

ETHICS and FAMILY EDUCATION

<https://doi.org/10.14436/2447-911x.17.3.006-007.edt>



I have been thinking a lot about the current Dentistry: at what point we have lost control over the limits of marketing (always travesty of market freedom, influencing not only patients, but also impressionable young odontologists); and when we lost the notion of the professional/patient relationship, in which we would seek not what he wants, but what he needs.

We fight so much for the freedom to publicize our work, to expose our clinical cases, but apparently we do not have the same willingness to fight in favor of patients — who, today, are being subjected to this avalanche of aesthetic overtreatments, poorly performed and, above all, poorly indicated.

Was I critical? That is the idea.

We turn our “**contact lenses**”, our “**minimally invasive**” composite veneers, and our excessive facial harmonization procedures into a public health problem. This could easily be reinforced by a basic statistic, which would show an epidemic of dental changes in healthy structures, in which, in most cases, the “**before**” is much better than the “**after**”.

Note, dear reader, that I used the first-person plural a lot, including me in all that **shame that became Aesthetic Dentistry**. The question now is — where does this problem come from? First: the misinterpretation of our profession; we are (or should be) health doctors rather than beauticians. Second: the customer is not always right (maybe he is at the appliance store — but most of the time he may be wrong) and

the professional has the obligation to impose limits to treatments. Third: we have many problems defining what is immoral. I will explore these three ideas.

The **first**: we are those who, in thesis, should protect the oral health of patients and seek the longevity of the healthy natural structure, allowing a healthy life too. This, obviously, should involve aesthetic procedures, since self-esteem problems cause psychological and social discomfort. I am relatively aware of this and try to understand an aesthetic request. The problem is that many patients are excessively upset by comparing themselves to others, based on social media, creating a generation (or generations) of adults with a low level of self-esteem. No matter how much they look for, no aesthetic procedure will be enough to solve this problem of a psychological nature. Dentists have an exaggerated view of themselves as agents of promoting happiness through “**contact lenses**” and “**lip fillers**”. We think the patient became happy after an aesthetic treatment, and he is actually happy as if he switched cars — the time of this happiness lasted until he sought the next aesthetic intervention, and so on.

The **second**: a patient enters your office saying she wants contact lenses because he saw some artist in the social network, in a post of some dentist who exchanged treatments for this photo. She, a 19-year-old female patient, model, beautiful natural teeth, in correct position and pleasant shapes, but wants all white, large teeth; as she says: “**I saw it in**

Instagram”. Would you do the procedure, because the patient is always right? The patient, who hasn’t studied like you, is really always right? Or do you have limits that, for personal/professional reasons, cannot be exceeded?

The **third**: there is no way to teach what is moral and correct if it has not been taught at home by parents and grandparents. They (or, obviously, someone else who has fulfilled this role in your life) are our references. It is very difficult to want to teach how immoral (or amoral) they are being when performing treatments indiscriminately, in the eagerness to change their car or their boat. If your parents didn’t teach you these values, unfortunately nobody else will.

I finish this little text perhaps frustrated with myself, with my limited role as a teacher, which perhaps was not incisive enough, courageous enough in a near past, because I had thought that we should have a professional corporativism within Dentistry. From this point of view, I decided, in this discussion, not to be an odontologist, but a human being, choosing the side of the victims: our own patients.

Hugs.



Editor-in-chief
Ronaldo Hirata, DDS, PhD. Assistant Professor
 of Biomaterials and Biomimetics. New York
 University College of Dentistry.