

Bronx County Dental News



A PUBLICATION OF THE BRONX COUNTY DENTAL SOCIETY



NYDSA's DEI Taskforce

by Dr. Jerica Cook

OVER THE YEARS, THE FACE OF DENTISTRY HAS GONE THROUGH A significant transformation. The demographic data of dentists is consistently shifting to include more women and more underrepresented minorities. While we are far from the numbers that reflects the general population, we are getting much closer to a world where all potential patients are able to access providers that they can identify with culturally. Unfortunately, organized dentistry has traditionally not mirrored this progress.

On more occasions than I care to mention, I have been in dental meetings whose participants do not reflect the world of dentistry that I have been exposed to. I have been one of five women in a room of over one hundred. I have been one of four minorities present in a room of over two hundred. I have been the only black woman in a zoom meeting of over twenty. Luckily, I was far from the only person to notice this disparity.

In response to this issue, the New York Dental Association created the Diversity, Equity, and Inclusion Taskforce and I jumped at the opportunity to become a member. Since its inception, the entire team has worked tirelessly to get our association to the point where all dental professionals feel welcomed. This has thus far included events geared towards specific populations, articles, and general conversations about necessary restructuring needed for our organization as a whole. *(Continued on page 3)*

Job Fair 2023

THE BRONX COUNTY DENTAL SOCIETY WILL BE hosting its annual Job Fair on Thursday, March 9, 2023 6:30-9:30pm at Maestro's Caterers in the Bronx. Whether you are an older dentist looking for an exit strategy, or a new dentist developing a career path, this event has something for you. Co-sponsored by MLMIC Insurance Company and Cloud Dentistry, it is an opportunity to meet and mingle with dentists at all stages of their careers. It is free for all Bronx County and Queens County members,

the residents of the teaching hospitals in the Bronx and Queens, and all D3 and D4 students at Touro College of Dental Medicine. We will be serving appetizers, beer, wine and soft drinks. For young dentists, we are offering a free resume portrait and a resume review. We will have companies that are offering jobs and companies that are essential to dental transitions. Click here for more information and please RSVP to Joy at 718-733-2031 or bronxdental@optonline.net. *(Continued on page 4)*



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NYSDA's DEI Taskforce

(Continued from page 1)

I am elated that NYSDA saw a need for change and took action. I am truly honored to be a part of such an innovative committee. While, this is only the first step, I believe that collaborative efforts such as the DEI Taskforce are the way to achieve true understanding and unity within our profession.

Jerica Cook

Associate Dentist, Affinity Dental Management | President Elect of BCDS | NYSDA New Dentist Chair | NYSDA DEI Taskforce Member | NDA President, NY Chapter ■

NYSDA Diversity, Equity and Inclusion Policy

The New York State Dental Association (NYSDA) is committed to fostering an environment that is open and accepting of all individuals within the dental profession. We strive to ensure that every dentist is represented, acknowledged and understood when creating policies or programs, and when pursuing future initiatives. NYSDA encourages participation from and unity amongst all diverse groups to reassure everyone that they belong and are welcome, thus acknowledging that together, we have a stronger and clearer voice.



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Job Fair 2023

(Continued from page 1)

Job Fair Attendees

Affinity Dental Management – A dentist run dental organization that provides comprehensive practice management and administrative support for practices across the northeast U.S. Affinity creates growth and learning opportunities throughout their participating dental practices to achieve excellence in the delivery of dental services.

Altfest Personal Wealth Management – Altfest has decades of experience working with dentists to optimize their personal and professional finances to take advantage of many available tax-saving and financial planning opportunities. A BCDS Sponsor.

Aspen Dental – A thriving DSO with over 2000 dentists. World-class management programs, training opportunities, and support teams help you focus on dentistry. Named a top national workplace for Diversity and Inclusion by Newsweek Magazine.

Bank of America – Whether you are starting new, expanding or acquiring a practice, Bank of America will work with you to develop financial solutions. Save on financing to help your practice grow. A BCDS Sponsor.

Brookbeam Dental – A Hudson Valley centered affiliation of dental practices. They provide dentists with the support and clinical autonomy they need to best serve their patients while simultaneously providing concrete options for the future. A BCDS Sponsor.

CareCredit – Empowers patients to pay for the care they want and need. Care Credit gives patients budget-friendly financing options while speeding up your practice cash flow. When people pay with CareCredit, your practice gets paid in two business days. A BCDS Sponsor.

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Danziger & Markoff – Attorneys at Law. Representing dental practices in the areas of: Dental Practice Transitions, Office Leasing, Estate and Tax Planning, Retirement Plan Design and Administration. A BCDS Sponsor.

