

EDITORIAL

Preventive and minimally invasive dentistry—the ultimate patient service



One's perspective of the profession and the exact meaning of patient care change over time with one's experience. It is unfortunate that we cannot learn more from the experience of others, as this is the most valuable and painless education we could ask for. But it seems there is something in human nature that puts a cap on the amount and depth of knowledge we are willing to learn secondhand. This being the case, the evolution of a practitioner's career tends to follow some predictable steps.

It takes at least a few years before we begin facing our own failures and complications. During this still early stage of our career we learn that regardless of how meticulous we are in executing a clinical procedure, there is no such thing as 100% success.

Unfortunately, it takes another decade or so to realize that even those cases that have survived 10 years successfully should be evaluated with caution. What is the value of a 10-year success of an aggressive and irreversible procedure in a 20-year-old patient? It is of very little value if the replacement or repair requires even more aggressive solutions and puts the treating clinician in an impossible situation just 10 years down the road. We are learning at this stage that the right thing to do is postpone some treatment modalities and use conservative interim procedures that may not last as long but will be easy to replace time and again without the need to expand the spectrum of the treatment.

This is also usually the stage in which one starts pulling back and reevaluating treatment concepts, understanding the true meaning of custom-tailoring treatment plans. And it is when the last residues of the clinical bravado tend to disappear forever. It is only at this stage of one's career that preventive and minimally invasive dentistry begin to play a major role in patient care. Still, while they may represent the most significant service we can offer to our patients, preventive and minimally invasive dentistry are a tough sell when it comes to meetings, societies, and circulated publications.

One tends to end a career by reflecting on the past—trying to educate others on the nature of the lifetime of responsibility to and the partnership with every patient treated along the way. This is probably the toughest sell of them all, since as dentists we may render meaningless any lecture in which we took only relatively few notes.

A good friend from a European country, a seasoned practitioner with vast experience in complex rehabilitations, informed me of his intention to start a branch of minimally invasive dentistry in his country and asked for my advice on how to make it appealing to his colleagues. The truth is, I do not have an answer for him. While I view his mission almost as a sacred one, I also realize that it is relatively late in our careers that we really want to learn how to do less. It is likely that most of your colleagues are either not ready for this stage yet, or they have gone through this stage using the autodidactic mode.

If my call to alert dentists to the significance of preventive and minimally invasive dentistry will help to recruit one more member to his newly formed society, or similar ones elsewhere, then writing this editorial was time well spent. It is up to you to decide whether you will go through all the aforementioned stages—some are extremely humbling and come at great personal pain—or you are willing to learn from others' experience. Do not pass on this tuition-free opportunity.

Avishai Sadan, DMD
Editor-in-Chief
Avishai.Sadan@Case.edu