Guest Editorial

A Case for Optimal Care

Some years ago a friend and wise mentor suggested that if I wanted a long, successful career in dentistry, I would need to develop my doctor/patient relationships to an incredible height. He spoke knowingly of caring so much for each patient that the care becomes a loving relationship. In the ensuing years, I have come to understand that a doctor/patient relationship can be best forged by investing my time and skill in pursuit of optimal care for each patient.

There is a disturbing trend beginning to surface in clinical practice. Many dentists, under the guise of conservative techniques or in response to third-party influences, are attempting to provide the least amount of dental treatment that will alleviate their patients' pronounced symptoms and complaints. Dental science teaches that measurable signs support appropriate diagnosis to a greater degree than simply asking whether pain exists. Classic examples of these clinical signs range from pocket depth recordings and radiographs to wear facets and joint crepitation, all of which can occur in the absence of pain.

This "symptomatic" approach to diagnosis is also being presented in some dental schools' curriculum and continuing education lectures. These current trends of treatment based on minimal diagnoses may be shortsighted and create significant confusion and barriers to those aspiring to provide optimal care. Furthermore, although employing a minimal approach today may have immediate advantages in terms of time or price, it is likely to lead to more treatment and increased cost at a later date.

Actuarially, we know that the overall cost to the patient for optimal care is much less than having the case completed piecemeal, one crown or one problem at a time. When all factors that could cause breakdown are addressed and eliminated, very little future dentistry will likely be needed. When occlusal, periodontal, orthodontic, and endodontic concerns are appropriately addressed, our restorative procedures prove to be an excellent investment for our patient. Furthermore, our integrity is demonstrated by how consistently we communicate what is ultimately best for our patients. The master plan for optimal care can be carried out in a time frame appropriate to the individual patient's ability to pay, resulting in appreciation and trust. Although some patients may choose minimal dentistry, it should never be because they are ignorant of optimal care. They should always be fully informed.

My personal belief, based on 25 years of restoring periodontally involved dentitions, is that optimal care can and should be more predictable and long lasting. Ethics and professionalism dictate that we do what is best for our patient, with comfort, for best biological health, function, and esthetics. My mentors and role models, such as Richard Wilson, Peter Dawson, Gerald Kramer, Bob Kaplan, Lloyd Miller, and L.D. Pankey, were and are steadfast advocates of expert diagnosis and forthright communication of the patient's condition. I also believe dentistry should create a position paper declaring that optimal care leads to increased oral health with less overall cost.

At the Pankey Institute, we recently completed a 2-year, highly interactive and participatory process wherein we created a document that attempts to define the principles and regimen of optimal care. Certainly dentistry's standard of care has been forged throughout the years, but the principles and practices of optimal care have not been as well articulated. The following is an excerpt from one of our "Components of Optimal Care" quantifying expectations of the New Patient Experience; it is the foundation upon which we create our learning objectives at The Pankey Institute.

New Patient Experience

In the absence of emergency or other compelling circumstances:

1. The dentist performs a comprehensive evaluation of the patient, with the assistance of a staff member(s). The components of this evaluation include behavioral assessment, a clinical examination, appropriate radiographs/imaging, and articulated diagnostic casts.
2. This evaluation is accomplished interactively with the patient for purposes of having the patient achieve an understanding of his/her present condition. Establishment of a trusting doctor/patient relationship is a primary objective of this first visit. The patient is encouraged and afforded the opportunity to express and discuss their concerns, expectations, and commitment to his/her own oral health.
3. The comprehensive clinical evaluation includes: a medical and dental history and examination of the dentition, periodontal structures, and soft tissues. Additionally, an evaluation of esthetic considerations, the muscles of mastication, occlusion, TM joints, and head and neck structures is accomplished.
4. Areas of health, other current conditions and observations, and diagnosis of conditions are recorded. The dentist communicates all findings to the patient.
5. An appropriate written treatment plan is included in the patient's record. The dentist communicates and counsels the patient regarding the proposed treatment, which details optimal function, comfort, health, and esthetics. The sequence and timing will be consistent with the patient's circumstances, objectives, and temperament. Alternative treatment plans are discussed when appropriate.
6. The dentist refers the patient to the appropriate allied health care professional when deemed to be in the patient's best interest. The dentist counsels the patient regarding the rationale of this referral and communicates relevant patient information to the health care professional to whom the patient is referred prior to their appointment.
7. The foregoing comprehensive evaluation is repeated as necessary, determined by the patient's susceptibility and risk factors. At least every 3 years the dentist determines the need for a repeated complete comprehensive "New Patient" evaluation.

I have very positive feelings for the future of dentistry, and as long as more and more dentists learn and communicate the advantages of optimal care, our profession will continue to enjoy the public's trust. Incomplete diagnosis and a bias for undertreatment will result in a lower price but a greater long-term cost. A clear vision of optimal care and the willingness to prescribe it brings a significant sense of accomplishment and is a major source of personal and professional happiness. A long, satisfying career in dentistry is virtually assured by doing our best for our patients.

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