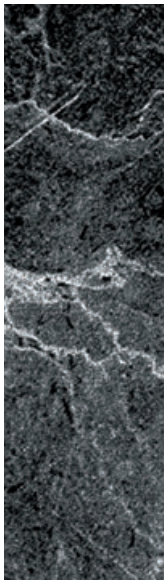

Perspectives

OVERTREATMENT? YOU BET IT IS!

In his recent editorial, "Judging ethics ethically" (*Journal of Esthetic and Restorative Dentistry*, 19:4), Dr. Ronald Jackson takes to task those who would criticize the direction that the profession has taken in the extreme marketing, overselling, and overtreatment rampant in some cosmetic dentistry practices, particularly those aligned with a certain institute. He claims that it is not for anyone to judge that a treatment rendered is excessive overtreatment because "[w]e weren't there for the diagnosis or when the treatment options were discussed and have no idea of the unique issues that had to be addressed, and perhaps overcome, when the treatment was rendered."

Well, when I see 10 veneers placed in a 20-something-year-old when the preoperative photographs and the case description clearly show that the *only* treatment issue (including esthetic concerns) is a stained Class IV resin composite on one central incisor and the author goes to great pains to justify treatment and the patient's "consent," I do not think I need to know how the absent "unique issues" were used to justify treatment. To me, it is the dentist's responsibility to *discourage* patients from such overtreatment, let alone avoid recommending it.

The author would have us believe that a certain institute (where he teaches, and for which he has been, and apparently still is, a promoter) is doing a valuable service for dentistry and our patients. My view is that they take general practitioners (GPs) and train them over a few days, using other general dentists as teachers, to carry out full-mouth reconstruction on patients using the discredited (that is my opinion based on discussions with top experts in the field) "science" of neuromuscular dentistry as "evidence" to justify treatment. I really don't believe that a colleague of Dr. Jackson's stature would seriously defend this practice if he saw it that way.

Yes, I am, and have been for many years, a strong critic of this direction the profession has taken. In fact, I would say the proliferation of full-mouth reconstruction treatment performed by GPs is one of the most dangerous trends in the profession today. Were this movement (of GPs training GPs to carry out specialist procedures on unsuspecting patients based on shaky science) to continue and even to propagate further, I believe the profession as we know it today, with significant levels of public trust and professional autonomy, is doomed.

Dr. Jackson addresses the topic of overtreatment by stating that if "masses of patients, who are spending the equivalent of a new car, are being hurt every day and are suffering extensive failure, would not a significant number of these maltreated patients be highly vocal and their lawyers be all over these large numbers of institute graduates?"

But here he completely misses the point. The point is not that the treatment itself is necessarily badly performed; the point is that the treatment is unnecessary. The point is not that the patients are "suffering extensive failure"; the point is that they should not have to go through life experiencing replacement, repair, or degradation of the restorations and surrounding tooth

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structures because the restorations should not have been placed to begin with. The point is that no material we have is as good as the enamel and dentin we are born with (in most cases anyway) and that to replace virgin teeth with unnecessary crowns, or virgin enamel with unnecessary veneers, is unethical, even if the expertly placed crown or veneer *never* fails. The point is that no patient should have to pay $40,000-plus for treatments that could have been performed more conservatively. The point is that using pseudoscience that almost inevitably leads to the diagnosis that the bite needs to be opened, and therefore the patient needs full mouth reconstruction, is maleficent. So defending overtreatment by inferring that the outcome would necessarily be "extensive failure" is logically unsound.

Yes, patients may like the result, not knowing that the same result could have been achieved much more conservatively. Yes, patients may not complain because they are embarrassed at being so vain and spending so much money. But this does not support Dr. Jackson's argument that all must be well in Dentalville because the attorneys are not suing the pants off all of us. Almost all such lawsuits end up with a settlement and a nondisclosure agreement, so we have no idea how many are out there. And just wait! Eventually, one of these suits will be championed by someone who refuses the nondisclosure agreement and it will hit the investigative reporting television shows, resulting in our profession taking a huge public relations hit. Politicians will jump in and our professional autonomy will be constrained.

