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'3. Bend the matrix to the contour of the tooth and restore."

The rot runs deep

Stephen Hudson discusses modern dentistry

In my mind, there is a problem that the profession is not addressing, which can easily be displayed by the public and by the law, and the lawyer, often quite rightly, are getting very rich because of it. When we hear that some figures state that almost 50 per cent of all claims are down to what one dentist says about another dentist’s work (usually without being in full awareness of all the facts) and there is a huge tsunami threatening to wash over the "profession".

It’s a tsunami of our own making, and down to either our own greed and egos, or the fact that many practitioners, devoid of passion and things on people they should be treating. We are making a rod for our own back, and the lawyers, often quite rightly, are getting very rich because of it. When we hear that some figures state that almost 50 per cent of all claims are down to what one dentist says about another dentist's work (usually without being in full awareness of all the facts) and there is a huge tsunami threatening to wash over the "profession".

Dentists are doing things that shouldn’t be doing on people they shouldn’t be treating; and dentists aren’t doing things on people they should be treating.

Ents are doing things they shouldn’t be doing on people they shouldn’t be treating.

Now have a chat with any dental adviser from DPL or DDU and they will tell you how claims are rising, even though the dentists themselves are saying they are being more careful. What is the reality? It’s a tsunami of our own making, and down to either our own greed and egos, or the fact that many practitioners, devoid of passion and things on people they should be treating.

Dentists are doing things that shouldn’t be doing on people they shouldn’t be treating.

I am saying that, on the whole, we have lost our way. I am not saying there is anything wrong with doing six veneers on a patient, but I am saying that if you didn’t specifically warn that patient of the risks and the chances of having to redo all that work on a regular basis, then I’m going to give you a concerned look. If that patient didn’t walk into having that treatment with the eyes wide open and the knowledge that the UL2 could blow up and need endo, then that treatment wasn’t done in the patient’s best interest. Hiding those warnings in a seven-page treatment plan that the patient probably didn’t read doesn’t absolve you in my book.

Of course, that’s just my opinion. It isn’t that I’m right, it just means I have an opinion. I think sticking porcelain on people’s teeth should be done the right way, and it should be considered as a last resort. For example, I struggle to see how a dentist can sell a “course of veneers” on one of those cut price deals websites without even seeing the patient first.

I just don’t get it.

There is of course the media image of the celebrity smile which some patients clamour for, and it is surely our duty to say “hold on, that might not be right for you”. I often hear dentists who want to be the next Dr X, or the next Dr Y, sucked into the glow of being “a dental celebrity” which lets the ego get in the way of the important things. Like the fact that happiness and self respect come from the inside, not from the external. That our interpretation of what we look like is a thousand miles away from what other people see. That most people don’t notice your slightly rotated upper left central, because they are too bothered worrying about how their own image is being perceived by those around them. If we think our slightly crooked smile, or our darkened teeth will effect how others view you, we will often manifest evidence to prove this. If we don’t that evidence often strangely doesn’t appear.

The true judge of an individual is not their perceived physical attractiveness. The true judge is the person’s character.

Maxwell Maltz became one of New York’s most successful plastic surgeons from a squat practice, by sending his patients away for 50 days to do visualisation exercises to change their self perception of what they deemed to be their problem. Fifty per cent of his clients rapported that they no longer needed the surgery at the end of the 50 days. But the referrals from the patients who respected him so much kept him busier than ever.
And so I ask; where is the training?

There are 30,000 dentists in this country. Where is the mandatory national training pathway that we should be following? Airline Pilots can’t get off the ground without being tested every six months, and surgeons can’t operate without regular peer reviewed examination. Why does this not apply to us? Oh I know FGDP do a pathway of sorts, but it’s not cheap and has limited places.

Go into any lab in the country and ask them to show you the preps they are making crowns on. Look at the imps they are being sent. It will shock you; it certainly shocked me when I last did it. There aren’t many courses out there that get you to cut a posterior gold onlay prep in peer reviewed conditions. But there are plenty of courses to show you how to coat teeth with porcelain.

When I talk to the oral surgeons that I know, they tell me that at least 40 per cent of all the implants placed in this country are badly done. Forty per cent.

When I talk to the oral surgeons that I know, they tell me that at least 40 per cent of all the implants placed in this country are badly done. Forty per cent. If correct, that’s a staggering number and one that I am sure the indemnity providers are seriously worrying about. Whilst I know we have to start somewhere, we shouldn’t be doing treatments we are not competent to do. We shouldn’t be doing treatments that aren’t in the best interest of the patients, and we shouldn’t be doing such advanced treatments (some would argue any treatments) on patients we don’t have rapport with.

That’s not what dentistry is about.

We need courses that are comprehensive, that cover the basics and which cover the more advanced stuff. Failing to spot and treat peri problems is one of the biggest case loads facing dental indemnifiers at the moment. Where are the nationally run hands on courses to correct this? Why are dentists allowed to place implants after a weekend course at Gatwick? Why do the GDC’s core subjects not cover anything to do with clinical dentistry? That’s obscene. Oh, you can handle a complaint, but how’s about having rapport skills so that the complaint never arose, and the clinical skills that meant your six veneers didn’t keep dropping off in the first place.

What I do know is that we, as a profession, will not correct this ourselves. We will spiral down into a hole of our own making until someone turns around and MAKES us change. And then we will likely end up like the USA where everything gets farmed out to specialists, increasing the costs, and increasing the inconvenience to the patient.

And you know what; I have no idea how to correct this. That’s my confession. It will take a smarter person than me to build a barrier against the incoming tsunami.

That’s the way it looks from here.

About the author

Dr Stephen Hudson BDS, MFGDP, MSc is a dental practice owner working in Chesterfield. When he qualified in HHS, he soon realised that the way most dentists trained their dentistry was slowly killing them, and decided he needed to try and do something to reverse this trend. This was why he set up the website www.gdpresources.co.uk.

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