RESPONSIBILITIES OF PRACTITIONERS

Bruce J. Lish, DDS

Patients who present themselves to our offices for information about implants come from a variety of sources. Referrals come from colleagues or patients, or they come as a result of marketing and advertisements. Once these patients seek consultation about their oral health care options, what responsibility does the practitioner have?

Throughout our training, we are taught the significance and sanctity of doctor-patient relationships. A major keystone of success in practice is the viability of these relationships. When they deteriorate or undergo negative changes, the levels of confidence and trust on which the interdependence had been based fails. Mild disagreements can become significant litigious matters.

It is our responsibility to give our patients honest, comprehensive opinions. They must include an informed consent about each option offered. This consent must include the benefits and risks of each option as well as their costs, limitations, and prognoses. It is only then that we have given our patients the full benefit of our education and offered them the tools they need to make the appropriate decisions.

Recently I received by US Postal Service surface mail a rather bulky envelope from an implant company. I had used their products previously and assumed that as a result, my name was on their mailing list. Inside the envelope was a set of what they called office promotional materials, which I might use to help sell implants to my patients. The graphics on the printed material looked great, and after an initial review, I felt that it was a promising package that might help to arouse patient interest in implants. Included with the printed information was a videotape, which was designed to be shown to patients at the time of consultation or in the waiting area. I reviewed the tape, and I found it to be the antithesis of conscientious informed consent and responsible treatment option presentation.

The production standards of the video were high, with an elegant set, tasteful graphics, and well-chosen actors. The content, on the other hand, was misleading and irresponsible. The opening testimonials by patients who had implants placed and successfully restored were, as one would expect, overly optimistic. As the tape rolled, the phrase ''implants are a permanent solution for missing teeth,'' followed by the words ''a natural appearance that will last forever,'' were used repeatedly. I could not see how responsible implantologists in good faith could allow their patients—and, more importantly, their prospective patients—to view such a tape.

By shipping such presentations, manufacturers of implants and associated materials make a mockery of our responsibilities to patients because they fail to inform them of the true nature of implants and all of the associated risks. (The benefits, of course, are amply covered.) Phrases such as ''implants are the preferred treatment for all tooth replacement procedures'' are half-truths, and as such, they are dangerous generalities. What would we say to a patient who views such a videotape and decides to replace missing teeth with implants, then reads the

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consent form that discusses the realities of the situation? Wouldn't it be confounding, if when asked to sign, the patient asked: ''The tape didn't say that. Do you have to drill into my bone? The tape you showed me said it was just 'placed' in the bone.'' Or ''your tape made it look like it was less involved than getting a bridge, but this is surgery.'' Or ''my dentures will stay in so I can chew steak again like on the tape, right?''

I feel that this tape and similar misleading presentations offered by manufacturers are invitations leading to distrust and a breakdown of the relationships we try to develop and maintain with our patients. We should not allow subjective or biased opinions, such as those portrayed on this tape, into the consultation room. It is the only way we can assure the coincidence of patient expectations and clinical realities. Let the manufacturers make the implants; let the doctors determine what constitutes appropriate treatment and spend the appropriate time giving patients their realistic treatment options. ■

NOTE FROM THE EDITOR

The members of the editor's office staff are pleased to note the successful completion of Volume XXV. This would not have been possible were it not for the cooperation of many reviewers, editors, and AAID members. At this time, at the introduction of Volume XXVI, thanks and recognition are extended to the following people:

Senior Associate Editors Carl Misch, Craig Misch, and Jack Lemons;

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Editorial Board members Edward M. Amet, Milos Boskovic, Roanld G. Craig, Edmund Demirdjan, Ronald Evasic, Gregori M. Kurtzman, John Ley, Toru Okabe, and Aram Sirakian.

We welcome to the Editorial Board John Ley, John DaSilva, and Mohamed Sharawy, who were appointed in 1999, and are grateful for their active participation.

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A. Norman Cranin
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