Good Clinical Judgment Versus Efficacious Procedure

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All who have practiced clinical dentistry for any length of time have embarked upon the search for a better "mousetrap." Whether it be a concept, technique, device, instrument, or material, in a sometimes desperate attempt to succeed *anything* is tried until the clinician, the patient, or hopefully both are satisfied. Being what it is, human nature motivates the enterprising opportunist to satisfy that particular individual looking for a particular entity. It is seen in all walks of life—as consumers we each have individual tastes in clothes, automobiles, food, books, movies, and home styles, for example. The manufacturer or service vendor tailors a product line or service to meet our individual idiosyncrasies and pocketbooks. So it is in the world of dental implants.

During the past decade, an implant product parade seldom matched before in any single facet of dentistry has evolved. At last count, more than 40 implant systems and product lines were available from which to select the hardware for treating a given patient situation. Our dilemma is partially that of the "kid" in the candy store; the selection is great, but which one do I choose? In the health care professions, that is where the analogy ends.

Some implantologists would have us believe that because each clinical situation is different, a different implant type or design is required. What should be more desirable are fewer, more versatile systems that are predictable and of reliable quality. To gain a competitive edge in the cluttered implant marketplace, some products appear on the scene before adequate testing has occurred. The patient's mouth becomes the testing ground and if the component fails, the patient must bear the incovenience and cost. In many instances, quality control leaves much to be desired. With other manufacturers, a component becomes obsolete before the clinician has the opportunity to become familiar with its handling and service characteristics. At the time of reorder, it may no longer be available or a newer, more versatile version has been substituted as the better solution to the problem. The cost of inventory may make stockpiling impractical; yet ordering one at a time is more expensive and inconvenient.

Because of the complexity of some systems, a computer is needed to store and recall the myriad of product options. The mixing of components from various systems is not as simple and technically accurate as some would have us believe. Furthermore, the mixing of metals in a wet environment has not been proven to be as efficacious as sometimes claimed. Obviously, there is merit in having available a variety of components to meet the demands of particular clinical circumstances.

However, the product design and quality of differing systems or manufacturers may not always be adequate to successfully intermix without jeopardizing the final result.

The crux of the matter is clinical judgment. What are the criteria for decision making with regard to systems and components? Certainly there is little room for hunch playing. Having made thorough examinations, diagnoses, and treatment plans, the prudent clinician has determined before proceeding what is required and how it is to be accomplished. The means to an end, ie, the hardware, is selected for its proven quality, applicability, and reliability. Cost alone as a factor borders on the unethical. The background for good judgment comes from accumulated klowledge and operative skills. These essentials are complimented by experience— experience that includes learning from mistakes as well as repetition. This experience is seldom gained quickly by constantly jumping from one concept or system to another, unless one is willing to subject the patient and self to the turmoil of ongoing adjustment, revision, and/or remake.

Many dentists are ingenious at improvisation, as in finding solutions to technical problems. In the oral-biological setting, oftentimes these mechanical answers are well accepted long-term while at other times they result in disaster. Patience and learning experience will usually outperform untested efforts to cut corners and settle for the quick fix.

Thirty-five years ago a beloved prosthodontic mentor, Dr Earle S. Smith, told his graduate prosthodontic education class, "Be not the first by which the new is tried, nor the last to lay the old aside." His wisdom and sage advice were most pertinent then and continue to be applicable in today's clinical practice.