

Sometimes I find human nature amusing. For years, dentists lived with the deadly reality of highly contagious hepatitis on a day to day basis with little second thought. Then along came AIDS and dentists reacted with an almost hysterical conversion to gloves, masks, and protective eye wear. Realistically, the threat of contacting AIDS and dying is much less than the probability of dying from the consequences of hepatitis. Fortunately for our patient's, though, it encouraged the profession to tighten up on sterilization. Likewise, we are now faced with a sequence of events that has forever changed the way we practice, like it or not.

Although the realistic probability of Mercury contained in Mercury-Silver-Amalgam fillings being a threat to an individual patient may be small, for many years, I have expressed serious concern through several forums for the members of our profession who have failed to recognize the realistic threat of tooth fracture imposed by metallic fillings placed in unprotected dentin. I wonder how our profession can justify jumping to the defense of amalgam while more than 72% of our day-to-day practice concerns the replacement of old Amalgam fillings. Unfortunately, most of these fillings are still "serviceable" when removed, except that the tooth has self destructed around the so-called restoration. These fillings are a death sentence for teeth.

In effect, our profession has appeared to ignore this convenient side effect, which is the basis for the lucrative crown and bridge portion of our practices, and now we see small amalgam fillings being replaced by destroying all of the coronal enamel on the teeth so it can be replaced by porcelain. Considering that there are now innumerable references in the literature documenting the strengthening effects of internal bonding as well as the anti-carries effects of glass ionomer cements, as well as innumerable articles documenting the fracturing effects of amalgam, I believe that our profession may indeed be sitting on a legal time bomb. There are places where amalgam is perhaps the best choice. (i.e. non-retentive preps in shallow cusp tip pits; areas opposing "plunger" cusps, etc.).

However, violation of virgin tooth structure with a deep, unbased amalgam may pose some serious implications several years down the road when the lack of internal protection by glass ionomer bonding destroys tooth structure. What is the answer to the controversy? Simple. Informed Consent. There are myriads of restorative procedures available to our patients. In this practice, we make dead certain that we have information on the various types of alternative restorations available, and Informed Consent forms to reflect the treatment choices available to our patients. If the patient chooses cheap "fillings" over bonded

restorations, that's called freedom of choice and is part of everyone's inalienable rights. We just make sure they are informed.

We have extensive photo albums in our office with corresponding narratives documenting the destructive effects of Amalgam. For more information, go to "Articles" and click on "A Position Paper on Amalgam"

By the way, these are my opinions. jtr