

Dear Dr. Felton,

I read with great interest your recent editorial entitled "Wake Up, People!" (J Prosthodont 2009;18:375). I am frequently reminded that prosthodontists are experts at shooting themselves in the foot, the heart, and the soul.

I was doing a complex implant case recently with an oral surgeon, and a periodontist friend of mine came along to observe. After it was done we went for lunch, and during the meal, the periodontist asked the OMFS if he would teach him the surgical techniques involved. In a casual manner the OMFS said that he could not do that, as the techniques and procedures were within the realm of the oral surgery specialty. Wake up call. On a different occasion, an orthodontist, who I know very well, was asked how to treat a particular arch deficiency and crowding problem. He responded that it was too complicated and that the case was outside the purview of minor orthodontics and should be referred to an orthodontist. Wake up call.

Prosthodontists work closer with periodontists than perhaps any other specialty. On occasion I have asked how to do a particular periodontal surgical procedure and have been given such a complicated answer filled with cautions and potential complications that I automatically put that in the "never to do" dental zone. Wake up call.

When I was in dental school, exposure to orthodontics was limited to space maintainers and general diagnostics. Bullet Bob, the school's ortho czar, admonished us that if we were considering any orthodontic treatment, we needed to apply to an orthodontic residency program, since orthodontics was a very complex, specialized area of dentistry requiring extensive additional training. Period – over and out. In surgery, we became excellent exodontists but did not get any exposure to more complicated surgical procedures. With endo and perio, the clinical exposure was much better, because we were expected to go into communities with no specialist, but still there were reservations as to what a GP should and should not do. There were unwritten rules in place that shielded us from the next level of education.

And then there is prosthodontics. Three of the four divisions of prosthodontics make up a considerable part of the restorative procedures completed in every GP office every day of the week. Often when you ask practicing dentists what a prosthodontist does the typical answer is "They make dentures." Somehow or another "Crown and bridge" – Removable Partial Denture Prosthodontics, and Complete Denture Prosthodontics seem to be caught in an abyss of misidentification. In many dental schools, unlike the other specialty areas of dentistry where the specialists teach the discipline, prosthodontics is quite often taught by general dentists. Unlike other specialties that actively promote sending complex cases to specialists, the prosthodontic departments (if they still exist in the school) typically do not.

So when you enter practice, you very often hit a wall. When you introduce yourself as a prosthodontic specialist, you may hear the same words I heard when I first entered practice, "Oh yes, so am I, I make a lot of dentures." Well I said, "there is so much more. I do complicated crown and bridge, full mouth reconstruction." Response? "Well so do I."

What I find even more interesting is that the other specialties give courses on techniques specifically for general dentists: "Oral Surgery for the General Dentist," "Periodontal surgery in the generalist's office." These are not courses to make the participants specialists, but to teach them to become more proficient in treating basic problems within the discipline. They often include admonitions as to what not to do. How many orthodontic courses are offered by formally educated orthodontists in an A – Z format that teach advanced orthodontic treatment planning and treatment? Very few. But then we get to prosthodontics, with scores of prosthodontic specialists who teach detailed "how to" courses to anyone who will listen. Over the years we have given away all the phenomenal developments that originated with prosthodontics. I don't know if it's because of basic insecurity and the need to be loved, egocentricity, or generating additional income, because we are not busy because the GP are doing what we should be doing, but it seems that prosthodontists have this burning desire to give away all of the techniques of the specialty. Look at the brochures you get, Full Mouth Reconstruction, Complex Implant Reconstruction of the Edentulous arch, etc.

So what is left of the specialty? Not very much, as we compete with the very GP's we have trained so well. Historically, there was tooth preparation, occlusion, TMJ diagnosis and treatment, denture prosthesis, partial denture designs, precision attachments, ceramic shade and color, esthetics, veneers, impression techniques, and most recently implants. Classification of the edentulous ridge in complete and partially edentulous mouths is excellent, but who is going to tell anyone that some of those anatomical variants are outside of the treatment capacity of the GP? Do you think for a minute that if you were an MD generalist you would be doing open-heart surgery or plastic surgery without completing an additional specialty residency? The old adage about giving a fish or teaching how to fish applies to prosthodontists, since we not only teach how to fish but give away the boat and motor as well. When will we learn not to shoot ourselves in the foot time and time again? Will anyone ever see the light, or is it too late?

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