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DOI: 10.2478/aoj-2013-0001

Guest Editorial

The bottom line

There has been a steady and significant decline in orthodontic interest in the concept of occlusion. Its physiology, its relationship with growth and development, the significance and aetiology of severe overbite, the curve of Spee, the significance of inter-occlusal (freeway) space and occlusal vertical height are seldom presented or discussed in the literature or at congresses. The current focus is directed more towards the design and type of brackets, either metal or ceramic, active or passive, pre-angulated with built-in torque, TADs or additional forms of appliance attachment. It appears that since the middle of the 1970s, orthodontics has become more mechanically focused, with less attention directed towards growth and development and other physiological or biological aspects. That may be a reason why the FDI President, Dr Burton Conrod, in 2008 said, 'In the eyes of the public, dentistry is not perceived as a health profession but rather as a trade'. Are dentistry and orthodontics now trades associated with 'tooth carpentry'? By concentrating on the mechanical side of the health service, commercial companies are encouraged to conduct seminars and courses to introduce and promote particular products used in carrying out treatment.

In addition, practice management seminars are mushrooming. Candidates attending these seminars are taught the art of talking patients into treatment and therefore creating a want rather than a need. In other words, selling treatment like car salesmen. Parents are often pressured into accepting a treatment plan by scaremongering tactics. For example, a young child under 8 years of age, in the early mixed dentition, had a mild cross-bite due to an upper first molar rotated slightly mesio-palatally. An extensive treatment plan was prescribed and when the parents asked if treatment was really necessary at this young age, the treatment co-ordinator put this question to the parents, 'Would you wait if it was cancer?' In an advertisement by a practice-management company a dentist was asked 'What was the greatest change you found after attending the seminar on practice management?' He replied, 'I found my case acceptance went through the roof.' Is this type of seminar only relevant to a certain type of practice? The reply was, 'Yes. It's only relevant to people who want to make more money working fewer hours.' That says it all. Obviously at the seminar, no attempt was made to sharpen the candidate's skill in diagnosis in order to understand the aetiology of the condition. It is interesting and disturbing to know that CPD points can be gained by attending such practice seminars. In the present climate, the health service is very much a commercial business and understandably is orientated towards treatment rather than prevention. Disease mongering has become a feature of the health establishment which makes the health service itself a major threat to patient wellbeing. Adverse drug reactions kill 197,000 people annually in the European Union (Kathy Archibald, Director, Safer Medicine Trust, 2012). The superior physician cures before the illness is manifested; the inferior physician can only treat the illness he/she was unable to prevent. It appears that the bottom line in the health service is no longer 'prevention is better than cure' but rather 'the more treatment the better'.

Since the introduction of Continuing Professional Development, there has been a flood of invitations to attend seminars and courses conducted by presenters who had recently completed their specialist postgraduate program. With limited clinical experience, it would be extremely difficult, if not impossible, for presenters to fulfill Cochrane's requirements of evidence-based treatment. In contemporary times, it is rare to see case histories in publications showing results 5 or even 2 years out of retention. Even in recognised textbooks, it is obvious that the records showing treatment results were taken soon after the removal of appliances. Can this be classified as evidence-based?

Most treatment procedures generate a great deal of waste material which requires disposal. Imagine the volume of plastic and toxic materials discarded in dental practices every day. Protective glasses are now replaced with plastic/form eye protectors, which are discarded after each patient, along with operating gloves, masks and packaging. In the manufacture of materials used in the health services, numerous solvents are used which generate waste products known as volatile organic compounds (VOCs), some of which are known carcinogens. With this array of modern, hi-tech equipment and materials at our disposal, it is hard to resist the temptation to use them. Martin Luther King in 1963 said, 'The means by which we live have out-distanced the ends for which we live. Our scientific power has outrun our spiritual power; we have guided missiles and misguided men'. Health cannot be sustained without an intact ecosystem. Health should be examined within an ecological framework. What is good for biodiversity should be good for health and vice versa. 'Healthy country, healthy people; sick country, sick people' is an edict from one of the world's oldest cultures, the Indigenous Australians.

Modern societies tend to refer to the environment as if it is a resource, a platform for human activities but not actually the place which we live – our home. The anthropocentric nature of the world's major cultures, particularly technologically-oriented cultures, obscures awareness of the ecological dimensions of human existence. In 1948, the World Health Organisation defined health as 'a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.' Obviously, the experts in the WHO did not consider the external environment important as it was not mentioned in the original document. However 40 years later, in 1988, the WHO made the following statement: 'We are now witnessing that the term physical wellbeing means much more than the biology of the human body; it includes a safe environment and the responsibility for our physical surroundings on the planet as a whole'. Since health cannot be sustained without an intact ecosystem, health service providers need to think and act as 'Clinical Ecologists'.

Is prevention still the bottom line in the health profession in modern society?

The future solution of problems in the dental and orthodontic professions, or in any other profession, will depend, not on technical development or the addition of man-power or money, although these are necessities, but rather on philosophy.

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