Another insight into why "these maltreated patients" are not "highly vocal" can be found in the following quote from an e-mail I received recently from a patient who alleges that she was conned by a general dentist into a full-mouth reconstruction. It is clear that these victims feel humiliated and embarrassed that their weakness for the vanity of a beautiful smile led them into treatment that they should not have undertaken, and that public disclosure would only add to their pain and suffering.

How [could I] have been so stupid to have fallen for such a con operation[?] I hope to communicate with other individuals that have been conned out of $50,000+ and learn how they came to terms with being victimized, and how they went on to recover. [The] only response I can offer at this time is that being conned by a dentist is embarrassing, humiliating and infuriating, all at the same time . . . everyday . . . all day.

I stand by my position that it is overtreatment to place 10 veneers when a Class IV composite would suffice. I stand by my position that it is overtreatment to place full crowns in the posterior segments of the mouth in a new tooth-colored restorative material that has not been clinically tested. I stand by my position that it is overtreatment to place 28 crowns on patients with minimally restored teeth, with little or no caries, just to "improve their smile," based on some pseudophilosophy of occlusion. In such cases, practitioners have been trained to convince patients that treatment is necessary to correct a problem that does not exist. The main reason for treatment becomes that of increasing office production. And yes, I will call it what it is—abuse of the patient.

Dr. Jackson and his friends call this "bad-mouthing" and they say it is unprofessional to make "sweeping judgments based on second-hand, incomplete information and hearsay." He says we should not "assume the worst in everyone." Well, I am not. But elective esthetic treatment infers a special high adherence to our unwritten pact with our patients, which is based on the hard-earned trust empowered from decades of ethical treatment by ethical colleagues.

We abuse that trust at the risk of our professional autonomy.

Richard J. Simonsen, DDS, MS

REFERENCE

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RESPONSE TO PERSPECTIVES

I appreciate and respect Dr. Simonsen's strong position on maltreatment of patients. I couldn't agree with him more. Indeed, I said as much in my editorial, although it appears to have been overlooked.

I have written and lectured widely on the use of anterior and posterior direct composites as well as the use of bonded onlays versus crowns (when indicated) for over 20 years. I have also taught these techniques in hands-on courses at the Las Vegas Institute for Advanced Dental Studies for the past 10 years. These facts clearly show that Dr. Simonsen and I are in agreement on the importance of conservative dentistry and preserving natural tooth structure whenever possible. Although he doesn't name it specifically, much of Dr. Simonsen's response to my editorial is criticism aimed at the Las Vegas Institute (LVI). He apparently believes malfeasance is taught there including, in his words, the "discredited science of neuromuscular dentistry." What he says or implies is not true. I know firsthand because I teach there. Whenever sweeping judgments like these are made on assumptions or second-hand hearsay, they can be, seriously inaccurate. Since the treatment for ignorance is knowledge, I invite Dr. Simonsen to visit LVI, review its curriculum in detail, talk with full time faculty member Norman Thomas, DDS, PhD, BSc, OMD, Cert.O.Path, FRCD, FADI, MICCMO, and Professor Emeritus at the University of Alberta, so that he can know what is actually taught there and begin to understand the logical basis of neuromuscular occlusion.

I don't doubt that there are dentists who have attended LVI and who treat patients unethically or who may not adhere to the philosophy of care taught there. This, of course, could be true for any dental school or advanced learning center. For the good of our profession and the patients we treat, this serious problem must be addressed. So, Dr. Simonsen and I agree in principal but disagree in approach. I do not believe broad, angry accusations made in print or from the podium are effective in dealing with individual mistreatment of patients. I believe the peer review process, the legal system and all of us, as individuals, need to address suspect dentists directly on a case by case basis, gain the facts and act on them accordingly. This is what our professional code of ethics advocates that we do.

I believe we have heard enough vitriolic condemnations. Individuals acting as judge and jury, shouting from a distance with only article photos or just a patient's story are not effective. In my opinion, a dentist suspected of mistreating a patient should be called, the facts obtained and, if necessary, appropriate action taken. If Dr. Simonsen is interested in the truth about what the Las Vegas Institute for Advanced Dental Studies teaches, he should accept my invitation to visit the Institute. This is not only an effective way to address his concerns; it is the ethical way as well.

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