Poor root fillings result of stress and financial pressure in dentistry

By DTI

GOTHENBURG, Sweden: A new survey has linked the quality of root fillings to the level of stress dentists experience in performing the procedure and the fee charged. Some dentists reported that “good enough” was often a more realistic goal than optimal quality in light of the complexity of root fillings and insufficient time allocated owing to the associated treatment tariff, among other reasons.

According to the study, which was conducted as part of a doctoral thesis at the Sahlgrenska Academy, only half of all root fillings that are performed in the Swedish public dental service are of good quality. Moreover, more than one-third of root fillings show signs of apical periodontitis, which can lead to acute symptoms, such as pain and swelling, and may even spread and become life-threatening in some cases.

Aiming to investigate the reasons dentists accept technically poor root fillings, Lisbeth Dahlström, a senior dental officer and researcher at the Sahlgrenska Academy, conducted group interviews with 33 dentists from the Swedish public dental service.

The results showed that treatment was often associated with negative feelings, such as stress and frustration, and it was common for treatment to be performed with a sense of a loss of control owing to the perceived technical difficulty. Another cause of dentists accepting poorer root fillings was that allotted time for treatment according to the fee charged was insufficient, participants reported.

“The dentist then finds they are facing a dilemma, to ‘go back’ to the treatment, to optimize quality, or to offer care within the framework of the compensation and thus risk accepting an incomplete root filling,” Dahlström explained.

Regarding quality, the dentists interviewed reported uncertainty as to what constitutes reasonably acceptable quality. According to Dahlström, they often stated that “good enough” was a more realistic goal than optimal quality. However, despite the difficulties experienced, the survey also showed that the dentists wanted to provide good treatment and that they were very concerned about their patients, the researcher said.

In order to improve the quality of root fillings, Dahlström suggested measures such as increased opportunity for continuing education, time for discussion and exchange of experiences at the workplace, as well as investment in equipment that enhances treatment, shortens the time needed and improves visibility.

Each year, approximately 250,000 root fillings are done in Sweden and it has been estimated that there are at least 2.5 million root-filled teeth affected by periapical periodontitis. Dahlström defended her thesis, titled “On root-filling quality in general dental practice”, on 4 March.

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“I do not think we are doing a good enough job”
An interview with Henry Schein Chairman and CEO Stanley M. Bergman

Henry Schein has been supporting the Senior Dental Leadership Programme (SDL) since its launch in 2007. Last month, the company’s long-term Chairman and CEO Stanley M. Bergman delivered the keynote address for SDL’s tenth anniversary meeting in London in the UK. Dental Tribune had the opportunity to sit down with him during the event to discuss the motivation behind the initiative, as well as public-private partnerships in dentistry in general and their importance for the improvement of oral health worldwide.

Dental Tribune: Mr Bergman, in your keynote at this year’s SDL Meeting, you talked about some of the key aspects that have made your company one of the leaders in oral health care worldwide. Could you summarise these for our readers?

Stanley M. Bergman: Henry Schein has been a very successful company by focusing on doing well by doing good. This requires balancing the five constituents that comprise our mosaic of success—our customers, suppliers, investors, Team Schein, and society. One part of the mosaic is our commitment to society, which makes us different from others in the industry. With our public-private partnerships, we work with government as well as non-governmental organisations, customers and suppliers to make a difference in society. This enables trust, and with trust you can move things forward—like advancing oral health, for example, by bringing together academia, professionals, public health officials and businesspeople from around the globe.

The SDL Programme tries to do exactly that. Is this why your company has supported this initiative for such a long time?

The SDL is clearly the epitome of a public-private partnership. So far, it has been pretty successful in bringing together all members of the dental community, including representatives of dental schools, like Harvard and King’s College here in London, as well as public health officials from around the world and the private sector.

There has been very good research in the last decade with regard to oral health. What we learnt from that is that we have to focus not just on the teeth but on the whole body. Good oral care results in good general health, which then results in a good quality of life. We use SDL to get that message out to all constituents of the dental community around the world.

With dental diseases still occurring in epidemic proportions around the world, according to reports, is there a general lack of leadership in the profession?

I would not exactly call it a lack of leadership. As you mentioned, however—and the latest statistics show this—it is a sad fact that there are over three million people in the world suffering from dental caries alone. Unfortunately, oral diseases—in addition to psychological diseases—are still not recognised as non-communicable diseases (NCD) by the World Health Organization (WHO) and, as a consequence, their improvement is not considered to be beneficial for better quality of life and bringing health care costs down.

The challenge we face is that the dental profession is not doing enough to make sure that oral disease is viewed as a key component of the NCD category. There is still too much focus on the profession or on restorative procedures or aesthetics. While I think we are all a bit to blame for not getting the message out, I still see dentists who are focused too much on today versus the long-term, macro picture. It is our job, through public-private partnerships, for example, to make sure that this changes. This way, we would end up with not only significantly lower health care spending but also a healthier world in general.

With all the work that the SDL Programme and other oral health initiatives have done and are doing, how far do you think we have come in achieving this goal?

The science is very new. There have been a number of studies published only in the last seven to eight years that show a direct correlation between oral health and other health areas, like cardiology. Dental schools like Harvard are advancing this research and many others will follow. However, there are other areas, such as cancer, where we have made good progress, but have not told people that around the globe about 150,000 people die of oral cancer each year. I do not think we are doing a good enough job to convince the world of the importance of oral health.

Where do you think the main impetus has to come from?

It has to come from the profession itself. I think the FDI World Dental Federation is doing a good job in this regard and I am quite optimistic that it will lead us in this area. We need to make the

“Please understand the importance of this. Sadly, there is only one dentist in the WHO right now. There should be more.

Also, dental schools are not taking a strong enough position on health care. It is part of their history that they would not necessarily be part of the medical school system. I remember the big fight over the New York University dental school a decade ago. There are also other dental schools that are connected to medical departments or institutions. We need more and more of that. Dentistry has to be part of total care.

In your home country, the upcoming presidential election has put health care and its delivery in the forefront of the debate. Which system do you generally consider to be better for achieving improved health?

Generally, I do not think that one system is better than the other. I am a free-enterprise person and therefore I think you have to allow those who wish to have a private system to have it. For those who cannot afford private insurance, the government has to provide some amount of care. I believe that the only way to achieve better health is through more preventative care. It is not about building more hospitals, but preventing people from getting sick. That is what health care reform is all about.

Thank you very much for the interview.

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