
Editorial

To where?

The Editor of the *Australian Dental Journal* had the audacity to publish a critique of dentistry viewed through the eyes of ex-dental deans. A reflective meeting took place in the Andes Mountains of Colombia and each of the seven attendees provided his/her perspective on the current state of world dentistry and the changes that had occurred during their time in the profession. A summary of the discussions was published as the leading article, 'Dentistry in Crisis', in the September 2017 issue of the *Australian Dental Journal* and the full texts describing the participants' views are available at <https://lacascada.pressbooks.com>. These provide interesting and sobering introspectives.

The conclusion drawn was that dentistry has accomplished very little, in a global sense, to improve the dental health of the population. While there have been significant and tremendous improvements in materials, procedures and person-power, very little has changed regarding the incidence and prognosis of caries and periodontal disease. This is a sad indictment of dentistry, which was once promoted as a health profession but, like many other health care providers, has now adopted the trappings of a business.

A working definition of a profession is one that ultimately tries to do itself out of business by managing and preventing the needs of the people. After much consideration, the Deany meeting in Colombia came to the conclusion that, rather than improve dental health, dentistry has merely provided its practitioners with a living! The ravages of dental disease are being treated rather than offering the means of prevention and establishing self-help programmes. If dental health promotion has been conducted, it has been largely unsuccessful in its outcome or ignored by the population.

Does the same apply to orthodontics? This question was posed in a guest editorial published in the 2018 issue of the *Journal of the World Federation of Orthodontists*. Previously, the benefits of orthodontic treatment were to provide a sound occlusion which enhanced masticatory efficiency and joint function, while at the same time to improve aesthetic appeal. Research over the years has questioned the influence

of the occlusion on a patient's ability to chew and gain nutrition, and a positive relationship between the TMJ and the occlusion remains obscure. That leaves the psychological benefit of straight teeth as the main advantage of treatment but even well-aligned teeth do not come with a life-time guarantee. There have been books, monographs and innumerable papers written regarding the advantages of orthodontic treatment but does it have a benefit that improves and maintains the long-term dental health and well-being of a recipient?

Or does orthodontic treatment enhance the long-term financial health and well-being of the provider? If the advertisements for orthodontic care and courses are read closely, without exception, it is proclaimed that practice income will be greater and job satisfaction enhanced. Of course these are benefits directed at general dentists who practice orthodontics and not orthodontists per se. Unfortunately, in these advertisements, there is seldom any mention of the benefits to be gained by patients.

Sound contemporary orthodontic treatment will provide patients with straight teeth but cannot 'cure' a malocclusion. Skeletal mismatches and occlusal anomalies return to a greater or lesser extent in following generations as a result of genetic interplay. Currently, advances in genetic engineering that enable the manipulation of the human genome face the ethical dilemma of adjusting human development for advantage. The future will determine whether that ideology changes and, of course, it will, to manage the ravages of sinister medical diseases. While the orthodontic profession is guarded in its long-term viewpoint related to the benefits treatment provides, in the overall scheme of life, crooked teeth seldom cause death.

It is of concern that the benefits of orthodontic treatment (straight teeth and psychological well-being) are most often not sustainable unless a lifetime of management takes place and mutually involves the patient and the practitioner. Therefore, is orthodontics any more than a temporary solution to an occlusal disharmony that satisfies a patient's short-term needs and provides a clinician with

something to do? Certainly in the dental world there are those who consider orthodontics as a way of enhancing practice income. However, in the greater scheme of things, is not orthodontics involved in higher pursuits related to the guidance and control of aberrant eruption and growth and development, the management of impacted teeth, dentofacial dysplasias and syndromes, and the treatment of cleft lip and palate? Are not these conditions significantly worthy of care and do they not put the profession at a higher

level of health service? It is a matter of opinion, but orthodontics, no matter by whom it is practiced, has to decide whether it should be considered and remain as a health profession or whether it is simply in the business of moving teeth. It does, however, create beautiful smiles.

What do you think?

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