



Dr. Han

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Interviewer: We're so glad to invite Dr. Thomas J. Han as our cover story for the summer periodical issue this time. As an implantologist and scholar, we know you have over 30-year teaching and practice experience. We know you have so many clinical cases. Do you still doing the dentist job now?

Dr. Han: I do have documented many clinical cases over the last 30 years of periodontal and implant surgery practice. Presently, I am a part-time Clinical Professor of Periodontics at the Ostrow School of Dentistry at USC, and I see private patients about one day a week.

Question 1 : Implant technologies / techniques

There are many methods of working with dental implants. Can you share with us the techniques and technologies you have used and what your thoughts are on them? How do we gain access and practice these techniques and technologies for those of us who have had no experience with them?

Dr. Han: You're right, there are many different ways of approaching a dental problem, special in implant surgery. My approach always been making implant surgery minimally invasive and more patient friendly. The goal of implant dentistry is not surgery. Our ultimate goal is to provide biologically compatible, functionally and esthetically acceptable restorations for patients, which will last.

To achieve acceptable esthetics in implant dentistry in anterior segments of mouth, there has to be appropriate

gingival foundation. Some call this "Site Preparation", and depending on surgical approach used, this can take multiple surgeries, and 1-2 years of treatment time. This is not easy for patients. There are surgical approaches and techniques available today to decrease the number of surgeries and time necessary to provide esthetic gingival foundation for implant restorations, which are much more easier on patients. Of course, these newer approaches and techniques cannot be anecdotal, must be based on biologic and scientific principles, and should have literature support.

Today, we have much more clinical and scientific knowledge than 10-20 years ago, dental materials are superior, and certain implant designs provide greater clinical advantages. Digital science and technological advancements are converging with clinical requirements to make dental implant therapy functionally, esthetically and biologically much more predictable and patient friendly. However, it is

amazing that so many practicing clinicians still adhere to the way the implant therapy were done 10-20 years ago.

Of course, these new approaches and techniques must be studied and learned. But there are many journals, books, and courses available today to obtain the necessary information to perform these procedures. Those dentists with considerable implant dentistry experience can learn new techniques much faster. But for others, sufficient learning probably will take more extended courses than just one or two days.

Question 2 : Philosophy on being a dentist

As a successful dentist and scholar, what characteristics do you think are most important to achieving successes like yours? What are the characteristics you look for in other dentists?

Dr. Han: I guess it all depends on how you measure success. I have always measured success on personal satisfaction I derive from treating patients the best I can, achieving excellence whenever I can. Dentistry has inherent conflict of interest. More procedures we do, we make more money. There is always a risk of over treating patients and doing less than quality dentistry. Therefore, I believe one of fundamental characteristic dentist should possess is ethical desire to treat patient right. In the United States, dentists are regarded as one of the most trusted professional. I believe we need to live up to that.

Another character requirement for a dentist to be responsible and effective is that he does not mind being a continual student. Because dentistry is constantly evolving and improving, it is imperative that dentists must study continually throughout his career.

This has its own rewards, however. I believe as long as our

mind stays flexible and we are learning, we stay younger.

If a dentist treats a patient improperly because he was dishonest, or because he did not have the necessary knowledge and skill, which do you think is worse. For the patient, it probably is same. It is dentist obligation to do all he can to try to provide the best, most up to date treatment possible.

For me, being involved in teaching help me to stay on top of changes in dentistry the past 30 years. Looking back, I am grateful for that, and I recommend to all those aspiring young dentist to get involve in education, if they can. It is professionally rewarding and worthwhile.

Questions 3 : Teaching experience

You have had a wonderful teaching career with invited lectures in the USA and though out Asia from 1984 till now. With such a vast teaching experience, what are your thoughts on effective teaching?

Dr. Han: I have seen many effective teachers, with their own strenght and weaknesses.

What I bring to teaching in periodontal and implant surgery is extensive clinical experience combined with biologic and clinical science. We often talk about evidence based implant dentistry. However that information must be combined with judicious clinical experience and expertise based on individual needs of patient.

Often students can not distinguish the biases in the literatures. They cannot determine correctly if a conclusion from a study is applicable to what they are doing in their practice. It is my job to teach them to learn new information in a proper contex and perspective in relation to their



Moderating, Any ridge Dental Implant Study Group Netherlands,2012



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patient treatment. My 30 years of extensive private practice along with teaching, helps me to evaluate new information in the context of clinical practicality, based on science.

Another important aspect to teaching is that I can not forget that I am a continual student as well. We should not be afraid to learn from our students. New ideas must be encouraged, and sometimes, we need to push the envelope of treatment modalities, as long as they are based on rational biologic and surgical principles. In implant surgery, if we always wait for literature confirmations before utilizing a new approach or technique, then we will be 10 years behind. Many of scientific studies to confirm clinical findings take years to surface in the literatures. That is the nature of scientific studies in implant dentistry.

