

The Communicator

Official Publication of the American Association of Dental Editors & Journalists



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COVER ART: Dental offices were closed to one degree or another throughout the country secondary to the COVID-19 political response. Predictably, dental health suffered greatly.

Facial Recognition



Dr. Daniel Orr II, CDE, AADEJ Editor-in-Chief

A number of scholarly works have been published recently regarding editorially deidentifying facial photographs.^{1,2} This trend has been prompted in part by the increasing sophistication of facial recognition software programs in both proprietary³ and governmental use.⁴

The subject of facial recognition is nuanced and in flux in many ways as individual and societal concerns are vetted. An entry level question to consider is if the use of technology to identify individuals is even legal. The answer to that question is a huge “it depends.” Different jurisdictions have widely variant laws.⁵ In February 2020 the U.S. Senate proposed a moratorium for the federal government’s facial recognition efforts.⁶

Another issue is how accurate facial recognition is. Similarly, the results are widely varied with ranges from 50–99% and again heavily nuanced. Caucasian males have the highest accuracy rate but validity can drop significantly for other groups.⁷ Robert Williams, a black man from Detroit, was arrested in 2020 for a 2018 crime secondary to faulty facial identification software. Mr. Williams is seeking

an apology from the Detroit police for this case that is troubling on many levels.⁸ The same day Mr. Williams’ case was reported, the Boston City Council banned the technology because of a high error rate, interference with basic rights, and systemic racism.⁹

Health professional editors are aware of how invaluable, and at times necessary, the use of patient clinical photographs are, particularly in dentistry. Besides the maxim that a picture is worth 1,000 words,¹⁰ often the clinical point simply cannot even be made without photographs.

The more restrictive the photographed area is, the less chance of identifying the patient generally. However, small but unique identifiers, such as the tennis racket shaped gold foil, may be enough. In forensic dentistry, less than a handful of unique pre- and post-mortem matching identifiers in sufficient detail are all that is needed to establish a positive identification.

A 2018 analysis¹ of 103 journals including 568 articles and 1404 clinical images revealed that about half (52%) the journals had a written policy on clinical images. Identifiable patient photographs were found in

13% of the articles. 16% of the works included a statement about consent from the patient prior to publishing the images. Interestingly, 34% of the editorially deidentified photographs were recognizable, of which only 22% were published with patient consent.

Publishing pictures of well-known individuals, legally known as public figures, is acceptable. But while photographic distribution of Kobe Bryant’s basketball exploits was never questioned, the release of graphic post-mortem unofficial images from his helicopter crash site by LA County sheriff’s deputies was inappropriate and investigated.¹¹ In May this year, Kobe Bryant’s widow Vanessa Bryant filed a civil suit over the incident.¹²

Even public figures have a right to privacy however, such as with health issues. Sharon Stone once litigated and prevailed against a plastic surgeon who publicly announced he had performed her rhinoplasty.¹³

Can consent be implied for publication of recognizable images? Yes, it can. For instance the publication of identifiable data about AADEJ officers in *The Communicator*, or other dental authors, often with names and contact information included. When a

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request for short biographies and photos of authors for use with submitted articles is answered affirmatively, consent to publish those items can be reasonably implied.

Does one need consent for unconsented publication of deidentified photographs? Well, no, as long as they are truly not identifiable. But recall the study above where a third of the blacked-out photos were still recognizable.

So can one publish photographs of a patient with consent? Yes, but the consent must be valid, ideally from the patient who is competent to consent (i.e. of age, not mentally compromised, not under duress, etc.). Of course, age limitations can refer to children mentally competent to cross the street but without the legal ability to buy a car, vote, or consent to the publication of their likeness. Can a parent consent for the child? Does the parent have physical and legal custody? Do coequal parents agree on the publication plan?

All this can be complicated. Check the appropriate state statutes (or Federal or Indian Nation depending on the situation) and try to make a reasonable judgement for the academic, non-private publication of potentially sensitive data.

Editor-in-Chief's Notes

Special thanks to Daniel L. Orr III, MBA, CAMS, CFCS, and Compliance Officer, First National Bank of Bastrop (Texas) for facial recognition background information.

