# An Open Letter to The New Jersey Board of Dentistry

# "Myth busters" …ROOT CANALS DON'T WORK

Hopefully, this incongruous statement has confounded and annoyed you as it has us. "Root canals don't work" is a statement completely detached from reality however, it is what members of our specialty encounter many times when a patient sees us for a second opinion. Endodontics has achieved tremendous clinical success in saving teeth. Our specialty, like others in dentistry, have partnered with technology in improving our ability to diagnose and treat the most challenging of cases. The innovations derived from the research and development of endodontic instruments and diagnostic equipment has contributed greatly to an increased trajectory of success with the passage of time. Statistically, endodontic therapy has a success rate above 95%. However, that level of favorable outcomes invariable falls precipitously when the stringent guidelines and principles of endodontic treatment are ignored or circumvented.

We ask the board, with all due respect, why are some dentists engaged in disseminating false information to the public by telling them "root canal therapy is old technology that just doesn't work". Perhaps a more judicious question may be tendered to the board inquiring about why our colleagues continue to treat cases endodontically that are beyond their capacity to affect positively?

The practice of endodontics requires great personal energy, integrity and focus. To be the effective and accomplished practitioners we strive to be requires total immersion in our specialty. The main beneficiaries of those endeavors are our patients. Is there any other way to ensure they receive the best possible care we can provide?

Maybe our colleagues feel comfortable treating these cases because there are **no** consequences or oversight when their cases don't succeed. How many endodontically treated cases are doomed to failure from the beginning due a lack of understanding of what is required to produce a certain level of quality treatment? Have the business models of the 21st Century and the economic milieu of the present supplanted ethics and accountability in dentistry?

We know statistically speaking the majority of root canal treatments in this state are performed by general dentists. Approximately 9,000,000 people live in our state and there are about 160 endodontic specialists out of almost 7,800 dentists. Obviously, 160 or so endodontists would be ill equipped to handle the needs of all the patients that require endodontic services. However, the public should rightfully expect that the standard of care provided by general dentists have a reasonable equivalence to that of their endodontic colleagues. Conversely, can the board explain why most generalists fail to employ a surgical

operating microscope, the rubber dam or single patient segregated files in their endodontic treatment protocols and armamentaria?

While it is universally acknowledged that not all specialists are created equally, it is undeniable that most well trained and seasoned endodontists provide competent care as a result of their substantial body of knowledge acquired by their specialty training and the variety and volume of cases that are referred to them. Correspondingly, don't all of us try to receive the most comprehensive medical expertise and care from competent physician specialists? Would you trust a general surgeon or a cardiothoracic surgeon to perform cardiac surgery on yourself or a member of your family?

When did implants become an insurance policy for inadequate endodontic therapy? We believe the reasons are multi-faceted and quite nuanced. Suffice to say; regardless of the economic and financial pressures in dentistry that precipitated this issue endodontic treatment has reached the Rubicon. The New Jersey Board of Dentistry in tandem with the Attorney General's office must decide whether it wishes to be part of the problem or an integral component to the solution. If a dentist provides inadequate root canal treatment for a patient, to whom does that individual answer to? Regrettably, in most instances the answer is …no one.

Is it not the State Boards' mandate to protect the public? Is it possible that dentistry and the Board have fallen somewhere short of the benchmark needed to ensure that the welfare of the public be the pre-eminent concern for all of us? The public, uninformed and having a minimal understanding of the subtleties of endodontic treatment, is unwittingly under the erroneous assumption that all dentists follow the prescribed standards of endodontic care. This begs the question…what is the difference between a qualified dentist and one who is egregiously ill equipped to provide acceptable root canal therapy? A competent dentist hopefully can undergo a reasonably unbiased and self-critical review of their treatment protocols, diagnostic acumen and skill sets routinely. His or her counterpart traverses through their professional career unconcerned with excellence or the evidenced based science of endodontics under the pernicious delusion of infallibility.

How many times is the first thing a patient hears …"the root canal is failing and we need to extract it and replace it with an implant"? Does this patient deserve to know why this procedure failed rather than hear the same old hackneyed and cover all bases explanation that the "tooth was fractured"? In truth there are many occasions when the actual detection of a root fracture has occurred and that is the correct diagnosis and explanation for a failing root therapy. However, how many more times is that the panacea used to buttress an uncertain diagnostic dilemma or a rush to judgment by one or more dentists that wish to eschew the more expedient path to a dental solution for which they are better equipped to provide. We are fully cognizant that not all endodontic treatment will be successful just as not all restorative, periodontal or implant procedures will reach a successful conclusion. Whose best interests are served with a doctor centered approach?

The oral surgeon or periodontist to whom this patient is referred to is either unaware of the situational exigency that brought the patient to them, or our colleagues are conveniently

focused on providing an extraction and an implant to the site in question. Why is there little or no motivation by some of our dental colleagues to present a meaningful and honest explanation to the patient as to of why their endodontically treated tooth/teeth require an extraction? Perhaps they are disinclined to bite the gloved hands, which feeds them?

In hospitals, there are mortality and morbidity committees that review physician's cases with an eye on poor or avoidable outcomes. When a physician shows a repeated pattern of inappropriate choices and unjustified treatments it is usually at the expense of that individual's hospital privileges. Dentistry does not have that oversight capacity, as we are essentially a cottage industry. Rather, in dentistry today our super generalists can do no wrong. Their endodontic inadequacies can be readily expunged at the end of a periosteal elevator and forceps.

The New Jersey Association of Endodontists and the New Jersey State Board of Dentistry are not in adversarial positions. We both have a vested interest in the promotion of quality dental care for the public. We would welcome the opportunity to further discuss the issues this letter has raised with the Board and the Attorney Generals' office. There are several avenues of discussion that we believe can beneficial to all concerned.