Let the Patient Be the Focus

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The pace of progress in implant dentistry has quickened. Evidence of new developments in the field appears daily in the consumer media, dental trade pieces, scientific publications, and bulletins from research centers and private and governmental agencies. Current reports suggest that there are now more than 30 implant systems available from which the dental practitioner can select the modality of choice for the patient situation under consideration. So much has happened in such a short period of time that the clinician, especially the uninitiated, can become confused when trying to sort through the avalanche of propaganda and professional incentives to get involved. Confusion breeds lack of confidence, which in turn frequently leads to the desertion of basic principles, concepts, and practices in search of the simple, quick solution.

Seen almost daily in the practice office is also evidence that the patient has been caught up in the tide of implant mania. Suddenly the implant has become the solution to every restorative problem, either existing or waiting to happen. Frequently without reliable information and the benefit of sage advice based on broad experience, the patient becomes vulnerable to the sales pitch and may insist that whatever was seen on the television screen the night before is indeed what is needed.

When the dust of decision making has finally settled, there are always premonitory basic tenents to be considered in fashioning a plan of treatment for that unique mouth. Is the mental outlook and immediate emotional state of the patient compatible with what is requisite for comprehensive treatment? Are the physiological and morphological conditions typical or atypical and can the contemplated treatment meet the masticatory, esthetic, and phonetic requirements for success under these conditions? What functional forces can be anticipated to stress the projected conventional or implant-supported restoration? What concepts of fixed or removable prosthesis design are applicable to this edentulous or partially edentulous patient situation?

If treatment options are reasonable and available, how will one more than another enhance the patient's ability to comply with the daily demands of hygiene? Will prosthesis manipulation be a problem for the patient? In view of the patient's restoration history, can the treatment under consideration be expected to provide more comfort and convenience; or will it in fact add complication, relative discomfort, and frustration to the patient's prosthesis experience?

Who will pay for the patient's care? In the majority of cases, this factor may be the dominant decision-making ingredient in prioritizing treatment alternatives. The

practitioner must exercise caution in being influenced solely by the resources and mechanics for fee payment. If there is an obvious treatment of choice that clearly optimizes the opportunity for long-term patient health and comfort, the objective is to recommend and bring it to fruition. If the best is unattainable and the patient understands this, the compromise should be worked out in concert with patient input and a joint treatment decision reached. In any case, the conscientious practitioner will not promise what he or she cannot deliver regardless of cost.

Closely related to initial cost is future restoration prognosis and potential maintenance expense to be incurred by the patient. No practitioner or patient can be so naive as to think the completed restoration will serve unattended forever. Furthermore, some types of restorations and design components are more susceptible to change than others. Certain patients have personal habits, functional patterns, and motivational lapses that can adversely affect the most efficacious prosthesis. Among others, these factors influence the frequency and cost of ongoing service. While the patient will seldom ask "what can happen," perhaps potential problems that are likely to occur can generally be reviewed in advance without causing fear or hesitation in the patient to use the newly completed restoration to advantage.

Why this sermonette on the mundane realities of dental practice? We cannot be reminded frequently enough of our role as health care professionals. Without addressing responsibility for the oral health, function, and comfort of the human patient, satisfaction from professional endeavor and accomplishments cannot be fully realized. Let the patient — not the system, the profession, or personal gain — be the focus of our ongoing efforts to improve the comfort and quality of life of those we serve.