AADEJ readership will note that his issue of *The Communicator* is electronic only, in keeping with the proposed plan alternate hard print and electronic only issues. The electronic issues allow the AADEJ some increased wiggle room as far as article content.

The Communicator would like to encourage members to submit works to the AADEJ to help develop an archive of articles the membership can republish and to republish in *The Communicator* itself. The rights to these works will not be claimed by the AADEJ and submission of the works implies that the AADEJ and members may republish. As an example, this issue of *The Communicator* has an editorial, "Johnny Carson, TP, and Memories of Woodstock," originally developed for the *Nevada Dental Association Journal*.

A Book Review of The Dentist's Drug and Prescription Guide

As dentists we know the majority of the prescriptions we write are for antibiotics and pain relievers.

Occasionally we might prescribe muscle relaxers, anti-inflammatory drugs, antisialogogues, or even anti-viral medications. In addition we are very aware that the most common drug we use in our practice is a local anesthetic. That is a short list which would not require a very long book.

However, due to drug reactions and side effects dentists must be aware of potential actions due to a patient's pathological condition as well as the various medications they are taking. This book is more than just a list of pills for dentists. As you could imagine it is also not a book that you would open up for a comfortable short read!

The book starts with prescription terms and the process and guidelines for writing prescriptions. Since most of the prescriptions dentists write are antibiotics there is a generous section on that with situations to consider, (pregnancy, heart conditions, etc.), and questions and answers. This follows with other typical dentist-prescribed drugs and the atypical ones usually used more commonly by specialists or dentists dealing with implant surgeries of various types, and patient maladies. There is also a special section on HIV written by Cheryl Barber, MPH, MSOD that is well worth reading through her 21 pages on this topic.

Personally, I was pleased to find a heart pathology addressed that my grandson has which is not often mentioned – elongated QT syndrome. Coincidentally, elongated QT syndrome is a heart condition that causes problems for many patients when given the much mentioned Hydroxychloroquine malaria drug suggested for the Covid-19 virus. I will not go into the details of elongated QT

syndrome other than to mention that the patient has an irregular lead-2 EKG with a longer time (or space on the displayed strip) between the Q and the T wave and these people are the ones you hear about collapsing while playing sports and are not successfully revived. This is because a defibrillator is required to revive them. A good reason to keep an AED in your office as stress tends to set this off and as you know, some people do get stressed at a dental office.

Another area of drugs covered are those that are not prescribed – illicit drugs. This section is very important to read and decide how you will get a patient to reveal to you if they are taking any illicit drugs – especially cocaine. I used to go down the list of drugs taken and then casually mention that we go down the list including illicit drugs as some, such as cocaine, can cause a person to have a heart attack when we give them local anesthetic. I've found some interesting responses and confessions when doing that!

I do recommend this book for any dentist even if they are not writing prescriptions. This book will help in working with people taking medications - legal, illicit, and over-the-counter—that are affecting the oral systemic system that dentists concentrate on. Besides the paperback version there is an ePub edition as well as a pdf version available. You can order from the Wiley Blackwell site: <https://tinyurl.com/yxb9s8wo>

The Dentist's Drug and Prescription Guide, Second edition. Mea A. Weinberg; Stuart J. Froum, Stuart L. Segelnick. ISBN: 9781119539346, Pages: 312. Price: \$66.64 Paperback. Publisher: Wiley Blackwell, 111 River Street, Hoboken, NJ 07030, USA, Copyright: 2020, Published: March 15, 2020

Editor-in-Chief's note

The AADEJ's own Dr. Stuart Segelnick is one of the co-authors.

From the Executive Director



Meg Plummer, AADEJ Executive Director
meg@aadej.org

It's Awards Season!

The Gies and Meskin Journalism Award submissions are due August 1.

Information about each award can be found on the facing page and on the website: www.aadej.org. Click on Awards and Honors to find each award.

Officer Position Available

The AADEJ Board of Directors will be looking to fill the position of Secretary/Treasurer by the Annual Conference Board meeting (Virtual!) in October.