DDS Match – Specialists in connecting buyers and sellers by integrating tremendous relationship capabilities. They can assist in Practice Sales, Practice mergers, Dental partnership agreements, Associate placements, Dental office appraisals, Dental Real Estate sales.

Dental 365 – A multi-group practice and dentist run organization throughout the northeast U.S. Practitioners at all stages of their career seek Dental 365 so they can focus on dentistry and leave the business to someone else. They are looking for talented and dedicated dentists.

Heartland Dental – The largest and most experienced DSO in the nation. Since 1982, Heartland has been helping doctor-owners transition while retaining clinical independence and obtaining outstanding compensation from their professional corporations. A BCDS Sponsor.

Henry Schein Dental Practice Transitions – The national leading dental brokers in selling and transitioning dental practices. The place to go when you are considering buying, selling, or valuing a dental practice. Their transition Sales Consultants offer hands-on-expertise, in-depth knowledge and ways to help dentists achieve their goals at every stage of their careers

John Maggiotto - Photographer and Master Printer. From studio, to darkroom, to digital suite, John strives to allow the viewer to see the world from a different perspective. See Johns art at maggiotto.com. For the Job Fair, John will be providing resume portraits for all job seeking young dentists. We thank John for his generous contribution.

MLMIC Insurance Company - MLMIC offers Occurrence and Claims Made dental liability coverage backed by the power and resources of a Berkshire Hathaway company. Special reduced rates (\$50) are available for new dentists. A BCDS Sponsor and Job Fair Sponsor.

ProSmile - One of the fastest growing DSOs on the east coast, ProSmile now has over 80 locations. Their mission is to "Build great smiles by providing support services, mentorship, leadership, and engagement."

Pura Dental - A DSO with 9 locations in NYC. Pura focuses on growing long-term relationships with the communities they are in, enabling them to consistently grow large multi- generational patient bases. Pura Dental-Because everyone deserves to smile.

Rodeo Dental & Orthodontics - One of the fastest-growing, multi-specialty, dental groups in the country. They have built 33 offices from the ground up in Texas and Colorado. Rodeo is a creative, upbeat authentic brand. Their amped up culture leverages Art, Individuality, and Self-Expression to turn patients, doctors and team members into Rodeo Brand Fanatics!

The Smilist - The leading multi-specialty dental practice in the northeast with over 50 practices. They partner with terrific dentists who prefer to focus on clinical dentistry and not deal with administrative responsibilities. They are looking for dentists that want to continue practicing after selling their practice. A BCDS Sponsor. ■

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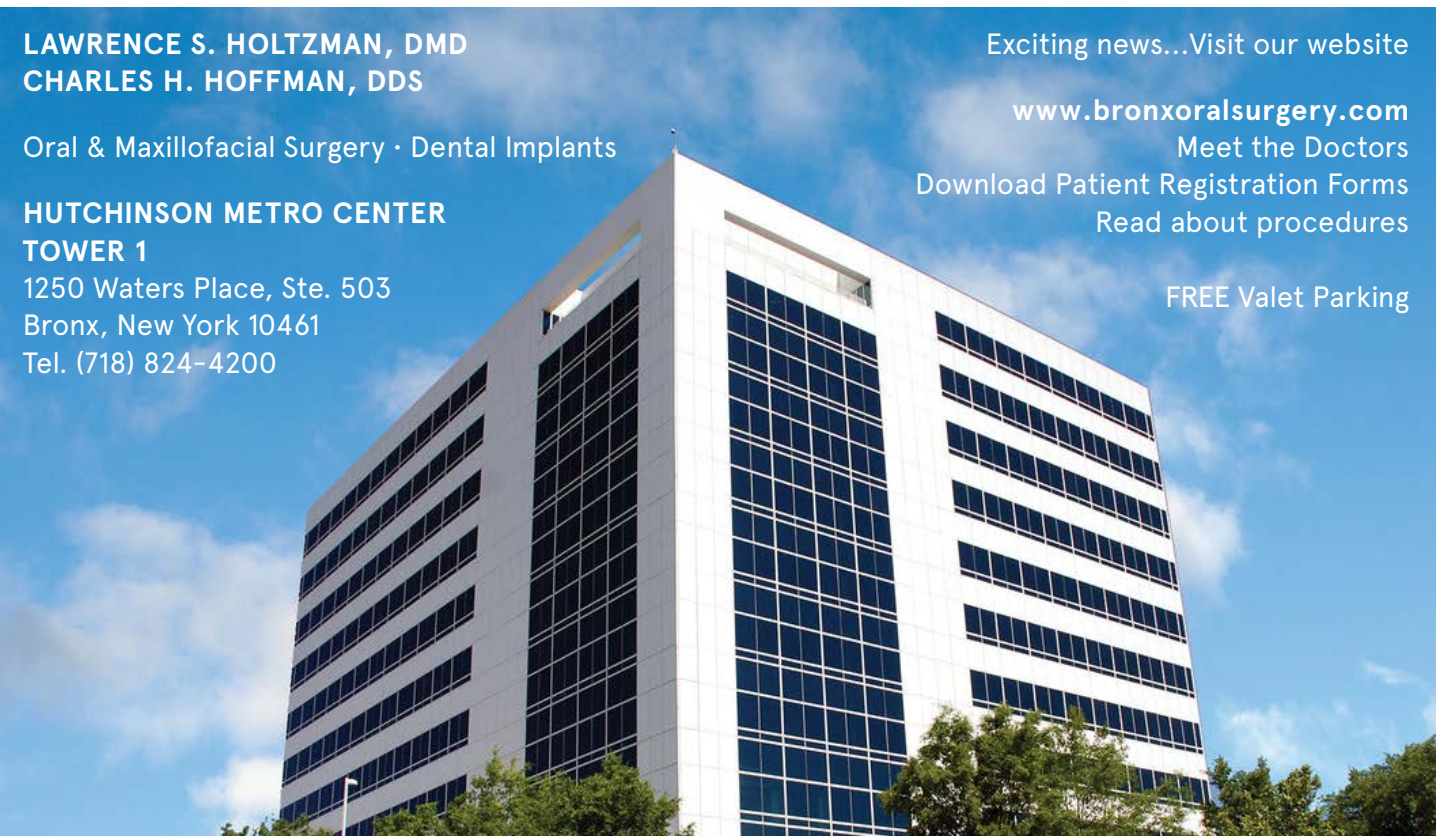
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First Letter from ADA Trustee to NYSDA Districts

