

The Doctor as Teacher—A Philosophy of Practice

Doctor (Latin, "teacher"). A person who, having received a diploma of the highest degree from one of the faculties of a university, qualifies as a specialist in some field of learning.

Dorland's Medical Dictionary

One of the events I eagerly await each year is the annual meeting of the American Academy of Periodontology. This meeting is a wonderful celebration of all that is new and exciting in Periodontology, and this year's meeting was exceptional by any standard. Over 5,000 periodontists, general dentists, and guests gathered in New York City for 4 days of lectures, demonstrations, and social events. This being my 25th year as a member of the AAP, I thought back to the very first meeting I attended, where the exciting news was that the meeting registration had for the first time surpassed 1,000. The tremendous growth of the AAP reflects the growth and development of periodontics as a specialty. Ours is a vibrant and thriving field with new developments occurring at an almost frantic pace. Who would have predicted 10 years ago the existence of regenerative procedures, dental implants, sophisticated diagnostic tests, and locally delivered antibiotics. Our practices have been enhanced, and our patients' oral health has been greatly improved by these new technologies. Yet, at a time when periodontics should be at its zenith as a specialty, I felt a disturbing sense of uneasiness; despite the growth in numbers of periodontists and despite the marvelous new technologies at our disposal, many periodontists I spoke to were unhappy with the character and direction of their practices.

In many parts of America, periodontists are experiencing a drop in the numbers of patient referrals, and this lack of business was the subject of many heated discussions. There are many causes for this perceived slowdown: itinerant periodontists who work in several general practices; soft tissue management; the increase in nonsurgical therapies; the oversupply of periodontists especially in large urban areas; and the ever-increasing intrusion of insurance companies into our practices. One theme that ran through all these discussions, and which I found the most disturbing, was the scapegoating of the general dentist as the cause of this problem. Instead of seeing the general dentist as a colleague and a valued member of the team that helps treat patients, the general dentist has now become a competitor for an ever-shrinking pool of patients. Most unbelievably, I even heard suggestions that we should exclude general dentists from our specialty society and not teach them continuing education courses. This tactic has

been tried by other dental specialties with mixed results. It is virtually impossible, for example, to find quality continuing education courses in orthodontics, and clinical orthodontics is excluded from most undergraduate dental school curricula. Yet I know of no orthodontist who is as busy as he would like or who doesn't have several satellite practices in an attempt to keep a full schedule.

A better solution would be to examine our practices and ask ourselves how we add value to our patients' oral health and to our referring dentists' practices. Have we kept current with the changing technologies of periodontics and successfully introduced new procedures such as implants and guided tissue regeneration into our practices, or are we practicing the same way we were taught 10, 15, or 20 years ago? Areas such as oral medicine, temporomandibular joint disorders, and occlusion have been neglected recently, but are certainly within the purview of our specialty. Have we kept our knowledge current in these areas? An ancient Chinese proverb says that when the students are ready, a great teacher appears. A doctor is first and foremost a teacher, but he must also be a student. We teach our patients about their disease and how we can help them, we teach our colleagues about periodontics and how we can benefit their practices, and most importantly, we teach ourselves by constantly updating our knowledge and skills. As professionals we have an obligation to our patients and to ourselves to be not only teachers but lifelong students.

This journal was founded with two guiding principles: first, that it would publish the finest clinical articles by the most respected clinicians and that this information would be freely shared with dentists throughout the world; and second, that the practice of periodontics and restorative dentistry is a cooperative effort, and that our patients are best served when the two disciplines work together in an atmosphere of mutual respect and cooperation. If we use these same principles to guide our practices, we cannot help but succeed.

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