

On Patient-Mediated Qualitative Treatment Concerns

These are exciting yet anxiety-provoking times for prosthodontists. The past three decades animated and largely defined the speed of change in our traditional treatment protocols as we absorbed osseointegration and CAD/CAM techniques into routine treatment planning. The interval also provided scope for other disciplines to rethink treatment directions—especially in periodontics—and for general dentists to expand their prosthodontic scope. The main beneficiaries of treatment techniques were of course partially and completely edentulous patients, although those with advanced periodontal disease were also grateful recipients of the new protocols. Nonetheless, interdisciplinary fault lines, together with a near-populist implant therapy approach backed by strong commercial initiatives, remind us that compelling patient-mediated concerns—often related to finances and age—tended to fall between the cracks and remain insufficiently prioritized.

Dentists continue to deal with lingering mixed feelings about quasi-herodontic treatment narratives as opposed to prudent and relatively inexpensive ones. Moreover, traditional oral rehabilitation concerns are readily challenged by a panacea mindset that mixes implantomania with exclusive quantitative research conclusions influenced by professional pride and different degrees of faith in biotechnologic advances. A squall of treatment-planning ambiguity has emerged to complicate patient management in the context of global and dramatic increases in life expectancy and shifts in societal pyramids. Reliance on impressive implant therapy outcomes should not automatically be applied to aging patients. A more serious commitment to addressing prudent and economic patient-mediated needs as an outcome of qualitatively based clinical research now needs to be acknowledged and addressed, since extensive coverage of exciting treatment breakthroughs should not exclusively dominate patient management. Anxiety-provoking as it may sound, dentists must recognize that we are undergoing our own so-called systems revolution. We need solidarity in our diverse clinical research efforts to avoid regarding biotechnologic advances as either panaceas or disruptive technology. Instead, they are welcome adjuncts for expanding qualitatively determined routine therapy.

Nico Creugers and Dominique Niesten kindly accepted the IJP's invitation to share their views on this very important topic.

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— George Zarb, Editor-in-Chief