sometimes by wide margins. One dentist might recommend more treatment, or more complex or extensive treatment, based on clinical views developed over many years and sincerely held, in most cases. A very small minority of dentists might knowingly provide unnecessary or excessive treatment, but in most other cases, a dentist’s treatment decisions might simply reflect an outdated treatment philosophy and a lack of awareness of less invasive techniques that have replaced the more radical operative approaches of the past.

In situations where treatment is funded wholly or partly by the State, or by a third party (for example, Health Funds), or other insurance schemes, these external agencies will put systems in place to monitor unusual or abnormally high levels of prescribing certain types of treatment by individual dentists or groups of dentists.

**Statistical Comparisons**

Any such monitoring relies upon the statistical comparison of an individual dentist’s treatment pattern with that of other dentists locally, regionally or (in some cases) nationally. Statistics may point in one direction when common sense points in another.

One of the problems of single-handed practice, particularly in rural or isolated areas, is that one can easily lose touch with changes that may be affecting the clinical practice of one’s peers and other colleagues. In such a situation it becomes all the more important to remain involved in professional activities to keep up to date by whatever means are available and practicable.

It is not unusual to find that dentists prefer certain aspects of clinical practice to others. Reflecting this fact on the one hand and the patient base of the practice on the other (ie, the patients’ age, needs, demands, etc), many dentists polarise their activities towards the provision of certain types of treatment, and/or away from the provision of other kinds of treatment. Specialisation is the ultimate expression of the former trend, and referral of patients to specialists or other colleagues is a logical consequence of the latter.

In time a dentist may progressively start to recommend or carry out more of the kinds of treatment that are found to be enjoyable or less stressful, possibly Procedures that an individual dentist finds enjoyable are often done more regularly, more effectively and to a higher standard. It is not unusual to find that they are also more profitable, and it is here that the seeds of overtreatment can be sown.

**Summary**

When carrying out a lot of a certain kind of treatment, several questions need to be asked:

1. Is this treatment always being provided in the patient’s best interest?
2. Has proper consideration been given to alternative forms of treatment, and proper time and effort to the consent process to allow each patient the opportunity to consider all of these alternatives and decide whether or not to proceed with the treatment?
3. Can the necessity for this treatment be clearly demonstrated? Are the records and any investigations carried out (including radiographs) sufficient to justify the provision of this treatment?
4. Am I keeping up to date with the professional literature, and if so, does it support the provision of the treatment I am providing, and will it support the present scale on which it is provided?

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