



Editorial

Reflections on 50+ Years in Practice

Restorative dentists treating the ravages of dental disease, dental trauma, and congenital dental malformations have learned that the result of their therapeutic efforts is often at the mercy of the patient. Experience has taught us that a successful therapeutic endeavor must have a patient who is intimately involved. Such a patient will enhance almost any type of therapy. Unless a therapeutic alliance is established and continued, the therapy is likely to fail in one way or another. If at any time the relationship between the patient and dentist becomes adversarial, it would be in the best interest of all concerned for the patient to seek the services of another dentist or for the dentist to withdraw.

In an effective therapeutic alliance, there will be a melding of the patient's emotional, economic, and even intellectual needs with the skill of the therapist. Thus, as in any therapy, an ongoing dialogue between the patient, the restorative dentist, and any consulting specialists or auxiliaries is indispensable.

Prosthetic restorative procedures are the most time-consuming and costly of any procedures involved in a dental reconstruction. Yet, the prosthetic efforts are not an end in and of themselves. They are only the means of bringing the patient back to a state of physiologic and emotional health. In a successful dental reconstruction, the restorative dentist need not discuss his own work once completed, for the end result is the measure of what has been accomplished, and the patient, for his part, radiates the glow and satisfaction of a person made whole.

Dental reconstruction is an art—a process that bears an individual stamp that differs from all other forms of dentistry. The work is shaped by an awareness of scientific rules and principles, but every restoration is unique.

Each restoration must develop individually. Thus, even identical treatment problems involving the same procedures, abutments, materials, and endpoint requirements do not imply two identical restorations. The responsibility of the restorative dentist lies in the freedom to design uniquely and to execute that unique design creatively. It is by the fulfillment of this responsibility that the restorative dentist is measured.

The restoration process is initiated by the patient seeking treatment, followed by the decision of the therapist to treat. After arriving at a mutuality of contract, where neither is bound unless both are bound, the allied therapist and patient create a therapy that contrasts all other therapies, one that is not specifically prescribed but only described generally in advance and develops specifically as the therapy progresses. The therapy is free both as to its physical conception and its shape and structure, all the while guided by basic scientific law, physical and art principles, the patient's needs (expressed and implied), and for good measure, bilateral good faith.

The goal of the therapist is to design, out of the ravages of disease, time, and neglect, a treatment plan that will both serve and please the patient. In this effort, the therapist, by necessity, must rely on his skills and abide by the scientific constraints of his art and the perceived and stated constraints posed by the patient and the physical laws of the universe.

As dentists, we treat refractory and intractable dental problems, many of which have been treated previously by competent therapists and ultimately require additional treatment. Reflecting on past restorative attempts, one must deal with the question of whether within the ability and limitations of the therapist, there is an opportunity for success.

In every restorative effort, there is the optimism of probable success. However, it is necessary to acknowledge that if the dental restorative therapy is engaged in for long enough, one is bound to fail eventually. It must be realized and accepted that perfection is not a possibility. The best one can hope for is flawless execution—correcting and solving problems as they appear.

Having started a treatment modality, turning back becomes difficult; going forward seems the only viable avenue. The insecurity of the unknown prevails—at what physical and emotional costs God only knows. The therapist and staff suffer anxiety, doubt, and fear, while simultaneously appearing energetic, hypercritical, and perfectionistic, requiring insight into one's own personality, motivations, and activities.

All therapeutic creativity is tied up in the personality of the therapist. The therapist does not just live in an empty space, but rather is heir to a long and obligatory tradition, and ahead of him lies the future. There he stands at the meeting point between what has been done and what might be done, and at that juncture lies the restorative dentist's freedom and responsibility.

Thesis > Antithesis > Synthesis

On a bad day, hopefully we are able to, at the very least, do no harm and learn. On a good day, it does not get any better.

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