

An Open letter to The New Jersey Board of Dentistry

“Mythbusters”...ROOT CANALS DON'T WORK

Hopefully this spurious statement has confounded and annoyed you as it has us. This statement cannot be further from the truth, but it is what members of my specialty are confronted with each and every day. The field of endodontics has achieved tremendous clinical success in saving teeth. Technology has been a great partner in improving our ability to diagnose and treat the most challenging of cases. The innovative drive in research and development in endodontic instruments and equipment has contributed to an increased trajectory of success over time. Statistically, endodontic therapy has equivalent success rates when compared to implants. However, that number falls precipitously when the stringent guidelines and principles for success are not followed.

The practice of endodontics requires great personal energy and focus. To be the effective and successful practitioners we wish to be requires total immersion in our specialty for the benefit of our patients. This is the only way to ensure they receive the best care we can provide.

We then ask you, why are general dentists telling patients repeatedly “root canal therapy is old technology that just doesn't work”?

This is because there are **NO** consequences for these practitioners when a case doesn't succeed. All too frequently these cases are doomed from the start due to lack of quality treatment and a standard of ethics and accountability that have gone out the window.

Statistically, the majority of RCT in this state are performed by GP's (over 90%). As a result, the number of cases treated successfully has been declining. Few generalists if any use microscopes, rubber dams or single patient segregated files.

When did implants become the insurance policy for inadequate endodontic therapy? Who is to blame for this; no one factor can be sited. Economics such as the high cost of dental school education is one factor. However, you, the New Jersey State Board of

Dentistry must take partial responsibility. When a dentist does an inadequate RCT, who does that GP answer to?No One

The State Boards mandate is to protect the public. To that end, I respectfully submit you have fallen short of your charge. Consequently, the public, having no benchmark, is under the erroneous assumption that all dentists follow the prescribed standards of endodontic care. What is the difference between a good dentist and a poor one? The good dentist maintains a critical unbiased view of their competency, strengths and weaknesses. A poor dentist believes that they can do no wrong and their work is as good as that of a specialist. That is not true. A well trained endodontist will treat more teeth in one year than most generalists will treat in a lifetime. Ask yourself, would you trust a general surgeon or a cardio-thoracic surgeon to perform open-heart surgery on you?

The Board of Dentistry's by-laws state that any "dentist who undertakes to perform specialized work must perform that work up to the standard of a specialist." Is that realistically the case? When a tooth that had inadequate treatment fails, the first thing the patient is told is that the RC failed, we need to extract it and replace it with an implant. Where is the accountability for this failure? If one parses out the statistical outcomes analysis, what percentage is due to improper diagnosis, compromised immune systems, or the quality of endodontic care provided?

The oral surgeon or periodontist to whom this unsuspecting patient is referred is all too eager to extract, graft and place an implant. Some of them have little or no motivation to take the incompetent dentist to task and explain to the patient the real reason why they are losing their tooth/teeth. It is contrary to their monetary and professional interests. Why would they bite the hand that feeds them?

In hospitals, there are weekly mortality and mobility reviews. A physician who fails to treat patients competently will have their privilege revoked for failure to maintain an acceptable level of care. In dentistry, that does not happen. Instead, a super generalist, one who in their minds can do no wrong, instead has their inadequacies and failures simply extracted. Gone is the pain, gone

is the evidence and who suffers? Only the patient! The people, who you the board, are duty bound to protect are forced to pay twice for injudicious care. Hundreds of thousands of teeth are needlessly extracted in this state every year with no one from the State Board even acknowledging that there is a problem. Millions of dollars are wasted due to a lack of professional and legal oversight.

Our suggestions are simple and straightforward.

1. Partner with the New Jersey Association of Endodontists, the root canal experts. Set minimum standards of acceptable care, and publicize this to the dental community.
2. Rewrite the requirements for mandatory continuing education. Change the requirements so that a practitioner who performs specialty work Endo/Perio/Ortho/O.S. would be required to take courses in that specialty field provided by a university or a specialty organization and that those courses would need to be science based. As it stands now, CE credit is available from multiple sources and many times they are sponsored by companies with an agenda to promote.
3. Consider the reinstatement of a published quarterly newsletter listing practitioners who have come before the board to answer a patient's complaint, and the outcome of the boards review. Although this may have been perceived as a token attempt to ride shotgun over the practice of dentistry, the publication of this list encouraged dental professionals to do the right thing ethically and morally.

As we see it, the practice of dentistry in New Jersey is unprincipled and governed by financial concern rather than the accommodation of the public interest and the elevation of the standard of care in dentistry that continues to reach a new low every year. Everything seems to be swept under the carpet and the consequences of inappropriate diagnosis and treatment is left by the Board as a residue of inaction and concern. Enclosed are copies of x-rays taken by Dr. Sheer's office to highlight the extent of the incompetence that is seen daily. These films are only a small sample over a one month period from one office.

You control and govern the right to practice dentistry in this state. This privilege is not an inalienable right. Our profession is a noble and respected one. We owe the public so much more than they have received lately. We respectfully ask the State Board of Dentistry and the Attorney

General's Office to rise to its proper level of authority and responsibility to meet the needs of the dental public in the state of New Jersey. The public who you serve deserves and requires this.

We respectfully request the opportunity to discuss this issue at greater length so that we can work together to improve a great profession, one that we are all proud to be a member of.

Respectfully,

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