Editorial

Why crowns?

Why crowns, when partial coverage or a conservative inlay will do? Why implants when a conservative bonded fixed partial denture will do? And why in the world would anyone place porcelain veneers in patients when a small diastema closure, or a small Class IV restoration, in resin-based composite, will do?

Whether it be in medicine or dentistry, overtreatment of patients by a few has been a concern for many years. In dentistry, perhaps only preventive dentistry, by definition, is immune from overtreatment.

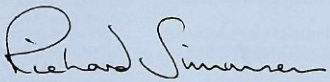
Are patients given the choice between an implant and replacement with a fixed partial denture (FPD) in situations where a conservative bonded bridge would provide an excellent, and much less costly, alternative? Are patients properly informed of their treatment choices when perfectly good teeth are prepared for FPD abutments merely because they happen to fall in between teeth that need extensive restoration? Are patients who receive 14-unit FPDs presented with alternatives that may not be quite so convenient for the operator? Are patients given the choice of small additions of direct resin for diastema closure instead of extensive preparation and costly laboratory manufacture of porcelain veneers?

Few patients question the authority of the dentist as diagnostician, although many more than in the past are now asking the necessary probing questions when it comes to their own health care choices. If more would do so, overtreatment, whether it be an unnecessary cesarean section, or some unnecessary crowns, could be reduced. I have little faith that the health care professions of medicine or dentistry can reduce overtreatment completely—economics determines choice.

We cannot blame those who truly explore all options and decide, with patient consultation, that multiple crowns, implants, or veneers are the treatment of choice based on one particular set of clinical circumstances. However, it seems that in times of popularity of a new treatment—at this time both porcelain veneers and implants would qualify—more conservative options are ignored in favor of the new, and usually more costly, treatment. This is where the inherent conflict of interest between running a business and treating patients creeps in. It is *always* the patient's right to be informed of all options and to be able to participate thereafter in the choice of treatment that is best for his or her particular problem.

A disservice is done to the patient, to the profession, and to the clinician's sense of self-worth, when decisions are promoted based on expedience or economic advantage (to the practitioner).

Think, why crowns.



Richard J. Simonsen
Editor-in-Chief