
Editorial

Is orthodontics really a health profession?

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It is commonly stated that the benefits of orthodontic treatment are the restoration of function and an improvement in aesthetics. Most would agree that the stability of a treatment outcome is a holy grail and attempts to tie teeth down using either fixed or removable retainers only defers the inevitability of change. Arguably, dental aesthetics is improved in all but the most-fussy patient but there may be a compromise in facial aesthetics unless an underlying mismatched skeleton is corrected. Even then, there is no guarantee that the repositioning of hard tissue parts will provide the appropriate foundation for soft tissue behaviour, aesthetics or long-term stability.

The altruistic view of several decades ago was that occlusal function was enhanced by orthodontic treatment. The restoration of a balanced Class I relationship without excursive interferences would improve mastication and maintain TMJ health. Substantial research in the 1990s has indicated that orthodontic treatment neither causes nor corrects TMJ disturbances and so the functional argument loses a level of credibility. Patients have no reference by which they might measure masticatory efficiency and learn to cope with occlusal disharmony.

An often-quoted reason for orthodontic treatment is the promise of improved oral hygiene. The straightening of irregular teeth is considered to render oral hygiene practices, of plaque and debris removal, easier for the patient. However, the patient needs the motivation to perform, and continue to regularly perform and apply, appropriate cleaning protocols throughout life. Dentistry is currently in the world of 'do-it-yourself' orthodontics, which is unfathomable when DIY oral hygiene is so difficult to achieve in the gnarly teenager. How many clear aligner programs have failed due to waning compliance and adherence? How many fixed appliance cases have failed due to the inability of patients to follow instructions?

Why are miniscrews so popular in contemporary orthodontics? After all, orthodontics was conducted to a high level of precision and outcome during the last century.

What does a patient expect from orthodontic treatment? Consistently, the chief patient complaint is 'I don't like my crooked teeth and would you to straighten them please'. Are patients concerned about their occlusal articulation and interdigitation? Patients and their parents are regularly concerned about excessive tooth displacements or a large overjet and seek treatment to retract upper incisors to improve aesthetics and reduce the risk of traumatic damage. The fact that the lower incisors and chin might be recessive is seldom appreciated and so the value of a clinical visit is to examine the patient, diagnose the problem(s) and recommend an appropriate treatment approach.

In simply straightening anterior teeth, has orthodontics degenerated to the level of the cosmetic industry? A beauty parlour serves a purpose of making people feel good about themselves after an aesthetically enhancing procedure. Those procedures are usually temporary and need to be periodically repeated to maintain a client's psychological health. Therefore, is it appropriate and acceptable that the mental wellbeing of a patient is the major health benefit of orthodontic treatment and that periodontal and occlusal health are goals that might be lauded but not necessarily permanently achievable?

Nature and aging and the inevitable failure to maintain a treatment outcome in the long term will result in a decline or loss of smile aesthetics. The success of orthodontic treatment is invariably measured by the satisfaction and happiness of the patient related to tooth alignment rather than an improvement in their stomatognathic function. Unlike medicine with its healing philosophy, dentistry and orthodontics

seldom heal but simply camouflage problems which, despite earnest attempts, re-appear at a later time and in a following generation. Orthodontists, through their training, are knowledgeable in human growth and development, gnathology and tissue systems but can orthodontics really continue to classify itself as a health profession if our services are not sustainable.

Many consider orthodontists to be oral beauticians who provide some uplifting moments before the reality of change, strikes. What do you think?

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