The Secretary/Treasurer's main duties include:

- Keep and distribute minutes of the meetings of the Association and the Board of Directors.
- Conduct the official correspondence of the Association and the Board of Directors.
- Make an annual report as Secretary to the Board of Directors and to the Association.
- Make an annual report as Treasurer to the Board of Directors and to the Association.
- Attend monthly conference calls and yearly Annual Conference.

Call for Volunteers! Your Talent Is Needed!

AADEJ members are needed for volunteer positions during the upcoming year, including positions on the AADEJ Board and committee members

Open positions on the AADEJ Board include vice-president and secretary/treasurer. Individuals serving as vice-president will serve one year in that position, then one year as president-elect, one year as president, and one year as immediate past president. The secretary/treasurer position typically is held for a period of several years. The individual serving in that position may run for vice-president and then continue up the leadership chain, but it is not required.

The AADEJ is also looking for individuals to serve as a member or chair of various committees, including the Membership Committee, Certified Dental Editor Standing Committee, Strategic Planning Committee, Nominating Committee, and Eligibility Committee.

AADEJ Bylaws Revisions Coming

Revisions to the Constitution and Bylaws of the American Association of Dental Editors and Journalists will be presented to the membership in August, to provide the required 60-day notice prior to the AADEJ Annual Meeting. The Bylaws changes will be presented in *The Communicator* or via a special email to the membership.

As this issue goes to press, the AADEJ meeting in Orlando had been canceled, with an alternate virtual meeting tentatively scheduled for mid- to late-October. Watch for further details.

The AADEJ Board will finalize the bylaws revisions at its August teleconference meeting. Anticipated changes include the addition of a Program Chair officer position, changes to the secretary/treasurer position, and other house-keeping changes. Thank you all!



AADEJ Past-President Richard Roadcap

Our own Richard Roadcap has been appointed as Editor of the USA Section of the International College of Dentists. The AADEJ congratulates the ICD on an excellent choice. Congratulations Richard!

William J Gies Award Editorial Award

PRESENTED BY: THE AMERICAN ASSOCIATION OF DENTAL EDITORS & JOURNALISTS AND THE WILLIAM J. GIES FOUNDATION FOR THE ADVANCEMENT OF DENTISTRY OF THE AMERICAN DENTAL EDUCATION ASSOCIATION

Since 1958 the William J. Gies Editorial Award has been presented yearly to the author of the most valuable editorial published in a dental journal or periodical. Recognizing the Gies Editorial Award winner has been the joint privilege of the American Association of Dental Editors & Journalists (AADEJ) and the William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association (ADEA Gies Foundation).

The Gies Editorial Award is considered to be highly prestigious in dentistry and is presented annually at the AADEJ Annual Conference (held prior to the ADA Annual Session).

The Gies Editorial Award consists of a plaque and a \$1,500 honorarium. Certificates and honoraria are also presented to First and Second Honorable Mentions. The Gies Editorial Award Committee, the AADEJ, and the ADEA look forward to your participation.

INFORMATION ABOUT THE 2020 GEIS AWARD ELIGIBILITY

Editors of professional dental publications, and any others NOT associated with proprietary periodicals, are invited to submit a copy of no more than two of their editorials, published during the previous calendar year, which they believe are outstanding. Eligible periodicals are those under the regulation of a professional dental society or a society of dental hygienists, dental assistants, dental schools, dental alumni or a dental fraternity. Regulation implies control of editorial and scientific contributions in the periodical, in addition control of advertising in order to assure its accuracy and factuality.

ENTRY REQUIREMENTS

The letter of transmittal with your submitted editorials must include the volume, number, month, and name of the publication in which the editorial appeared, as well as the name of the editor. Also, please be sure that your submission is either a quality photo or pdf made from the original publication. Manuscript copies will not be accepted.

ENTRY SUBMISSION DEADLINE

Please e-mail your submission to: meg@aadej.org

The submission deadline for this year is August 1, 2020.

