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The Back Page Commentary: Let's Talk About the Real World

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Let's Talk About the Real World

By Danielle Gehlert, DDS

Continuing education is valuable to each and every one of us. The programs inspire us to improve at our craft and be knowledgeable about scientific and clinical innovations. Have you ever gone to a restorative, cosmetic, endodontic, or implant seminar and marveled at the PowerPoint cases presented? Have you thought, "Wow, I'd love to do more cases like that every day"?

But for the vast majority of us, those same cases don't reflect the day to day "real world" patients we see and treat. "Real world" patient treatment-planning is often not sexy, but practical for that individual patient.

I'd like to see seminars that roll out the long-term restorative planning with photos and time frames that may not be ideal, but are ideal for that given patient. I'd like to see programs that include successes and failures. Failures do occur, but then let's see how they are rectified.

Let's see a case where that nice looking root canal and post core and crown has a hairline fracture, leaving the tooth nonrestorable, which then leads to an implant or bridge or partial, or no treatment at all.

Gehlert

I would love to do full-mouth rehabilitation for every patient in need. Truth be told, many patients may have to compromise on the "perceived best" treatment. They may have to pass on the Cadillac and work with the Chevy. Neither option is right or wrong. Let's face it — when offering options to our patients, we must take their financial limitations as well as their willingness or unwillingness to participate in their dental health care into consideration.

Let me highlight a case in point, to which we can all relate. A heavy smoker who is also diabetic with periodontal disease and multiple carious lesions seeks your help. One of the lesions involves the pulp. Additionally, the patient has limited resources and a limited understanding of oral health. Do you do that root canal, core, and crown and let the rest deteriorate? Saving that single tooth will cost the patient upward of $2,500.

It's terribly frustrating to see a new patient where the above scenario has occurred. He or she is strapped financially and left with no insurance dollars to treat other impending needs. Suggesting an extraction is neither right or wrong. Does the patient require to SCRP and restorative plans to avoid further pulpal involvement? That single tooth can be restored when the patient has better overall oral health care and is financially able. It's up to us to help educate and facilitate options.

We must consider the fact that not every patient is a CEO with $30,000-plus to spend on a full-mouth reconstruction. We have an ethical responsibility to offer plans that treats the disease, but also one the patient can afford.

Let's see more clinically practical "real world" cases presented. ●

Dr. Gehlert has practiced in St. Clair Shores for the past 25 years. She works in a family practice and is a strong proponent of organized dentistry. She received her BA from the University of Michigan in 1987 and her DDS in 1991 at the University of Michigan as well. Outside of dentistry, she is married with three children, and currently serves as a councilwoman in the city of Grosse Pointe Shores.

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