January 2023 | Trustee's Corner

GREETINGS NYSDA MEMBERS FROM YOUR NEW ADA Trustee, Dr. Brendan Dowd. In consultation with your District Editors and Executive Directors, I have decided to initiate a triennial correspondence with all of the district components in New York State. I am planning on relaying the important information and news from the American Dental Association in order for you to be as up to date as possible with your national organization. These letters will be published in the beginning of the year, in late spring and during the fall.

I would like to begin by taking a moment of personal privilege to thank our immediate past-Trustee, Dr. Paul Leary. Paul did a wonderful job representing the Second District and we all owe him a debt of gratitude for his selfless and effective service. Thank you for all of your efforts Paul. At the ADA annual meeting in October, the ADA House of Delegates passed two resolutions pertaining to Strategic Forecasting. A House of Delegates committee, with four subcommittees and twelve Action Groups, the newly authorized Strategic Forecasting Committee will be in operation to help the ADA make decisions in real time. Issues that come up will be immediately referred to the Strategic Forecasting Committee, which will employ the subcommittees and Action Groups as needed. Urgent decisions can be made at that time, using this committee structure as a proxy for the House of Delegates, instead of waiting for the next meeting of the House of Delegates in the fall. Non-urgent issues will be vetted through the SFC and directed toward the appropriate entity (such as a Council, Committee or the House of Delegates) to be acted upon. This has become common in the private business world as well as other associations. Decisions and implementations can occur quickly to keep up with ever changing circumstances and situations. If you are ever



contacted to contribute to the subcommittees or the constantly changing Action groups, please take them up on it to help our organization. On Election Day last November, a referendum in Massachusetts was passed requiring dental insurance companies operating in the state to maintain a Dental Loss Ratio of 83%. Even more promising, it passed by an overwhelming margin of 71% to 29%. What this translates to is 83% of all revenue must be directed toward patient care and the remaining income can be used for administrative costs for all dental insurance companies operating within the state of Massachusetts. This has been a hard-fought battle to increase transparency with these companies. Currently, dental insurance companies do not have to report this data and it is very difficult to discern where the money is going. The ADA contributed heavily to the effort financially and strategically in order to make this a reality. We also need to thank the Massachusetts Dental Society and their members for all of the hard work and leadership they provided during the election season. Additionally, our own New York State Dental Association, as well as other state associations, contributed financially to the effort. We hope to transfer this success to other states in the near

future. This is critical to keeping the playing field fair between dental insurance companies and the patients we serve.

The Health Policy Institute at the American Dental Association is an incredible group that performs valuable services for our members and our profession. The chief economist is Dr. Marco Vujicic and his group is constantly completing studies that help all of us with the day to day practice of dentistry. They study the economic trends of workforce issues, practice trends and modalities, as well as production and expense statistics they see unfolding throughout the country. Their information during the Covid-19 pandemic has been exceptionally helpful to understanding all of the changes and real time adjustments in the practice of dentistry. Please take the time in the future to watch one of their many podcasts or look up a few of their many studies that are available on our website. I guarantee you will not be disappointed. It will help keep you on the cutting edge of our ever-changing profession.

