 249 A.D. she was tortured in an effort to force her to renounce her faith. Apollonia's teeth were broken or avulsed and facial fractures were sustained. After then being threatened with immolation, Apollonia reportedly intentionally leapt into the flames. Catholics now invoke Apollonia's name to aid with insidious odontalgia. Her feast day is February 9.

Artwork courtesy of Darby Dental and Daniel L. Orr II.

Channeling Apollonia

Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

Elections are generally somewhat painful, so after courageously voting last November I rewarded myself by completing two deferred projects. First was a haircut and second was the extraction of my fractured #30, an endodontically treated part of me that gave up the ghost after putting up with ice mastication for decades. Both operations were completed without anesthesia. The piliplasty was fine, but the odontectomy was awful.

It might seem strange to choose to have a tooth removed without even local anesthesia, but historically, and even today, statistically speaking it really is not.[1] The anesthetic properties of cocaine were only discovered in 1884.[2] Further, local anesthesia has only been routinely used in dentistry since the 1930's, after a magnanimous ADA House of Delegates voted to encourage the practice.[3] Prior to that endorsement for pain control, some dentists used 100% nitrous oxide for anesthesia, which allowed a minute or two of working time before patients began to recover consciousness. Those moments were too short for restorative procedures, but a niche of exodontists, which evolved to today's oral and maxillofacial surgeons, became very adept at removing large numbers of teeth in brief periods of time.

Figure 1:Dr. Szell presenting treatment options…take the eugenol!

There were some dentists that utilized local anesthesia prior to the ADA HOD vote, such as William Randolph Rudolph Parker. Dr. Parker was more ubiquitously known as "Painless Parker" both before and after legally changing his name after the California State Board of Dental Examiners stipulated that he could not call himself "Painless" (since it was not his legal name). A real problem for the Board was that Dr. Parker really was relatively painless because he routinely administered his own compounded local anesthetic "hydrocaine." Dr. Parker's use of hydrocaine in the early 1900's logically led patients to call him Painless, especially when trips to non-Novocaine dentists were anything but. Perhaps even more agonizing to the profession was the $3 million gross Dr. Parker's relatively happy crew carried into his Southern California offices, and that was before the Sixteenth Amendment (income tax) was ratified in 1913.[4]

In this issue (see Dr. Hancey page 15) and previously, the NDAJ has published tales of dentistry in the Old West.[5,6] Part of what makes these stories fascinating is the absence of anesthesia. Even today, many comedians relate "hilarious" tales of horrified patients in dental offices.[7] In spite of the fact that our professional services are still universally known as something to assiduously avoid, the ADA HOD hasn't supported meaningful optimization of anxiety and pain control since the tenderhearted group previously mentioned. In fact, the HOD has resoundingly opined that there is no "need or demand" for more pain control in dentistry at least five times, most recently in 2012. Amazing...

Dentists know that avoidance of treatment because of anxiety and fear is a significant issue for the profession, affecting tens of millions of patients, as documented by several studies.[8] Historically, when facing surgery without anesthesia, many patients would logically opt to forego the operation, which would often be the cause of death anyway.[9]

Over the years, I have treated several patients who asked for no anesthesia whatsoever for their procedures. One UNSOM student scheduled to remove completely boney third molars made this request. I hesitantly agreed to try, but with local and sedative agents at hand. This patient did just fine, which understandably is hard to believe without actually observing the procedure. Part of our USC dental school supplemental pain control experience included the on campus filming of Marathon Man during which Dr. Szell (Lawrence Olivier, Figure 1) executed partial cavity preparations on, not for, Babe Levy (Dustin Hoffman). I suppose the genesis of my experiment was secondary to the inspiration of Dr. Mike Montgomery's root canal on his own tooth.[10]

So, knowing Election Day was going to be harrowing anyway, and honestly wanting to understand more fully

Continues on page 4 >

Dr. Orr practices OMS in Las Vegas, is a Clinical Professor of Surgery and Anesthesiology for Dentistry at UNSOM, Professor and Director of OMS and Anesthesiology at UNLV SDM, and a member of the CA Bar and the Ninth Circuit Court of Appeals. He can be reached at EditorNDA@nvda.org or 702-383-3711.

Continued from page 3 >

what our ancestors experienced, I decided to channel dentistry's Patron Saint, Apollonia. Her literal tortuous treatment included the creation of dental and facial fractures, and ultimately immolation, by those that were offended by her faith.

One concern was finding a dentist willing to acquiesce to the request. Since December 1844, when Horace Wells discovered safe, effective, and reproducible anesthesia, surgeons want their patients anesthetized almost as much as the patients themselves do; it just makes things so much more straightforward. OMS Michael Daccache agreed to the proposed experiment. Seconds into the procedure the rest of me attached to #30 demonstrated well the classic autonomic responses to pain, dramatic diaphoresis and copious tearing, but without actual fight or flight. Yes indeed it hurt, a lot. Dr. Daccache queried several times if his colleague was OK and heard an unconvincingly moaned yes. The endodontically treated tooth kept fracturing, in part Dr. Daccache explained because he was hesitant to apply the pressure necessary do what needed to be done without anesthesia. After the 5th or 6th query offering some local, his patient acquiesced, convinced that Dr. Daccache "needed" it to complete the procedure. Dr. Daccache infiltrated half a carpule of lidocaine and, feeling much better, immediately renewed his efforts. The local began to take effect after the tooth was out, but Dr. Daccache had recovered nicely.

I don't anticipate repeating this exercise, but I gained new gratitude for Wells' universally recognized discovery.[11,12] It is good for doctors to experience health care themselves from time to time, if for nothing else to better empathize with their own patients. ■

References

1) Collins D, Man pulls 13 of his own teeth with pliers, couldn't find an NHS dentist, Daily Mail Reporter, 15 April 2015, http://www.mirror.co.uk/news/uk-news/couldnt-afford-private-dentist-used-5464495, accessed 06 March 2017.

2) Ring ME, The history of local anesthesia, *J Calif Dent Assoc*, 2007, April, 35(4), 275-282.

3) Driscol, EJ, Jorgensen Memorial Lecture, *American Dental Society of Anesthesiology Newsletter* 1977, 9(3)27.

4) Donovan R, Whitney D, Painless Parker, *Collier's Magazine*, 1952, 5, 12.

5) Daugherty WB, Lost His Teeth (Reno Evening Gazette, February 19, 1891), *NV Dent Assn J*, 18:3, 12, Fall 2016.

6) Daughters of the Utah Pioneers, Treasures of Pioneer History, *NV Dent Assn J*, 18:3, 19, Fall 2016.

7) Thiboudeau E, Mentatsi L, Who stole Nemo? *J Am Dent Assc* 138(5):656-660, 2007.

8) Colgate Oral and Dental Health Resource Center, What is Dental Anxiety and Phobia?, September 18, 2013. http://www.colgate.com/app/CP/US/EN/OC/Information/Articles/Oral-and-Dental-Health-Basics/Checkups-and-Dental-Procedures/The-Dental-Visit/article/What-is-Dental-Anxiety-and-Phobia.cvsp#Symptoms, accessed 06 March 2017.

9) Orr DL, Dear Aetna, *NV Dent Assn J*, 11:1, Spring 2009. 5-8.

10) Montgomery, M, personal communication, circa 1985.

11)Transactions of the American Medical Association, 1:178, 1848.

12)American Dental Association, Transactions of the Fourth Annual Meeting, Niagara Falls, 1864.

Robert H. Talley, DDS, CAE
robert.talleydds@nvda.org

The 2017 Legislative Session started February 6 and continues until June 5. Below is our main bill along with some others of interest.

AB213

Introduced by Assemblyman James Ohrenschall for the Nevada Dental association. This bill revisits our non-covered services bill passed in 2013. It changes the definition of a "covered service" to get rid of language that allows insurance companies to change treatment, down-code procedures, not allow for co-insurance and apply frequency limitations. It places this new language in all seven chapters of the statute that deal with dental plans. It removes the requirement to honor negotiated fees when a patient reaches their plan maximum. It requires notice in the dentist's office that treatment received that is not covered by the insurance plan may be subject to the dentist's usual and customary fees.

AB193: Fluoridation of Water in Washoe County

Introduced by Assemblywoman Amber Joiner; this was not sponsored by the NDA but we are working with her to get this passed. We ran a similar bill in 2009 that failed and again the water authority in Washoe has come out against stating it would raise the rates of water users significantly due to the cost of infrastructure needed to do the fluoridation. As always this could be an interesting hearing.

SB101: Botox

This bill was introduced by Senator Joe Hardy as a response the regulations that were developed by the State Board of Dental examiners, but not approved, that would have allowed hygienists to use Botox on patients under the direct supervision of the dentist. This bill defines which professionals are allowed to use this drug on patients. Only physicians and dentists with the proper training will be allowed to use these types of drugs on patients. Medical assistants, hygienists and other ancillary personal will not be allowed to administer these drugs to patients. Dr. James Mah from the UNLV School of Dental Medicine worked with Dr. Hardy on the dental part of the bill.

