**FOCUS ON: Interdisciplinary Dentistry**

Elliot Mechanic, DDS, BSc, discusses interdisciplinary care used in today’s practice.

**Q: Today’s dentistry is focused on treatment planning and interdisciplinary care. How has your team evolved throughout the years?**

**A:** When I began practicing in 1979, I was fortunate enough to join an office with an orthodontist and periodontist visiting weekly. I quickly understood the importance of teamwork. In early 1983, an opportunity arose and I placed my first case of porcelain veneers. In 1984, I became an early user of dental implants. My passion for dentistry was ignited and I pursued continuing education at a feverish pace. I learned new ways of thinking and procedures utilizing the different disciplines of dentistry in creative ways. Along the way, my team of specialists also changed their techniques and vision. Today we are a finely tuned unit.

**Q: What is the restorative dentist’s role in the team?**

**A:** The restorative dentist should be the leader and quarterback in executing the treatment plan. After all, the patient usually came to him or her first and he or she is responsible for the final outcome. That is a big obligation! The restorative dentist must have a clear vision of the desired outcome in order to plan and sequence the necessary steps to achieve it. He or she should have knowledge of what is available in the different dental disciplines and guide the patient accordingly.

**Q: Throughout the years, what changes have you noticed in the dental specialties?**

**A:** I believe that today’s dental specialists are more humble, conscious of what other providers are capable of, and understand the importance of teamwork. I don’t recall the periodontist of 30 years ago sending a patient to the orthodontist to correct tissue levels. They tried to do everything by themselves, and if they couldn’t they assumed that it was not possible. I believe that today we have expanded our vision and understand the importance of being part of a treatment team.

**Q: Do you have different approaches for different patients?**

**A:** I always approach all patients as if they were my own family. I explain their dental problems and what the implications are if the condition is not resolved. I then present various alternatives and the pros and cons of each. I do not pressure patients into making a hasty choice. I want them to have ownership of their situation and alternatives. I find that when patients understand what the problem is and the various treatment possibilities, they usually make choices in their own best interest. I truly believe that too many practitioners assume that their patients do not want to know everything and tell them what they think they want to hear. I tell my patients everything. That’s what I would want for myself or my family.

**Q: What do you believe is the one thing that changed the way dentistry is practiced today?**

**A:** Esthetic dentistry! Actually, I don’t really believe that there is a separate discipline of dentistry focused on esthetics. All dentistry should be natural looking and esthetic. Forty years ago, “ugly dentistry” was accepted by patients because they assumed they had no choice. The pioneers and early proponents of dental esthetics were viewed as charlatans and scoundrels who had no right to practice. Gradually all dental specialties got in the act and developed techniques and materials to give patients the natural looking restorations that they desired. Today we speak of facially generated treatment planning. The restorative esthetic dentist has become the driving force and team leader.

**Q: How do you treat a patient?**

**A:** I begin by comparing my patient’s current situation with the ideal typodont study model I received in first year dental school. I then analyze and sequence all the steps needed to have the patient’s teeth resemble the typodont. This usually involves altering the lower arch, as you cannot restore the upper teeth if the foundation of the lower teeth is not aligned. If needed, I use my team of specialists to place the teeth and gingival levels in position to accommodate the proposed restoration. I do not restore the teeth until I have a solid foundation. This is the key to a healthy, functional, and long-lasting result. The typodont model is my reference and guide. It shows me the way teeth are supposed to look.

**Q: How do you communicate the treatment plan to all the specialties involved?**

**A:** Naturally, there is nothing better than having your team of specialists in house. Often I work with other specialists in other locations. It is always best to work with people you are familiar with sharing respect and the same vision. When egos get in the way, the patient usually pays the price. I have no issue with getting together with a specialist after hours and planning the case together. That way everyone is on the same page. What I find tough is when patients do not go to the specialist that we recommend. They may follow the recommendation of a friend, neighbor, or they may have a family member who knows someone who knows someone. Patients may not even inform you of what they are doing. They assume that everyone treats and sees things the same way. The specialist who they go to may or may not even communicate with you and may treat the patient without even understanding the final goals of the case. The patient will usually blame you if the end result does not match the expectations. Although less and less common, I find this situation maddening.

**Q: What advice do you have for our readers?**

**A:** Keep your eyes and your mind open. Do not assume that what you are doing is good enough. There are always new possibilities. Don’t be afraid to take a chance. Learn your material options. Understand and focus on occlusion, orthodontics, tissue levels, and implant placement. They are the fundamentials.

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Dr. Mechanic received his bachelor of science (1975) and doctor of dental surgery (1979) degrees from McGill University. Dr. Mechanic maintains membership in numerous professional organizations, including the American Academy of Cosmetic Dentistry, the Academy for Dental Facial Esthetics, the American Society for Dental Aesthetics, and the European Society of Cosmetic Dentistry. He practices aesthetic dentistry in Montreal, Canada. He is the aesthetic editor of Canada’s Oral Health dental journal and is on the advisory board of Dentistry Today. He can be reached at info@drnechanic.com.