It is hard to believe that this June will mark my 28th year since I graduated from dental school. Where has the time gone? It seems like only yesterday. It is humbling to realize I am in the autumn of my career and, for that matter, life. Most of the things I do on a daily basis weren’t even on my radar screen on graduation day, and at the time I didn’t really comprehend how much more learning was going to occur. Graduation day didn’t mark an end, but a beginning of the real lessons that were yet to come. It hasn’t stopped; the central part of being a competent, respected giver of care is continually learning to do the best evolving technologies and techniques have to offer and honestly evaluating the rationale and results of what we do for the people who trust us enough to become our patients.

I clearly remember one of the questions I was asked during the admissions screening to gain entry into Dental School at the University of Washington. It was “Why do you want to be a dentist?” I actually had to think about that one for a while. There were a lot of superficial reasons based on what I knew from my first-hand experience as a dental patient. The local small town dentist seemed to control his destiny. He was his own boss, he chose his own hours, he had plenty of vacation time, he earned a good income, he was scholarly, he was respected, and he was honest. Those are all nice things, but the primary reason I came up with then and which is still as true today: I really wanted to help people make their own lives better. With that, I want to share with you a few of the thousands of patients whose lives I have been able to touch in a positive way. You should take the time to reflect on your own careers and relish in the good feelings that come from knowing that you have been able to help people in profound ways that few can. It is from your hands and hearts that the world is just a little better place.

The first time I met this patient he was petrified of being in a dental office (Figure 1). His fear was so great that he had avoided doing anything to help himself for decades and his oral health was a detriment to his overall health, his self-esteem, and his social interactions. He just plain hurt most of the time. But psychologically he just accepted his fate, until one day at the urging of his loving wife he crossed that invisible barrier and finally sought help. I was truly honored that he found the confidence to trust me enough to make the first contact. That was a monumental step for him. From that point forward, my team and myself applied our absolute best efforts to assist him and here he is today (Figure 2).

I always regarded the aesthetic side of dentistry as important as the “health side.” Many of my peers have disagreed, but if you go back to answering the original idea of “helping people,” aesthetic dentistry has perhaps more validity than any other health care profession. This young woman had a wonderful personality but she really disliked the appearance of her teeth (Figure 3). Because of her young age, the lack of any restorations or caries in any of the involved teeth and the idea of reparability and leaving the door open for future choices, direct composite resin was used combined with limited straight wire orthodontics and bleaching (Figure 4).
Many of our patients brux and we just slowly watch as the dentition wears itself into oblivion (Figure 5). Instead of waiting, we took a proactive approach and gave this patient the smile she had always wanted, using porcelain veneers of idealized length and position. It came with a price — she would have to wear a night guard. Because she has been so happy with the appearance and feel of her now normal-sized teeth, compliance has never been a problem. Eleven years later, the smile says it all (Figure 6).

There is no age limit to positive self-esteem. This gentleman had perfectly functional teeth that had nothing wrong with them. The porcelain fused to metal crown on the left central incisor would be clinically acceptable to most dental school instructors or insurance consultants (Figure 7). But clinically acceptable isn’t always the best thing for a patient if the goal is to truly help him or her. A porcelain veneer was placed on the right central incisor, a porcelain crown on the left central incisor, and composite resin on the lateral incisors (Figure 8).

When patients like their teeth, they take care of them. Here is a woman who had one discolored central incisor and not the best oral hygiene (Figure 9). How many times had her dentist or dental hygienist lectured her about how she should brush and floss? If we want a different result, we can’t keep doing the same thing over and over again. Change the motivation. We did a prophylaxis and a little periodontal therapy, bleaching, and a porcelain veneer for the left central incisor. We did something different and got a different result (Figure 10).

Some patients just have bad genetics and get poor dental care (Figure 11). There is a hopelessness that starts to pervade their thoughts, and their dental problems become all consuming. These kinds of cases make you think about all of the options and make you draw what you hope will be the best arrow from the quiver. Cases this complex aren’t always straightforward, but are always very satisfying, for both the patient and for us as the providers (Figure 12).

Even though there are days in practice when the business is tough, the team may not click, the taxes may seem too high, the insurance company says no, patients don’t show up, or you can’t believe how high the price of gold has become, it is always good to remind yourself why you chose to be a dentist. How you help people and make the world just a little nicer place.