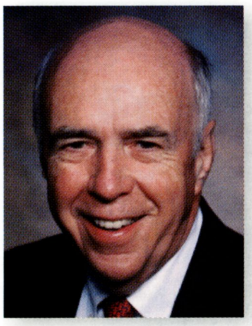
Interview with a Master



Dr. Tom Trinkner
Interviews Dr. Pete Dawson

Question (Dr. Trinkner)

Can you describe the young Pete Dawson and explain why you chose dentistry?

Answer (Dr. Dawson)

My dad owned a dental laboratory and when I was 13, he invited me to come to work in the lab as an apprentice technician. I started out delivering to the local dentists and cleaning up the lab but he soon had me pouring models, mounting cases, repairing vulcanite dentures, and all kinds of different jobs. After dinner, I'd often go back with him and he would show me how to make porcelain jacket crowns and shell crowns. He actually taught me how to design partial dentures when I was still a teenager! He was a perfectionist; I think his perfectionism rubbed off on me because I always thought that was the way dentistry should be practiced. I liked the lab work so much I told my dad I wanted to be a technician. He told me that if I wanted to be a technician, I had to go to dental school first and then, if I still wanted to be a technician he'd give me the lab. So I decided early on dentistry. I have loved it from the time I got involved and I seem to love it more every year.

Question

During your dental career, you have associated with some of the greatest teachers (both dental and non-dental). Who has inspired you, and why?

Answer

I'm so grateful for having come up in dentistry at the time I did. When I got out of dental school I went into the Air Force and was truly blessed to have a commanding officer (CO) who loved dentistry and believed in quality care. I was stationed in Japan for 2 years and, because of my laboratory experience, the CO made me a crown and bridge prosthodontist. I did crown and bridge dentistry for 2 years before going into private practice and I really thought I knew what I was doing. In my first year in practice I hired a full-time technician who worked with me in my office. It was my good fortune during my early practice years to meet Dr. Sig Ramfjord, who came down to St. Petersburg and met with me and three other dentists to teach us how to equilibrate the natural dentition. After I learned some fundamentals in equilibration, it became obvious how I could tremendously improve some of the crown and bridge work I'd done. As I went back and corrected the occlusions that I had thought were correct to start with, the response in the patients was so noticeable I could never go back to ignoring centric relation (CR) and occlusion again.

After that, I met L.D. Pankey and went to one of his first seminars in Miami. The chemistry was really great between us and he invited me to come back to Miami and join him and Clyde Schuyler, Henry Tanner, John Anderson, Gerry Courtade, and several other excellent dentists for a little informal 3-day session that L.D. had put together. L.D. not only influenced my dentistry, but he also influenced my life and I consider his friendship through the years as one of the most important things that ever happened to me. About the same time, I also was studying with Arne Lauritzen, Peter K. Thomas, Charlie Stuart, Harvey Payne, and Ernie Granger. I got heavily into gnathology with Stuart instrumentation and tripodization, and again realized that I was having to go back and equilibrate every case after completion. Through Clyde Schuyler's influence, I started spending more time on anterior guidance and then getting the back teeth so that they didn't interfere with either the condylar path or the anterior guidance; my results began to be so predictable that I knew that was the direction to follow.

In those years, we were shoving the jaw back as far as it would go for CR. I met and became friends with the great anatomist, Dr. Harry Sicher, who agreed to come to St. Petersburg to work with me and three other dentists to help us gain a better understanding of the anatomy of the temporomandibular joint. I had asked him to help me better understand why CR should be at the "most retruded" position. It was at that dissection that I realized that the condyles went *up* with normal muscle activity, so I changed my whole concept of occlusion to harmonize to the upper-most position. I realized that shoving the jaw back actually forced the condyles to go *down*, which created interferences on the most posterior teeth when the elevator muscle closed the jaw. It was from that enlightenment that I started to work on a better way to achieve CR. This resulted in the bilateral manipu-

lation technique and eventually, through a lot of cooperation with some key people, such as Alvin Fillastre, John Anderson, and Sig Ramfjord, we were able to change the definition of "centric" to get away from the "most retruded" concept. My great friend, Parker Mahan, also was a tremendous resource regarding anatomy and physiology, and as he was in agreement with me about CR and occlusion, he was a great help.

At this point I realized that we could make some major improvements on what we were doing with anterior guidance. So, I worked on developing a four-step process for what I called "customizing the anterior guidance," which enabled us to be very precise in finding not only the lingual contours, but also the precise incisal edges and the labial contours. That process still works today and has been tremendously important to me in the large number of restorative cases that I did and the esthetic results that we were able to achieve predictably. It certainly eliminated all the guesswork when we restored anterior teeth.

Question

Dentistry is overwhelmed with new forms of literature. How do we read with a sense of security and understanding to separate the good from the bad?

Answer

Now you are getting to one of my favorite topics, because I believe that a great deal of the literature, particularly that on temporomandibular joint disorder (TMD) and occlusion, has been horrendous. Some of it is very good and very useful, but much of it is not scientific and needs to be dramatically revised. The argument that occlusion has nothing to do with TMD is based upon the flawed literature to which I'm referring, which considers TMD to be a nebulous syndrome. Today we have the ability to be very specific in diagnosing and classifying every type of TMD, and we can also pin down very precisely the types of pain responses from other disorders that are related to or influence the masticatory system. Dentists must get a better education in total masticatory system anatomy and physiology so that when they get out of dental school they are better equipped to analyze the literature and understand that what we do as dentists can affect many different parts of the system. It has become a passion of mine to encourage dental educators to recognize that dentists today should be physicians for the total masticatory system. I'm happy to say that I see a number of educators who are trying to take dentistry in that direction; this can only be a good thing.

