



Dental education – are we losing track? The need to revisit disease control-based therapy understanding

In the rush to train our students and residents in various techniques, procedures, and technologies, we sometimes tend to skip important steps in treatment planning and implementation. The mutual desire of both the students and the teachers to have clinical practical experience might, and sometimes does, jeopardize the way we should teach our students to look upon a case and to carefully and gradually provide the right treatment sequence to the patient.

While trying to provide our students with clinical skills, we now and again leave out the preventive, educational part of the treatment plan, and also the possibilities for maintenance and improvement using the natural healing capacity of the body. This is true for both major diseases that we mainly deal with in the dental profession – caries and periodontal disease.

Letting our students follow an initial caries lesion while utilizing noninvasive techniques that include plaque control, fluoridation, and other topical remineralization agents in the appropriate cases, will provide a greater lesson than just drilling into the tooth and filling it. Insisting on an adequate cause-related periodontal treatment phase before turning to periodontal surgery or tooth extraction will give the student great opportunity to see how periodontal disease can be treated and even solved by employing the right steps of disease control before taking a knife into their hands. Treating tooth sensitivity in a step-by-step approach before taking a piece of the patient's palate for gingival grafting might

offer important tools for our students, to address their patient's chief complaint more conservatively, adhering to the most important principal precepts of medical ethics, *primum non nocere* ("first, do no harm"). In this regard we have to remember that as in every medical procedure, given an existing problem, it may be better not to do something, or even to do nothing, than to risk causing more harm than good.

When we give up on those opportunities and favor prompt active treatment, we actually encourage overtreatment and a lack of tools for basic dental health-derived treatment in our young professionals. Those students and residents will grow up rushing into active treatment in their practices without even considering the crucial step of disease control, prevention, and the self-healing ability of our tissues.

By trying to raise professionals with better clinical skills we are actually raising clinicians with a lack of basic understanding of the underlying diseases that they will be treating. This way, we are getting highly skilled technicians with limited medical judgment abilities.

Our goal should, in fact, be the opposite! Technical skills will improve with time – basic understanding of the profession is much more fundamental and is far more difficult to acquire later on.

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