RECOGNITION

The Gies Editorial Award is considered to be highly prestigious in dentistry and is presented annually at the AADEJ Annual Conference (held prior to the ADA Annual Session). This year the award will be presented on October 14, 2020 in Orlando, Florida.

The Gies Editorial Award for 2020 consists of a plaque and a \$1,500 honorarium. Certificates and honoraria are also presented to First and Second Honorable Mentions. The Gies Editorial Award Committee, the AADEJ, and the ADEA look forward to your participation.

FOR MORE INFORMATION

Contact the American Association of Dental Editors & Journalists at 630-723-1582.

Peer Reviewing Peer Review



Dan Jenkins, DDS, CDE

The topic of peer review is not new to dentist editors. Typically in a peer-reviewed publication the process is assigning a submitted manuscript to three, or more, people who the editorial team determines is qualified in that area to access the accuracy of the information, research, and originality.

The reviewer then reads the manuscript and decides if they have the time and knowledge to review it. If the reviewer agrees they notify the editor and the editor smiles.

The reviewer then plows through the manuscript and makes notes on some things they may want to investigate or ask the author about through the editor. There is no direct contact between the reviewers and the author. In fact, neither know who the other is as that information is not in the reviewer's manuscript.

Next comes the hardest part—reviewing the references. I remember a dentist complaining emphatically about a paper he submitted being questioned about several of his references. He said, "I bet that guy read

the whole publication of every reference I used in my paper. They had so many questions and the whole process took forever!"

If the reviewer has questions or ascertains that the paper is not of good quality, they communicate their conclusions back to the editor. If they conclude the manuscript is acceptable they give their approval to the editor. The editor takes the three reviews into consideration as to whether the paper will be published or not.

As many of us already know, this can be very time consuming for each person involved. Some of the "Pay-to-Publish" or "predatory" publications process their reviewing of manuscripts in innovative ways. Some ask the author to find reviewers on their own or they might have only one other peer actually review the paper.

I read recently suggestions of not even having a peer review process. It was felt that the peer review process is flawed due to friends of the author doing the reviews and the assumption that very few reviewers actually check out the references or the reported research. Therefore, they felt that we might as well just go to the type of quality control that some software companies use—let the user evaluate the product for themselves. In other words, the reader would evaluate the accuracy or quality of the paper for themselves. If they wish, they can send a letter to the Editor about their evaluation.

Another new approach has come about through the astronomy industry. This process is labeled "Distributed Peer Review." When someone is making a proposal they are asked to review submitted proposals from others who are their competitors. This provides many

reviews for the committee to evaluate each submission without having each reviewer evaluate all of the submissions. Secondly, they found a way to evaluate the reviewers utilizing computer programs. Thus, the reviewers are checked out as to their qualifications instead of being someone the Editor knows or someone who wrote a low level paper on the crista gall 50 years ago and never went back to that area again. The papers are chosen for the reviewers that match up best for the topic.¹

Some other new ideas I've read about to lessen the labor for peer review are to lessen the number required for peer review or to pay the reviewers for their time and expertise. I know you are now either thinking, "How much would a reviewer get paid?" or "How much will I have to pay a reviewer?" Would the reviewer get paid by the word count as well as the number of references? Who would pay for access to the references if it is not publically accessible?

I feel the bottom line in all of this is for us editors to do our best to provide our readers/members of the most ethical, accurate, timely, and interesting material we can under our circumstances. We usually do not have the budget a "predatory journal" might have. Will we see the day when AADEJ's *The Communicator* will require a fee to publish an article?

**Dan Jenkins is the past Editor-in-Chief, a Past President of the AADEJ, and currently Editor for the Tri-County Dental Society of the California Dental Association. He is the 2018 recipient of the Distinguished Dental Editor Award.*

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Procuring Content In A Dental Publication



Stuart L. Segelnick DDS, MS., AADEJ Vice President

One of the main tasks of the dental editor is to acquire relevant content for his/her publication. Other portions of the job description include writing catchy titles, publicizing future events (whether it is the next society meeting or CE program), and dressing up the pages with pleasant pertinent pictures, graphics, logos, and art. A classified section, job boards, society board meeting minutes and advertisements, all round out, a finely constructed printed dental bulletin. Digital editions should include links and videos.