The new ADA Member App has been out since the House of Delegate meeting in October. Please take a moment to download it from the App store. There is a Home page with many important relevant articles concerning our profession located conveniently in this section. There is also a chat segment to catch up with your colleagues. Additionally, you can find your completed and in-progress courses, access to CE transcripts as well as a section to download practice documentation.

This is a great way to keep up on the latest information in our profession and stay connected, all at your fingertips of your cellphone. It is the first iteration of the App, which will undergo many changes and additions in the future, all with the help of member's input.

As you know, the Power of Three at the American Dental Association is a unique structure that keeps our organization on sound footing. While other organizations struggle with including all of their different contributing partners, we gather strength from the diversity of thought we bring to the table. We must continue to support this concept as we strive to improve our membership.

It is my sincerest hope that everyone had a safe and happy holiday season and Happy New Year to everyone. I am humbled and honored to be serving you over the next four years. Please contact me at drrndowd@gmail.com or on my cell phone (716-510-3217) if you have any questions or information concerning the ADA. I look forward to hearing from you. Finally, I would like to thank Dr. Lois Jackson from the First District for initiating this idea and encouraging me to think about this important communication.

Sincerely,
Brendan

Brendan Dowd DDS
Trustee, Second District of the ADA ■

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The logo for the New York State Dental Association (NYSDA), featuring the letters "NYSDA" in a bold, white, sans-serif font. Above the "Y" is a stylized flame or torch icon.

The logo for Altfest, consisting of the word "Altfest" in a white, serif font inside a white rectangular border. Below the border, the words "Personal Wealth Management" are written in a smaller, white, sans-serif font.

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BCDS Celebrates Black History Month

Ida Gray Nelson Rollins - The First African-American
Female Dentist

IN 1890, IDA GRAY NELSON ROLLINS GRADUATED FROM the University of Michigan College of Dentistry. She was one of just three women in her graduating class, and was the very first African-American woman dentist in the United States.

Rollins was born in Tennessee in 1867, and orphaned as a teenager when her mother died. She never knew her father, knowing only that he was white. Rollins went to live with her aunt in Ohio and found work as a seamstress and dressmaker. Later, she worked in the dental office of Jonathan Taft while finishing high school.

Taft, who became the first dean of the dental college at the University of Michigan, supported admitting women to the program. His mentorship of Rollins helped prepare her for the entrance exam. When she graduated, she was the only African-American woman to ever have earned a Doctorate of Dental Surgery in the United States.

Rollins opened her own practice in Ohio, then later moved to Chicago with her husband and continued to practice there. She was vice president of the Professional Women's Club of Chicago and part of the Phyllis Wheatley Club, a group that maintained the only black women's shelter in Chicago.

Rollins died in 1953, but her name lives on through an annual diversity award given by the School of Dentistry at the University of Michigan. ■



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Medieval Times: “Jousting” in the Dental Arena

Reprinted courtesy of MLMIC Insurance Company

THE TERM “JOUSTING” MAY

invoke images of Camelot and chivalrous knights in shining armor. Unfortunately, jousting in the dental arena is anything but a fairytale. Jousting amongst dentists has been shown to be a contributing cause of patient dissatisfaction and malpractice claims. This article will explore jousting in dentistry, discuss its negative impacts and provide practical guidance to avoid it.

What is jousting?

Jousting in dentistry refers to comments made by one dentist about the treatment and/or result of another dentist that are intended to be critical or that a patient can perceive as being critical. In general, jousting can include verbal and written comments. These may include intentionally criticizing the care of other dentists; second-guessing the plan of care of another dentist; making entries in the dental chart disparaging another dentist’s treatment; and writing “To whom it may concern” letters written for a patient explaining why dental work needed to be redone.

Sometimes a comment is not intended to be a criticism but can be perceived as such by the patient. These comments may include “Who did this to you?” or “Why did the other dentist do or not do something?” In this

scenario, demeanor and context play a role in whether the patient translates a comment about another’s work into “somebody did something wrong.”

Accordingly, care should be taken when commenting about another dentist’s treatment so as not to imply that you are being critical.

Jousting is commonly seen in situations involving a second opinion, a referral to a specialist, or subsequent treatment. Data has shown that jousting is most noted in cases involving restoration, implants and crowns.

