

An Open letter to The New Jersey Board of Dentistry

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

Hopefully this incongruous statement has confounded and annoyed you as it has us. This statement is completely detached from the truth, but it is what members of our specialty are confronted with each and every day we practice. 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 innovations derived from the research and development of endodontic instruments and diagnostic equipment has contributed to an increased trajectory of success with the passage of time. Statistically, endodontic therapy has a success rate above 95%. 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 strive to be requires total immersion in our specialty for the benefit of our patients. Is there any other way to ensure they receive the best care we can provide?

We respectfully ask you, why are general dentists telling patients repeatedly “root canal therapy is old technology that just doesn't work”? Why do they treat patients endodontically when these cases are beyond their capacity to produce positive outcomes?

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

the lack of quality treatment and a standard of ethics and accountability that are not part of the equation for their business models.

Statistically, the majority of RCT's 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 an insurance policy for inadequate endodontic therapy? The reasons for that question are multi-faceted and quite nuanced.

Suffice to say, say; regardless of the economic and financial pressures that have precipitated this problem we have reached the Rubicon in endodontics. The New Jersey State Board of Dentistry must decide whether it wishes to be part of the problem or the solution. When a dentist provides inadequate RCT for his/her patient, whom does that dentist answer to? Invariably the answer isNo No One.

The State Board's mandate is to protect the public. To that end, we respectfully submit you have fallen somewhere short of the benchmark needed to ensure that the welfare of the public is the pre-eminent concern of all dentists. Is it possible that the public, uninformed and having no understanding of the subtleties of endodontic treatment, is under the erroneous assumption that all dentists follow the prescribed standards of endodontic care? What is the difference between a qualified dentist and one that is egregiously ill equipped to provide acceptable endodontic treatment? The competent dentist can and does undergo a routine self-critical and unbiased view of their competency, strengths and weaknesses. A dentist unconcerned with excellence and evidenced based endodontics believes or assumes infallibility in their work. While all of us can acknowledge that not all specialists are created equally, we believe it is axiomatic that a well-trained and seasoned endodontist treats many more patients and does so with a substantial

body of knowledge due to their specialty training and the number of cases they are exposed to. Don't all of us try to receive the most comprehensive medical care from the most competent specialist we can find? Ask yourself, would you trust a general surgeon or a cardio-thoracic surgeon to perform open-heart surgery on you or a member of your family?

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." Are we providing that standard for the public in New Jersey? Not uncommonly, the first thing a patient is told when a RCT fail is "we need to extract it and replace this tooth with an implant." Does the patient not have the right to know why this procedure failed? How does one parse out a statistical outcomes analysis for failures? What percentage is due to improper diagnosis, perhaps a compromised immune system, or the quality of endodontic care provided? We appreciate that not all endodontic treatments will be successful, just as not all periodontalall-periodontal, orthodontic or restorative procedures can attain 100% positive outcomes.

The oral surgeon or periodontist to whom this unsuspecting patient is referred to is either unaware of the situational exigency that brought the patient to them, or our colleagues are conveniently focused on extracting, grafting and delivering an implant to the affected site. How many of them have little or no motivation to take the referring dentist to task and explain to the patient the reason/s why they are probably losing their tooth/teeth. Is it possible that on occasion they do not wish to bite the gloved hands that feed them?

In hospitals, there are weekly mortality and morbidity reviews. A physician who fails to treat patients competently will have their privileges revoked

for failure to maintain an acceptable level of care. In dentistry, that does not happen. Instead, a super generalist, one who in their own minds can do no wrong, instead has their inadequacies and failures simply extracted. Gone is the pain,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. We suspect that there are thousands upon thousands of teeth that are needlessly extracted in this state every year with no one acknowledging that there is a problem. How many millions of dollars in treatment are spent 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 a minimum standard of acceptable endodontic 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. etc. 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 and evidenced based. As it stands now, CE credit is available from a multitude of sources including dental manufacturing companies with their own agendas that gladly sponsor CE.

We know the State Board agrees with us that the practice of dentistry in New Jersey should be neither unprincipled nor governed by financial considerations. Rather, the public interest as it relates to the profession of dentistry, should be based on the elevation of the standard of care. We do not wish to see an ever-continuing erosion of the ideals and principles that have made us a noble

profession. Sweeping this issue under the carpet and ignoring the consequences of inappropriate diagnosis and treatment does not bode well for our profession or the Board. Enclosed are copies of radiographs taken from an office to highlight the extent of the marginalization of endodontics seen daily. These films are only a small sample over a one-month period from this 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 all owe the public so much more than they are presently receiving. We, the New Jersey Association of Endodontists, respectfully ask the State Board of Dentistry and the Attorney General's Office to rise to its proper level of authority and responsibility and meet the needs of the dental public in the state of New Jersey. The public whom we all serve deserves this.

We would welcome the opportunity to further discuss this issue with the Board so that we can all work together to improve our profession. A profession we are all very proud to be members of.

Respectfully,

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