

## Do No Harm

I AM SADDENED by what may have become the “standard of care” for dental treatment in this country. We have all been inundated for the last few years or so with dental “journals” (and I use the term lightly), many of which focus on esthetic and/or cosmetic dentistry, and how to “sell” it to your patients, increase your productivity and profitability, and “enjoy” your practice again. “Institutes” have sprung up around the country that, for a mere weekend or two of your time, will train you to a level of proficiency beyond your wildest dreams, thus allowing you to “become the leader in cosmetic dentistry in your area,” and enjoy incredible personal financial rewards. I will read the articles (usually, a clinical report with an N of 1), review the clinical photos, and frequently ask, “What were they thinking?”

I am sitting here with eight such articles before me right now, and am truly astounded at what some editors will publish. Three of the eight articles have teeth in such mal-occlusion and mal-alignment that they scream for orthodontic consultation and treatment. However, the clinicians, based on their patients’ desires not to undergo the “prolonged treatment required for orthodontic therapy” (can we presume their mal-occlusion and severe crowding occurred overnight, and that they truly believed their treatment regimen would occur as quickly?), have prescribed bonded porcelain veneer restorations to solve the patient’s chief complaint.

The outcomes are worthy of comment, particularly when one rarely sees an occlusal view of the completed restorations—I’m looking at one such occlusal view now, and there is porcelain extended laterally in a layer that appears to be nearly 3 millimeters facial to the natural tooth contours on several of the most mal-

aligned teeth. A “straight,” white, Chiclet-like smile without orthodontic therapy was achieved (from a facial view), but at what expense to the periodontal tissues? Most of the articles do not even bother to show this view (with good reason)—I believe the editors should demand such occlusal views from their contributors before consenting to publish these case reports.

In three other articles, the dentist places between 8 and 20 ceramic veneers on to teeth (unrestored, with good alignment and minimal to no wear) that many patients would be happy to have—again, it was the “patient’s choice” for therapy, according to the articles. And, one article deals with using a combination of anterior veneers and all-ceramic posterior crowns to increase the vertical dimension on a “severe bruxer.” Honestly, I cannot wait to see the long-term results of many of these treatments (if you have the time, conduct a Medline search of porcelain veneer longevity, and see what some of the studies really say about the outcome of this therapeutic option). Let’s be fair—one of the eight articles actually shows the treatment of a patient with a few veneers to correct a dental condition that appears warranted for treatment in this manner—kudos to that particular author.

Couple these continual patient scenarios from the coffee table tabloids with what is rapidly emerging as one of the hottest tickets on reality TV—the “extreme makeover” shows (actually, “Extreme Makeover—Home Edition,” with Ty Pennington as host, is a pretty good show). In these “reality” shows, one or more “average-looking” individuals undergoes multiple plastic surgery procedures, psychological and nutritional counseling, spends a few hours every day for several months with a personal trainer (boy, am I envious), and, to

top it all off, gets “gingival recontouring, bleaching, and veneers”—it seems as though they all get the very same treatment every week (who screens the candidates for these shows, anyway?).

What ever happened to individual patient diagnosis, treatment planning, and appropriate treatment? Now again, let’s be fair—we do not see how the “dental esthetic expert” (I thought that was a Prosthodontist, didn’t you?) diagnoses and treatment plans the patient, and, except for a brief snippet, the actual dental therapy segment on the hour-long shows fills a mere few minutes. While I appreciate that these subjects must be treated within the time frame of the show (often, within 3 months), does that truly justify less than ideal treatment? While the overall results for these “average-looking” individuals are pretty dramatic (primarily from the plastic surgery, personal training sessions, and weight loss regimens), what message is this sending to the lay public? What I am amazed at is the number of subjects who are now willing to have their teeth prepared for veneers, and to suffer through the apparent pain of plastic surgery, in order to regain their youth, become who they have always wanted to be, and especially to expose themselves on national television in this “before and after” personal reconstruction. I am also amazed how often I’ve heard “I’d go through that in a minute, if I could get it for free” from individuals I previously thought were highly intelligent, after they view these reality programs.

What ever happened to prescribing treatment that is in the patient’s best interest, and to providing optimal therapy for the oral condition each individual patient presents with to our practices? Recently, a clinician informed me that he will veneer the teeth of any patient who requests it—“If I don’t veneer their teeth, they’ll just go somewhere else and have it done!” Does that philosophy justify what some consider over-treatment or malpractice? Does the statement “DO NO HARM” stimulate any neurons? The Hippocratic oath actually does not contain this phrase, although many scholars credit Hippocrates with penning the phrase from another of his writings (“Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things—to help, or at least to do no harm”—from *Epidemics*, Bk. 1, Sect XI). Is the preparation of teeth for porcelain veneers helpful or harmful to the dentition, occlusion, and periodontal tissues? Is there any (much less,

sufficient) long-term clinical evidence, via stringent research design and proper institutional review board scrutiny and approval, that has even evaluated the safety and efficacy of this therapy?

Can cosmetic dentistry improve a patient’s quality of life, elevate their self-esteem, and enhance their ability to get a job or improve their relationship with a significant other? Perhaps, but if you read or watch carefully, many of these “makeover” candidates have multiple “issues” that need to be addressed, most of which far exceed their need for dental treatment. Do porcelain veneers on multiple anterior teeth improve the patients’ functional occlusion? Wait a minute—that’s something that is rarely discussed in these tabloids or TV shows! Should all patients be treated as individuals, and their dental therapy only performed following an excellent clinical examination, diagnosis, comprehensive treatment plan, and proper informed consent that carefully describes the outcomes of the prescribed treatment? Most assuredly. Is it time for the ACP, AAP, AAOMS, and AAO to join forces with the ADA to alert the public (*caveat emptor* ring a bell?) about the necessity for appropriate dental diagnosis and treatment? Actually, that time is long overdue.

In their article beginning on page 111, George and Judy Priest discuss the role of prosthodontists in esthetic dentistry. Note their “hierarchy of dental needs;” esthetics and self-esteem are important, but not at the expense of function or comfort. The public relations efforts of the ACP must continue to engender exemplary patient care—there is, after all, more to excellent patient care than just esthetics! We are the experts in diagnosis and treatment planning and oral and maxillofacial rehabilitation, and we must do our part to protect the public from excessive dentistry, and to continue to “set the standard” for excellence in patient care. If we do not, you know who will—just pick up one of these throwaway magazines and read it, or turn on the television and watch it. Since our inception, the ACP has always practiced the philosophy of “do no harm” when treating our patients—isn’t it time our colleagues embraced this time-honored philosophy as well?

David A. Felton, DDS, MS, FACP  
Editor-in-Chief,  
*Journal of Prosthodontics*  
American College of Prosthodontists

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