On Euphemisms and Consequential Priorities

I continue to be equally amused and irritated by the often inflated sophistry assigned to essential, if under-appreciated, roles in our society. Monikers like "domestic engineer," "product specialist," and "wellness clients" immediately come to mind; but we have a couple of equally pretentious titles in our profession. I cringe when commercial sales pitch and self-promotion efforts employ the euphemism "restorative" or "esthetic" dentist as opposed to the desired "dentist" designation. The latter, stand-alone qualification certainly enabled me to routinely restore and improve my patients' oral function and esthetic appearance; it was my professional mandate and obligation. And while over the years I came to realize that specialty training in orthodontics, oral and maxillofacial surgery, and prosthodontics offered additional scope to address patients' functional and esthetic challenges more comprehensively, I readily understood that these disciplines' artistic roots were also an integral part of their therapeutic mandate—inseparable from an overriding commitment to control and manage disease, traumatic and dyscrasia-related processes, and their sequelae. The discipline's name as an extension of the designation "dentist" said it all; and no additional qualifier was needed. Hence my tongue-in-cheek question: If I do not use the prefix "restorative" or "esthetic," does my dentistry become destructive or unesthetic by default? Or have we reached the stage where every need in the consumer marketplace—especially the pursuit of "feeling better"—should dictate the way we identify professional skills?

I concede that self-esteem, for many individual patients, is frequently measured in terms of "feeling better," leading to a blurring between cosmetic and health care. After all, an esthetically pleasing, natural or restored dentition is integral to any individual's self-image, as well as an important part of every dentist's treatment repertoire. In North America in particular, the middle class and the wealthy regard straight, white teeth as a virtual birthright. Yet the profession's recent lateral move into dental beautification risks turning the patient into an object, an easel on which the dentist can seek to be creative. The relevant parallel here is cosmetic surgery, where a golden goose has already been created as a result of ingenious operations that can virtually address any self-diagnosed physical imperfection. This change in health care direction now risks creating a divide between patients and customers. The latter set the agenda—want and expect service—while the former perceive their oral care management in the context of a far larger health picture.

Nonetheless, the shift toward the cosmeticizing of dentistry has already occurred and new standards of ethics and clinical prudence have evolved because of concern with the commodity status of a virtually stand-alone item in today's daily treatment repertoire. It continues to gain professional reward and recognition traction which bode well for both dentist and patient/client. The pursuit of excellence in clinical dentistry will inevitably continue to yield excellent results in the twin mandates of restoring healthy function and optimal appearance. But there is no need for sophistry to make it a compelling achievement. What is really needed is even more reliable, time-dependent prognoses as clinical and laboratory skills, plus refinements in esthetic restorative materials, continue to be developed. And above all, a re-emphasis of our discipline's consequential priorities regarding the esthetic management of all deserving patients with special needs.

My year's ongoing reading of new dental books provided much reassurance regarding the profession's constantly evolving role in expanded patient management. Two books in particular—*Another Face*, by journalist and author Anna Lytsy and photographer Elisabeth Ohlson Wallin; and *Dental Implants in Children, Adolescents, and Young Adults*, by oral and maxillofacial surgeon George Sandor and prosthodontist Robert Carmichael—were outstanding reminders that multidisciplinary treatment continues to produce extraordinary results, especially for children born with congenital anomalies. The Swedish *Another Face* (www.mun-h-center.se) poses the question: To what extent are our lives shaped by the looks we are born with? It then proceeds, via interviews and portraits, to share the experiences of young people born with facial disfigurements in a world fixated on physical appearances. It is a poignant and humbling read and emphasizes the significance of individualized professional management approaches to dealing with both perceived and real esthetic imperfections.

The Canadian dental specialists' text provides a much-needed confirmation of the surgical and prosthodontic synergies that resulted from the introduction of osseointegration. But above all, the authors make it clear that a high-skill and high-tech mindset is not the only way to approach this special patient cohort. Their beautifully illustrated series of case histories remind the reader that as a profession, we continue to show our true worth when we balance serious health concerns with applied technical brilliance and humanitarian priorities. The authors dedicate their book not only to their own children, but also to those who enabled them to write it. Both books are an emotional reminder of the indebtedness we professionals ultimately owe our patients for the opportunities they offer us to serve them.

Robert Carmichael is an old and cherished friend and one very committed prosthodontic scholar. His invited commentary articulates a compelling case for focusing even further the breadth and scope of the discipline's mandate.

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