

Today, for a Lifetime

Dear Reader,

Looking at the publications on restoration longevity over the past 10 years, a clear trend is apparent: the longevity has increased substantially. With observation times of about 10 years and sometimes more, we see annual failure rates around 1%. This is excellent and mainly due to the adhesive techniques, but of course strongly coupled with the skills of the dentist. Furthermore, adhesive technology and improved diagnostics lead to much smaller restorations and, consequently, maintenance of more of the dental tissues, which are made by Nature and are therefore the “smartest” material.

So, the technology is available and dentists can apply it. It would be possible today to make restorations to last a lifetime, my old professional dream! However, the daily routine in most dental offices is a restorative approach, characterized so often in the past as “drill, fill, and bill”. Even worse, the treatment modalities dentists recommend to and apply in their patients are the complete opposite of what they have in their own oral cavity.

In her inaugural lecture, delivered in Groningen on January 15th, 2008, Professor Özcan told an astonished audience: “In all the countries I have worked, I was asked to adapt to the reimbursement or health insurance system when planning treatment.” Putting it all together, it seems that health care reimbursement systems are the driving force behind the quality and quantity of the dentistry provided to the people. That said, it is high time to seriously question whether we as a profession are on the right track. Professor Özcan offers her vision: “Imagine a dental health care system in which the dentists will be paid as much as the cost of implants or crowns when they DO NOT intervene and cut or remove the enamel. Imagine a health care system in which meticulous hours of work and precision are paid rather than many quick and careless treatments in succession. Imagine that minimal-

ly invasive interventions are financially better rewarded than extensive rehabilitations with implants, crowns or bridges. Imagine a dental health care system in which superb-quality, durable restorations are made and patients are educated for their maintenance. And if they last a lifetime, the dentists are paid ‘royalties’ for every year the restoration functions well. Wouldn’t that be nice?”

Sadly, whenever such ideas are discussed with practicing dentists, the response is unvarying: “it’s impossible, the patients would not accept it, the system would not cooperate, dentists would go bankrupt etc.” However, advising patients on proper nutrition and good oral hygiene, and then performing minimally invasive treatment is less of a burden for both the patient and the dentist. This can improve not only the longevity of the restorations but also the “longevity” of the dentist him- or herself, as the daily routine is less stressful and psychologically more rewarding than just always replacing old restorations to function for another ten years (as it is the reality today).

Colleagues, stop and think! Are we so trapped in our own little world of routinely restoring teeth that we have forgotten how to take a step back, consciously reflect on what we are doing, and simply consider how to improve so we can provide the best service to our patients? I am convinced that it is time for a change! We as a profession need to do the groundwork for it, by talking to the patients, lobbying the authorities and dental associations, etc. The technologies are there, we can do it. All we need is the will and the courage to change old structures!

Sincerely yours



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