The relationship between jousting, patient dissatisfaction and malpractice claims

Critical comments can validate patient dissatisfaction, plant a seed that something was done wrong and eventually lead to a malpractice claim. Cases involving jousting have been shown to be outpacing other types of malpractice cases year after year. Data has shown that jousting cases account for 15% of all cases and 16% of total dollars paid out. Similarly, cases involving jousting and documentation issues have been shown to be 18% more expensive to resolve than the average of all other cases.

In essence, the critical comments that constitute jousting can make it easier for the malpractice attorney to prove their case. The criticizing dentist will likely have their chart requested and be subpoenaed for a deposition and, possibly, for trial. Under oath, the critical comments will be explored in exhausting detail and used in the prosecution of the malpractice case.

The ethical considerations of jousting

The American Dental Association’s Principles of Ethics and Code of Professional Conduct provides, in pertinent part, “Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.”

Similarly, The Principles of Ethics and the Professional Code of Conduct of the New York State Dental Association provide, in pertinent part, “A dentist should exercise care that comments about a prior dentist are truthful, informed and justified, and this might include consulting with

the prior dentist to discuss the circumstances and conditions under which treatment was performed.”

Accordingly, it is abundantly clear that comments, whether verbal or written about another dentist’s treatment, must be truthful, informed, justified and non-disparaging. Dentists should understand that patients have access to their dental chart, and critical comments made in the chart can violate the above ethical provisions.

The question arises whether a dentist can or should comment about work done by another dentist. The general answer is “yes,” subject to the ethical provisions set forth above. In fact, dentists have an ethical obligation to inform patients of their findings. These findings should be communicated in an informed factual manner that avoids finger-pointing and disparaging comments. As a final matter, though, while there is nothing in the ethical code that obligates a dentist to comment upon or critique another dentist’s treatment, dentists are required to report instances of gross negligence to the appropriate governmental agency.

Practical guidance to avoid jousting in dentistry

It is important that a subsequent treating dentist get the whole story. In addition to your findings and what the patient has said,

get the patient’s permission and communicate with the other dentist to determine the circumstances surrounding the treatment. This can include a review of previous dental records and films. You may learn that the patient was noncompliant or that the dentist was not involved in that aspect of the treatment.

Communicate your findings to the patient in a factual manner. Since you did not participate in the other treatment, discuss your findings and potential treatment plan with the patient. Exercise care that comments about other dental treatment are factual, truthful and justifiable. Document your findings and communications in the dental chart objectively.

In general, differences in opinion or preferred treatment do not necessarily indicate poor treatment. Exercise care in discussing “what you would have done differently” so as not to imply that something was done wrong, or a better result could have been possible.

Refrain from writing “to whom it may concern” letters that intentionally or unintentionally criticize another dentist’s treatment. It should be noted that there is no confidentiality in such letters, or the comments contained therein. Therefore, these letters can be used as the foundation for malpractice claims and reports to governmental agencies. Keep in mind that any critical comments that are not truthful or justified

can result in an ethical violation against the dentist author. In addition, the dentist author can also be questioned at a deposition about the veracity and accuracy of such comments.

Conclusion

Patients are dependent on the dental profession to provide them with factual and substantiated information about their oral health status. Jousting in dentistry helps neither patients nor the dental profession. In fact, by its definition, jousting is destructive to patient faith in the dental profession, as well as being a contributing factor to encouraging malpractice claims. Dentists should refrain from the temptation to unjustly criticize another dentist’s treatment and leave jousting back in medieval times.

If you would like more information for dentists, visit our resources page. Visit our [blog](#) for advice from legal experts, as well as tips for new dentists, industry news and case studies. Follow us on [Twitter](#) and [LinkedIn](#) for the latest updates. ■