Governor's Prescription Drug Bill

The Association has been involved in several meetings with Governor's office discussing language for a new controlled substance prescribing bill his office will introduce this session. The final language is not out as of this writing, but it appears this bill will not significantly affect dentists. The doses and number of days normally prescribed by dentists do not appear to trigger the extra testing that will be required for these higher doses of controlled substances. There will be a 2–3 hour education requirement for all prescribers. The Prescription Drug Monitoring Program will still be mandatory along with required checks.

Mid-Level Provider

We heard rumors that a bill might be introduced, but I have been told by the Hygiene Association that they are not introducing a bill this time. We will continue to monitor this until all deadlines are passed.

These are but a few of the many bills we are watching. Please reach out to me if you come across any bill that you think might affect our profession or your practice.

Please consider coming to the Annual Summer meeting in Whistler, British Columbia June 22–24, 2017. This whole area is geared toward family fun and the sheer beauty of the place demands your attention. You will find registration materials in this copy of the journal.

We are also having a Laser Safety Certification course April 28–29, 2017 at the UNLV School of Dental Medicine. Registration materials are in this Journal. ■

David White, DDS
whitedav@umich.edu

As I sit down to write this article, the state has been enjoying harsh weather, from wind and rain in the south to snow and mudslides in the north. All in a great prelude to the 79th Nevada Legislative Session. This week our bill *AB213* was introduced and assigned to Commerce and Labor. This is our bill on non-covered services. We are attempting to change our previous bill to add and remove provisions which would benefit members. Many states across the country are going back this year and attempting to do the very same thing to their previously passed bills on non-covered services. We know passing *AB213* will be quite challenging, so please be on the lookout for emails with instructions on how to help us in the lobby effort. I would like to thank our Executive Director as he takes up temporary residence in Carson City of the next 120 days. You can rest easy knowing that he and the Ferrari Public Affairs team are watching over us during this session. We are very excited for our up coming Dental Lobby Day on March 1, in Carson City. This will be an amazing opportunity to collaborate and be "the voice and advocate for oral health in Nevada."

Recently, the House of Delegates met in Reno on January 21. A resolution was passed to change our Nevada ADA delegate structure. This action by the house was a commitment toward ensuring the strongest representation of Nevada to the American Dental Associations House of Delegates. I thank you for your leadership and foresight.

On a national level, the election results have provided opportunity and challenges for our ADA Washington DC office. At the present time, the congressional agenda is laser-focused on the Affordable Care Act and their mission to replace and repeal. Nationally we don't want to see anyone lose dental benefits in this process. Luckily, we are well represented with four dentists elected to Congress. We will be looking for opportunities to address the McCarran-Ferguson Act and non-covered services that deal with ERISA plans. The national dental lobby days are March 26–28 in Washington DC. This is the first time that students and dentists will be ascending on DC at the same time in a coordinated effort to lobby members on our behalf. We anticipate anywhere from 800–1,000 ADA members at that event.

In closing, I would like to thank the executive board and ADA delegates for their leadership and vision to push the Nevada Dental Assocation forward. I would like to thank members of the NDA Legislative committee for their work and committment to the state. And lastly, I would like to thank *you*, *the member!* Because without you none of this would be possible. Have a wonderful spring everyone, and we hope to report back positive action from the legislative session. ■

BUSINESS OPPORTUNITY BROKERS

Do you want to buy or sell a dental practice?
Do you want to know what your dental practice is worth?

The answer is simple Call BOB.

BOB is *Business Opportunity Brokers*
Specializing in Dental Practice Transitions

Business Opportunity Brokers is an experienced team of Real Estate professionals that are ready, willing and able to assist you in buying or selling a business in the Truckee, Tahoe and Reno areas

Karen Norris
Real Estate Broker
CPA, CVA
25-Year Broker Experience

Ron Hemig
Real Estate Broker
Commercial & Land Development
CRS

Kristine Mitchell
Realtor® CLHMS
25-year experience
Business Development

Jessica Barton
Realtor®
Hospitality Expert
Social Media Marketing Expert

Jim Hemig
Realtor®
Industrial Expert
Traditional Media Marketing Expert

530-550-4100 | INFO@BUSINESSOPPBROKERS.COM | BUSINESSOPPBROKERS.COM
333 HOLCOMB AVE, SUITE 300, RENO, NV 89502

DCG DICKSON COMMERCIAL GROUP

Cultural Considerations

heaven help us!

By Karin W. Zucker, MA, JD, LLM, FLCM and Douglas C. Swift, MA, MS, MTS, Members of the Faculty of the Army, Fort Sam Houston, TX

Published with permission from the ACLM

Background

We frequently hear of the necessity, or at least the benefit, of cultural awareness; it is even recognized by the Joint Commission. In this paper, we examine one aspect of cultural awareness, i.e., the belief that many of our patients hold in the power of intercessory prayer, specifically in the intercession of saints. It is not that unusual for a patient to invoke a particular saint or even to ask a provider to do so on his or her behalf. Patients may also ask providers about the patron saint or saints of their profession and ask that they be invoked for a favorable medical outcome. Among those not familiar with the tradition of invoking the saints, you not infrequently hear, "They are praying to saints! Why? A saint is not God."

We are not suggesting that you adopt this practice. We are asking only that you understand that many individuals do believe in it and that the beliefs of others, specifically of our patients, are due our respect.

We will review some of the pertinent terminology and will identify, by name and pictorial representation, a number of saints the Roman Catholic Church has designated or traditionally accepted as patrons of various categories of healthcare providers, extenders, administrators, and other workers.

It should be noted that many of the saints mentioned here are also recognized by individuals who are not Roman Catholics, especially by members of the Orthodox Churches and of Churches of the Anglican Communion.

Terminology

Saint—A saint is an individual who lived a particularly holy life. Saint has another more particular meaning; i.e., one who is specifically recognized, either through tradition or through canonization, as a saint by the Roman Catholic Church, or by another branch of the Church.

Many saints are familiar to us: St. Peter, St. Paul, St. Thomas Aquinas, and St. Francis of Assisi, to name a very few. Tradition has recognized that certain saints are invoked for certain purposes. St. Jude, for example, is known as "the patron saint of lost causes" and the faithful often bury a small statue of St. Jude in the yard of a house they are having difficulty selling, believing that he may intervene and assist.

Patron Saint—A patron saint may be designated or chosen. Many children grow up with particular devotion to their patron saints, the saints whose names they bear or on whose feast days they were born. In addition to individual patron saints, there are patron saints for those undertaking certain endeavors, such as travel; for members of certain occupations; and for those suffering from certain diseases. Often, there is an obvious connection between the saint's life and the group under his or her patronage. For example, St. Luke the Physician is the general patron of all healthcare providers.

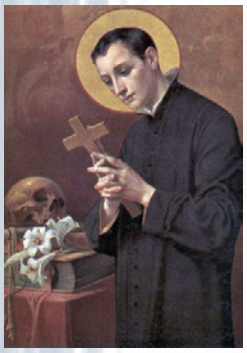
More specifically, St. Apollonia, one of a group of virgins martyred in Alexandria, according to legend, was tortured by having all of her teeth pulled out or broken off; she is the patron saint of dentists.

Communion of Saints—The Communion of Saints is a part of the doctrine of most, if not all, of the creedal churches. The doctrine teaches that along with Christ and Mary, there are three branches of the Holy Catholic Church: the Church Triumphant (those members in heaven); the Church Expectant (those in purgatory); and the Church Militant (those on earth). In a very real sense, the Communion of Saints is the Church.

Canonization—This is the process whereby the Roman Church recognizes an individual as a saint. The very early process is not known and may simply have been local recognition of a particularly virtuous life or of martyrdom. In 1588, the process was placed under the auspices of the Congregation of

Continues on page 10 >

patron saints of medical

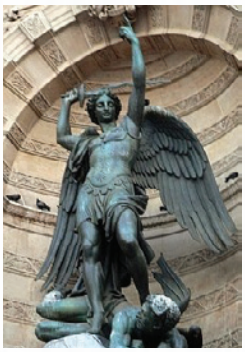


St. Aloysius Gonzaga
AIDS caregivers

St. Luke
healers in general, physicians and surgeons

St. Albert the Great
medical technicians

St. Dymphna
psychologists



St. Michael the Archangel
EMTs and paramedics

St. Vincent de Paul
hospital workers

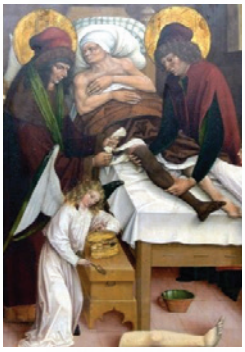
Continued from page 9 >

Rites, now called the Congregation for the Causes of Saints.

Pope Urban VIII, in 1634, reserved to himself the right of beatification and canonization and rules began to be promulgated. Reforms were instituted by Pope John Paul II. Today, the process begins locally with a thorough investigation into all aspects of the candidate's life. The Congregation for the Causes of Saints may then name the individual a Servant of God. The case or cause is opened in Rome and with proper documentation, including miracles, may move through the stages of Veneration and Beatification to Canonization.

