EDITORIAL



Ethics in the dental implant era

Over the past decade, the use of osseointegrated implants as a foundation for the prosthetic replacement of missing teeth has become widespread. However, certain risk factors might predispose individuals

to lower success rates and greater hazards for implant failure.

The misleading public notion (sometimes supported by dentists) that implants will survive forever sometimes leads to early tooth extraction. As dental professionals, we should avoid basing our treatment plans on thoughts and beliefs and stick as much as possible to evidence-based practice.

Scientific evidence is an increasingly important component of dental education and practice. Evidence-based oral health care includes the search for the best evidence, critical evaluation of the evidence, and integration of the evidence with the practitioner's experience and expertise. Therefore, dental educators, dental students, and dental practitioners need to be aware of uncertainties surrounding scientific evidence, the ways that the results of clinical studies are collected and analyzed, and the importance of unbiased research on which to base clinical decision making.

The most powerful and increasingly used analytic tool for summarizing the results and conclusions of clinical research is the systematic review, particularly those employing meta-analysis.

One can find numerous commercials, promises, and guarantees online regarding the simplicity as well as the long-lasting future of dental implant surgeries. Absolute success is one of the most common "facts" presented on those semiprofessional sites. The situation in written ad copy and in some dental clinics is unfortunately not altogether different. When approaching a dental implant case, we must remember that implants are not forever, are not resistant to oral infection and disease, require maintenance, and are not without risk. All those facts should be considered when determining a treatment plan and discussed with our patients. Though implants are very promising and might be perceived as a magic replacement for a diseased tooth, we have to leave our thoughts and beliefs behind and stick to the facts and evidence.

When we offer a 25-year-old patient a dental implant, we should keep in mind that he or she will hopefully need this implant for the next 70 or so years. We do not have evidence for implant survival and success for that many years of follow-up.

It should be noted that tooth loss does not usually occur naturally. It is often the decision of the practitioner and can therefore be influenced by a number of factors.

Before extracting a hopeless tooth, we should always remember that hopeless teeth are not necessarily hopeless and might serve the patients for years—even though some definitions might deem them hopeless.

It seems that we have lost faith in natural teeth too early. The fact that we have an option to replace missing teeth with dental implants does not mean we have to extract teeth more readily. With proper management and maintenance, natural teeth can serve patients for a long time. The option of replacing a tooth with an implant should not be a major factor leading to extraction. Furthermore, we must remember that most of the available literature concerning dental implants is short term compared with our patients' life expectancies.

Implants are not a magic solution for every diseased tooth. Implants will not necessarily survive forever and are usually not a completely risk-free proposition. Though it seems very tempting to remove an unhealthy tooth and replace it with an implant, this is not always the gold standard. Ethical considerations as well as careful explanation to the patient are of utmost importance in those cases.

Moreover, the fact that periodontally treated patients present greater risks for implant failure must be kept in mind. Needless to say, dental implants should not be considered unless periodontal stability was achieved and the patient is kept under a strict maintenance program.

The higher possible rate of peri-implant disease in periodontal patients is another important factor that should be taken into account before extracting a tooth and also emphasizes the need for periodontal stability before implant placement. Those issues should be discussed with the patient as well.

Thoughts and beliefs should be replaced by evidence-based knowledge when planning long-term treatment, especially in periodontal patients.

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