

Ethics, Dentistry, and the Prosthodontist

I am confident that many of us sit on peer review committees in our local and state dental societies, that we have served as the “expert witness” during malpractice trials, and that we have spent voluminous hours of our precious time in review of clinical records and radiographs, in preparation of detailed reports of our findings, in giving sworn depositions, and in actual court proceedings involving patients and dentists. I am currently in the process of reviewing a case for an out-of-state attorney. This particular case involves a general dentist who restored a young patient (early 30s) with a full-mouth reconstruction of full-coverage all-ceramic crowns. The patient had originally presented with anterior veneers in both arches, some posterior gold restorations, and a single carious lesion in a posterior tooth. How the general dentist made the leap from veneers (which, by the way, did not appear to have fractured and had no apparent caries or apparent wear issues) to a full-mouth reconstruction with full-coverage restorations, is, at this time in my review of the case, simply escaping me.

Perhaps, I have missed something in the 25 years of full-time academics I have spent at the University of North Carolina (UNC) at Chapel Hill School of Dentistry. Now, I admit, I try to attend the American Dental Education Association (ADEA) meetings annually, but have not been able to in the last 2 years because of schedule conflicts. And, I have missed the Educators/Mentors meetings at the American College of Prosthodontists (ACP) annual session for the last few years also because of schedule conflicts there. However, I do get to meet with my predoctoral prosthodontic colleagues in other venues frequently, so I feel pretty up to date with what is currently being taught in most dental schools in the United States. And, as the ACP’s representative on the ADA’s Continuing Education Recognition Program (CERP) Committee, and having been involved in continuing dental education for my entire academic career, both for my school and for the ACP, I feel pretty confident that I am aware of many continuing education programs available in the United States. So, here is my question: is there any predoctoral dental education program in the United States that teaches the dental student (and therefore, the future general dentist) how to perform full-mouth rehabilitations with fixed prostheses? If

there is, please contact me and let me know—I would like to contact them and see what they are teaching!

Where, then, do general practitioners obtain their clinical training on full-mouth reconstruction techniques and philosophies? While I am aware of a single institute in the Southwest that reportedly provides this training (where general dentists train other general dentists), the only other place to obtain this training is through the ADA-accredited, 33-month graduate programs in prosthodontics. How, then, does the graduating dental student make the determination that what they have been taught in the single-unit and short-span fixed partial denture education they received during their predoctoral education adequately trains them to prepare every tooth in their patients and provide full-mouth reconstructions for them? Our predoctoral students at UNC (I teach both the single-unit crown and the fixed partial denture courses for sophomore students) are taught the ACP’s Prosthodontic Diagnostic Index (PDI), they are taught that most class 3 and all class 4 PDI patients should be referred to a prosthodontist for evaluation and care, and they are very clearly taught that they are held to the same standards for patient care as the specialists *if* they elect to provide specialty procedures for their patients (such as full-mouth reconstructions) in any peer review or litigation processes. I hope other academic institutions teach similar philosophies.

I firmly believe that general dentists who practice outside their scope of expertise are not only unfair to their patients but also unethical. Providing services you do not have the training for is simply wrong. Each of us must make our own decisions as to how we will address General Practice providers who are doing full-mouth reconstructions on patients who are most likely unaware of their level of training (or lack thereof) in these procedures. We have the opportunity to sit on the sidelines, saying nothing, by “protecting the profession,” or we can be the staunch advocates of providing the best dental services for patients by those most qualified to provide it. I know which way I am leaning, do you?

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