

## In the Matter of Hammers and Nails

You may have heard the adage that we tend to work with what is in our toolkit and therefore see problems through a narrow set of solutions. “If all you have is a hammer, all you see are nails.” Technologies for dentistry, especially the field of tooth replacement therapies using dental implants, have rapidly expanded. Today it is not uncommon to see dental offices specializing only in dental implants, and truth be told I get confused as to why this is a practice model. Nonetheless, there are DSOs, solo providers, and many large group practices focusing on dental implants as their preferred solution. There is nothing wrong with advocating for dental implants, but it is not the only solution. People come to us for a whole variety of reasons, and it is part of our duty to diagnose their condition in a holistic manner and provide patient education (to enhance health literacy) as a part of the informed consent process. This is after all why we carry the title “doctor” (or *docēre*, Latin for “to teach”).

Recently, concerns have been raised in various mediums suggesting that dentists may be too aggressive in removing teeth when a rehabilitation is needed. There are many options, and if the risks of any set of treatment plans are well explained, then the autonomy of an informed patient should be respected. The challenge, as discussed in prior editorials, is that the doctor-patient relationship is historically based on what is economically called asymmetric information. Economists define asymmetric situations as when one party has a significant advantage of information that the other party does not have and uses this to an economic advantage. It is a power differential based on information and how it is used.

Through our education, training, and experiences, we understand the risks and benefits of each treatment option, including doing nothing at all. As a health care

provider, I recognize that I have biases. No matter how much time a patient has spent Internet surfing, the nuances of understanding the risks, outcomes, and return on investment of care are hard or even impossible to convey in a chairside conversation. Titrating and adjusting information and educational delivery and clarifying the patient’s assumptions are all very important. I try to do this upfront when different treatment approaches are discussed. I will admit that sometimes patient assumptions I did not foresee come to light in the late-stage try-in (really, that bleach shade?) and hopefully not at delivery. As I tell my students, informed consent is an ongoing conversation, not a signature—and it takes time.

The value of peer review and clinical research journals (such as IJOMI) serves a key purpose in creating professional forums to clarify our thinking, improve clinical care approaches, and inform the practice community of the best current evidence to support current best practice. Patients probably don’t read peer-reviewed publications (though several people have reviewed my CV and asked about some of my papers—the life of a modern academic clinician!), but the nuances are where we as health care professionals shine. Professional forms and principles of professional ethics are shared across cultures, and this allows us all to see every patient as an individual and not simply a nail.

Thank you!



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