Patient-centered dentistry: Always remember the focus!

This issue features two articles that are especially instructive for all of us who wish to consider our patients' needs and capabilities as important components of treatment-planning parameters.

One article helps assure us of predictable longevity attainable from a specific esthetic technique, and the other illustrates the patient-centered flexibility necessary to reflect the competent and caring nature of excellent dentistry. Both are fundamental to comprehensive diagnosis and treatment planning, and both merit some discussion.

The article by Donly et al (page 163) stimulates us to think about patient desires for attractive appearance versus clinical procedures that are predictably successful, especially as we move anteriorly in the mouth where occlusal forces diminish. The issue for a number of years has been whether adhesive techniques were at least as good as the cast gold, zinc phosphate, and amalgam systems they challenged. Increasing numbers of studies confirm that when properly executed, adhesive techniques are predictably successful.

The development of dentin adhesion systems has been the key to successful posterior adhesive dentistry. By replacing the inorganic hydroxyapatite portion of the dentin-resin interface with a hybrid layer of collagenous fibers and open dentinal tubules filled with the resin primer-bonding material, an impermeable seal is established at the interface as the resin sets. Contemporary bond strengths are essentially equal to the tensile strength of dentin. These bonds allow us to consider our adhesive techniques as the most exquisite expression of *restorative* dentistry, in its strictest sense, that we have ever known.

The Caughman et al article (page 155) presents three cases of tooth discoloration that simply ruin an otherwise attractive oral appearance. Until a few years ago, discolored teeth were not an indication for treatment interventions. In fact, when I was trained in the mid-'60s, we frowned on treating teeth for any reason if there was no active pathology present and often made snide references to "overtreatment." Today the prevailing attitude is different as our emerging societies around the globe provide many people with the financial security and means to take note of quality-of-life issues.
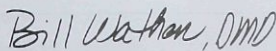
Appearance is certainly one of those issues, and we have a growing understanding that physical appearances play a primary role in our daily activities and work. Not only do the people we come into contact with respond to us partly based on how we look, but we respond to ourselves in a similar fashion! People who are insecure about their appearance are clearly treated differently than those who demonstrate self-assuredness, neat dress, and healthy appearance.

The three cases in this article demonstrate that even though financial constraints are a fact of many patients' lives, successful treatment plans can be achieved. While many clinicians I know would insist on multiple restorations in an "ear-to-ear" project, this report eloquently demonstrates the wonderful results possible from conservative treatment plans.

It is singularly important to offer all patients options about both the contents and sequence of their treatment plans. The harsh all-or-none approach to comprehensive care reflects disregard for the patient and his or her circumstances. This approach has no place in dentistry.

The patient-centered approach, on the other hand, manifests an understanding sensitivity to each individual we endeavor to treat. It is the epitome of professionalism, and all of us should emulate it. It recognizes that sometimes we need to use alternatives to full-mouth, do-it-all-now dentistry promulgated by some as essential to the successful practice. It has given the dental profession respect and esteem as a caring profession.

It's all about doing the very best we can for each patient under his or her particular circumstances. It's about a way of life, rather than a way to make a living.

Bill Wathen, DMD

William F. Wathen, DMD
Editor-in-Chief