“Referred patients are the best patients”

An interview with Dr William Cheung, Hong Kong

Dentistry is still largely a profession focused on treatment rather than prevention of oral diseases like caries or periodontal disease. A preventive approach in dentistry is needed more than ever, according to FDI Continuing Education programme director for the Asia-Pacific region Dr William Cheung.

Dental Tribune Asia Pacific met with him at the FDI Annual World Dental Congress in Istanbul, Turkey, to discuss the philosophy briefly, and its benefits for both the patient and dentist.

Dental Tribune Asia Pacific: Dr Cheung, could you please summarise the key aspects of the preventive philosophy for us and why it is important?

Dr William Cheung: I think in the mind of most dental practitioners, prevention means primarily brushing, flossing and regular cleaning. There is no question that these measures are important but there is a lot more to this, like all the developments in the area of fluoride, for example. Many dentists are not aware of that.

There is also carries management by risk assessment, where we sit down with the patient and go through a certain process step by step. With the outcome of this, we can identify certain areas that need special attention. Then we formulate a protocol for this particular patient for managing his or her risk, or minimising it. This is not necessary for every single patient but if we expect the patient to be highly susceptible to caries then we would go through that exercise and perform a risk assessment.

Such a model clearly benefits the patient. What is in it for the dentist?

Patients sense that you have a preventive approach at your practice and actually notice that you are going through all these exercises for them. This creates a positive image for the practice.

As dentists, we gain greater satisfaction because we can see the result of introducing this type of approach to patients that will subsequently be of benefit to them. By having patients come in regularly, you can identify something and can offer choices rather than expecting patients to come in only once they have a problem. When you start to build this kind of positive image and patients are happy, they are going to refer patients to you. Referred patients are the best patients in my opinion.

Considering all the prevention-focused initiatives that organisations like the FDI are running, where do we stand with the preventive model?

Unfortunately, at a congress like the FDI WVDC here in Istanbul, most dentists want primarily to attend presentations in fields like cosmetic dentistry and implants. Those are the major topics that they are interested in, and I do not blame them because implants can generate a lot of revenue.

As dental professionals, however, I think we owe it to our patients to adopt a preventive philosophy. If we do the right thing, it can be rewarding as well financially. So, if you ask me when we are going to reverse this trend, I do not have an answer for you but as a dental association it is our responsibility to teach prevention and ensure that dentists understand what that means.

Thank you very much for the interview.

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