

All change? Or back to basics?

Michael Sultan discusses the winds of change in dentistry



Dentistry has evolved over time especially with braces

There is nothing quite like a global economic crisis to focus the mind. It is that very focus during hard times that often leads to change, innovation, business success and an evolution that is almost Darwinian in the sense

that a recession is a merciless arbiter of business survival. Tough financial times also force us to reassess our priorities and clearly in dentistry we will see health take precedence over appearance.

Dentistry is a profession that has rarely stood still and although there have been times when change has been more rapid and tumultuous than others, it is to our credit that we have usually found ways to adapt and reinvent, review and

revise. When I started dental school, I was warned it was a career that was self-limiting as fluoride treatment, education and wealth would put dentists out of work. It wasn't and it didn't. Just think how the words we use about ourselves have changed – dentists have evolved to smile specialists, "practices" are now "spas" and increasingly Botox and fillers are on sale. Clearly we are still learning and adapting to a highly sophisticated and competitive market that is shaped by economics, health policy and patient demand.

Global connection

Of course, the global connection will also play a huge role and even a cursory glance across the Atlantic suggests that there too, is greater emphasis on the health benefits of dentistry. There has been a steady increase in sleep clinics, chronic pain and TMJ management, ap-

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pliances and procedures to deal with sleep apnoea and nasal problems. Here, sports dentistry is really starting to come of age with new university courses encompassing effective treatment for trauma and the development of mouth guards, the effects of sports nutrition and other products related to sport and oral health.

Cast your mind back to the UK's post-fluoride generation of Austin Powers lookalikes who had teeth that were generally healthy, but aesthetically unsatisfactory. People were seduced by images and perceptions of perfection, and with cash to spend, cosmetic dentistry in the UK boomed. We became more like our American neighbours in accepting orthodontics as a regular branch of dentistry; braces were no longer ugly metal cages worn by a very few unfortunate teenagers but became

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Every penny counts

almost cool – all in the quest for perfect teeth. Of course, it was not just teeth that had to be perfect and so a whole range of other cosmetic treatments, once the province of the very rich or the very old and rich, came within the reach of a wider market. It will be interesting to see in 20 years or so whether there are any long term health and psychological effects on today's 20 something's – I'm always curious to see how Barbie and Ken will age.

Subjective

When the cash starts flowing less freely, we are forced to reconsider our values and to accept that appearance is not all that matters, and anyway perfection is subjective and certainly does not equal happiness. If banks are no longer willing to lend money to cash strapped businesses, they are definitely not going to fund a 28-year-olds' vanity projects as they certainly did a few years back.

When money is in short supply every penny needs to count - not just on what is being bought but from whom and how. Of course, that applies not just to dentistry but across the

board – who made those jeans/that gadget, where and under what conditions?

We already know that our patients are well informed and assiduous in their own research; they will want to know about the investment they are making in their long term dental health, the benefits and comfort that will result from the expertise they are buying. In my experience, when times are tough the rather nebulous

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concept 'quality of life' goes out of the window and is replaced by a return to 'quality of health' as the major concern and that will shape the next phase of dentistry in

the UK.

Shifting sands

Of course, only time will tell and I may be wrong, but I believe the shifting sands in den-

tistry in the midst of this economic depression may settle in a place where health resumes its place as paramount, dentists no longer feel the need to compete with beauty salons and a person's appearance is not valued above all else.

There is no doubt that times ahead will be hard, but the silver lining could be a 'back to basics' that would reinforce the priceless value of dental health. **DT**



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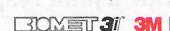


Dr Michael Sultan BDS MSc DFO is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy's hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Easman CPD, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of Endocare a group of specialist practices. Dr Michael Sultan can be contacted for advice regarding patients or any issues raised by the articles on michael@endopro.co.uk

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