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Is Trendy Dental Medicine Really What We Want?

Dear Readers,

If you asked an expert in dental marketing to name the current trends in restorative dentistry, he would most probably answer: esthetics, all-ceramics, faster, easier, less expensive, and more convenient. He would very likely also mention implants, following the same criteria.

This does reflect the developments of recent years. We went from three-step etch-and-rinse adhesives to the two-step etch-and-rinse adhesives, to the two-step self-etching adhesives, and now the all-in-one one-step self-etching adhesives are trendy. It's the same story with luting composites: so-called self-adhesive cements are flooding the marketplace. Furthermore, it is rumored that self-adhesive composites are the great accomplishment in restorative dentistry. Shorter curing times, deeper penetration of light is possible which avoids layering etc., are the driving forces of the development. In implantology, smaller implants and immediate implantation with immediate restorations are possible and advocated due to the fulminant progress in computer technology. All-ceramics, especially zirconium oxide, is well on the way to becoming the material of choice as the universal restorative material for fixed dental prostheses. The sales figures are the proof.

With these "great" materials we believe that as a profession, we are able to serve the needs of our patients best. But are we really? The first suspicion arises when you ask dentists what type of restorations they have in their own teeth or which one they would opt for. Then the answers are in sharp contrast to the above: gold inlays, porcelain-fused-to-metal crowns and bridges, and when it comes to adhesives, probably a very classic one like Syntac Classic or Optibond FL, both three-step etch-and-rinse adhesives, are the favored choices. Why? Of course dentists are egoists as well, so when it comes to their own health, only the best is good enough. And of course, we know that the last-mentioned reconstructions are "old fashioned", yes, but they also have an excellent record of longevity, if well done. We also know that the three-step etch-and-rinse adhesives on average lead to bond strengths superior to those of the all-in-one self-etching adhesives. When it comes to implantology, the experts know that soft tissue management is much more complicated after immediate implantation than in a two- or three-step approach, which of course is less convenient. But why do we behave differently as a patient than as a therapist?

Maybe under the pressure of health insurance or other systems of health-care remuneration, "time is money" and therefore every second counts. Some dental "gurus" were calculating that by saving 20 seconds in certain application protocols, the time savings that accumulate in just one year would amount to the monetary equivalent of the price of an expensive sports car.

Obviously, most of our colleagues believe this. But honestly speaking, even if you saved 1 minute in the placement of an adhesive restoration, would this influence your scheduling behavior, eg, giving 14-minute appointments instead of 15-minute ones? Maybe most dentists think that new products are inherently better – this may be true, but we just do not know, due to the lack of true longevity data. Dentists may say that the industry is driving the development in that direction. This is true, but only if the market demand is there – and the market is you, the dentist!

A case in point: I have just recently seen a case where a patient (manager) had all his remaining teeth extracted and dentures incorporated, because he had no time for more complex treatment. The result after a few years was devastating on his chewing comfort and esthetics (facial appearance), and it took multiple appointments, with much higher costs and more time involved, to restore his orofacial system. Being retired, now time was no longer an issue.... I am quoting this example to demonstrate that priorities must be set in every decision we make. However, there is a difference if the decision for a simpler, cheaper or faster solution with more risk involved is made by the patient or by the therapist!

So, the question remains, why does our profession decide differently when deciding as therapists than when deciding as patients? I still don't have an answer, but I know that I am trained as a doctor in dental medicine, which implies high ethical standards, because we are dealing with patients. This distinguishes us from salesmen and therefore we should offer our patients what we would like to have for ourselves. We may never sacrifice the confidence of our patients for other reasons.

Sincerely yours,

J.-F. Roulet
Editor-in-Chief