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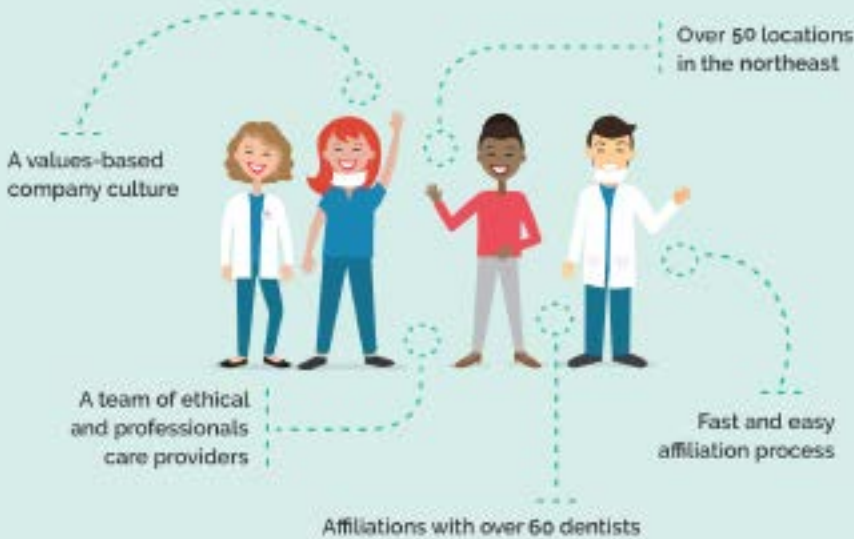
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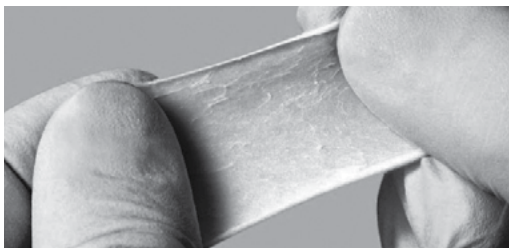
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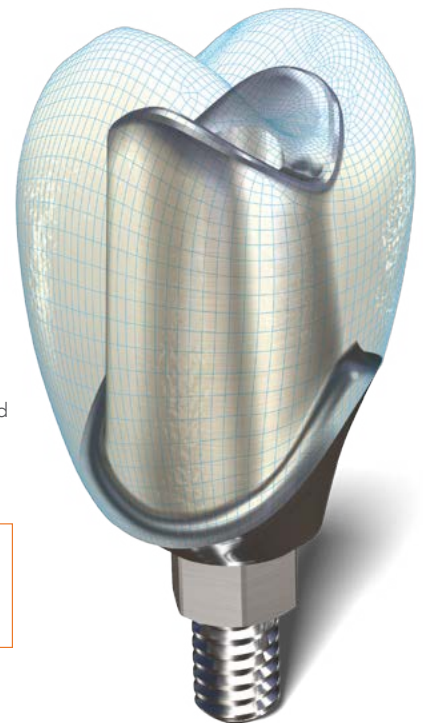


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Many of you were fortunate to listen to Dr. Brittany McCrorey at our most recent dinner/lecture. Thanks to Brittany for generously sharing her time and expertise with us.

Maximizing Social Media for Dentists and Patients

SOCIAL MEDIA IS EVERYWHERE.

As dentists, we have to face the fact that we are no longer the sole source of information for our patients. From oil pulling to using activated charcoal, our patients are using (and trusting) the internet and social media more than ever. Thus, it is imperative that we keep up with the times by utilizing social media to our advantages.

Where should you begin?

There are several social media platforms out there already, and new ones are being created every day (has anyone ever heard of the recent phenomenon known as TikTok?). You can try to utilize them all, but I recommend starting small, mastering 1- 2 platforms initially, then branching out as you see fit. In an effort to maximize patient views as well as time management for the dentist and their team, I will be focusing on Instagram, whose content can easily transfer to Facebook by linking your accounts or saving your content and manually reposting.

When thinking about social media, it makes sense to break down the phrase into its two individual words: social and media. Essentially, social media is about presenting different

types of media to a community and, in turn, prompting social engagement around said media. Since the media aspect is needed as an impetus to the social aspect, we will focus on creating media content first.

When utilizing social media for your dental practice or brand, it is important to make a variety of relevant, trending, and engaging content that ring true to your platform, but also satisfies your audience. ANYTHING can be social media content: reels illustrating a day in the office, an informative video about the difference between manual and electric toothbrushes, before and after photos of cases, etc. Gain inspiration from colleagues (making sure to give them their credit, of course), and don't be afraid to try something new. Dentistry was a foreign trade at some point that became a part of your life, and you should look at social media in a similar manner.

Once you've created your content, you have to publish it: here comes the "social" part of social media. Two guiding principles will help with the social aspect: post consistently and engage regularly. In terms of posting consistently, it is important to find a schedule



that makes your posts appear regularly on your followers' feeds. It could be daily, or at least 1-3 times per week, but you should aim to post on the same days and times because this is when your audience (subconsciously) is expecting to view your content. Once you post, it is important to engage with your audience. "Liking" a comment someone leaves is nice, but can you imagine how good it would make someone feel to be recognized by name in an individualized response? If you use social media personally, you know how easy it is to scroll endlessly, so it really takes effort (again, subconsciously) to stop and leave a comment. Thus, you should want to properly thank your audience for noticing your content (that you worked so hard to create!).

