# The photographic revolution

I was traveling recently, and as usually happens, when we got to the beautiful places ("You have 5 minutes for pictures."), everyone pulled out their cameras.

It struck me that not only have cameras grown smaller, but also that their format had changed. The digital camera has been standard for the last few years in the gadget-happy group that I run with. But what amazed me was the ratio of digital to analog that I saw in this group of nondental tourists. The mix was, by my count, 25 digital to 1 analog. It was of interest that the one person still shooting film was a nurse from Finland who was on a year's sabbatical.

This brings me to dentistry; actually, just about everything brings me to dentistry come to think of it. Photographically speaking, we are being swept along at an unbelievable pace. The high-end digital camera that I bought a year or so ago has 3.5 mega pixels. Although the camera is quite heavy and cumbersome, I have been amazed at the clarity of the images it produces. However, now for less money, this amount of power can be found in medium-range cameras that you can easily hold and operate with one hand.

In some respects, this rapid advance in technology is very useful and mimics the advances seen in computers. We can now make and transfer images digitally. In my practice, this has greatly enhanced communication. I often take photographs of patients and use them to illustrate their problems visually. We are currently carrying this approach a step further by setting up a laptop computer hooked to a wireless network, which will allow me to show patients examples of problems similar to theirs and possible solutions to those problems.

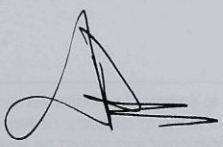
An additional benefit of these devices has been the enhanced communications with other dentists. I can transfer photographs along with other pertinent information to my fellow professionals via electronic mail. This last approach has been much more valuable than I had anticipated. Most dentists are visual people (note that most of the best-selling dental books are well illustrated), and the electronic transfer of images has been very helpful in improving communication. In this case, the old adage that "a picture is worth a thousand words" is true.

Of course, there are drawbacks; for every ying there is a yang. One of the biggest drawbacks is economics. These new gadgets cost a great deal of money to purchase. In addition, they tend to be useful for a short time and then must be replaced. Another major problem is the amount of staff time, as well as the time of outside consultants, to install these devices and keep them in operation. This cost is ultimately passed to the patient.

An additional problem has been the speed, or lack thereof, of getting access to high-speed methods of transferring information once it has been acquired. This has been a particular problem in our group of referring dentists. The system that carried the information was old, and we were told it could not support high-speed information transfer needed to move even the smallest photographic images at an appropriate speed. The average person is not going to wait 20 to 30 minutes for an image to be transferred over a dial-up connection. This problem has been solved in some offices with the installation of high-speed internet access, but many of my referring dentists still are not on line or still have dial-up connections. The costs and hassle have not proven worthwhile for many of these offices.

Dentists are not the only group that has problems with these high-tech devices. When we first sought higher-speed lines, we were told by our telephone company that it would not be possible in our building because of the distance from the central unit needed to access this service. I soon discovered that another tenant in our building already had DSL cable using the same lines that serviced our office, thus proving that the companies cannot keep up with this revolution either.

All in all, I think that we have made progress in the field of capturing and distributing images in dentistry, but we still have a long way to go.



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