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Ethics and Economics of Composite Resin Restoration

It was 50 years ago when Dr. Michael Buonocore asked if I would help develop the esthetic uses of his and Rafael Bowen’s newly developed bis-GMA composite resin. The possibilities for doing this were exciting. Having utilized both silicate- and acrylic-based materials for esthetic restorations and achieving little satisfaction with even the best long-term results, the first large particle composite materials were welcomed for their strength and beauty. Since these materials were self-curing, it was necessary to work fast. Buonocore’s only proven use was to restore a fractured tooth, so I developed techniques for the different classifications of restorations. I also created the beveled overlay technique still used today, and showed that the material could also be used for closing a diastema, making crowded teeth look straight, and masking discolored teeth.

Buonocore and Bowen’s contributions were significant because they allowed for a much more conservative restorative treatment. When I began my dental career, the full crown was really the main option being taught for esthetic dentistry. With the development of composite resins, we could refrain from reducing valuable enamel, this not only saved the patient money, but also helped to preserve teeth and lessened the potential for endodontic pathology.

Now, 50 years later, where are we ethically and economically? Unfortunately, there has been a return to the full-crown restoration, not because it is better, but because it seems to be more economical, and not for the patient…but for the dentist. This brings to mind the young dentist who, when I asked how he was doing, said “wonderful” because he was doing all crowns and virtually no composite restorations, regardless of the patient’s problem, due to a greater percentage of insurance coverage. He is certainly not the only one who may well have forgotten the true meaning of ethics….and above all, “to do [the patient] no harm.”

Please don’t misunderstand…I love and continue to teach the esthetics of the full-crown restoration. However, the patient needs to be able to make the best decision for his or her treatment...rather than what will afford the dentist the most profit.

The composite resin materials available today are extraordinary, but take time to apply, contour, and polish effectively. Unfortunately, insurance companies have not kept up with rising costs or considered the valuable conservative service provided to our patients when achieving superior results with composite resins. As you study the excellent results and step-by-step techniques shown in this issue of the jCD, I am proud that so many of our leading clinicians understand and appreciate what ethical dentistry really means now and for the future.

References