



## Enjoy your life and work

Dear Colleagues,

This is the first summer after moving from the Netherlands to the south of France and it is exactly what I thought it would be, good weather for months, excellent food, elegant cities and a marvellous countryside. I really enjoy my life here, all the more because of the very warm welcome I experienced at the Paul Sabatier University Department of Conservative Dentistry and Endodontics, in Toulouse.

Of course there are not only the cultural differences but also differences in the remuneration of the dental treatments. I will not go into the details of the French health system, but in France a dentist receives about €30 for an endodontic treatment on an incisor and €160 on a molar. In the Netherlands, a dentist receives €200 and €350, respectively, for the same treatments. You could imagine that a dentist in the Netherlands is more motivated to do a good job (i.e. spend more time on the endodontic treatment, use rubber dam, etc.) than his colleague in France.

Unfortunately, the endodontic outcome studies in the different European countries do not reflect the differences in health care systems in Europe. The success rate is always around 50%. Furthermore, we know that periapical pathology is related to the endodontic treatment. So we have a problem here that does not seem to be related to the health care system, but to the endodontic treatment itself. As

endodontic teachers we are apparently not able to generally transmit the importance of good endodontic treatment.

What is going wrong? Our teaching? The mentality of the dentist? Do we make endodontic treatment unnecessarily difficult? Does it make any sense to continuously introduce new rotary systems? Why is our improvement of technology not reflected in the outcome of endodontic treatment? Does it not matter at all? Does it make any sense that endodontists continuously re-treat the failed endodontic treatments of the general practitioner? Do we have convincing evidence that it helps in the long run? Is it not time to stop this vicious circle?

I think indeed it should be time to stop this, but then we need to put aside personal and professional interests from a lot of different players in the field, which will be almost impossible. Perhaps we should spend all our energy, en masse, on improving the treatment of the uninfected canal system (almost 60% of the endodontic treatments in general practice). Perhaps in the meantime we can try to teach dentists to enjoy the endodontic treatment as much as a good French dinner, enjoying your work at least leads to higher quality.

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