

# Perspectives

## CLINICAL EXCELLENCE: DENTISTRY'S ENDURING GOAL!

Ten years ago, I wrote an editorial affirming the age-old tenet that there is no substitute for clinical excellence in the ethical, dutiful, and successful practice of dentistry. It should indeed be the enduring goal of dentistry that remains the hallmark of our profession. For that reason, I believe it is important that periodically we highlight this noble goal so that it remains at the forefront of our clinical pursuits as a shining beacon, both to young dentists and old, that continually points us in the right direction. To that end, I am once again including much of this original editorial in the hope that *clinical excellence* will remain at the forefront of our profession as “dentistry’s enduring goal.”

“If there is a term in dentistry that is all too frequently used in a casual and flippant manner it is ‘clinical excellence.’ ” It is like Mom, the flag, and apple pie: no one ever disagrees with a claim or proclamation for clinical excellence. But to what extent does it still truly exist in dentistry and how is it achieved? In an age that is becoming ever more dominated

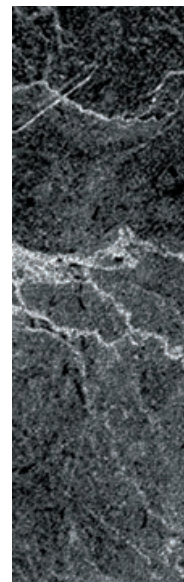
by demands for speed and profit along with declining accountability, I believe clinical excellence is all too frequently and regrettably falling by the wayside.

The CE sirens or self-appointed gurus refer to clinical excellence and self-associate with it, but often what they profess, show, or recommend clearly belies this claim. According to them, “clinical excellence” can be achieved concomitantly with practice philosophies that emphasize speed and profit, often using unproven techniques and materials. But are these the keys to real clinical excellence? I say no. Ultimately, clinical excellence is derived from a personal commitment to do what is right.

There is no doubt that improved dental materials and research-proven techniques have significantly enhanced our ability to achieve clinical excellence. But ultimately, these materials and techniques are only as good as the clinicians using them. Unfortunately, many dentists go to CE courses with a desire for the lecturer to “cut through the

crap” and just tell them what to buy, as if a new material or technique will solve the clinical problems they encounter in their practices. They bounce from lecture to lecture hoping to find the “magical cures.” But as the old adage goes, “the magic isn’t in the wand, it’s in the magician!” No material or technique will overcome deficiencies in the clinician, no matter who advocates it or how well it is hyped. We as individuals represent the singularly most important element in achieving clinical excellence.

Dr. Clifford Sturdevant, one of the “old masters” of operative dentistry (who, incidentally, passed away last year in 2008), kept a brass plaque on his desk that was inscribed with these words: “If it’s almost right, it’s wrong!” Perhaps in a real-world sense, this may not always be the case. But it does underscore the importance of personal vigilance in striving to do things the right way. Personal satisfaction and rewards grow from



it, successful patient care results from it, and ethics of the highest order demand it. If ever there exists an absolute in dentistry it is this: there is *no substitute for clinical excellence*, and ultimately

it begins and ends with each of us as dentists.”

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