



I read with earnest the Letter to the Editor entitled “Dental Teachers or Dental Technicians” (*Pediatr Dent.* 2004;26:390.) written by Dr. Ari Kupietzky, a young colleague and friend whom I respect. I feel compelled to write a response because I am the one who made the statement “Dentists treat the disease not the child”, although this was quoted out of context as were some of the other statements made by Dr. Kupietzky in his letter.

Of course, there is no separation between the child and the teeth that exist in his/her mouth. What was being suggested in my statement is that dentist’s practice dentistry which is defined as the diagnosis, prevention, and treatment of diseases of the teeth and related structures. Those teeth and related structures do accompany a human, who in our case, is most likely a child with a variably complex personality and physiology. Consequently, our training is broad and includes some psychology and definitely an understanding of the major physiological systems. Psychologists and psychiatrists study and treat the behaviors of children. Our profession does require a little more mix of the psychology with the dentistry than does the converse of that of the psychologist/psychiatrist. So when the question arose whether we treat the child or the disease the child owns, I tried to respond (and obviously failed) by “generalization” rather than “discrimination”, both psychological principles. First and foremost, the child has a disease that we have been trained to diagnose, attempt to prevent, and treat. If we need to use some basic psychological principles in the process, then so be it. The psychology is the means to the end which is the treatment of the disease.

I am also the one who indicated that the future may see three general classes of patients: 1) those who are cooperative and cope in the dental environment; 2) those whose coping skills may not be fully supportive of a cooperative expression in the dental environment and thus need some mild pharmacological (e.g., nitrous oxide) or behavioral interventions; and 3) those whose treatment will require deep sedation or general anesthesia. That’s not too far from where we are now in our evolution of patient management, especially when we consider the “uncooperative difficult child,” to quote Dr. Kupietzky. He further questioned this vision with the hopes of a change mediated by American Academy of Pediatric Dentistry that could try and reverse the trend. Trust me, I am 100% behind such interventions or effects our Academy could render in reversing the trend. But consider all of the players. We are few in comparison.

His editorial suggests “Treating the disease is easy. It’s technical and boring.” (I do agree with the latter.) Yet, our profession has been trying for over a century to prevent dental disease and we are not much closer today than when we began. Furthermore, we tend to focus on a disease and not on a society that is changing. The change is pervasive and seen in venues including the dental setting (e.g., the classroom).

So could your world of dentistry be different than mine? Possibly. Majority of patients seen are less than 5 years of age; 80% Medicaid, parental presence, frowning, skepticism, and demands on how treatment was to be rendered were often the norm, not the exception. It’s essentially the same in Denver. Here’s the kicker. There is a strong likelihood of a new rule in our state practice act limiting the time a child can be placed in a papoose board. When that time expires, a new informed consent is to be obtained from the parent who is always present. What’s next?

Dr. Kupietzky stated that if *all* uncooperative children will be treated under pharmacosedation and only the cooperative children treated routinely in our offices, we will have canceled the need for pediatric dentists. He further implied that general dentists can do simple restorative work on cooperative children (and to that I say, YES!!!) or treat the unconscious *defiant* child in the operating room. My thoughts are that the child who is unconscious is no longer defiant; more training than that afforded by undergraduate dental training is needed in managing unconscious patients, and somehow I think the disease will still exist.

So Ari, I couldn’t agree with you more...gaining the trust of a defiant 5 year old... is the challenge of pediatric dentistry. But, I’d like to function on a level playing field. Right now, I feel like the steel ball rolling over a tilted field, being constantly punched by bumpers, and constantly flipped inside society’s giant pinball machine. By the way, I liked your editorial and hope more can come from its spirit of exhorting us to action.

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