Intercessory prayer—Just as members of the Church Militant, those on earth, pray for those suffering or otherwise in need here on earth, and for those in purgatory, they also pray to the members of the Church Triumphant, those in heaven, asking that they, through Christ, help those on earth. This is not adoring or worshiping a saint, but rather asking the saint to pray for us or someone we believe in need of prayer. It is a bit like asking someone you know to put in a good word about you with someone you do not know well or with whom you would like a closer relationship.

and paramedical personnel

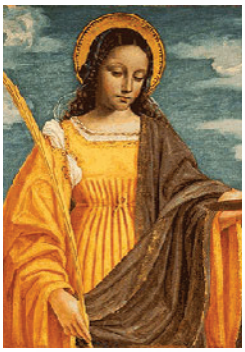


St. Cosmas (pictured) and **St. Damien**
pharmacists and surgeons

St. Appollonia (pictured) and **St. Antipas**
dentists and dental hygienists

St. Frances Xavier Cabrini
hospital administrators

St. Raymond Nunnatus
midwives and obstetricians



St. Agatha (pictured), **St. Camillus,** and **St. Alexius**
midwives

St. Liborius
urologists

St. Louise de Marillac (left) and **St. John Regis** (right)
social workers

Not Pictured

St. Rene Gonpil
anestheologists and anesthetists

Sts. Michael, Gabriel, and **Raphael**
radiologists

St. Christina
psychiatrists

Conclusion

We have provided a little information about patron saints and intercessory prayer. There are countless books on saints, on patron saints, and on the process of canonization; we hope that we have peaked your interest. ■

Disclaimer / Notes

Thls work was approved for general release by the Public Affairs Officer and the Operations Security Officer of the Army Medical Department and School. Ft. Sam Houston, TX. The views expressed on It are those of the authors only and do not reflect official policy of the Department of the Army, the Department of Defense, or the US Government. Olsplay weak was designed by Visual Information Specialist, Deborah Bo. Graphics support was provided by the Visual Informatan Center, Ft. Saris Houston, TX.

References

Bunson, B., Bunson, M. & Bunson, S. (2003). *Our Sunday Visitor's. Encyclopedia of Saints*, revised. Huntington, IN: Our Sunday Visitor, Inc.

Clark, T., Hallam, E., and Walters, C (Ed.). (1994). *Saints: Who They Are and How They Help You*. New York: NY: Simon and Schuster. Coriden, IT., Green, T. J. Green, & O. E. Heintschel (Eds.). (1985). *The Code of Canon Law: A Text and Commentary*, ed. New York, NY: Paulist Press.

Knowles. A.C. (1950). *The Practice of Religion, 7th edition*. New York, NY: Morehouse-Gorham.

Patron Saints Index. Retrieved 13 March, 2013 from The Catholic Forum: http://www.catholic-forum.com/saints-index.html

Woodward. K. L. (1990). *Making Saints*. New York, NY: Simon and Schuster.

Spirituality and Religion in Modern Medicine

By Darpan Kaur Mohinder Singh and Shaunak Ajinkya, reprinted with permission from the Indian Journal of Psychological Medicine

Abstract

Man has always yearned for a higher sense of belonging in life. Since ancient ages, human beings have tried to examine and evaluate the relationship between spirituality, religion and medicine. The interface of spirituality, quality of life and mental health is fascinating and sublime. Religion and spirituality play an essential role in the care giving of patients with terminal illnesses and chronic medical conditions. Patient's needs, desires and perspectives on religion and spirituality should be addressed in standard clinical care. Ongoing research in medical education and curriculum design points towards the inclusion of competence, communication and training in spirituality. There are structured and reliable instruments available for assessing the relationship between spirituality, religion and health in research settings. Intervention based scientific studies in the arena of spirituality and modern medicine are needed. Further research should be directed towards making modern medicine more holistic.

Introduction

Spirituality is an important determinant of physical, emotional, and social health.[1] Spirituality today is an essential aspect of health care that is often not adequately addressed in modern-day medical practice.[2] Interest in the relationship between spirituality, religion, and clinical care has increased in the last 15 years. Religions often provide patients with specific moral guidance about a variety of medical issues and prescribe rituals that are important to patients.[3]

Historical evolution to current modern-day medical practice

At the start of modern medicine, the ancient holistic paradigm of healthcare that was present in many cultures gradually became replaced by a dualistic approach that separated cure for the body from care for the soul. However, something went wrong. Ironically, the specialized and technical approach of medicine failed in its promise of holistic healing, compassion, and care. Patients always want to be approached as a person who is suffering, not as a faceless individual with malfunctioning organs.[4] Caring for the spiritual aspect of the patient can provide the physician with a more in-depth understanding of the patient and their needs.[5] There are ongoing controversies regarding integration of religion and spirituality into routine psychiatric practice. Disclosure to the patient by the psychiatrist of their own religious beliefs in the context of treatment is seen by some as potentially harmful.[6] The search for meaning in life is a universal phenomenon selective to human beings. Over the last few decades, there has been an ever increasing body of evidence in the arenas of spirituality, mental health, and psychotherapy. It is necessary that mental health professionals become familiarized with these concepts and be able to correlate the spiritual as well as psychological needs of their clients.[7]

Interface between spirituality, quality of life, and mental health

Lucchetti et al. evaluated the relationship between spirituality, mental health, and quality of life in elderly outpatients. They found that spirituality is related to significantly less depressive symptoms, better quality of life, less cognitive impairment, and less perceived pain. They suggested that clinicians should consider taking a spiritual history and ensure that spiritual needs are addressed among older patients in rehabilitation settings.[8] Shah et al. explored the relationship between spirituality and quality of life in patients with residual schizophrenia and found that spirituality and religiosity had an important influence on overall quality of life of patients with schizophrenia. They suggested that in addition to pharmacological and non-pharmacological management for schizophrenia, clinicians should also explore spirituality and encourage their patients to follow their religious practices and spiritual beliefs.[9] Kasen et al. examined religiosity and resilience in persons at high risk for major depressive disorder and found that greater religiosity may contribute to development of resilience in certain high-risk individuals.[10] Rasic et al. assessed relationships of religious worship attendance and seeking spiritual comfort with subsequent major depression, anxiety disorders, and suicidal ideation/attempts. They found that respondents who attended religious services at least once per year had decreased odds of subsequent suicide attempts compared with those who did not attend religious services. They also found that seeking spiritual comfort at baseline was associated with decreased odds of suicidal ideation. They concluded that religious attendance is possibly an independent protective factor against suicide attempts.[11] Spirituality and religion may be an important aspect for many psychiatric patients. These patients can

have improved outcomes in recovery and rehabilitation if their spiritual needs are addressed in their treatment regimens.[12] McFadden et al. assessed the potential impact of spiritual beliefs on lifestyle choices such as tobacco use and suggested that further studies to clearly define the potential impact of spirituality on smoking cessation are needed.[13] Coleman et al. investigated the role of spirituality and religious practice in depression among older people and concluded that there is a perceived need for the development of research in the arena of spirituality and its role in coping with depression.[14]

Spirituality and religion in patients with chronic medical illnesses and terminal conditions

Spirituality is a fundamental aspect to the human occurrence of health and healing, illness, and dying. It is a crucial element of holistic care for patients in palliative care settings. Sian et al. found that most patients with HIV/AIDS used their religious beliefs to cope with their illness. Patients with greater optimism, self-esteem, and life satisfaction, but less alcohol consumption tended to be more spiritually oriented.[15] Hexem et al. in a prospective cohort study assessed parental decision-making for children receiving pediatric palliative care. Some parents reported questioning their faith and had feelings of anger and blame toward God. Most parents felt that spirituality was important in helping them deal with tough times.[16] Kurita et al. assessed spiritual activation and pro-inflammatory cytokine responses in elderly individuals with cardiovascular, cerebrovascular, and pulmonary diseases. They found that spiritual activation can modify pro-inflammatory cytokines and suppress the progression of chronic diseases.[17] Groleau et al. explored illness narratives following a myocadial infarction (MT) and found that the heart was perceived as a receptacle that contained an accumulation of life's ordeals, negative emotions, and family traumas. They also found that spirituality was important for patients and their recovery consequent to the myocardial infarction.[18]

Patient's perspectives on religion and spirituality

Williams et al. assessed inpatients regarding desires about spirituality and found that religious patients and those experiencing severe pain were more likely to desire as well as have discussions of spiritual concerns. Patients who had discussions of spiritual concerns were more likely to rate their clinical care at the highest level of patient satisfaction.[19] Spirituality is considered to be one of the patient's vital signs that should be routinely screened and assessed. Research in spiritual care should focus also on patients with specific needs such as those with mental, neurological, or cognitive impairment.[20]

