

Dental Care or Beauty Treatment?

The aesthetics of dental restorations have always been important and over the last few years there has been a big increase in both the demand for, and the supply of cosmetic dentistry. There are ultimately three factors responsible for this – the media, patients and dentists themselves.

However, the fact of the matter is that some modern cosmetic treatments may give little or no thought to the future of the patient or what will happen to them down the line. With treatments such as veneers and implants on the rise, dentists should be asking themselves, ‘what is best for the patient?’ not ‘what does the patient want right now?’

Denplan’s Chief Dental Officer, Roger Matthews, interviews Professor Richard Ibbetson* to discuss the ethical implications of ‘selling’ cosmetic dentistry and how much dentists should allow themselves to be influenced by the desires of their patients.

In your opinion, what is the dentist’s ethical obligation to their patient when it comes to cosmetic treatments?

“Dental care is about keeping people pain-free and healthy, while trying to satisfy their cosmetic concerns. However, with magazines full of adverts for cosmetic dentistry and more people aspiring to celebrity ideals, aggressive dental treatments for aesthetic reasons alone are on the rise to a worrying degree.

“In my view, any dental treatment undertaken should always be:

- Safe
- Conservative
- Predictable
- Patient directed
- Dentist monitored

“Many patients will come into a surgery convinced of the treatment they want. It is the dentist’s job to ensure the decision is not rushed, that less invasive routes are explored and that the risks are discussed in full. We are taught as business owners that the customer is always right, but when measuring the aesthetic outcomes of various treatments, what the customer perceives can be subjective. In fact, many patients will be open to trying less aggressive procedures first, when they are fully appraised of the potential downside of their initial preference.”

It has been a rising trend for many years now that amalgam fillings are being replaced with the more aesthetically pleasing composite fillings. Is this a problem?

“In many cases dentists use composite as a matter of course, without ever giving patients the choice. There are some situations where composite is the best material for restoring a posterior tooth as it can be more conservative of tooth tissue. However, dentists know that direct composite fillings, particularly large ones, are more difficult to perform and have a significantly shorter life-span.

“As oral healthcare professionals, obliged by codes of practice, we should therefore always talk through potential risks with patients in order for them to make an informed decision. In the same way that dentists will often choose amalgam fillings for their own treatment, in practice I have found that patients are far more open to amalgam, when they understand that composite fillings are not without their disadvantages.”

What impact has celebrity culture had on the profession?

“Celebrities such as Britney Spears and Simon Cowell have a lot to answer for when it comes to dental treatment! Their “too-perfect” teeth have all too often brought people into the dental surgery with unrealistic goals, which subsequently can pose a moral issue for the treating dentist.

“The risks involved in porcelain veneers are significant, but this fact is often lost on people who are continually bombarded with images of ‘perfect’ teeth in the media. Although fracture or loss of cementation of a veneer is rare, deterioration in appearance particularly due to marginal discolouration is more common and constitutes a failure. Therefore, it is our responsibility to inform patients of the risks and benefits of veneers before they willingly agree to the removal of healthy tooth structure.

“Interestingly, an increasing number of people opt for veneers simply to make their teeth whiter. For a dentist to agree to this method of treatment solely for this reason is unethical, as more often than not, the results look unnatural, over the top and simply odd. In many cases, bleaching teeth can achieve much of the desired result without the loss of healthy tooth structure. It is one of the least harmful procedures and many patients who were considering aggressive treatments such as veneers are often completely happy with the results of whitening alone.”

“This illustrates why dentists should always explore a range of options with the patient (including no treatment), before agreeing to a more complex approach. Investigating other avenues allows the patient to make an informed decision and the dentist to convey the benefits and risks of each procedure, while protecting professional ethics. Remember, just because a patient says they want something, does not mean that a dentist must do it.”

Another trend to appear in recent years is that of ‘instant orthodontics’. How do you think this will affect younger patients?

“More and more patients, young adults in particular are coming to dentists for treatments such as implants and veneers to avoid the traditional ‘train-track’ orthodontic route. This, however, is simply bad dentistry. To destroy good teeth for a quick aesthetic result is not only unethical but will subject the young patient to a lifetime of repeat treatments and recurring problems. “

“As a profession we should be ensuring that teeth outlast people, not the other way round. The first principle is to preserve the patient’s tooth structure wherever possible. The life of the tooth is far more important than the life of the crown or veneer. Treatments such as all ceramic crowns and aggressive preparations for veneers may mean the extensive removal of tooth tissue. In the event of a restoration failure or future problems, there can be little tooth structure left to work with.

“As healthcare professionals we should be continually working under a system of compliance, education and communication. All dental treatments are temporary: deterioration and failure are inevitable. Dentists should reflect on modern trends and decide whether the demands of their patients out-weigh their moral obligations. As such, it should be a matter of professional pride to decline treatments if they are felt to be unnecessary or unethical. If we fail to do this it is only a matter of time before we are truly a lost profession.”

Final thoughts

I didn't know it at the time, but back in the Seventies I became an enthusiast for minimally invasive dentistry. Back then, the idea of keeping as much tooth structure intact seemed much more appealing than gambling on the success of full dentures and this is still true when looking at the costs of implants today.

It is clear that both Richard and I are keen supporters of prevention where possible and high-quality preservation when appropriate. To act otherwise is a breach of our professional ethics: and this should apply whether the impetus for treatment originates with the dentist's diagnosis or the patient's aspirations. Both are legitimate, and both need the same care in evaluating.

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*Richard Ibbetson – Director, Edinburgh Postgraduate Dental Institute and Honorary Consultant in Restorative Dentistry, Lothian Primary Care NHS Trust.

Richard graduated from Guy's Hospital in 1974 and completed an MSc at the Eastman Dental Institute in 1979. He worked at the Eastman for 20 years before taking up the post of Director of Postgraduate Dental Institute in Edinburgh. His main clinical interests centre on the postgraduate teaching and practice of Fixed Prosthodontics.