

# Do I really need this crown? Dentists admit feeling pressured to offer unnecessary treatments

2 November 2020, by Alexander Holden



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If your dentist recommends a crown, your wisdom teeth extracted, or some other common treatment, you may wonder whether it's really necessary.

We don't know how common such over-servicing is. However, our research, which includes interviews with Australian dentists in private practice, [published today](#), shows it is an issue.

Not only is this a problem for patients, some dentists say they feel pressured to recommend unnecessary treatments. And the way dentists are paid for their services actually encourages it.

## What is over-servicing in dentistry?

Over-servicing [can occur](#) in many types of health care, with various definitions. But in dentistry, our research defines over-servicing as when dental treatments are provided over and above what's clinically justified, or where there is no justification for that care at all.

Over-servicing in dentistry is reported [internationally](#) and [discussed online](#).

And we've known about it in Australia for some time. In 2012, [a Sydney dentist](#) went to court and was fined more than A\$1.7 million for performing almost \$75,000 worth of treatment on one patient, knowing it was unnecessary and would be ineffective.

In 2013, another Sydney dentist was [found guilty](#) of over-servicing elderly nursing home patients, some of whom had dementia. He filed down their teeth to fit them for crowns they did not need, without anesthesia.

However, over-servicing can be less extreme than revealed in these landmark court cases. Dentists we interviewed said they often felt pressured to over-service as part of their day-to-day practice.

## What we found

We analyzed interviews with, and [diary entries](#) from, 20 Australian dentists working in private practice, the first study of its kind to include their perspectives on over-servicing.

Most dentists we interviewed had felt pressure to provide unnecessary care. Pressure came from practice owners, or their own need to meet financial commitments.

They spoke about a culture in some practices of "finding treatment" to do, rather than simply treating the issues patients had: "I quit my first job because they were overly commercial and I figured that out about two weeks in because there it was very much a matter of, 'how many crowns are you doing per week? We expect our clinicians to be doing at least a crown a day' and there was no real care factor toward, what does the patient actually need? It was very much a matter of, 'OK, you're seeing a new patient, see if you can get this much revenue out of

that one."

### Why does this happen?

Most private dentists in Australia earn their wage linked to how much treatment they provide. So this fee-for-service model provides [an incentive](#) for them to provide more treatment, rather than less.

However, over-servicing isn't inevitable. Some participants said their professional identities as dentists helped them place patients before profit:

"Look, I'd always put my professionalism first.

There's been a couple of times when I've recommended a crown and I sort of thought 'OK, am I doing this because the crown is a high-end item or because I really believe it's the best thing for the patient?,' and I always go with what I believe is the best thing for the patient."

The dentists we spoke to also said they spent a lot of time considering how they managed patient care in a system inherently skewed to promote over-servicing.

So what happens when you shift away from purely a fee-for-service model? This might include a monthly fee for having a patient registered with a practice or service, [as trialed in the United Kingdom](#)

The amount of clinical treatment [reduced](#), with patients noting little change in the service they received.

### How do we tackle this?

We could address the culture of over-servicing by changing the way dentists are paid, away from a pure fee-for-service model. Payments could be linked to measurable improvements in oral health, rather than purely just how much dentists do.

However, with fee-for-[service](#) being so entrenched in Australian dentistry, we admit this would be a difficult task, despite the increased awareness of the topic that research like ours brings.

### What if I'm not sure I need a recommended treatment?

If you're not sure why your dentist is recommending a certain treatment, ask. You can also ask about the pros and cons of other options, including doing nothing for now and keeping an eye on things.

If you're not satisfied with the answer, you can ask for a second opinion. One thing to consider is that you'll need to ask your dentist for a copy of your clinical records and X-rays (to avoid these needing to be taken again). And if visiting another [dentist](#), you probably will need to pay for another consultation.

If you're unhappy with your care, the best place to complain to first is your treating clinician; dentists really value receiving feedback and the opportunity to put things right.

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