Competence, communication, and training of spirituality in medical curriculum

Rasinski et al. examined training of physicians in religion and found that physicians reported having received training from many sources such as a book, CME literature, one's religious tradition, and from other miscellaneous sources. They, however, denied having received any formal spiritual training in their medical schools.[21] Ford et al. assessed physicians' communication and competence about spiritual issues. They found that discussing spiritual issues was a communication skill that trainees perceived to be more advanced than other commonly taught communication skills.[22] Vermandere et al. reviewed the literature about general practitioners' views on their role in spiritual care and found that many saw themselves as supporters of patients' spiritual well-being, but lacked specific knowledge, skills, and attitudes to perform a spiritual assessment and provide spiritual care.[23] Modern research data suggest that religion and spirituality may have an optimistic outcome on mental and physical health. Medical institutions have been increasingly offering courses in spirituality and health. There is an increased emphasis on the multi-cultural aspects of religion and spirituality. There is a trend toward integration of spirituality and religion into medical education. This development is particularly evident in the specialty of psychiatry, where an increasing number of post-graduate residency programs are incorporating principles of spirituality in curricular development.[24]

Available instruments for assessing spirituality in research studies

Monod et al. reviewed literature on the instruments available for assessing spirituality and found 35 instruments. They classified them into measures of general spirituality, spiritual well-being, spiritual coping, and spiritual needs. They suggested that the proposed classifications should help clinical researchers in investigating the complex relationship between spirituality and health.[25]

Peter et al. conducted a systematic literature review and concluded that the longitudinal studies on spirituality and purpose in life were potential determinants of adjustment outcomes in the long term.[26]

Moving toward newer paradigms in clinical care and research

Spirituality gives a sense of meaning to life. Spiritual issues that may lie undeveloped for many years often exteriorize toward the end of existence. Distress and agony affect the whole person and are often linked to the meaning that a patient connects with his/her symptoms.[27] Longevity and well-being are newer challenges that modern medicine

must deal with.[28] Spirituality, quality of life, mental health, and life philosophy must be given adequate emphasis in medical education and training for improving existing standards in clinical care.

Conclusion

Spirituality is related to physical and mental health. Enhanced and effective interpersonal communication between providers and patients, using a person-centered framework, is essential for optimal clinical care. As scientific research continues to explore this complex relationship between spirituality, religion, and medicine, approaches that incorporate faith, neurobiology, and psychology should be encouraged.[29] ■

REFERENCES

1) Hassed C. The role of spirituality in medicine. *Aust Fam Physician*. 2008;37:955-7.

2) McKee DD, Chappel JN. Spirituality and medical practice. *J Fam Pract*. 1992;35:201,205-8.

3) Sulmasy DP. Spirituality, religion, and clinical care. *Chest*. 2009;135:1634-42.

4) Broeckaert B. Spirituality and Palliative Care. *Indian J Palliat Care*. 2011;17(Suppl):S39-41. [PMC free article]

5) Waldfogel S. Spirituality in Medicine. Prim Care. 1997;24:963-76.

6) Poole R, Cook CC. Praying with a patient constitutes a breach of professional boundaries in psychiatric practice. *Br J Psychiatry*. 2011;199:94-8.

7) Kioulos K. Religiosity, spirituality and psychotherapy. *Psydtiatrike*. 2010;21:240-6.

8) Lucchetti G, Lucchetti AG, Badan-Neto AM, Peres PT, Peres ME, Moreira-Almeida A, et al. Religiousness affects mental health, pain and quality of . in older people in an outpatient rehabilitation setting. *J Rehabil Med*. 2011;43:316-22.

9) Shah R, Kulhara P, Grover S, Kumar S, Malhotra R, Tyagi S. Contribution of spirituality to quality of life in patients w. residual schizophrenia. *Psychiatry Res*. 2011;190:200-5.

10) Kasen S, Wickramaratne P, Gameroff MJ, Weissman MM. Religiosity and resilience in persons at high risk for major depression. *Psychol Med*. 2012;42:509-19. [PMC free article]

11) Rasic D, Robinson JA, Bolton J, Bienvenu 0J, Sareen J. Longitudinal relationships of religious worship attendance and spirituality with major depression, anxiety disorders, and suicidal ideation and attempts: Findings from the Baltimore epidemiologic catchment area study. *J Psychiatr Res*. 2011;45:848-54.

12) Hayden D. Spirituality in end-of-life care: Attending the person on their journey. Br *J Community Nurs*. 2011;16:546, 548-51.

13) McFadden D, Croghan IT, Piderman KM, Lundstrom C, Schroeder DR. Hays JT Spirituality in tobacco dependence: A Mayo Clinic survey. *Explore* (NY) 2011;7:162-7.

14) Coleman PG, Carare RO, Petrov I, Forbes E, Saigal A, Spreadbury JH, et al. Spiritual belief, social support, physical functioning and depression among older people in Bulgaria and Romania. *Aging Ment Health*. 2011;15:327-33.

15) Cotton S, PurhalOci CM, Sherman SN, Mrus JM, Peterman All, Feinberg J, et al. Spirituality and Religion in Patients with HIV/ADDS. *J Gen Intern Med*. 2006;21(S5):S5-13. IPMC free article]

16) Hexem KR, Mollen CJ, Carroll Lanctot DA, Feudtner C. How parents of children receiving pediatric palliative care use religion, spirituality, or life philosophy in tough times. *J Palliat Med*. 2011;14:39-44. [PMC free article]

17) Kurita A, Takase B, Shinagawa N, Kodani E, Okada K, Iwahara S, et al. Spiritual activation in very elderly individuals assessed as heart rate variability and plasma IL/10/11,-6 ratios. I*nt Heart J*. 2011;52:299 -303.

18) Groleau D, Whitley R, Lesperance F, Kirmayer LJ. Spiritual reconfigurations of self after a myocardial infarction: Influence of culture and place. Health Place. 2010;16:853-60. [PubMed" 19. Williams JA, Meltzer D, Arora V, Chung G, Curlin FA. Attention to inpatients' religious and spiritual concerns: Predictors and association with patient satisfaction. *J Gen Intern Med*. 2011;26:1265-71. [PMC free article]

20) Lunder U, Furlan M, Simonk A. Spiritual needs assessments and measurements. *Carr Opin Support Palliat Care*. 2011;5:273-8.

21) Rasinsld KA, Kalad YG, Yoon JD, Curlin FA. An assessment of US physicians' training in religion, spirituality, and medicine. *Med Teach*. 2011;33:944-5.

22) Ford DW, Down, L, Engelberg R, Back AL, Curtis JR. Discussing religion and spirituality is an advanced communication skill: An exploratory structural equation model of physician trainee self-ratings. J Palliat Med. 2012;15:63-70. 23. Vermandere M, De Lepeleire J, Smeets L, Hannes K, Van Mechelen W, Warmenhoven F, et al. Spirituality in general practice: A qualitative evidence synthesis. *Br J Gen Pract*. 2011;61:e749-60. [PMC free article]

24) Kozak L, Boynton L, Bentl, J, Be, E. Introducing spirituality, religion and culture curricula in the psychiatry residency programme. *Med Humanit*. 2010;36:48-51.

25) Monod S, Brennan M, Rochat E, Martin E, Rochat S, CJ. Instruments measuring spirituality in clinical research: A systematic review. *J Gen Intern Med*. 2011;26:134,57. [PMC free article]

26) Peter C, Mailer R, Ciera A, Geyh S. Psychological resources in spinal cord injury: A systematic literature review. *Spinal Cord*. 2012;50:188-201.

27) Hinshaw DB Spiritual issues in surgical palliative care. *Surg Clin North Am*. 2005;85:257-72.

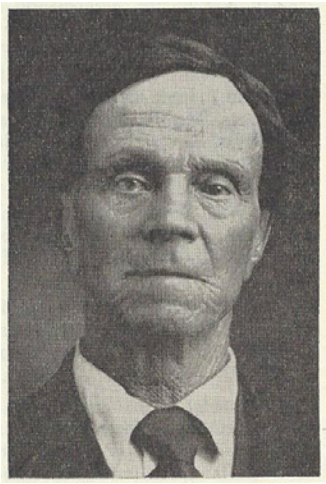
28) Singh AR. Modem Medici.: Towards Prevention, Cure, Well-being and Longevity. *Mens Sana Monogr*. 2010;8:17-29. [PMC free article]

29) Camp ME. Religion and spirituality in psychiatric practice. Curt. *Opin Psychiatry*. 2011;24:507-13.

Treasures of Pioneer History

Reprinted with permission from the Daughters of Utah Pioneers

Dr. James Hancey



The practice of Dr. Hancey was born with the early colonizing of Cache Valley. He was with the second company to settle in Hyde Park, a small community five miles south of Logan, Utah. From Chedeston, Suffolk County, England where he was born September 1, 1835 and where he embraced the Latter-day Saint gospel, came James Hancey with his first wife, Rachel Seamons Hancey, on the good ship Caravan. While on the ocean a son was born to them whom they named James Sands after the captain of the ship. They landed in New York in 1856. Traveling by ox team from Omaha, Nebraska they arrived in Hyde Park in the year 1860. Here his natural genius as a doctor, dentist, mechanic and carpenter was recognized.

In the early sixties, Dr. Hancey was assistant surgeon to Dr. O.C. Ormsby of the Cache County Militia and was registration health officer for a number of years. In this capacity, he was always on the alert against contagious diseases. Many times he set broken arms and legs. After his day's work was done he often studied far into the night to gain more medical knowledge.