A major problem today is the profuse amount of hype and unsubstantiated claims put out on the Internet. Backing up the misinformation by a barrage of testimonials is so phony, but young dentists who don't know the facts get sucked in.

Question

Since your clinical retirement, what is the greatest change in dentistry you wish you had been able to utilize?

Answer

Well, I think we had a very good understanding of occlusion and the temporomandibular joint, and we concentrated on total masticatory system harmony as a goal. So I can truthfully say that the restorative cases that I did many years ago have held up extremely well and the patients, with rare exceptions, are still enjoying what we did years ago. However, I would have loved to have had the esthetic materials, the veneering materials, and the quality of the dental laboratory work that is available today. I'm proud to say, however, that a lot of the esthetic results that are being achieved today are following exactly the concepts that were worked out originally by Paul Muir in my office. Paul was my technician for almost 40 years and he developed the layering concept for porcelain restorations that put the color behind the outermost translucent porcelain rather than putting it on the surface.

I'm also excited about improvements made in adhesives and major advances in osseointegrated implants.

Question

Can you describe what balance *means to you?*

Answer

Balance is tremendously important to me, both in terms of dentistry and in terms of life in general. I believe that dentistry offers fantastic opportunities to live a balanced life. Even though I was extremely busy as a clinician, early on I made the commitment to my family to never let my career interfere with the joy of being a husband and father. I have four great kids and eight grandchildren and a very special, happy relationship with Jodie, my wife of 45 years; I'm very grateful for that. I also have a very strong faith in God, who has blessed me beyond measure. Frankly, I attribute the major part of my happiness and the family blessings to that faith. I know if I didn't have it, my life would really be out of balance.

Question

Can you discuss your feelings of being committed to mastering *dentistry versus* mediocrity?

Answer

I consider "mastering" dentistry to be a requirement of integrity. I believe that, as dentists, we owe our patients the very best we can give them and that even patients who have very limited funds deserve at least our time to complete thorough examinations and to help them decide on what's best for them. Many dentists confuse quality dentistry with what I refer to as "smell me" dentistry, in which they work only

on rich people. I don't buy that. I believe that every person who walks into our office deserves our full attention to help them make the right decision for them and if they can't, for one reason or another, opt for the most sophisticated dentistry, then we should work with them to make sure that they have every opportunity within their means to have the healthiest mouth possible.

Question

What do you think dentists today need to know to be successful and how do you see that changing, if at all, over the next 10 years?

Answer

Dentists need to understand that our job is to get mouths healthy. Let me expand, and say that our job is to get the *total masticatory system* healthy. Every dentist should be able to diagnose and treat toward that goal. That means they absolutely must have a thorough understanding of the temporomandibular joints and occlusion. As it's not possible to understand occlusion without first understanding the joints, it's an absolute must that they develop this understanding if they didn't get it in school. I see the trend toward esthetic dentistry growing, and I think this is a good thing. I consider the best esthetics to be the healthiest mouth, including not only the teeth but the gums and all the supporting tissues as well. I don't think you can properly design an occlusion or anterior esthetics without having an understanding of total masticatory system harmony—this is what every dentist should strive for. My concentration in the seminars I teach and the whole curriculum at the Dawson Center for Advanced Dental Study is to help dentists understand the principles and concepts of total masticatory system harmony. When they understand how all the parts of the system work together, techniques and materials fit into that realm…not vice versa.

Question

How can we minimize our clinical failures and maximize our successes?

Answer

Number one, it starts with a complete examination, and I mean *complete*. I think the biggest mistake that dentists make is to try to rush through 15-minute exams and try to see too many patients. Diagnosis should be the number one priority in dental schools, and it should be the most important thing that dentists do. The new patient exam is unquestionably the most important building block for an exceptional practice, and through an understanding of treatment planning, dentists can know exactly what is needed to bring a mouth to optimum beauty and comfort and to be very predictable about it. I think the principles involved also have to be combined with quality control procedures that enable the dentist and the technician to work together without confusion. One of the most important things I teach is dentist/technician communication. Through my years as a restorative dentist, I have developed numerous, very specific quality control procedures for every aspect of restorative dentistry, which can be used with great practicality. They will save a tremendous amount of time in every practice. When I walk into the typical crown and bridge dental laboratory, I am appalled at what the technicians have to work with. It's no wonder that patients have so many problems and dentists have to do so many remakes and reworks to try to get their dentistry to work. I think dentists waste so much time reworking their restorations that they think it s a normal part of dentistry. It doesn't have to be that way.

Question

Like you, two of my passions are golf and dentistry, both of which have humbled me in every way possible. How do you feel they relate and what can we learn from both?

Answer

As you know, I love golf and I'm grateful that it takes 4 hours to play a round because I can get out and unwind and enjoy the beauty of the golf course, and enjoy the camaraderie. I love dentistry, too, and believe that it's the best hobby in the world. Being able to work with patients to develop beautiful smiles and comfortable mouths, and to enjoy the camaraderie because we get to know them very well through the years, is a wonderful way to earn a living. I always loved practicing dentistry, and now that I have more time to devote to teaching, I get a huge kick out of seeing dental practices and dentists' lives turn around as they start to enjoy dentistry as much as I do. I feel sorry for clinicians who don't love dentistry, because I know that they would if they could do it predictably. That's not an impossible goal. Trying to help dentists understand this is what I'm having fun doing right now.

"The AACD has a marvelous opportunity to elevate the dental profession to a higher level by embracing the idea that cosmetic dentistry falls short if it is not in harmony with function. The Academy will need to challenge opportunistic methods and false claims of superiority by being, first, physicians of the total masticatory system who put the patients first."

Peter E. Dawson, DDS

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