Is continuing education of implant dentistry sending the wrong message?

The risk of extinction

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_**Over the past few years**, it appears that there has been increase in continuing education. Many of the courses are about implant dentistry and the conventional courses that form the basis of learning the skills of saving teeth have been fewer in number. Obviously, everybody wants to learn how to surgically place a dental implant. It appears that some apparent "need" of patients has driven clinicians to subscribe to these weekend courses in surgery so they can respond to these patient "needs." However, patients see their dentist regularly to save their teeth, not to have their teeth sacrificed for implant dentistry. Are we sending the wrong message here?

[PICTURE: ©IQONCEPT]

Originally all courses were provided by clinicians and researchers with a broad scientific support, justifying the concepts and designs for implant dentistry. Longitudinal and retrospective clinical data, scientifically based, were always presented to justify a design improvement, clinical protocol, or change in concepts like Submerged vs. Non Submerged Implants, for example. Lately, however, continuing education courses appear more sales oriented. Clinicians with biased viewpoints try to provide an objective view, but exhibit a clear conflict of interest, which generates doubt about their objectivity. Clinicians today therefore find it more challenging to select a continuing education programme that lacks any bias conclusions.

The whole marketing approach to implant dentistry has been to "oversimplify" the protocols so that anybody can place or restore a dental implant. These lectures appear to be purely mechanical with no prosthodontic considerations. Gone are the lectures showing long term data substantiating implant protocols and design. The presence of this oversimplification of implant dentistry and lack of academic control of scientific documentation has the dental field overrun with over glorified concepts like "All on 4", "Immediate Placement and Loading With Teeth in a Day", and "Flapless Surgery" all used in marketing dental implants without any respect for the prior established scientific data. There is a need for long term clinical

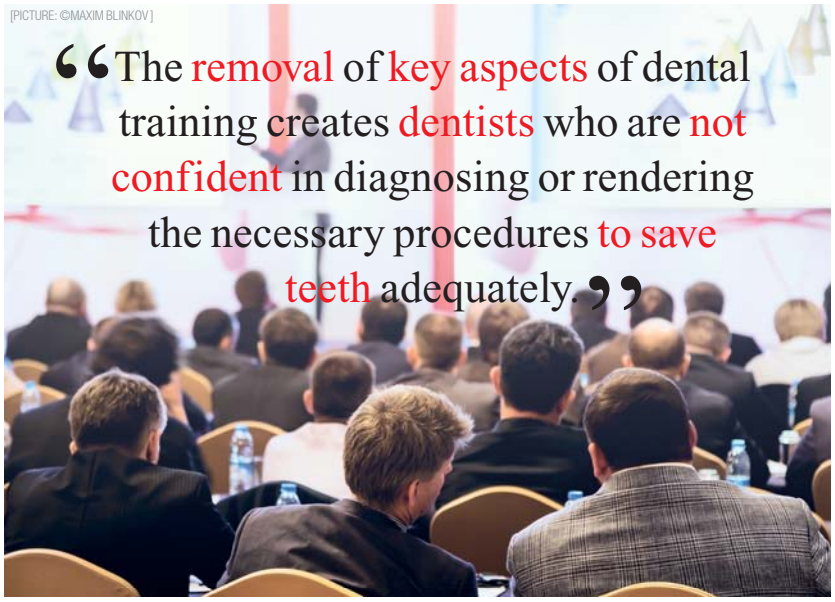
observations of dental protocols, materials, and surgical approaches. This provides key insight to diagnoses and treatment directions.

Is continuing education a facade for marketing? In the absence of consistent scientific protocols, are 95 % success rates, as previously promised, seen regularly? If not, what is the problem here? The lack of academic oversight has allowed the corporate community to introduce new products, designs, and concepts under the scientific radar. This oversight has provided an open invitation to "Cloned Implant Systems" or "Aftermarket Implant" companies of questionable origin, to infiltrate dental practices under the disguise of "Compatibility" without any scientific information. The systems with questionable origin, scientific documentation, and quality control may be one factor contributing to reduced success rates.

Once the courses are completed, most clinicians receive the golden label of approval, a dental certificate of completion that they can hang on their dental mantel at the office. On Monday morning, they become changed and charged individuals. They have been pre-programmed to now look at patients as potential implant patients. Their approach to dentistry has changed overnight. In the past, they spent four to five years in dental school learning most of the skills to save teeth. These skills involve different forms of dentistry, not limited to periodontics, operative dentistry, or endodontics. They spent countless hours understanding how to negotiate root surfaces in debridement, root canal curvatures in endodontics and multiple techniques in operative dentistry to save teeth. But overnight, all that has changed. Why spend so much time saving teeth, when you can remove them and place a dental implant at half the time? Is this really better for the patient? Why burden the patient with multiple periodontal procedures to save teeth when the alternative is here?

This approach seems to be contagious in the thinking of clinicians today. Many are concerned that dentists are not promoting the right approach to saving the integrity of the natural dentition. This attitude is so contagious that even some endodontists are learning to place dental implants. Is this not a clear conflict of interest? What is their motivation? Are we doing enough to teach dentists how to diagnose and prognose the ailing dentition? When does the ailing dentition become a failing dentition? When is it appropriate to choose implant dentistry over conventional, time-proven and predictable conventional dentistry?

The removal of key aspects of dental training creates dentists who are not confident in diagnosing or rendering the necessary procedures to save teeth adequately. Their clinical skills in recognising and managing ailing dentitions are limited. Their ability to recognise when and where dental implants may be used can be influencing their ability or motivation to save teeth. Are we not creating a situation where we may not be doing what's best for our patients?



The way to address this issue is to exercise more caution when approaching continuing education. Choose your lecturers carefully, expect more from these sources of information, and learn more from your time commitments to continuing education. The true "need" should be to go back to basics and learn how to save teeth first, so patients are able to keep the most natural dental implant of them all._

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