

Dentistry in South Africa is gravely ill, sick to the core

Dear Editor

When high-ranking officials express the opinion that television advertisement for "extreme makeovers" by individual practitioners is beneficial because it "raises public awareness of dentistry," then the disease has become irreversible. It was this little remark, by a high-ranking SADA official, reported to me by an impeccable source, which has sparked my little tirade. The fears and doubts have been gnawing for several decades, however.

The remark by the SADA official was the final, conclusive, absolute proof of my long-held provisional diagnosis. It confirmed that we are now on the final road to the dark abyss.

My suspicions were first raised many years ago, possibly in 1987, when the concept of aesthetic dentistry was first promoted in this country. At first it seemed like an idea whose time had come. We all started experimenting with porcelain and posterior resin composite. In 1992 or 1993 Cerec came to these shores and the tide became ever more urgent. Simultaneously implants burst onto the scene setting the stage for wonderful reconstructions and rehabilitations. Today, even the worst kind of mouths can be made to look like those of the Hollywood stars. There is nothing inherently wrong with that. It is good to do good dentistry.

The real problem is situated very deep in the hearts and minds of the members of the profession. It even has a name. It is called Greed.

The problems with aesthetic or cosmetic dentistry are that it is expensive and that it carries severe risks and possible complications. These complications and their sequelae are the final toxins causing suppurative necrosis of the dental profession.

The spectacular financial "success" of a few practitioners, some even using television coverage and expensive internet marketing strategies, has unleashed a tsunami of greed-induced cosmetic dentistry, including therapies such as bleaching, Botox and full mouth porcelain restorations. Worst of all have been the outright lies and disinformation campaigns directed at two of the oldest and most trustworthy dental techniques, amalgam and root canal treatment. Unscrupulous operators have touted these trusted therapies as "poisonous", "dangerous", and "detrimental". The reason is of course the desire to sell cosmetic dentistry and implants.

The concept of "selling" and "marketing" professional services, especially medical services, was of course unknown a generation ago. All marketing was by means of word of mouth. Younger dentists laugh at this "outdated" concept.

Marketing and selling cosmetic dentistry is ethically unpalatable enough as it is but the final nail in the coffin is the lack of information, referring to the legal concept of "informed consent", provided to patients.

Cosmetic dentists are loathe to properly and honestly inform their patients of "the risks, complications and side effects of all treatment modalities", as required by the ethical, moral and legal code. Their patients are fed one-sided propaganda. No mention is made of the inherent dangers of post-operative sensitivity, leakage, pain, pulpal necrosis, implant failures, loss of bone, periodontitis and all the other real risks, complications and side effects of the cosmetic dentist's chosen treatment modality.

Recently I was confronted with the very ugly face of such a case. A colleague provided a patient with an all-porcelain, full mouth reconstruction, costing a couple of hundred thousand rand. This was followed by severe post-operative pain, leading the colleague to do fourteen root canal treatments a few months later, in the spate of a few hours, on one day. The root canal treatments were clearly of inferior quality and the pain worsened. I redid all these root canal treatments and was forced to do two more. I then referred the patient to a team of specialists for periodontal and prosthodontic rehabilitation. (Most of the original porcelain restorations had been leaking).

I was contacted, and visited, by a team of lawyers, acting on behalf of the patient. They asked me to declare, in writing, for the sake of an urgent court application, that my colleague had been negligent, which of course he was. After much soul searching I reluctantly complied. It is now expected that this case will be settled, out of court, as most often happens, for a sum of nine hundred thousand rand, the bill being settled by my colleague's, (and my and every SADA member's), insurers. My affidavit was instrumental in my (and every SADA member's) insurance premium being significantly raised next year.

I am told that our medical colleagues, the surgeons and obstetricians, are paying upward of R20000 (twenty thousand rand) per month in liability insurance. As a result many are leaving the medical profession.

It is alleged that the lawyers view the medical profession as easy prey. This has become important since the demise (almost) of the road accident fund. They are now targeting the medical doctors, because of the cash abundance of their insurers. And this is the real threat cosmetic (and implant) dentistry pose to the profession. As more and more of these cases find their way to the offices of the lawyers, we will be facing increasing liability insurance premiums. It will eventually, soon perhaps, become too expensive to practice, except, ironically, for a few of the really big earners, with their television campaigns and billboards.

What irks me is that many patients would not have consented to cosmetic dentistry, or implants, or whatever, if they had been properly informed, beforehand, of "the risks, complications, side effects of all treatment modalities". If patients are properly informed, most would not consent, and as a result we would see fewer legal cases, our premiums would remain affordable, and we would continue practicing. I suspect that many colleagues silently know this and therefore are deliberately not informing patients properly. They are only interested in the bottom line.

It is wrong to actively promote expensive, "profitable", treatment, and to remain silent about simple, safe, tried and tested treatment modalities, or even worse, to bad-mouth these inexpensive procedures, simply in order to increase the "bottom line".

Dentistry in South Africa has got it all wrong. Dentistry is not a business. It is a service. We are bound by an ethical code to serve our patients' best interests. Dentistry is not about increasing the bottom line. It is not about marketing. It is about service. If we firmly believe that, and pursue that, the profit will come by itself. Profit is only a by-product of good service.

When we need all kinds of fancy marketing gimmicks, then we have lost the plot completely. When we willingly and knowingly advise patients to have well-functioning amalgam restorations replaced by so-called aesthetic restorations because of "health reasons", then we are insanely dishonest. When we fail to inform patients about alternatives such as no treatment, bridges, dentures, in order to "sell" implants, then we are no better than corrupt politicians or quacks. If we do these things, then we deserve to be sacrificed on the altars of the lawyers.

Kind regards
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