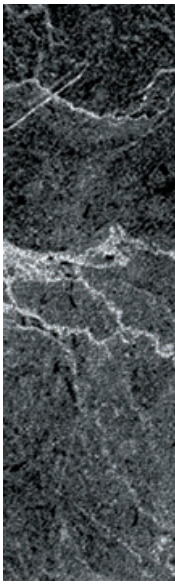

Perspectives

THE ENAMEL PRESERVATION FEE?

It is critical that dentists have a core philosophy that guides them when formulating treatment plans for patients. Most dentists would agree that prevention is preferable to treatment, and when treatment is required, the least invasive or most conservative option is preferable. The preventive philosophies that were articulated so brilliantly —by the late Dr. Robert Barkley —have served generations of dentists well in this regard.[1] To paraphrase DeVan, "Our goal should be the perpetual preservation of what remains rather than the meticulous restoration of what is missing".[2] Another way of saying this is that the best dentistry is the least dentistry necessary to return the patient to acceptable function and esthetics.

The primary function of dentists is to educate patients so that they maintain healthy dentitions for as long as possible, hopefully for their lifetime. Occasionally, because of the ravages of disease or trauma, teeth must be restored. One of the most important factors in determining the long-term prognosis of the tooth/restoration complex is the amount of remaining tooth structure, and an intact tooth has the best prognosis of all.[3]

Enter the world of elective esthetic dentistry. Browse through many of the contemporary trade journals and the "complete makeover" television shows. Is the dental treatment rendered in many of these articles and makeover shows consistent with the above philosophy? Are the treatments rendered really in the long-term best interest of the patients and their dentitions?

This raises the question, what is our role as health care providers? Is it merely to satisfy patients or is it our role to educate patients, especially when providing procedures where there is no dental disease? In 1989, Preston wondered, "where do we draw the line between being providers of oral health care and becoming panderers to narcissism"?[4]

As prosthodontists, we frequently see patients for consultation for second opinions regarding proposed treatment plans. Many of these proposed treatment plans are extensive and expensive, and in too many situations the only objective is to realign or whiten the teeth. There is often no dental disease present, and the treatment plan offered is usually based on restorative procedures where irreversible, sometimes extensive preparation of teeth is required. More conservative options such as bleaching and orthodontic alignment are not offered. Even more importantly, informed consent is not given by the patient, as the potential longevity of the tooth/restoration complex, and the maintenance and sequellae of such tooth preparation are not discussed.

With any dental procedure a risk/benefit and cost/benefit analysis should be discussed with the patient. Guidance from the dental professional is of the utmost importance in this regard because we are the most informed of the potential outcomes.

Many times our consultations will dissuade patients from having 20 teeth prepared and 20 restorations fabricated to align and/or whiten

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teeth. We believe that this is a valuable service to the patient. Perhaps it is appropriate then that we receive an "enamel preservation fee" for preserving tooth structure and thereby prolonging the life of their dentition? Just a thought . . .

Winston W. L. Chee, DDS
Terry E. Donovan, DDS

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Winston W. L. Chee is a Ralph & Jean Bleak Endowed Professor of Restorative Dentistry, Director: Implant Dentistry, and Co-Director: Advanced Education in Prosthodontics, USC School of Dentistry, Los Angeles, CA, USA; email: wchee@usc.edu

Terry E. Donovan is a Professor and Section Head for Biomaterials, Department of Operative Dentistry, UNC School of Dentistry, Chapel Hill, NC, USA; email: terry_donovan@dentistry.unc.edu