The precious dental instruments now resting in the Pioneer Memorial Building in Salt Lake City tells a story of early dental practice. One of the first dental instruments Dr. Hancey used in pulling teeth was a Turn Key—a swivel claw that fitted down under the side of the tooth, was attached to a metal handle with a cross section at the end for a firm grasp. Three different sized claws made it possible to extract adult and children's teeth. This instrument was the first used for tooth extraction. Later different sized forceps replaced this simple, but effective device. Small lances, files and elevators completed the set. Alcohol, cotton and needles were kept in a round tin can, a relic from England, but a lovely mahogany hardwood box, lined with green velvet and containing a green grooved tray, held his precious instruments.

Anesthetics were unknown, but the Lord blessed him with the gift of removing teeth with very little trouble. A firm believer of cleansing with soap and water followed with steam or boiling, he had very little infection to combat. The gums were carefully cut away from the teeth before extraction took place. The patient's hands firmly grasped the seat of the ordinary pioneer kitchen chair, one of Dr. Hancey's making, where he was seated for the ordeal. In hot weather, a porch was selected for this, but in winter time the family was ushered out of the living room for the occasion. In case of faintness, brandy in hot water was administered to the patient. The third wife of Dr. Hancey, Annie Marie Christopherson Hancey, being a nurse, was usually at his side to watch the patient and buoy him up with cheerful words.

The filling of teeth in early days was not as popular as extractions. The people, generally speaking, were very poor and the price being just 25 cents for pulling the tooth, and usually the tooth had gone to the aching point and decayed too badly for filling, more extractions took place. The teeth that Dr. Hancey did fill were ground out with hand instruments, sterilized with alcohol and filled with silver foil. This was bought in thin sheets put together in book form with tissue separating each sheet. Precious beyond all things—even a look at this silver was a treat for us children. Just to watch him clean and gently lay each piece in its green velvet bed gave us a feeling of owning something out of this world. Billy Wilkinson, who died at the age of 75, still had fillings in his teeth placed there by Dr. Hancey.

When a patient became frightened, the popular words of this pioneer doctor were, "Darn it all, wait 'till yer hurt before you start hollering."

The following tribute taken from the *Herald Journal*, April 11, 1913, was paid him at the time of his death.

"Seldom has a community paid a finer tribute to a man than the people of Hyde Park paid to the memory of Dr. James Hancey, when practically the whole community was in attendance at his funeral services. There was sincere grief in every heart, for there were not many in this peaceful little village who were not indebted to the deceased empire builder, for some kindness or consideration that came to them in their hour of need, and more than likely without asking and without price. It is such men as he that makes the building of substantial communities in the desert possible. He was a real pioneer, and a Christian of the highest type. One will seldom find a worthier citizen, or a more splendid type of man. Always optimistic, always encouraging some crest-fallen soul who found it hard to stand up under the rebuffs of an unkind fate, he was a priceless treasure to any community. He was her best citizen." —Lillian Hancey Daines. ■

Registration Form

Registrations accepted until June 16, 2017

NDA's 99th Annual Summer Meeting

June 22-24, 2017 • Chateau Fairmont • Whistler, BC

Event	Time	Attendees		Fee/person	Total
Registration—NDA Member/Spouse/Child		_____		$ 0	
Registration—Non-NDA Member (required)		_____	x	$ 300	$ _____
Registration—Non-ADA Member (required)		_____	x	$ 500	$ _____
Thursday, June 22					
Executive Committee Meeting	3–5 PM	_____		No Charge	
Welcome Reception	6–8 PM	_____		No Charge	
Dinner on Your Own					
Friday, June 23					
Breakfast	7 AM	_____		No Charge	
House of Delegates – Session 1	8 AM–12pm	_____		No Charge	
Lunch on Your Own					
President's Dinner Adult	6–9 PM	_____	x	$ 115	$ _____
President's Dinner, Child (Age 5–20)		_____			
Saturday, June 18					
Breakfast	7 AM	_____		No Charge	
House of Delegates – Session 2	8 AM–12 NOON	_____			
Dinner on Your Own	1 PM				
				Grand Total	$ _____

No refunds given past June 16, 2017. Hotel reservations and pricing are only guaranteed through May 22, 2017!

Dentist or Member Name _____ ADA Number _____

Guest(s)

Address _____ City _____ State _____ Zip _____

Phone _____ Fax

Accepted forms of payment are: check (payable to NDA), Visa, MasterCard and AMEX. Please indicate below.

Credit Card Number _____ Exp. Date _____ Security Code _____

Name on card _____ Email _____

Billing Address

Authorized Signature _____ Card Type _____

Mail or fax completed form to: Nevada Dental Assn, 8863 W Flamingo Rd, Ste 102, Las Vegas, NV 89147 • Fax: 702-255-3302

Hotel Reservation Information: **Location:** Fairmont Chateau Whistler. (cutoff for rooms is Friday May 22, 2017)
Web: https://aws.passkey.com/event/16332229/owner/3631/home | **Phone:** 604-938-8000
Group: Nevada Dental Association

SAVE THE DATE!
NEVADA DENTAL ASSOCIATION 99TH ANNUAL SUMMER MEETING
JUNE 22-24, 2017 FAIRMONT CHATEAU WHISTLER
WWW.FAIRMONT.COM/WHISTLER

Thursday, June 22nd, 2017

Executive Committee Meeting	3 PM - 6 PM
Welcome Reception (Free)	6 PM - 8 PM

Friday, June 23rd, 2017

Joel F. Glover Breakfast	7 AM
House of Delegates	8 AM - 12 PM
President's Dinner	7 PM - 9 PM

Saturday, June 24th, 2017

Pliney Phillips Breakfast (included)	7 AM - 8 AM
Continuing Education	9AM - 12 PM

More information on Continuing Education coming soon!

NNDS Northern Nevada Dental Society

SNDS

NENDS

There is a tremendous amount of outdoor activities in the Whistler, BC area. Golf , hiking, tennis, swimming, guided excursions, mountain biking, etc.

Hotel Reservations:

604-938-8000
Rooms starting at $249 - *Canadian
Group Name: Nevada Dental Association
Cut Off Date May 19th, 2017
https://aws.passkey.com/event/16332229/owner/3631/home

Nevada Dental Association
8863 W. Flamingo Rd, Suite, 102
Las Vegas, NV 89147
702-255-4211
Fax: 702-255-3302
www.nvda.org/seminars-meetings/summer

Event Calendars

Nevada Dental Association

April 2017			
4/25	NDA Executive Committee Meeting	Video Conference	6pm
June 2017			
6/6	NDA Executive Committee Meeting	Video Conference	6pm
6/22–24	NDA Mid-Summer Meeting	Whistler, British Columbia, Canada	

Southern Nevada Dental Society

March 2017			
3/7	Executive Committee Meeting		
3/10	Continuing Education Premier with Dr. Michael Scherer, *"Incorporation of Intraoral Scanning with Fixed Prosthodontics Technique and Selection of Materials."* Sponsored by 3M.	Gold Coast	9am–4pm
3/16	Dinner Meeting, Dental Ergonomics	Gold Coast	5:30pm
April 2017			
4/4	Executive Committee Meeting		
4/20	Dinner Meeting		
4/21	21st CE Premier with Dr. James Fondreist *"Building a Successful Cosmetic Dental Practice"*		
May 2017			
5/9	Executive Committee Meeting		
5/18	Installation of Officer		

Northern Nevada Dental Society

March 2017			
3/7	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
3/9	NNDS General Membership Dinner Meeting "Integrated Reconstructive Dental" w/ Dr. Marc Geissberger, UoP	Atlantis Casino Resort Spa, Reno	6pm
3/10	All Day Continuing Education w/ Dr. Marc Geissberger	Atlantis Casino Resort Spa, Reno	8am
3/16	AGD Dinner Meeting	TBD	6pm
April 2017			
4/11	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
4/13	Mario Gildone Lifetime Achievement Award Dinner to honor Dr. Lynn Brosy	Atlantis Casino Resort Spa, Reno	6pm
4/20	AGD Dinner Meeting	TBD	
4/21	Continuing Education Course Endo topic with Lynne Brock, DDS sponsored by Real World Endo	Atlantis Casino Resort Spa, Reno	8am
May 2017			
5/9	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm

Administrative Offices

NDA Executive Offices

Robert H. Talley DDS CAE, Exec. Director
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147
702-255-4211 • 800-962-6710
FAX 702-255-3302
robert.talleydds@nvda.org • www.nvda.org

PRESIDENT	Brad Wilbur DDS
PRESIDENT ELECT	David White DDS
VICE PRESIDENT	George McAlpine DDS
SECRETARY	Richard Dragon DMD
TREASURER	Dwyte Brooks DMD
PAST PRESIDENT	Mark J. Handelin DDS

Nevada State Board of Dental Examiners

Debra Shaffer-Kugel, Exec. Director
Rick B. Thiriot DDS, DSO Coordinator
Candice Stratton, Licensing Specialist
6010 S Rainbow Blvd, Ste A1,
Las Vegas, NV 89118
702-486-7044 • 800-DDS-EXAM
FAX 702-486-7046
nsbde@nsbde.nv.gov
www.nvdentalboard.nv.gov

