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Dr Pascal Magne is an expert on aesthetic dentistry and dental restoration techniques. He will be speaking at the Dentistry Beyond Borders congress in Italy this June. Early bird registration for the event is open at <http://congress2015.aio.it> until 30 April. Participants will be entitled to ADA CERP-recognised credits. (Photograph: Dr Pascal Magne)

Jan 26, 2015 | News Europe

Interview: “I believe we will stop using posts, crowns, metal alloys and intentional endodontics”

by Dental Tribune International



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Cologne • 10 – 14 March 2015



Among stem cells, 3-D and aesthetic advancements, minimally invasive treatment is one of the main challenges in dentistry in the future. The eighth international meeting of the Italian Dental Association, which will take place from 11 to 13 June 2015 in Chia in Sardinia, will address these topics with regard to cost and availability. Experts will debate on the most up-to-date strategies to maintain the integrity of the tooth for as long as possible. Presentations by Dr Pascal Magne on bonded restorations in the anterior and posterior dentition will make a key contribution to the congress regarding options in aesthetic treatment. In this interview, the Associate Professor of Esthetic Dentistry at the University of Southern California discusses traditional and ultra-conservative treatment and “expensive” equipment, as well as explains why sometimes less is more.

Dr Magne, the economic crisis in many parts of Europe has led to a high number of patients avoiding the dentist for financial reasons. Does ultra-conservative dentistry really offer patients a financially viable option?

Dr Pascal Magne: The dilemma of quality of care and cost of care will remain a challenge for all those striving for excellence in delivering the best care possible. Even with ultra-conservative strategies, a high-quality procedure is required and can take even more time—for instance, it is faster to prepare a tooth for a crown than for a porcelain veneer. Therefore, I do not think that the short-term cost difference between traditional and ultra-conservative is very large. What is certainly different is the long-term cost because it is well known that the more conservative the restoration, the easier it is to maintain and the less significant are the failures. Patients with financial constraints are concerned with spending their money in the best and wisest way possible. The biomimetic approach to restoration, which in turn is contingent on adhesive dentistry and minimally invasive approaches—no post, no crown dentistry—is one of those ways.

Is the acquisition of new technologies needed for ultra-conservative dentistry expensive for the dental professional?

New technologies are expensive for now. However, the word “expensive” is relative. One might buy something apparently “expensive”, but if it is an investment, then it is not expensive. New technologies may represent an investment for your practice. Restorative dentistry will evolve in a manner similar to technologies in other areas, such as smartphones. Relatively poor people today have a smartphone; how do you explain that? So too in dentistry, CAD/CAM and other technologies will become increasingly wider spread. Regarding this, I hope that such technologies will become additional tools in our armamentarium and not an excuse for unnecessary treatment.



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I believe we will stop using posts, crowns, metal alloys and intentional endodontics—this is already the case for many of us who believe in the biomimetic approach. My hope is that technology will make better treatment options accessible to more patients, with less need for root canal treatments and crown lengthening. I predict an increase in the diagnosis of diet-related problems and better differential diagnostic methods between wear- and erosion-related lesions. Such cases will force us to strive for the most tooth-preserving solution—keep the pulp alive and use non-retentive preparations. In summary, I envision that for future treatment less is more—that is, minimally invasive dentistry.

Whitening and resins instead of ceramic veneers—is the financial crisis shifting paradigms in dentistry?

Yes, I think that every crisis is an opportunity for change and innovation. We learn from our failures. The crisis should not stop us from innovating, but it is a chance for us to look back at what we have been doing and optimise our approaches and shift paradigms. Regarding whitening and resins instead of veneers, I think it is rather a case of whitening and resins being the first choice. This has always been my first choice when possible, since it follows the approach of less is more. However, it is also our responsibility to explain to patients the respective advantages and disadvantages of each technique and procedure based on science, our experience, and common sense and to always consider the patient's limitations with regard to finances, time, emotion, etc.

What does the congress in Chia mean to you?

This is a broad question. King Solomon said a long time ago, "What has been will be again, what has been done will be done again; there is nothing new under the sun." (Eccles. 1:9). I would hypothesise that this still holds true today. Mankind has made amazing discoveries in seeking to emulate God's creation, mimicking nature. Many answers to our questions are in front of our eyes, visible under the sun. This is the essence of the biomimetic principle in restorative dentistry. In addition, despite all the technologies and innovations, human needs are very basic. We strive for love and emotion rather than material goods. Even when we are materialistic, it is as compensation for our emotional needs. I believe we are going to see remarkable presentations at this congress, but I am particularly looking forward to the passion and people I will be seeing in Italy.





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