Declining Goals

As do most readers of this journal, I attend numerous conferences and read many different dental publications. I watch with interest as new materials evolve, and see these become topics for investigation as well as for lectures. I walk the exhibit halls and listen to the product promotions and read the colorful brochures that are prepared to extol the merits of products. In many ways, little has changed over the four decades I have observed this scene. Materials continue to improve, and newer techniques and instrumentation enhance the opportunity to render superior care to patients in need of prosthodontic services. What concerns me is the apparent contradiction between the increasing opportunity to provide really fine dentistry and the evolving attitude that mediocrity is adequate. Even worse, mediocrity is often given the guise of superior service. There is no question that if a procedure can be accomplished more quickly and/or more easily using a new technique or material *without diminishing quality*, then progress has been made. However, when facilitation is accomplished at a sacrifice in the result, then the decline toward mediocrity has begun. When a procedure is simpler and faster the question must be raised if something was sacrificed to achieve the "improvement."

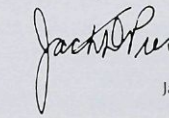
I doubt that anyone considers the dental services rendered their patients to be below average. It is, however, very easy to become involved in a day-to-day routine attending to the myriad of details for operating a practice: office emergencies, regulatory demands, patient personalities that are not always pleasant, and all the other aspects that detract from the main task of providing a health service in the presence of financial and patient-imposed restrictions. In the absence of standards by which one can compare the quality of service provided to a true norm, it is easy to slowly slip away from established criteria. (It is not that such standards do not exist, they are just not being implemented.) The slide is rarely precipitous, but it can be a slow degradation in an effort to save time, or in the absence of any intrinsic desire to do better.

While not everyone aspires to greatness, I don't believe that anyone seeks to provide poor care. Why is it, then, that we seem to be developing short-cuts and less technically demanding procedures that may be less prone to render a poor result, but are incapable of providing the best result? Is mediocrity becoming a goal? Is an "average" result all that is necessary? What is "average?" As I have stated before, "average" is not to be confused with "normal." The average may change; the standards should not. The premise seems to be that if a procedure allows an acceptable goal with less complexity or effort, it is therefore to be preferred to one that, while more demanding, makes possible a better service. I see this philosophy espoused in impression material use, luting procedures, and the standards for assessing marginal integrity, and certainly in the evaluation of what constitutes an "esthetic" result.

I believe this erosion from a goal of excellence to one of acceptable mediocrity results from an incremental and progressive diminution of quality initiated by the practitioner's lowered expectations. It is difficult enough to routinely provide competent and effective care, but this is only done by setting *higher* standards and accepting mediocrity only as a compromise in the presence of other overwhelming mediating factors. When mediocrity becomes the goal, such factors can only lead to an even poorer quality of care.

Now, I do not want the reader to be deceived into thinking that I believe that mediocrity is always being taught intentionally, although I do believe that this is sometimes true. Some lecturers and authors apparently think that their audience is either technically incapable of a superior result, or unable to perceive the difference. Some are, I believe, honestly disillusioned by what they see being sent to dental laboratories and in the mouths of their new patients. Perhaps their thought is that if current techniques are not providing the desired result, then easier, less-demanding solutions are needed. Although there is room for both avenues of thought, I strongly believe we must teach the "ideal" goal and know when and how that goal is achievable. We must also then teach alternative methods to achieve the best result under the extant circumstances. At no time should we imply that anything less than the optimal result is to be the goal, although optimum does not necessarily mean maximum. The exigencies of practice do not always allow the most desirable approach, but the acceptable alternatives must be clear in the provider's mind, and the advantages and shortcomings of each must be explained to the patient. It then becomes the patient's option.

I believe that most dentists really want to provide better care and are willing to make an extra effort to do so when given the concepts and techniques that enable that result as well as the rewards that justify the effort. Those rewards may be tangible (financial) or intangible (self-esteem). I also believe that a superior result must be the constant goal, and that the concepts and techniques for achieving that goal must be perpetually reviewed and upgraded. The progressive erosion of quality is a contagion. It can infect the quality of laboratory service (an "if they don't care, why should I" attitude) and the attitude of others inside and outside of the office. Mediocrity should be defined for what it is—a compromise necessitated by circumstances. Lecturers, authors, dental product dealers, and all who aspire to instruct the practicing dentist (or dental student) should keep raising the standard, not lowering it. If concepts and techniques make it possible to achieve higher standards and save time, effort, or money, all the better. If all of us to whom the barrage of information (or misinformation) is directed will take the time to simply ask how the procedure will affect the quality of the outcome, it may well help to define and eschew a lowered standard of care. Mediocrity is not always wrong—but it should never be a goal.



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