Also, to be an effective teacher in implant surgery, I need to have fairly in-depth understanding of other discipline of dentistry, namely prosthodontics and orthodontics. Of course this includes occlusion, TMJ as well as other restorative knowledge. Because implant positions should be restoratively determined, treatment planning the exact position of teeth in relation to patient's dentofacial esthetics and function before performing surgery is very important. Interdisciplinary treatment planning is the key. Furthermore, to be an effective teacher today requires good understanding of the digital technology. Implant dentistry is rapidly adapting new technologies, and I need to prepare my students for the coming change.

Finally, I did develop some surgical techniques which are beneficial for certain conditions in patients' mouth. However, I have been told these techniques are sometimes difficult

for other clinicians to perform. What I need to do better is develop instrumentations which make these techniques easier for all dentists to complete with predictability. I am in a process doing that.

Question 4 : Activism in dental care

With a global trend of aging populations, dental care has become increasingly important as part of a health care system. As a deeply experienced dental practitioner, have you participated with institutes or organizations to improve local dental health? What are your thoughts on how dentists could be important components to promote dental health locally?

Dr. Han: As a practicing periodontist, my focus always been preventing teeth loss. Emphasizing good oral hygiene habit, early detection of dental and periodontal disease process, and timely intervention maintains oral health and prevents tooth loss . It is partly anecdotal as well as scientific, but I do feel that when a patient have good mastication, he seems to be healthier and happier. That is what I want for myself and my family.

More often than not, dentists are good at treating problems when there is patient complaint of dental or periodontal pain or destruction. As we face aging population, it is becoming more important for dentists to become more of diagnosticians of abnormal chronic dental and periodontal destructive process, before symptoms appear or noticed by patients. This entails dentist's understanding of biological, functional and chemical etiology and mechanism of tooth and periodontal destruction over time. Dentists need to know what options there are available to prevent further destruction, and they should have clinical ability to render

the necessary treatment with predictability and efficiency. Furthermore, we are becoming more aware of the impact of dental related diseases on general health of patients, and vice versa. This relationship will only get more pronounced as the age of the population increases. As examples, there are evidences correlating airway obstruction in children with learning disability. Chronic

Discussing surgery with periodontal residents



infection of periodontal disease can influence cardiovascular disease process of a patient, and sleep related respiration disorder can effect general health as well as teeth destruction. I believe early recognition and treatment of these disorders should be and will be an integral part of dental treatment in near future.

As to getting involved in organizational dentistry, I believe more dental related activities one can involve him or herself, the better is it for professional enhancement. I am involved in many dental organizations, as a member and officer capacity, and I enjoy the learning and camaraderie very much. Each organization have its own missions, and they often include community services and education.

Question 5 : Developing the trust with patients

With your deep clinical experience, we were wondering what your thoughts are on winning patients' trust? How do we build an effective and positive doctor-patient relationship? In your mind, what is the most important aspect of a dentist that patients would like to see?

Dr. Han: I agree that trust between dentist and patient is very important in dentistry. In general, it starts with each side wanting to do what is best for each other. With that, there are so many different ways , so I can only speak for myself. Besides having a proper up-to-date facility, trained staffs, and doing all one can to keep up with new knowledge and techniques, there are couple of things we can do to increase our rapport with patients.

With increased information available to patients through social media and internet, I believe it is better for a dentist to tell his or her patients all options available, and truth about pros and cons of each of those options, which is based on scientific and clinical evidence and rational. I have always believed in getting patient involved in decision making process, and giving them time to think about their options. Until I feel the patient has reasonable idea of what we are dealing with and what options are available, I try not to be too persuasive toward what I feel is best for her. When I am not certain of the treatment direction I need to take, I ask myself if this is what I would for myself under the given situation. Sometimes, I feel I need a second opinion to confirm my diagnosis and treatment plan. I had a very large group practice, with over 10 dentist and specialists working together under one roof. This was our protocol, and it worked well over the years.



Solving surgical problems with Dr. Dennis Smiler, 2013 Maastricht

Many times we tell patients what needs to be done and, why and how. Patients often nods, indicating that they understood, but many times they don't have a clear idea. This happens even with best intensions. I am referring to communication break down. Today there are many softwares which can help patient visualize what you want to get across to the patient. Increase use of intra and extra oral photographs of the patient you are treating and utilizing these new digital technology will increase communication and trust.

If I may be a bit philosophical, I believe being the kind of dentist I would like to be is an extension of the kind of person I want to be. In other words, generally the qualities which make a good human being makes a good dentist. Being good at what I do, striving for excellence, solving problems, enjoying the process as well as the fruits of the labor, surrounding myself with likeminded professionals who bring conformation and joy, being dependable and responsible with balanced approach to getting things done are some of these qualities I strive for in life as well as in dentistry.

I think patients will appreciate these qualities in their dentist as well.

Someone once told me that whether one has succeed or not in life, he will know in his death bed. If he does not have much regrets, then his life was a success. I hope I will not have too much regrets when the time comes.