



Patient communication as a reflection of treatment philosophy

One of the most common questions patients ask upon the presentation of a treatment plan is: How long will it last?

Before they invest their time and money, patients need this information to assess whether the journey is worthwhile. The diversity in concepts that exists among dentists is exemplified by the way this question is answered. Two groups representing different treatment philosophies and, quite possibly, different perspectives on life in general, can be identified. The first group responds that the proposed treatment will provide a lifetime of service to the patient; the second is the noncommittal group that refuses to guarantee anything.

The view that a restoration will last for the patient's lifetime can be accepted under certain circumstances, but those are usually the exceptions. One example would be a middle-aged patient with a very low risk for caries, no periodontal disease, and no evidence of parafunction, who fractured a cusp on a molar while biting on a hard object and specifically requested a cast gold onlay to restore the fractured tooth. It is reasonable to believe that in such an isolated situation the restoration may last for the rest of the patient's life. Esthetics is not an issue, durability is not an issue, and with the favorable environment, the future of this restoration looks bright.

Let's evaluate the same patient who fractured an anterior tooth while biting on a hard object. While any anterior restoration will probably provide the same marginal and structural integrity as the onlay, the match of this restoration to the adjacent teeth cannot be guaranteed for life; on the contrary, it is with a high level of certainty that you can inform the patient that the shade will not match forever, and, depending on how esthetically conscious the patient is, will need to be replaced eventually.

Most patients who need more extensive treatment present multiple factors that may have synergistic relationships to create a complex environment. Dentists who would guarantee a lifetime of service of their treatment to those more complex patients are demonstrating either their lack of experience or their strong conviction that they can do no wrong (likely attributing any later failure to

forces beyond their control or factors that could not be foreseen). Dentists of the noncommittal variety usually refuse to make any predictions regarding the serviceability and longevity of their treatment of complex patients. Taking this approach reflects, again, on their inexperience, or on their lack of confidence in their diagnostic and treatment skills.

The reality is that most dental treatment falls somewhere short of these extremes, and their complexity requires the understanding that a favorable prognosis can be provided pending the favorable control of the contributing factors. Even a very simple treatment can fall into this "in-between" zone. For example, a healthy patient in his mid-60s who receives a maxillary complete denture opposing a mandibular overdenture retained by 2 implants is likely to enjoy the implants for the rest of his life, but the dentures and the prosthetic components will require maintenance and replacement. One has to understand that a perfectly fitting restoration has a high risk of failure in the presence of high caries risk, or uncontrolled parafunction, but will likely last with proper patient education and compliance.

It can all be summarized in one word: ownership. Patients who come to our practices need to understand who owns the severe skeletal discrepancies, the advanced periodontal disease that has been neglected, the fractured teeth, the uncontrolled parafunction, etc. They are not the property of the dentist; they are owned by the patient, who with proper compliance and thorough education of his or her situation, enlists the treating dentist as a partner in the journey to rehabilitation. Patients' ownership of their condition enables them to understand that it is possible to provide a positive prognosis for a proposed treatment. Barring acts of heroic dentistry or a senseless treatment plan, most dental treatment will have a decent prognosis when patients understand their role and are provided with the proper tools to participate in and contribute to the treatment.

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