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Review Article

Structural factors affecting prosthodontic decision making in Japan



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Summary Prosthodontic treatment strategies, prosthetic designs and materials, and treatment procedures are not determined solely by the diagnosis. We discuss the major effect of structural factors surrounding prosthodontic care on treatment decisions in Japan. These structural factors are related to the dentist, such as the dentist's education, postgraduate courses, and access to the latest research, and to the health care support system, including the social insurance system. Education content from schools of dentistry has clear effects on dentists' treatment decisions, and the specific modalities taught depend highly on the school faculty. The use of research, especially clinical studies, in treatment decisions is currently limited. Regarding the health care support system factors, the public health insurance system has a strong effect on the actual prosthodontic treatments performed in Japan. To maintain the current piecemeal payment system, efforts should be encouraged to preclude both overtreatment and undertreatment. New perspectives on treatment decisions associated with technological advancement and changes in health care needs should be established to ensure that the Japanese population can enjoy high-quality prosthodontic treatment that meets international standards. The development of a clinical pathway and decision-making model that adheres to academic-based clinical guidelines and the insurance system will be necessary.

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1. Introduction

Prosthetic treatment strategies are generally decided once the patient consents to a plan that is drafted by the dentist and based on the results of a patient interview and an oral examination. Medical interviews are used to gather information on the history of the patient's present oral condition, such as their chief complaint and their relevant medical, drug, and social histories. Information regarding the status of the teeth, periodontal tissue, implants, bone, and soft tissue in the oral cavity is obtained from routine oral examinations along with X-rays and diagnostic casts. This information also serves as the basis for judging whether a more detailed enquiry is necessary.

However, a definitive diagnosis based on the above process does not necessarily guarantee that decisions can be made immediately regarding prostheses selection, clinical procedures, prosthetic design, and the material used to produce the prostheses. Because prosthetic treatment offers a wide variety of options that require consideration of minute details, the treatment modality is normally decided based not only on the diagnosis but also on complex factors such as the dentist's judgment, the patient's opinions and expectations, and socioeconomic factors, such as the patient's method of payment for treatment expenses [1]. Due to these types of structural factors that are unrelated to the patient's oral conditions, it is not unusual to observe different prosthetic treatments used in different countries and regions for patients with the same diagnosis [2,3]. Until now, there have been few summaries of these factors based on clinical dental practice in Japan. This lack of material makes it difficult to formulate plans for improving prosthetic science and education in the country. Thus, the objective of the present paper was to analyze the structural factors that affect the selections of and decisions regarding prosthetic treatment in Japan.

2. Factors related to the dental care provider

The process of selecting and deciding on a treatment modality is exceedingly complex. The dental care provider

possesses a great deal of information regarding dental treatment decisions, whereas the patient has very limited amounts of such information. This disparity in information arises from the patient's need, in many cases, to have the dentist determine which dental services the patient requires. "Informed consent," wherein the dentist provides his/her information to the patient, is a rather recent practice [4]. Currently, patients generally select a treatment modality based on this information. Additionally, the patient sometimes takes an active role in decision making regarding treatment; for example by visiting multiple dental clinics and making the final decision on where they will receive treatment. Nevertheless, the information is ultimately provided by the dentist. Therefore, the dentist still plays an important role in deciding the treatment, regardless of the patient's involvement.

Many patients want their dental treatment to be decided by a set of general standards regardless of who the dentist is. However, in reality, it is not uncommon for different dentists to use different processes to make treatment decisions. In general, the number of applicable prosthetic treatment modalities is somewhat narrowed by the results of the diagnoses of the teeth and dental arches. However, a wide variety of treatment options remain available at this point, each of which has both advantages and disadvantages.

One notable characteristic of decision making in general health care is that the final decision regarding treatment involves not only the health care provider but also the patient, who attempts to derive a conclusion based on his or her own experience and expectations [5]. For example, if a patient has a vivid experience regarding similar disease or treatment with themselves or their family, this memory will greatly affect their decision making in subsequent treatments. Moreover, dentists' decision making regarding the latest treatments is also greatly affected by their experiences of success and failure [6]. Although neither of these determinant factors is based on scientific evidence, they can exert a powerful influence on the decision making of both health care providers and patients.

Generally, if treatments for a given oral condition include modalities that are always appropriate ("white") and those

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