Ask almost any dental editor about how challenging it is to fill their newsletters up with meaningful text, for each publication, and they will surely commiserate. Many dental editors are dentists with the distinct advantage of understanding their readership because they are living a similar professional life. Recently, Dr. Brian Shue reminded me of the saying attributed to Mark Twain of “write what you know” and we dentists surely know about dentistry. We also “know what

we don’t know” (Donald Rumsfeld) and those are the articles someone more knowledgeable should write about, unless it’s a topic you would enjoy researching and can fully immerse yourself into learning within a deadline.

Consider taking a topic of interest and running it by some of your colleagues, friends, and family to see their reaction, then decide how it’s time related, can you write it yourself by next edition or would it take you a year to compose? Would it still be of interest in a few months? When I find an inspiring subject matter, I can literally lose myself to nonstop hours of writing until it’s completed. However, there are only so many articles the editor can write, and variety does spice up the pages.

Imaginative, informative, and impactful stories from a personal point of view are ones I seek. Finding them is a different story. Being highly involved in your local dental society activities, such as attending board meetings, CE programs and joining committees, along with appearing at your annual state dental association and ADA annual meetings is essential in recruiting potential contributors for your publication. Teaching at your local dental school and hospital dental department also opens opportunity to mingle and discover new contributors.

Theme issues encompassing different perspectives can be difficult to achieve but extremely rewarding. Usually I target a handful of individuals conversant on the subject, until I find around five different people who accept to contribute. Try not to be discouraged by multiple rejections. Out of the five, I’m lucky if three actually submit it in time and send in an acceptable article. Be prepared to pester. I

hate to have to say it again, but “be prepared to pester!” and don’t worry, you’ll get used to calling, emailing, texting, video chatting and even meeting in person (which was tough to do before the pandemic, imagine now with) your contributors multiple times reminding them to submit their articles. Sometimes you’ll get lucky and find another kindred dental soul who enjoys writing as much as you do. Cherish and nurture that spirit, for then you can rely on recurrent contributions. Remember, this is not a scientific peer-reviewed journal that every dentist dreams about publishing in. I usually ask my contributors for anywhere between 800 to 1,000 words. Some formats of 500–800 words work well, too. I find most readers of newsletters tend to get bored after 1,000 words unless it’s a spectacular article. There is a mathematical formula in producing a set page count issue, one I’ve yet to master.

At the Second District Dental Society Bulletin of New York, I’ve been very fortunate to have a great group of associate editors, staff and an executive director that give me plenty of leeway in bulletin content. Their contributions are truly appreciated. Placing a high priority on following up with authors and contributors after publication is essential. Who doesn’t value being thanked for their hard work? I suggest emailing them a copy of the Newsletter with a thank you note. I’ll be waiting for one from Dan II, editor of *The Communicator*, but I won’t be too disappointed if I don’t receive it, he’s probably just trying to help me develop thick skin for the numerous rejections an editor must endure. “Hey Dan II, I’d appreciate some feedback on this article, can you let me know if it helped our members?”

– And Now –

for Something Completely ~~M~~Dental



Brian Shue, DDS, CDE, AADEJ President Elect

Monty Python isn't funny. Dead parrots, Spam, weaponized fruit, knights who repeat silly syllables ad nauseam—sorry, not laughing. Am I losing my sense of humor? Not sure. I can't remember if Monty Python was ever funny to me—maybe just a little silly. But that was way back, during high school.

What makes something humorous? Like beauty, it is in the eye of the

beholder. There's a fine line between poor taste and good humor bar none. It's healthy for humor to be found in the pages of our dental publications. Laughter is the best medicine. Although appropriate, it can also be a challenge.

On occasion, an author will submit something with an attempt at humor. Is it funny? Is it appropriate? Is it unintentionally mean-spirited? You may find the author, from his or her individual perspective, may not know. That's where your experience as an editor or as a reviewer on an editorial board is important. In fact, if I happen to miss something in the editing phase, that's where a strong set of reviewers comes in handy, which will know what does or does not belong. With a little help from your friends, you can prevent a Revolution #9 from appearing on your pages.

