Opinion

Dear reader,

Implants are probably a topic in dentistry that has the potential to spark vigorous debate among clinicians. Whenever I talk to dentists in interviews or casually at congresses, I almost certainly encounter two opposing viewpoints: those who are passionate advocates of the devices or those who believe implants signal the doom of dentistry.

The truth, as always, lies somewhere in the middle, but there is certainly a corporate influence in dental implantology nowadays that cannot be ignored. Or to quote a well-known implantologist I recently interviewed: “I am afraid these companies own us.”

With an increasing number of dentists expected to start placing implants, this issue will become ever more important. I wonder what your viewpoint on the debate is.

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

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During the past few years, there appears to have been an increase in the continuing education courses being offered. Many of the courses cover implant dentistry, but the conventional courses that form the basis of learning the skills to save teeth have been fewer in number. Apparently, everybody wants to learn how to place a dental implant surgically.

In the past, dentists spent four to five years in dental school learning many of the skills needed to save teeth. These skills involve different forms of dentistry, not limited to periodontics, operative dentistry or endodontics. They spent countless hours learning to negotiate root surfaces in debrided and root canal curvatures in endodontics, as well as multiple techniques in operative dentistry to preserve teeth. But all that has changed overnight. Why spend so much time saving teeth when you can remove them and place a dental implant in half the time? Is this really better for the patient? Why burden the patient with multiple periodontal procedures to save teeth when the alternative is here?

This approach appears to be widespread in the thinking of clinicians today. Many are concerned that dentists are not promoting the correct approach to preserving the integrity of the natural dentition. The attitude is so contagious that even some endodontists are learning to place dental implants. Is this not a clear conflict of interest?

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The Ebola virus epidemic: A concern for dentistry?

The removal of key aspects of dental training creates dentists who are not confident to diagnose or render the necessary procedures to save teeth adequately. Their clinical skills in recognising and managing ailing dentition are limited. Their ability to recognise when and where dental implants may be used may be influencing their ability or motivation to save teeth. Are we not creating a conflict of interest for our patients? The true need should be to return to the basics and learn to save teeth first, so patients are able to keep the most natural dental implant of them all.

Yours sincerely,

Dr Sebastian Saba
Editor-in-Chief, Dental Tribune Canada
Handpiece pro

Dr Sebastian Saba is Editor-in-Chief of Dental Tribune Canada. He can be contacted at sabpro@sympatico.ca.

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“Is it budget time again?”

The risk of extinction

Dr Sebastian Saba
Canada

Twenty-two years ago, a seminal report from the Institute of Medicine (IOM) in the US titled Emerging Infections: Microbial Threats to Health in the United States warned of the dangers of so-called newly emerging and re-emerging diseases. The concept of “emerging infectious diseases”, introduced then by the IOM is now well entrenched, and to our chagrin we have witnessed many such diseases over the last two decades. These include vari- ant Creutzfeldt-Jakob disease/ bovine spongiform encephalop-athy, severe acute respiratory syndrome, and Middle East respir- atory syndrome, and above all the pandemic of acquired immune deficiency syndrome (Aids), which has claimed mil- lions of lives the world over. The re-emerging infectious diseases we have seen include diseases caused by meticillin-resistant Staphylococcus aurus, and mul- tidrug-resistant and extensively drug-resistant tuberculosis.

Interestingly, the concept of “emerging infectious diseases” is not new. Indeed ancient Greek, Roman and Persian writers docu- mented the emergence of many re-emerging infectious diseases. The con- sumption of alcohol was largely responsible for many of these diseases. In ancient Rome, the scientist Robert Boyle presciently observed in 1865 that...
“...we cannot afford to let our guard down...”

In dentistry, we are constantly exposed to these emerging and re-emerging infectious threats and we cannot afford to let our guard down. Vigilance, awareness and good clinical practice with standard infection control at all times are fundamental to prevention, as yet-unimagined new diseases surely lie in wait.

Although we have made spectacular technical and scientific advances since the release of the original IOM report some two decades ago, it appears that humans are still defenceless in the face of the relentless march of our microbe foes.

Contact Info

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