Northern Nevada Dental Society

Lori Benvin, Exec. Director
161 Country Estates Circle, Ste 1B
Reno, NV 89511
775-337-0296 FAX 775-337-0298
nnds@nndental.org • www.nndental.org

PRESIDENT	Maggie Heinen DMD
VICE PRESIDENT	Spencer Fullmer DDS
SEC./TREASURER	Adam Welmerink DDS
PAST PRESIDENT	Brandi Dupont DMD

Northeastern Nevada Dental Society

Robert H. Talley DDS CAE, Exec. Director
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147
702-255-4211 • 800-962-6710
FAX 702-255-3302
www.nends.org

PRESIDENT	Jamie Marvel DDS
VICE PRESIDENT	Jeremy Keener DDS
SEC./TREASURER	Todd Thompson DMD
PAST PRESIDENT	Todd Wilkin DDS

Southern Nevada Dental Society

Jessica Beason, Exec. Director
Linden Peterson, Office Manager
8863 W Flamingo Rd, Ste 101
Las Vegas, NV 89147
702-733-8700 FAX 702-733-6062
s_nds@hotmail.com
www.sndsonline.org

PRESIDENT	Tina Brandon-Abbatangelo DDS
VICE PRESIDENT	Richard Featherstone DDS
SECRETARY	Joseph Wineman DDS
TREASURER	Steven Saxe DDS
PAST PRESIDENT	J. B. White DDS

American Dental Association

211 E Chicago Ave, Chicago, IL 60611-2678
312-440-2500 • 800-621-8099
www.ada.org

ADA DELEGATES	Richard Dragon DMD
	Steven A. Saxe DDS
	David M. White DDS

NDA Committees

Council on Communications

Peter Balle DDS, *Co-Chair*
Daniel L. Orr II DDS MS (anesth) PhD JD MD, *Co-Chair*

Council on Ethics, Bylaws and Judicial Affairs

Dwyte Brooks DMD, *Chair*

Council on Government Affairs

David White DDS, *Chair* | Arnie Pitts DDS
Daniel L. Orr II DDS MS (anesth) PhD JD MD

Council on Membership

Brad Wilbur DDS, *Chair*
George Rosenbaum DDS
Eric Pendleton DDS, *NNDS Chair*

New Dentist Committee

Erin Anderson DMD, *NNDS Chair*
Emily Ishkanian DMD

NNDS Health and Wellness Committee

Eric Dean DDS, *Chair* | William Clements DDS
Michael Day DDS | Perry Francis DDS
Gerald Jackson, DMD | Teresa Jackson
Tom Lavin MS | Kathy Pinson
J. Justin Wilkerson DDS

SNDS Health and Wellness Committee

Richard S. Walker DDS, *Chair*
Peter A. Mansky MD | Pamela Caggiano DDS
Tyler Christiansen DDS | Michael Duboff DMD

ADA Business Resources affliated

We are pleased to announce that the NDA and ADA have combined the purchasing power of dentists to gain discounts on a large variety of products and services. Call the company or the NDA to learn more.

CareCredit
Patient financing
800-300-3046 x4519 www.carecredit.com

InTouch Practice Communications
877-493-9003
www.intouchdental.com/ada

TDIC
Professional liability
800-733-0633 www.tdicsolutions.com

Wells Fargo Practice Finance
888-937-2321 www.wellsfargo.com/dentist

NDA-Affiliated Products

These companies and their products have been evaluated by the NDA and are recommended for use in running your practice. Let us know if you have any feedback or would like to recommend a product or service for affiliation. For a weblink to each company, go to www.nvda.org/affiliatedproducts.shtml.

Best Card, LLC
Credit card processing
877-739-3952 www.bestcardteam.com

The Dental Record
Digital record keeping
800-243-4675 www.dentalrecord.com

EBSCO
Subscription service
800-527-5901 x1652 www.ebsco.com/errss

IC System
Collection service
800-279-3511 www.icsystem.com/nda.htm

Lands' End Business Outfitters
Uniforms
800-490-6402 www.ada.landsend.com

Lenovo
800-426-7235 ext. 4886
www.adabusinessresources.com/en/endorsed-programs/computers

Mercedes-Benz
Mercedes-Benz leasing
866-628-7232 http://ebusiness.ada.org/adabei/luxury-vehicles.aspx

Office Max
Office supplies
702-647-8662 www.officemax.com

SurePayroll
Payroll processing
866-535-3592 www.surepayroll.com/ada

UNLV School of Dental Medicine
Hands-on continuing education
702-774-2400 www.dentalschool.unlv.edu

UPS
Shipping services
800-636-2377
www.adabusinessresources.com/en/endorsed-programs/shipping

Whirlpool Corporation
866-808-9274 www.whirlpoolinsidepas.com

Jessica Beason
jessica.beason@sndsonline.org

2017 came in with a bang with the 15th annual Give Kids a Smile hosted at UNLV School of Dental Medicine. It is such an amazing gift to be able to give. We had over 200 hundred volunteers from the dental community give their time coming together providing dental services to needy children. I feel privileged to work with all of you. I can't talk about this event without acknowledging Dr. Emily Ishkanian; she was the glue to all of the pieces, making the event a success. We truly appreciate her commitment to this cause, the tripartite and excellence in Dentistry.

We are expecting a very busy and exciting spring. March brings us Dr. Michael Scherer to present an all-day seminar on "Incorporation of Intraoral Scanning with Fixed Prosthodontics Technique and Selection of Materials." Also for March we will be having our monthly dinner meeting, discussing "Dental Ergonomics." This will include everything from design and equipment options as well as promoting physical wellness. In April we are honored to have Dr. James Fondreist speaking on "Building a Successful Cosmetic Dental Practice." We are hoping you can join us for these events. Don't forget to take advantage of this year's CE Voucher; with your 2017 membership renewal you will receive a $50 voucher for CE—mention you would like to use this when you call to sign up for your course.

This spring we will also launch a new exclusive member dashboard to our website. The new member dashboard will have many amazing features including: an education center, advisory board, benefit directory, events, and my favorite, the SNDS community. The SNDS Community will be our member's greatest resource. This is a member exclusive site so our members will be able to case share on this HIPAA protected portal. The goal here is for dentists to share the wins and challenges that they experience on difficult cases. Community can also be used to blog, discuss products and other professional topics. My hope is that as leaders in the community this particular aspect of the website will be a great tool for mentorship where members can grow and learn as a community. Having CE online is a huge step for the SNDS and we are excited to bring this to our members. We want this to become your resource center where you will have access to a broad range of topics from clinical, state required and business courses. As a tripartite member, you already have access to a list of great benefits and services. The SNDS wants to supplement these services as we are committed to addressing the local members need. Watch your email for your invitation to sign on to the Exclusive Member only website portal. ■

give kids a smile®

ADA Foundation™

Tina Brandon, DDS

With every ending, there is a new beginning. As I pass the reigns to our President-Elect, I know we are all in kind and caring hands. As President of SNDS, I walk away with my head high knowing I gave it my all. I am at peace knowing I could help facilitate the change needed. I leave Dr. Richard Featherstone to continue this journey.

It has been an interesting and busy year. I started my presidency with a new executive director, Jessica Beason, who has gone beyond her call of duty. She has already taken the society to a new and refreshing level. With help from our Executive Board and Executive Committee, the mission will continue.

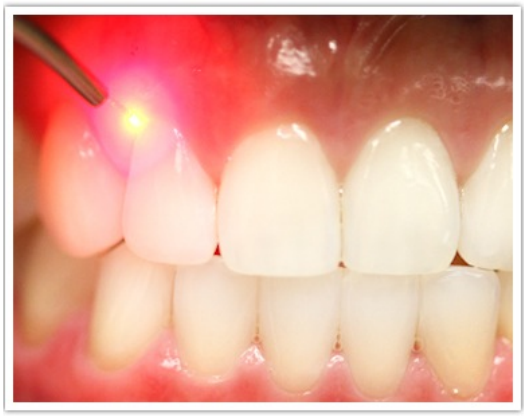
I have learned a great deal along the way. Listening to the needs of our members has allowed me to understand the diversity within our society. Age, gender, and race, all contribute to the different intentions and direction of our society. Surveys have been helpful in this pursuit of our member's needs. There is still much work to be done.

From themed dinner meetings to mixers, the society has engulfed itself in making a more lively and interactive environment for the members. We will continue this path, bringing memory building opportunities to our members, a priceless value.

I ask you all to stay involved and keep this genuine energy flowing. If you have yet to get involved, reach out to a member that has and inquire about becoming more active. We need your voice. We need your energy. There is power in numbers.

As Gandhi says, "Be the change that you want to see in the world." Get involved, share your concerns. This is your society. And with that I say thank you for letting me serve you. Thank you for giving me the opportunity to be your leader, your voice. As always, may you be blessed with love, peace, power and protection. Namaste. ■

Dental Laser Certification
Nevada Dental Association 2017



Laser Certification Course

April 28-29, 2017

2017 Laser Certification Course

UNLV School of Dental Medicine

NDA Members: $895.00 Non Members $1095.00

Presented by the Nevada Dental Association and Robert Convissar, DDS

PARTICIPATION COURSE IN LASER DENTISTRY – A STANDARD PROFICIENCY CERTIFICATION COURSE

Members only will be able to register online. Non Members please call 702-255-4211 to register over the phone. Candidates who successfully complete this course and its prerequisites* will receive a Certificate of Standard Proficiency in Dental Lasers recognized by the Academy of Laser Dentistry, an international organization with more than 1200 members in over 25 countries.

