



DO MODERN PROSTHODONTISTS OVER-TREAT BECAUSE THEY CAN?

By Dr. Vivek V. Nair, MDS

Editor, The Journal of Prosthetic and Implant Dentistry

Prosthodontics has ushered in an era of unparalleled potential. With cutting-edge advancements in implantology, digital workflows, biomaterials, and esthetic dentistry, clinicians can now restore, replace, and redesign dental structures with astounding precision and reliability. Full-arch implant rehabilitations are often completed within days, while digitally guided smile transformations can be envisioned before any treatment commences and innovative materials designed for minimally invasive procedures can mimic the natural structure of teeth with remarkable accuracy. However, this rapid progress raises an intriguing and pertinent question: does enhanced capability inevitably result in greater intervention? In simpler terms, are contemporary prosthodontists sometimes over-treating—not because it's essential, but simply because they have the means to do so?

There's no denying that advancements in technology have significantly improved the level of patient care. Those once limited in their options, especially individuals with substantial tooth loss or severe structural compromise, can now access advanced rehabilitation techniques that restore both functionality and aesthetics. Innovations such as implant-supported prostheses, digital occlusal planning, and high-strength ceramics have radically transformed what was once deemed challenging to achieve. From this angle, comprehensive treatment isn't excess; it's merely a smart application of modern capabilities. When clinicians possess tools that enable them to offer long-lasting stability, enhanced aesthetics, and a better quality of life, failing to provide such options may be seen as neglectful. In complex scenarios involving wide-ranging wear and failing dentition, extensive rehabilitation may be the most reliable and effective solution. However, the pivotal issue isn't just addressing evidently compromised cases; it is the subtle shift in threshold—when interventions become more extensive than biologically warranted.

Traditionally, prosthodontic decision-making hinged on preservation principles. Teeth were retained for as long as feasible, and treatments often proceeded incrementally. Now, the availability of predictable alternatives—especially implants and full-arch restorations—has widened the definition of acceptable treatment planning. This evolution raises an essential question: are we redefining 'need' based on what's achievable instead of what's actually necessary? For instance, a patient with moderate tooth wear, stable occlusion, and adequate function might have historically been managed through preventive measures, localized restorations, or careful monitoring. However, in today's world, the same patient may be presented with full-mouth rehabilitation options with promises of ideal aesthetics and occlusal harmony. Although such treatment can yield outstanding results, it may also result in extensive tooth preparation, irreversible procedures, and long-term maintenance obligations. Consequently, the boundaries between enhancement and necessity are increasingly vague.

Today's patients are more informed and, oftentimes, more demanding than ever. The rise of digital smile design, the influence of social media, and an increased focus on facial aesthetics have set expectations towards idealized dental outcomes. Patients frequently seek not just functional rehabilitations but also transformative aesthetic changes. This rising demand places prosthodontists in a challenging position. On one hand, patient-centered care necessitates honoring individual preferences and aspirations. On the other, ethical practices require ensuring treatment recommendations remain biologically sound. When aesthetic improvements become a main focus of treatment planning, there's a risk that interventions may exceed functional necessities. Treatments such as veneers, full-coverage crowns, or full-mouth reconstructions could be suggested when conservative methods might maintain satisfactory function with less biological upheaval. Herein lies the difficulty of aligning patient inclination with professional responsibility.

The integration of digital technology has added a powerful new aspect to prosthodontic planning, giving the ability to visualize ideal results prior to commencing treatment. Virtual articulators, facially driven smile design, and CAD-CAM simulations enable clinicians and patients to preview 'perfect' outcomes with extraordinary clarity. While these tools enhance communication and precision, they might unintentionally introduce bias. Presenting idealized digital results can make a patient's current dentition seem comparatively lacking—even if it's functionally sound. The stark visual difference between "now" and "digital ideal" may lead both clinician and patient towards opting for more extensive interventions. In this

sense, technology doesn't directly instigate overtreatment; rather, it may alter perceptions of what is acceptable, resulting in a lower threshold for comprehensive procedures.

Ignoring the economic aspect of prosthodontic practice would be impractical. Comprehensive rehabilitations, implant-supported restorations, and aesthetic enhancements often require considerable investments from both the patient and the clinician. While financial concerns shouldn't solely dictate clinical choices, they form a part of the broader framework in which those choices are made. The worry isn't that practitioners deliberately over-treat; instead, financial and structural factors may subtly nudge towards broader treatment options. Efficiency, predictability, and sustainability may favor comprehensive solutions over extended conservative care. Consequently, transparent communication, phased treatment plans, and the discussion of conservative alternatives become paramount in patient interactions.

Perhaps the most vital factor in this discourse is the biological implications of intervention. Every restorative procedure—particularly those involving tooth alterations or extractions—carries irreversible effects. Even the most advanced materials or methods cannot completely replicate the biological intricacy of natural tooth structure and periodontal support. Extensive prosthodontic treatments might initiate a necessary cycle of maintenance, repair, and ultimately replacement. A patient undergoing extensive rehabilitation midlife may face the need for multiple restorative cycles in the following decades, each accompanied by additional biological and financial burden. Therefore, overtreatment isn't solely a matter of quantifying the extent of intervention at a given moment; it's also about the long-term implications throughout the patient's life.

Confronting this matter doesn't mean abstaining from technological innovations or comprehensive care. Instead, it emphasizes the need for a recalibration of clinical judgment—one that merges capability with prudence. The decision-making process in prosthodontics should increasingly focus on several factors: preserving existing biological structures, carefully evaluating functional needs, considering long-term maintenance, assessing patient-specific risk profiles, and advocating for minimally invasive alternatives when suitable. The aim isn't to restrict what can be accomplished but to verify that all actions taken are genuinely warranted.

Conclusion

Modern prosthodontics finds itself at a remarkable crossroads of capability and meaningful accountability. The ability to restore dentition in ways formerly unimaginable speaks volumes about the field's advancements. Yet this extraordinary capability carries an intrinsic risk—the potential for treatment to stretch beyond necessity. Overtreatment is not commonly fueled by malintent. Instead, it typically emerges when the possibilities offered by technology subtly redraw clinical lines. The challenge facing today's prosthodontist isn't merely about providing optimal treatment; it's also about discerning when less may indeed be the most appropriate course of action. In an age that allows us to accomplish nearly anything, true clinical excellence may just hinge on understanding when not to act.

A Call to Our Community

The Journal of Prosthetic and Implant Dentistry invites prosthodontists, educators, researchers, and students to join this timely conversation.

Call for Contributions

Theme: DO MODERN PROSTHODONTISTS OVER-TREAT BECAUSE THEY CAN?

Submission Type: Viewpoints, Essays, Letters to the Editor, or Short Commentaries

Deadline: 31/07/2026

Word Limit: 500–1500 words

Submit to: ipskeralaeditor@gmail.com

Format: MS Word, Vancouver referencing style, max. 5 references