My number one tip for maximizing social media: be patient. It all takes time: learning how to create content, making a

social media schedule, building your community (read: gaining followers and, ultimately, patients), etc. There are several resources available for help with each of these aspects and more,

and I also recommend good old trial and error. Everyone's social media journey is different, and no two platforms' audiences are identical. Once you take the time to carve your individual path to

social media, you will be well on your way to educating and entertaining your virtual audience and bringing in physical patients to your practice! ■

Brittany McCrorey, DDS, MPH

Brittany McCrorey, DDS, MPH is a native of Columbus, Georgia. Dr. McCrorey earned her Bachelor of Science degree from Duke University, and she received her Doctor of Dental Surgery degree from Meharry Medical College School of Dentistry. Currently, Dr. McCrorey serves as the Associate Director of the GPR program as well as the Performance Improvement Compliance Officer of the Dental Department at BronxCare Health System. She recently received a Master's in Public Health from Columbia University. Dr. McCrorey is an active member of ADEA, AAWD, AGD, Bronx County Dental Society, and the ADA, and she is a recent graduate of the ADA's Institute for Diversity in Leadership. Her social media brand focuses on her passion for dentistry combined with her love for natural beauty and lifestyle content. As a social media influencer, Dr. McCrorey has worked with national brands including Alikay Naturals, Bask wand Bloom, The Lip Bar, and more!

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Screen All Patients for Cannabis Use Before Surgery: Guideline

This article, from Medscape on January 9, 2023, was written with anesthesiologists in mind, but certainly applies to the dental profession as well.

IF YOU SMOKE, VAPE, OR INGEST CANNABIS, your anesthesiologist should know before you undergo a surgical procedure, according to new medical guidelines.

All patients who undergo procedures that require regional or general anesthesia should be asked if, how often, and in what forms they use the drug, according to recommendations from the American Society of Regional Anesthesia and Pain Medicine (ASRA).

One reason: Patients who regularly use cannabis

may experience worse pain and nausea after surgery and may require more opioid analgesia, the group said.

The society's recommendations - [published last week](#) in Regional Anesthesia and Pain Medicine are the first guidelines in the United States to cover cannabis use as it relates to surgery, the group said.

Possible Interactions

Use of cannabis [has increased](#) in recent years, and researchers have been concerned that the



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drug may interact with anesthesia and complicate pain management. Few studies have evaluated interactions between cannabis and anesthetic agents, however, according to the authors of the new guidelines.

“With the rising prevalence of both medical and recreational cannabis use in the general population, anesthesiologists, surgeons, and perioperative physicians must have an understanding of the effects of cannabis on physiology in order to provide safe perioperative care,” the guideline said.

“Before surgery, anesthesiologists should ask patients if they use cannabis - whether medicinally or recreationally - and be prepared to possibly change the anesthesia plan or delay the procedure in certain situations,” Samer Narouze, MD, PhD, ASRA president and senior author of the guidelines, said [in a news release](#) about the recommendations.

Although some patients may use cannabis to relieve pain, research shows that “regular users may have more pain and nausea after surgery, not less, and may need more medications, including opioids, to manage the discomfort,” Narouze, chairman of the Center for Pain Medicine at Western Reserve Hospital in Cuyahoga Falls, Ohio, said.

Risks for Vomiting, Heart Attack

The new recommendations were created by a committee of 13 experts, including anesthesiologists, chronic pain physicians, and a patient advocate. Shalini Shah, MD, vice chair of anesthesiology at the University of California at Irvine School of Medicine, was lead author of the document.

Four of 21 recommendations were classified as grade A, meaning that following them would be expected to provide substantial benefits. Those recommendations are to screen all patients before surgery; postpone elective surgery for patients who have altered mental status or impaired decision-making capacity at the time of surgery; counsel frequent, heavy users about the potential for cannabis use to impair postoperative pain control; and counsel pregnant patients about the [risks of](#)

[cannabis use](#) to unborn children.

The authors cited studies to support their recommendations, including one showing that long-term cannabis use [was associated with a 20% increase](#) in the incidence of postoperative nausea and vomiting, a leading complaint of surgery patients. Other research has shown that cannabis use [is linked to more pain](#) and [use of opioids](#) after surgery.

Other recommendations include delaying elective surgery for at least 2 hours after a patient has smoked cannabis, owing to an increased risk for heart attack, and considering adjustment of ventilation settings during surgery for regular smokers of cannabis. Research has shown that smoking cannabis [may be a rare trigger](#) for myocardial infarction and is associated with [airway inflammation](#) and [self-reported respiratory symptoms](#).

Nevertheless, doctors should not conduct universal toxicology screening, given a lack of evidence supporting this practice, the guideline stated.

The authors did not have enough information to make recommendations about reducing cannabis use before surgery or adjusting opioid prescriptions after surgery for patients who use cannabis, they said.

Kenneth Finn, MD, president of the American Board of Pain Medicine, welcomed the publication of the new guidelines. Finn, who practices at Springs Rehabilitation in Colorado Springs, Colorado, has edited a textbook about cannabis in medicine and founded the [International Academy on the Science and Impact of Cannabis](#).

