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, interviewed 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

“But 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. 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 peo-
ple 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 cermentation of a veneer is rare, deterioration in appearance particularly due to marginal dis-
colouration 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 (includ-
ing no treatment), before agreeing to a more complex approach. Investigating other avenues al-
 lows 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 pa-
tient’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 ve-
neers may mean the extensive removal of tooth tissue. In the event
of a restoration failure or future deteriorations, there can be little
toothing left to work with.

“As healthcare professionals we should be continually work-
ing under a system of compliance, education and communication. All
dental treatments are temporary: deterioration and failure are in-
evitable. 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 treat-
ments if they are felt to be unnec-

essary or unethical. If we fail to do
this it is only a matter of time be-
fore 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 in-
vasive 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 look-
ing 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 origi-
nates with the dentist’s diagnosis or the patient’s aspirations. Both are legitimate, and both need
the same care in evaluating.