Humorous writing isn't easy. Sometimes it can be spotted a mile away. It may appear forced, it may appear contrived or it might not be funny to anyone else without a canned laugh track.

Speaking of which, back in 1998, my wife and I had the greatest time being

part of the live audience of the Hollywood taping of the NBC TV sitcom "Newsradio" (starring Dave Foley, Maura Tierney, and Phil Hartman). Afterwards, we even got to meet the showrunner, Paul Simms, who was related to a friend of ours, and even talked to some of the stars on the set (they look bigger on TV). But we had the chance to pull back the curtains. During the taping, the "laugh" sign was on and the producers strongly encouraged (forced) us to laugh. Hard. At everything. So we did. Whether or not a line or action was even funny or not. Of course, parts of it were funny. But not everything. Even professionals who get paid to make you laugh don't always get it right. Honestly, how often do you laugh out loud watching an episode of "Friends"?

"Two penguins went into a bar." Years ago, that line would make me and my then three-year-old daughter break out into uncontrolled laughter. And there was no punchline to follow. With all that laughter, there was no need to create one. But it's obvious jokes on that level may not be right. Know your target audience.

Another example of something funny to me is from the classic Peanuts movie “Snoopy, come home,” where our beloved dog could not sit quietly in the library and erupted in a fit of laughter as he read book about bunnies. What was the punchline? Charlie and Sally Brown weren’t laughing. Schulz did not reveal the punchline, but those bunnies must have been up to something. Imagining what comes next, from our own perspectives in life, that makes using open-ended humor like this very cool.

There’s a right way and a wrong way to using humor in your publications. Nobody did humor the right way better than Robert Horseman, DDS, Humorous Emeritus of the California Dental Association who had a column for so many years (Dr. Horseman just turned 100—Happy Birthday!). His witty articles were so popular, the first thing most readers probably did was automatically turn to the back page, where his column could be found. He sure set the bar very high for the rest of us. Of note, Dr. Horseman’s column appeared on two pages, which required flipping backwards into the journal after reading the first page. I don’t know if there is a specific name for that layout design, but it isn’t too common. Former AADEJ Editor Dan Jenkins, DDS used that design with my fun-with-Harris-and-Hayden history articles in previous *Communicator* newsletters. I guess that might be due to the author’s fault for not staying within the boundaries of the magical word count (just like this article).

In the June 1999 CDA Journal that honored Dr. Horseman’s achievements, he picked “Dental engineering” (April 1991) as his favorite. He opened with the following:

There is not a dentist throughout the world who, at one time or another, has not considered the human dentition to be a huge design error, a sort of oral Edsel. Had he been consulted during the initial stages of design, he is quite certain he could have come

up with a much more practical production model. Meaning no disrespect, but teeth seem to have been an afterthought, perhaps near the end of the sixth day when, along with broccoli and fire ants, things were being created in haste without enough research and development or prototypes in order to meet a Sabbath deadline.

In that 1999 issue, Dr. Horseman offered his writing advice:

- Never record anything that contains verifiable facts. In fact, stay away from facts altogether; they can be an acute source of embarrassment to the publishers and me.
- Aim for 900 words, including “a” and “the.”
- That’s it—900 words of nonfactual material. You think that’s easy? I’ll sit around for 20 minutes honing an article based on whimsy, fantasy and quirkiness when all of a sudden a fact sneaks in and I have to start all over again.

How does one follow Dr. Horseman? One doesn’t. In November 2017, I wrote the CDA editorial “How I learned to stop worrying and love dental amalgam” in a slightly serious, slightly humorous, slightly tongue-in-cheek tone. It was reprinted the following year in the Pierre Fauchard Academy’s Dental Abstracts newsletter as a straightforward commentary article—it was something completely different. For instance, I contrasted the warning labels on my jars of amalgam capsules with the lack of such warnings on cans of albacore tuna. That was removed. And what happened to the description of the amalgam restorations in my very own mouth: “They are like tiny, shiny badges of courage in the never ending battle against *Streptococcus Mutans*, acidic environments and the modern world’s non-Paleolithic diet”? Gone. On the cutting room floor at the PFA. Someone took the time to remove those observations and my other attempts at humor, for safe

consumption. Without the gentle touch of humor, my sincere ode to the Crawcour brothers Royal Mineral Succedaneum appeared dryer than a mercury squeeze cloth.