Has the hoopla surrounding the introduction of lasers to dentistry been more smoke than substance? Since 1990, the U.S. Food and Drug Administration has approved the use of SEVEN different wavelengths for dental use. These different wavelengths create a world of difference in how the lasers operate, and their usefulness in the oral cavity. The use of lasers for specific procedures found in everyday general practice will be highlighted. The first day will detail laser use in the following subject matters:

nvda.org/seminars-in-nevada/

1) Non-Surgical, Surgical and Regenerative Periodontal Therapy

2) Surgical and Restorative Implantology

3) Fixed and Removable Prosthetics

4) Oral Medicine/Oral Surgery/Oral Pathology

5) Pediatric and Adolescent Operative Dentistry

6) Endodontics

7) Pedodontics/Orthodontics

8) Esthetic/Cosmetic Dentistry

9) Practice Management/Marketing

The second day workshop will give each participant hands-on experience with the various wavelengths, performing surgical procedures on in-vitro models. Real time videos of routine laser procedures will be part of the in-depth discussion of specific instrument settings and techniques for laser surgical procedures.

At the conclusion of the course, the participant will be familiar with the various wavelengths used in dentistry today, their effects on oraltissues, and their uses for specific oral diseases and pathologies found in everyday practice. They will be able to incorporate this knowledge into a basis for determining which laser wavelength is most appropriate for their practice, and be able to incorporate hard and soft tissue laser dentistry into their practices first thing tomorrow morning.

*Standard Proficiency Certification will be awarded upon successfully completing an online examination administered by the Academy of Laser Dentistry. The candidate must own a laser or have access to a laser, and have taken a previous introductory laser course. The candidate must become a member of the Academy of Laser Dentistry. A free introductory course on lasers is available on the Academy of Laser Dentistry Website at:

www.laserdentistry.org/education/index.cfm

For more information on the Certification process, please visit www.LaserDentistry.org

Dental Laser Certification
Nevada Dental Association 2017

NDA Members: $895.00 ADA/Non Members: $1095.00

The NDS 2017 Laser Certification Course Day 1 will take place on Friday, April 28t from 8am - 4pm in the auditorium at UNLV School of Dental Medicine. Day 2 (Saturday, April 29) will take place in the Sim Lab at UNLV School of Dental Medicine (upstairs from auditorium) from 8am - 12pm.

UNLV SDM
1001 Shadow Lane
Las Vegas, NV 89106

To register for the course, please complete the form below:

Name: _____

Degree: DDS ____ DMD _____ RDH _____

Name on Debit/Credit Card: _____

Debit/Credit Card #: _____

Expiration Date: _____ **CVV:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____ **Fax:** _____

Do you own a laser? Available in office? _____

Nevada Dental Association
8863 W. Flamingo Rd. I Suite 102 I Las Vegas, NV 89147
702-255-4211 Fax: 702-255-3302

Lori Benvin
nnds@nndental.org

Draught no more gratefully, and I want to thank all that attended our January and February NNDS general membership dinner meetings who braved the wet and cold weather. As spring approaches, we have three outstanding continuing education courses planned before your license renewal at the end of June. Please watch your office mailbox and your email for our March 9–10, 2017 continuing education events with Dr. Marc Geissberger from UoP. On April 21, 2017, Dr. Lynne Brock will also present an endo CE, and on June 2 we will be hosting our annual OSHA & Infection Control CE course at the Atlantis. Sign up today!

It is also legislative time again and your Association and NDA lobbyist will be working diligently to ensure that any bill going before legislation with any language impacting dentistry and the dental profession will be watched extremely closely and actively. The NDA has a bill of their own regarding non-covered services. If you would like more information you may email Dr. Talley directly at robert.talleydds@nvda.org. Please be mindful of any emails coming from the NDA or the NNDS if you are called to action. We also need your support on March 1 for our Oral Health Awareness Day at the legislature. Please contact this office or the NDA if you can take a few hours out of your day and participate.

With the unfortunate closing of the Healthy Smile Healthy Child dental program of the Northern Nevada Dental Health Programs this past August due to depleted funding, we are extremely happy to report that two dental offices hosted Give Kids a Smile events this February for at-risk children. The NNDS New Dentist Committee hosted their event at Champagne Family Dental in Sparks with children who were identified from the Reno Boys & Girls Club. Additionally, Dr. Tony Guillen hosted a GKAS event in his office in Fallon. The total amount of donated dental care to children was $53,000! All of the children received full restorative care or if time was limited those children treated were given a dental home and will continue treatment at an additional GKAS event later this spring or will be taken in by some of the volunteer dentists who participated.

We want to thank those volunteer staff and dental team members for their generous donation. We also want to THANK all the volunteer dentists at both events: Drs. Tony Guillen, Emily Whipple, Summer Kleidosty, Katie Foster, Heather Parsons, Erin Anderson, Nick Anastassatos, Staci Owens, Garrett Swanson, Luz Molina, Scott Sutter, Sara Hakim, Trent Gookin, Bradlee Davis, Morrigan Drew, Cyrus Kwong, Spencer Fullmer, Ryan Falke, Patrick Silvaroli, Carol Lee, Jason Champagne, Cariann Champagne and Drew Champagne.

Please watch for our flyers and event notifications in your mailbox, your email and Facebook. If you are not receiving them, please contact the NNDS directly or email me at nnds@nndental.org. ■

Welcome Newest NNDS Members:

Aimee Abittan, DMD – General

Michael Britting, DMD – General

Christy Mellor, DDS – General

Maggie Heinen, DMD

I am so happy to see that spring is in sight. We have been having a crazy winter here in Northern Nevada. I don't know about all of you, but I am ready for some sunny spring weather!

In January, the NDA had a great mid-winter meeting at the Atlantis Casino Resort in Reno, NV. As discussed at the NDA meeting, we all need to be aware that this is a Legislative year for the State of Nevada. There are bills that are going to be affecting the dental profession. The Nevada Dental Association and Ferrari Public Affairs are looking at these bills and fighting for our interests. Please read all the emails that are sent out because we may need your help on some issues. Don't forget that March 3 is the NDA Oral Health Legislative Day. Come down to the capitol and meet with your Legislators. We want to show the Legislators and the staff what charitable work we do in our community. We would love to see everyone there.

Thanks to everyone that participated in the "Give Kids a Smile" event. The NNDS New Dentist committee was able to combine resources with "The Boys and Girls Club" and treat 116 children.

Is everyone part of the Prescription Monitoring Program? If not, you need to be. If you are on the PMP website, are you checking new patients and doing a self-query every six months? Well, you should be. The legislature is cracking down on opioid prescribers and we want to make sure all our members are compliant with the law. If you have questions about the PMP, you can always call the Nevada State Board of Pharmacy at 1-855-568-4767.

We will be having some great Continuing Education coming up in 2017 and we can't wait to see you all there!

March 9–10: "Digital vs. Conventional Impressions" and "What's new in Esthetic Dentistry" with Dr. Marc Geissberger from University of Pacific.

April 13: The Mario Gildone Lifetime Achievement Award Dinner will honor Dr. Lynn Brosy and we will celebrate her life and legacy.

April 21: Dr. Lynne Brock will be presenting a hands-on course for "Real World Endo."

June 2: Dr. John Molinari will be discussing "OSHA and Infection Control."

Again, I would like to welcome all of our new members. To our members thank you for all you do. Without you we would not be the great society that we are today. Finally, I wanted to thank the NNDS for allowing me to represent you as your president. This was a great year! Have a wonderful spring and enjoy your summer! ■

UNLV School of DENTAL MEDICINE

ADMISSIONS AND STUDENT AFFAIRS

The Office of Admissions and Student Affairs has received approximately 1,920 applications for the 2016–17 application cycle. The selection for the Class of 2021 is still underway with interviews through February. Acceptances will continue to be sent until the class is filled with 80 students.

ADVANCED EDUCATION PROGRAM IN PEDIATRIC DENTISTRY

The UNLV School of Dental Medicine, Advanced Education Program in Pediatric Dentistry recently accepted six postgraduate students. Class members include the following

Douglas Bowen, DMD
University of Puerto Rico

Rachelle Davidowitz, DDS
University of Southern California

Mannimrat Dhillon, DDS
University of the Pacific

Audra Feldhous, DDS
Creighton University

Leilani Marple, DDS
University of Southern California

Rasika Patel, DDS
University of Tennessee

GENERAL PRACTICE RESIDENCY

The UNLV General Practice Residency recently accepted six postgraduate students. New class members include the following:

Justin Felkner, DDS
University of Texas

REPORT

Eliza Tran, DDS
University of California, San Francisco

Lili Szabo, DDS
University of California, San Francisco

Christina Chen, DDS
University of California, San Francisco

Brittany Vacura, DDS
University of California, San Francisco

Evan Davis, DMD
University of Nevada, Las Vegas School of Dental Medicine

OFFICE OF RESEARCH

The UNLV SDM Dean's Symposium and 15th Annual Student Research Day was held on March 2. We were honored to have Dr. David P. Cappelli from University of Texas San Antonio as our guest speaker and Student Research Day judge.