“The vast majority of medical providers really have no idea about cannabis and what its impacts are on the human body,” Finn said.

For one, it [can interact with numerous other drugs](#), including warfarin.

Guideline co-author Eugene R. Viscusi, MD, professor of anesthesiology at the Sidney Kimmel

Medical College of Thomas Jefferson University in Philadelphia, emphasized that while cannabis may be perceived as “natural,” it should not be considered differently from manufactured drugs.

Cannabis and cannabinoids represent “a class of very potent and pharmacologically active compounds,” Viscusi told Medscape Medical News. While researchers continue to assess possible medically beneficial effects of cannabis compounds, clinicians also need to be aware of the risks.

“The literature continues to emerge, and while we are always hopeful for good news, as physicians, we need to be very well versed on potential risks, especially in a high-risk situation like surgery,” he said. ■

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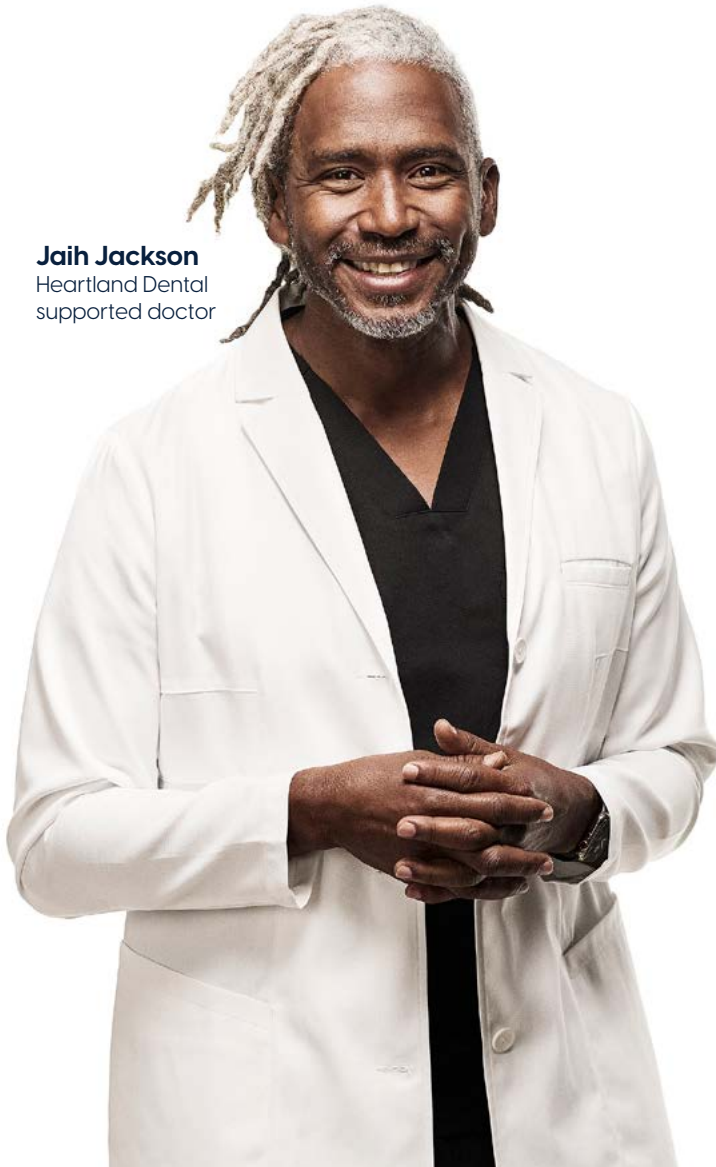
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6. Legal Update - SECURE Act, Interim Amendments
7. Future Trends - How they will impact your dental practice

Andrew E. Roth, Esq.

Andrew E. Roth is a partner of Danziger & Markhoff LLP with over 35 years of experience as an ERISA attorney. He is a frequent lecturer in the areas of pension, profit-sharing and employee benefits law. He has substantial experience in designing and implementing qualified plans for business owners that maximize deductible contributions on their behalf. His services include designing, drafting and obtaining IRS qualification for a broad range of defined contribution and defined benefit plans, as well as ensuring their continued compliance with applicable law. He also has substantial experience in connection with prohibited transactions and fiduciary matters.



Mr. Roth attended University College of Arts and Science of New York University (BA 1975) and graduated magna cum laude from Brooklyn Law School (JD 1981). Mr. Roth also received an LL.M. in Taxation from New York University School of Law (1982). He is admitted to practice before the U.S. Tax Court, the Federal District Courts for the Southern and Eastern Districts of New York and is a member of the New York State Bar Association.

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William C. Quentin

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