Has COVID-19 affected our funny bones? You be the judge. Editor Stuart L. Segelnick, DDS, MS takes a look at a “Dr. Iffy Future, the Sterile Dentist” in his column titled “Post-Apocalyptic Pandemic Practice of Dentistry” that appears in the June-July 2020 Bulletin of the Second District Dental Society of New York. A patient with a toothache in the post-apocalyptic pandemic future of ours enters a practice and follows an employee who: “led him into and past what was once known as a waiting room. Now the once mellow room vibrated with UV light enhancers; it was a place no one in the office wanted to stay too long, especially if they had forgotten to apply sunscreen.” With Arthur C. Clarke-ish PPE and armamentarium, “Dr. Iffy frowned, but you could hardly see it through the space force helmet he wore attached to his latest dental space suit and integrated oxygen supply. The helmet’s screen radiated, trans-illuminated and magnified the mouth, while the AI cloudbased dental system diagnosed the Problem...”

Dr. Segelnick, currently serving as AADEJ vice president, knows what is funny. In that same issue, he also included the article “Hmm, I hadn’t thought about that” where author John P. Demas, DDS from New York has an inner discussion/debate with “Healthy Skepticism (middle name Cautious)” on the licensed use of “dermal fillers” where he politely argues: “My buddy in Ohio gives those injections in his office all the time. What’s your problem?? And Healthy Skepticism answers: Ohio is not New York.”

Take my newsletter, please. Once, I created an all-humor issue for my San Diego County Dental Society (just once). As I look through it right now, I have to admit, some of it was

Continues →

Dreams Have Gone Dark



Mike Diorio, DDS, CDE, AADEJ President

This is my personal thought entropy of the whole COVID-19 cluster that has rolled into our world like a fog—maybe like a wildfire? Perhaps with shades of a never-ending eclipse? Macro and wide-angle off leash cerebral

perspectives on me/us as dentists and inhabitants of our planet.

I am a family practice dentist, closer to retirement than mid-career. Shut down for two months, slowly merging back onto the patient care freeway. This journey has taken me emotionally, financially and physically to dark and scary places, some I knew existed, others I had never conceived. Only recognizing depression from the occasional glimpse of normal that would bring on a feeling of euphoria

Early on I was feeling a morbid sense of excitement, still feeling invincible because of all the previous life turmoil I have survived. A storm chaser of a pandemic. Ready to go to battle, help others navigate the pitfalls because I can handle anything. Then later having moments of being emotionally curled up in the fetal position, completely helpless and scared.

This is completely atypical to anything else we have experienced,

and I chose to use an atypical style of communication that mirrors the world in “mirror in a fun house” way.

Maybe it is more like an eclipse

An eclipse that perpetually lingers

Two large celestial bodies frozen in a synchronous orbit casting a never-ending shadow

Dreams, desires, plans, aspirations, and life itself have been put on hold

Significantly slowed down or vanquished forever

Once in a lifetime events have been lost, never to be fully experienced, to be shared

Maybe re-created at some future time wearing a perfunctory cloak?

It has brought death but forbids us from communal compassionate grieving

Continued from page 10 →

(and is still) cringe-worthy. It began with high-brow entertainment, with fake news coverage of the strange true story about my former U.S. Representative (now an infamously disgraced ex-San Diego mayor named Bob Filner), who actually wanted to build a new San Diego International Airport 100+ miles away from San Diego, in the middle of nowhere, right next to my hometown of El Centro (famously known for being the birthplace of Cher). He wanted to connect this planned airport to Greater San Diego with a multi-billion dollar bullet train (bullet train ... California ... billions and billions of dollars ... hmm, could that actually work?).