FACULTY NEWS

We are pleased to welcome Dr. Valerie Thompson, Assistant Professor in Residence back to SDM.

Dr. Daniel Orr was named the 2016 Alumnus of the Year by the College of Life Sciences at Brigham Young University. This honor is awarded by the university in recognition of alumni who have made significant contributions to their profession, community, nation, family, church, or university.

Dean Karen West co-authored an article titled "Which Way to Learn? A National Study of Women Dental Faculty Members' Career Aspirations and Choices" which appeared in the December issue of the Journal of Dental Education. This article was named one of the journal's top ten published in 2016.

The Dental Therapy Accreditation Board appointed Dr. Wendy Woodall as a member of the inaugural 12-person review committee of site visitors.

COMMUNITY SERVICE REPORT

The UNLV School of Dental Medicine (SDM) has been actively participating in various community events including health fairs, career days and the school-based sealant program (Seal Nevada South). Preventive services have been offered to children, adults, teens and seniors. From the middle of November of 2016 to the beginning of February, 2017 screenings were completed on 334 children and 93 adults. A total of 645 sealants were placed.

Our DS1s started their pediatric rotation in elementary schools on February 2. It is estimated that they will visit over 45 schools and present to 16,000 students during this rotation. A group of the DS1s will also present oral health education and oral hygiene instruction at the four Opportunity Village sites during the month of March.

Dr. Christina Demopoulos received a grant totaling $600,000 for a new Early Childhood Caries Project that will offer oral health screenings for children 0 to 5, parent education, caries risk assessment, and case management to children/families enrolled in Early Head Start and Head Start Centers in Nevada. The project will span over three years and will include nine other states.

SDM received a generous donation of 1,400 cases of Smart Rinse from Johnson & Johnson. Dr. Demopoulos and her team distributed the rinse to a variety of community partners in Clark County. To date, we have donated 527 cases.

From November 1, 2016 to February 8, 2017, an estimated $32,214 (SDM fees) in donated services has been offered in school-and community-based events (excluding SDM specialty clinics).

On February 4, SDM hosted Give Kids a Smile giving free dental care to pre-qualified children.

INTERNATIONAL VISITS

Dr. Karen West, Dean and Dr. Judith Skelton, Assistant Dean for Outreach and Engagement traveled on November 15–21, 2016 to Lima, Peru to visit the Universidad de San Martin de Porres to consider it as an externship site for our dental students. Dr. William Davenport, Associate Dean for Academic Affairs served as an accreditation consultant to the University of Nuevo Leon School of Dentistry (UANL) located in Monterrey, Mexico from December 5–7. ■

Education

By Robert E. Horseman, DDS

Man goes into a store to buy a tie. He emerges ninety minutes later wearing the expression of a stunned mullet. His sales receipt indicates he was sold a complete wardrobe—three-piece suit, shirt, sox, underwear and cufflinks. He reenters the store. Forgot the tie.

Woman goes in to purchase a new handbag. Two hours later she has matching pumps, lingerie, and a darling frock with mix-and-match accessories to die for. And a hat—no, two hats plus some cologne, body lotions and appropriate jewelry.

What does this tell us? Are these people victims of their own feeble-mindedness? Exploitation by avaricious salesclerks? No, of course not! They have been educated. The education has been done altruistically by people with specialized knowledge of what the customer needs.

It is a win-win proposition; the education is in the consumers' best interests, because frequently the customer doesn't know what he needs. What he wants is subject to whimsy. What he needs is guidance. In providing that guidance—that education—the store wins, incidentally, with a tidy profit.

Or maybe not so incidentally. This has been SOP in the retail world since day one. What is depressing is how long it has taken dentistry to recognize how pitifully inadequate our attempts to educate our patients have been. We've been dedicating our efforts into explaining what they need. How many patients want what they need? Why not education based on want rather than need, ask the marketing mavens? Seems to work for everybody from Tiffany's to Burger King.

Imagine this scenario if you can: Patient comes in for a prophy, that's all. She wants her teeth cleaned, she needs her teeth cleaned; wants and needs neatly balanced. Cost: (she thinks) about $50. One hour later she has had her teeth cleaned, impressions made for tooth-whitening splints, her shopping bag filled with a tongue scraper, a home hygiene maintenance kit consisting of fluoride rinses, anti-halitosis agents with volatile sulfur measuring device, two kinds of floss, assorted vitamins, whitening splints, a month's supply of bleaching materials, a shade guide to confirm her bleaching progress, and a handful of referral cards to hand out to her friends. She is wearing the expression of a stunned mullet. Cost: about $500 (for the stuff—the expression is free), but she has been educated and the cost of education can sometimes be a little high as parents of college kids can affirm.

The above scenario, according to brochures, flyers and product report magazines deluging our desk, is becoming more common as forward-looking dentists seek innovative ways to educate their patients with the avowed purpose of improving their oral well-being.

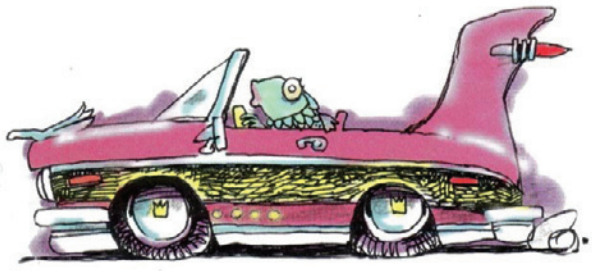
In other professions this is called the "speed-sell."

One would think that long experience with used car and aluminum siding salesmen would inure people to some extent from blandishments of this nature. But it is sometimes difficult for the consumer to tell where the education leaves off and the speed-sell begins, so closely and skillfully are they interwoven. If the ostensible purpose of the message is to improve or safeguard his health, it's hard for the patient/consumer to argue with the messenger.

That's why a customer will drive away in his new car with $10,000 worth of leather 8-way power seats and dealer-enhanced pin striping he really didn't know he needed. That's why a dentist can insist that 100% of his patients receive the bleaching procedure as a part of their treatment plan and another has a hygienist so adept at speed-selling, he had to inaugurate an intricate extended payment plan to handle the $20,000 extra a month she generates.

Is any of this unethical by any stretch of imagination? Well, hardly if you consider that an educated patient is better prepared to make intelligent choices. After all, nobody held a gun to his head. Perhaps it all depends on the curriculum and who is doing the educating.

Maybe our comfort level with high-powered marketing will increase with time. Shoot, even the general acceptance of global warming and Presidential perjury took a while. ■



Obituary

William Ursick (22 May 1946-11 February 2017)

Former SNDS (1986-1987) and NDA (1991) President Bill Ursick passed away in Louisiana.

Dr. Ursick attended Santa Clara College before matriculating into a Ph.D. program at Creighton and then transferring to Nebraska for dental school. Dr. Ursick served in the USAF Dental Corps at Nellis AFB for two years.

Bill presided in leadership during controversial times in Nevada. At one point, he was defeated by a write in candidate for President Elect of the SNDS. Soon thereafter, the winning dentist stepped down, leaving the office to Dr. Ursick. Two issues involved dental hygiene in which the NDA membership was divided. Senate Bill 78 had been proposed to allow dental hygiene members to vote while appointed to the NV SBDE. In addition, legislation was proposed which would allow dental hygienists to administer local anesthesia. Feelings between organized dentistry and hygiene were so contentious that at one point a lawsuit for defamation was threatened. Within days after this threat, Dr. Ursick met with hygiene leadership and a letter of reconciliation was signed by and distributed from both entities. Of course, now dental hygienists have the right to vote, as consumer members do, and also routinely administer local anesthesia. Ultimately, Dr. Ursick deserves credit for helping reconcile dentistry and dental hygiene.

Bill is survived by his daughter Karen Imwold and grandchildren Conor and Abigail of Coppell, TX. ■

CLASSIFIEDS

EQUIPMENT REPAIR

INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Kodak/Carestream, Dexis Platinum, Gendex GXS 700 & Schick CDR sensors. Repair & save thousands over replacement cost. We also buy & sell dental sensors. www.RepairSensor.com / 919-924-8559.

To place a classified ad

Contact Dan Hartzog at 503-445-2229 or danh@llmpubs.com

Keeping the **game fair...**

...so you're not **fair game.**

The fast-changing practice of dentistry
is getting hit from all angles.

Choose a specialized protection plan designed
to help you cover your unique Nevada risks.

You get game-changing coverage made easy.

DentistCare®

SINCE 2007 WARD'S 50

PROASSURANCE
Treated Fairly

Professional Liability Insurance & Risk Resource Services

ProAssurance Group is rated **A+ (Superior)** by A.M. Best.

800.625.7814 **ProAssuranceDentistCare.com**

NEVADA DENTAL ASSOCIATION
8863 W FLAMINGO RD, STE 102
LAS VEGAS, NV 89147-8718

CHANGE SERVICE REQUESTED