

Aggressive or Passive: Which Is Right?

Dentistry is a profession that is devoted to the management of dental disease. This seems like a pretty simple statement, one that would be hard to disagree with. However, I think that there are different ways of looking at the management of disease, depending upon when and where a patient falls into the treatment at the offices of one practitioner or another.

At times, dentists devote themselves to the active management of the disease processes. In those active times, dentists aggressively address disease primarily by amputation. This may involve the amputation of dental caries, removal of all that is soft and all that is dark, or it could be the amputation of the tooth itself. Whatever the intervention, it is unlikely that we will follow the same path for every patient in the future, as we know that expectations that every patient will perform the same way are nothing but foolhardy.

There are certainly advantages to seeing new patients enter our practices. Our ability to idealize treatment differs for the new patient compared with the ongoing patient.

Unfortunately, because of individual biologic variability, we learn that patient response to treatment follows a unique path depending upon the individual patient. Likewise, the individual biologic variability of the clinician delivering the care also has an effect on treatment outcome. Although the variability might be very small, in some instances, it may affect the patient outcome.

If we think about our own practices, we probably realize that intervention follows a sinusoidal curve. When we first meet a patient, we will plan to treat that patient to a level of excellence. As you read this, you probably wonder why "excellence" is described rather than "perfection." Well, the word choice came from Charlie Trotter,¹ who, when referred to as a perfectionist, would correct the description, as he found perfection to be impossible, while excellence can be achieved routinely. By the way, Trotter was a chef, but the thought process remained the same.

As patients present to new clinicians, there is an opportunity to put things right with their dental con-

dition. Incipient lesions are often restored, defective restorations are replaced, and irregularities in the occlusal plane may be corrected. The new clinician is not restricted by the long-term maintenance program, the passive treatment that may have served the patient for years.

Up to this point in this editorial, I've spent my time talking about the new patient being seen in a new practice. What happens instead to the patient who sees a practitioner year after year? Are they treated in a subordinate fashion to the people who moved to a new clinician? Should every patient be treated the same way, or is this a naïve treatment approach?

For many patients, seeing the same clinician year after year allows both the clinician and the patient to develop a degree of familiarity with the other. Not every porcelain chip or incipient carious lesion needs to be restored. We start off highly aggressive, and we move into maintenance phases. Treatment is rendered with appreciation of how the disease progress occurs in one patient in comparison to another.

Perhaps dentistry is a bit aggressive and a bit passive at the same time. Only time will tell us how the individual patient will perform. A maintenance program for one may be a neglectful program for another, whereas a third patient may be treated just right (for them). The difficult chore is determining which phase of treatment should be embraced. And the answer to that question is that there is no definitive answer.

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REFERENCE

1. Lawler E. *Lessons in Service from Charlie Trotter*. Berkeley and Toronto: Ten Speed Press, 2001.

doi: 10.11607/jomi.2018.4.e