But then the issue started to go silly, like a skit in an unfunny British

comedy show. It included fake CE course advertisements, like: “Esthetic Amalgams: your patients will have no patience without these beautiful silver restorations” by I. Beholder, DDS, which stated: “Even though we are in the 21st century, these restorations will have your patients partying like its 1889.”

Other articles in this issue included “Tooth fairy shut down by OSHA,” “Denti-Cola announces plan to be exclusive sponsor of our dental society” (my executive director wouldn’t let me say “Coca-Cola”) and “Surprise concert on the roof of our dental society building” which included my made-up lyrics to a song called “Fluoridate,” based on the song “Yesterday” by the Beatles. It went like this:

Fluoridate,

All my decay seemed so far away,

Now it looks as though it’s here to stay,

OH I believe in Fluoridate.

Why she didn’t drink tap water,

I don’t know she wouldn’t say,

She drank something wrong

Now I long to Fluoridate.

Forgive me, Sir Paul. My newsletter advertisers did.

Did you laugh? Smile? As I said earlier, using humor in your publication isn’t easy. The take home message: be yourself. Humor happens. Try it.

Is the darkness permanent? Will our previously known luminescence return?

Simple human contact and interaction, essential elements of life

Have greatly vanished

Casual touch and contact with others can energize and revive, yet is now in short supply

Masks contain the spread, but also contain identities, parts of non-verbal cues are swathed in white out

Pleasurable activities and events are on hold, re-emergence pending

Our outlets for fun, relaxation, modes and methods of coping with stresses have been altered or removed

Unknown is now the core shade of life

It is hard to plant new dream seeds right now

Will it be wasted effort, hopes and desires sown on barren grounds?

Science and emotions in conflict, both real but incongruent, intertwined yet separate

One based on tangible facts, the other rooted in an accumulation of experiences and observations intertwined with long held beliefs

How do we live, move on through the fog, and navigate to safety without even the stars to guide us?

Hopes right now are like ripe grapes hanging from the vine

Unsure if their destiny will be a well-crafted wine or shriveled up raisins left for the scavengers

Realizing that some things lost will never return

Or at least never return in the comfortable familiar form we previously knew

Walking a path on a cliff side with an unstable surface, either real or perceived

Every step is tenuous, solid ground or quicksand?

Strife and anguish, emotional and physical destruction

Forbidden to care as a practitioner, helplessly watching, unable to reach out and cure, prevent

Existing in a surreal hybrid, part fun house and part haunted mansion

No immunity to the virus

No immunity to the repercussions?

The invisible assassin, feeling the crosshairs of the scope on us

Will the trigger be pulled?

Paranoia & ignorance, abundant and extreme

Social injustice, unrest that has burst, a festering sore under our skin

Economic devastation

Music has always been my therapist, the soundtrack to my past, and the fertile soil for future dreams. Does the music we can no longer see carry clues to the chaotic symphony we are performing? American Pie, the day the music died comes to mind. The Beatles Helter Skelter, will playing it backward reveal a cure? The punk band Ramones screaming I want (and need) to be sedated (ventilated)?

There is also hope, tales of David vs Goliath victories

Epic battles on the fields of health where disease has been slayed

Communal understanding and empathy still survive

Creativity, compassion, and support still have a voice

Innovation and the basic desire to survive are still with us

Relief and reassurance abound

Re-emergence is occurring, like thin slivers of light that find the floor of a deep dark forest. I am cautiously hoping and praying that light slowly returns, disperses the dark and allows for new growth on the fields of dreams.

These thoughts are like pieces of some amorphous jigsaw puzzle, no true border or edge pieces to frame from, some fit nowhere in the puzzle, other fit everywhere. All our puzzles are different, yet they are the same. This may resonate with no one or may make complete sense.

First and foremost I feel our role as editors and journalists is to stimulate thought, to discuss the uncomfortable, to enlighten, inform, validate, or question.

My hope is something I have shared or more appropriately spewed out validates one unique, strange thought or feeling that someone else has felt, or will feel through this quasi apocalyptic disruption. We are alone, yet we are not. Embrace the darkness, the distance and separation and use its energy to unite us once more.

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