Unconventional Dentistry: Part II. Practitioners and Patients

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Abstract

This is the second in a series of five articles providing a contemporary overview and introduction to unconventional dentistry (UD) and its correlation with unconventional medicine (UM). Dentists may provide unconventional services and use or prescribe unconventional products because of personal beliefs, boredom with conventional practice, lack of understanding of the scientific process or financial motivation. To promote these UD practices, unrecognized credentials and self-proclaimed specialties are advertised. Characteristics of users of unconventional practices are varied; however, UD users are more often female and highly educated. UD practitioners and users generally appear to be analogous to UM practitioners and users. Some UD treatments are more invasive or more costly than conventional dentistry.

MeSH Key Words: *alternative medicine; dentistry; science*

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Licensed dentists have completed rigorous education and training in scientific dentistry and passed numerous tests of scientific knowledge to accomplish licensure. Reasons for abandoning (or partly abandoning) scientific practice may be numerous. Dentists rely on clinical training and subsequent experience to evaluate the effectiveness of treatments. Dental education promotes adherence to authority and produces authority figures (gurus). Many observers fault fundamental educational problems in teaching science and critical thinking, and dental schools have recognized this fault in contemporary curricula.[1] Undoubtedly, individuals have multiple and complex reasons for practising unconventional dentistry (UD). Among the reasons cited are a genuine interest and belief in holistic health versus tooth-oriented practice, boredom with conventional dentistry, ego gratification and financial motivation.[2]

Dental Credentials and Education

An important part of the promotion and marketing of UD is the use of credentials such as degrees, membership in organizations and "specialization." Dentistry has many self-serving organizations formed to promote unconventional beliefs rather than to advance science, public health or the profession. These organizations offer membership credentials without scientific standing, as well as degrees and certificates without any recognized standards or accrediting bodies. Specialization in unrecognized and unscientific fields is often claimed or inferred, with unrecognized "specialty boards" offering certificates without substance. Examples of self-proclaimed specialties include cosmetic dentistry, TMJ, holistic dentistry and amalgam detoxification. Short continuing education courses may be claimed to be sufficient for advanced credentials and expertise but cannot be compared to formal, accredited, full-time graduate programs.

"Seminar salesmen" are self-proclaimed experts who charge a fee for seminars selling a theory, method or treatment or advocating techniques unsupported by true scientific methods, published research and merit. They present lectures and short courses, sustained in many areas by mandatory continuing education. These dubious courses may be given in accredited dental schools and universities, so great is the competition and financial incentive and so poor is the quality control.[3]

The Unconventional Care Patient

Reasons for the popularity and increasing use of unconventional medicine (UM) and UD are complex. UM and UD may reflect the acceptance of contemporary popular "alternative" culture such as alternative sports and alternative lifestyles; however, users do not appear to have alternative views that reject conventional practices on principle.[4] Studies of UM users characterize individuals who are well-educated, employed, female or feminist, young to middle-aged, Caucasian, aware of the importance of exercise, diet and stress reduction in a healthy holistic lifestyle, environmentalists,

Table 1 **Patterns of use of unconventional medical/dental care**

Type of User	Pattern of Use
Earnest seekers	Have an intractable health problem for which they try many different forms of treatment
Stable users	Either use one type of therapy for most of their health care problems or have one main problem for which they use a regular package of one or more unconventional therapies
Eclectic users	Choose and use different forms of therapy depending on individual problems and circumstances
One-off users	Discontinue unconventional treatment after limited experimentation

Adapted from Sharma.[14]

spiritual, oriented to personal growth psychology and not necessarily new age devotees or ethnic people tied to native practices.[5,6] These individuals may be satisfied, dissatisfied or disillusioned with conventional treatment and with dentists' and physicians' attitudes and interpersonal communication skills. Patterns of UM use have been identified (**Table 1**). Users of UD have not been well studied and are assumed to conform to UM users' characteristics.

Explaining why people believe in something that is unscientific, illogical or weird is not easy. All people — the "normal" and rational included — are susceptible to advertising, misinformation and marketing. People seem to believe in things (and want to believe in things) that are comforting, make them feel good, offer immediate gratification and explain complex things in a simple manner.[7] Patients have been reported to reject a simple evidence-based treatment for a life-threatening condition because of health beliefs.[8] UM and UD promoters and practitioners may offer appealing but dubious and unscientific methods and explanations.

Because the general public lacks scientific training and knowledge, they must trust health care professionals. Unfortunately, some health care professionals are untrustworthy and thus undermine patient confidence in medicine and dentistry. Currently, along with spectacular advances in scientific medicine and dentistry, there is increasing interest in unconventional practices. We seem to be living in the "age of unreason."[9] Although science cannot be denied, it can be ignored.

For some people, unconventional care may offer more personal autonomy and control over health care decisions. People suffering from life-threatening, chronic or incurable diseases may be frustrated with a practitioner, a profession or a health care system. Recent evidence has suggested that when cancer patients adopt UM, it is a marker of psychosocial distress and worsened quality of life, and many UM users have reported improved quality of life when UM was combined with conventional therapy.[10] Most people who prefer unconventional care believe that it works

A factor reported to the author by many UM patients are the beliefs that UM offers hope and is safer, less risky and less frightening than traditional treatments. In promoting such beliefs, some UM and UD practitioners speak of "slash, burn and poison" when referring to surgery, radiation therapy and chemotherapy.

Conversely, some UD treatments are more invasive than conventional dental treatments (to be discussed in a future installment). UM users may prefer "natural" to "artificial" drug products, although pharmaceuticals are licensed based upon evidence of safety, efficacy, known side effects and standardized manufacturing controls. UD users may believe that some dental materials are systemically harmful or that UM practices relate to oral-facial conditions. UM services may be less expensive than traditional medical services, yet UD services may be more costly than conventional dentistry — for example, the replacement of an amalgam restoration with gold to treat or prevent systemic disease. Compatibility with patients' beliefs, values and philosophical orientations toward health and life seems to best explain the use of UM[6] and, by extension, UD. Most UM users combine unconventional therapies with conventional care rather than abandoning the latter.[5]

Unconventional Oral/Dental Practices by Non-Dentists

A diversity of practices, treatments, products and advice relating to oral and dental health is provided by individuals without dental or medical training and without uniform regulation, licensure or accountability. The public and professionals must always beware. There seems to be no boundary to the inventiveness and weirdness of some unconventional modalities, especially related to "quack-sensitive" chronic diseases such as TMD (chronic pain), arthritis and cancer. For example, "urine therapy" — drinking one's own urine ("water of life") — to treat toothaches, arthritis, cancer, migraine headaches and mental illnesses[11] is promoted.[12]

The population (patients and professionals alike) is largely unprepared to judge fact from falsehood, and the public is increasingly undemanding of proof of effectiveness and safety in health care promotions. The Internet has provided increased opportunity for the promotion of all information, both reliable and unreliable.[13] Society is providing inadequate and ineffective education in critical thinking at great risk for the future. Consumers and professionals require higher standards and better education in critical thinking skills. ❖

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