

The Price of a Prosthesis

There has been considerable interest in defining what constitutes the standard of care for a fixed partial restoration. The practice of prosthodontics is exacting, and the prosthodontist may have many options from which to choose. Of these options, certainly the fixed prosthesis is the most demanding of both the patient and the dentist. So many details are encountered in diagnosis, treatment planning, tooth preparation, tissue control, impression making, provisional fabrication, shade selection, laboratory procedures, and trial placement that the actual finalization of the prosthesis is almost an anticlimax. If the fixed prosthesis is to be placed on dental implants, the procedure can be even more challenging. Yet, every prosthodontist knows that the restoration being placed is flawed, even if such imperfections are not readily apparent.

How then, does one evaluate the merit of a given fixed restoration? How does one define the worth of a completed prosthesis to the patient, to oneself, to one's peers, to a third party, or to a litigant?

I was recently involved in a panel whose charge it was to define the basic requirements necessary to consider a fixed prosthesis "acceptable." Acceptable is a difficult term to define: Acceptable to *whom*? Is acceptability relative or absolute? Are there criteria that transcend international borders and economic limitations? Can criteria be set that would enable a practitioner to determine if a course of treatment should be undertaken (assuming, of course, that the patient's benefit is the primary concern and monetary gain is not the sole reason for the procedure)? I believe such criteria can be established, although as I have often had to observe, the less one knows, the simpler such a task appears.

Also, when a fixed prosthesis is considered, cost often becomes a central issue. However, I believe that the price to be considered should not be the monetary one. I will not comment on fees for a prosthesis except to note that any fee is too high for a prosthesis that exacts too great a toll on the surrounding structures, and it is difficult to place a value on a well-designed and executed restoration that functions in harmony with its biologic residence.

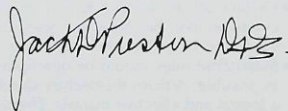
Unfortunately, the common task faced by most prosthodontists is the replacement of a failed or failing prosthesis placed by some other practitioner—often with the sacrifice of the supporting teeth. As prosthodontists frequently we do not have the luxury of providing the first restoration, whether that restoration is for a single tooth or an entire complement of teeth. The price that must be considered, then, is not the monetary toll exacted, but, rather, the biologic price that the patient must pay.

This biologic price may be paid as a loss of pulpal integrity, inflammation and degeneration of the investing tissues, marginal leakage and recurrent caries, fracture of the abutment tooth, the development of a pathogenic occlusion, or a series of procedures that result in persistent pain and discomfort to the patient. The benefits may also vary—improved function, better distribution of forces on the remaining structures, comfort, esthetics, etc. Both risk and benefit are multifactorial and involve numerous elements that must be recognized by the dentist and patient.

The evaluation of adequacy then becomes a resolution of risk versus benefit and can be stated as follows:

The *minimum goal* of a fixed prosthesis is to provide a functional benefit to the patient that is greater than the biologic price required to achieve that benefit.

As caring practitioners, we would do well to calculate the biologic price required as carefully as we do the monetary cost—and to explain both to the patient. If this minimum goal cannot be achieved, then an alternative prosthesis or no restoration at all must be considered to be the treatment of choice.



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