



Interview with Dr Markus Tröltzsch

The crisis shows: Dentistry must remain an academic subject

The corona crisis is keeping the world in suspense. The healthcare professions are currently under particular strain – including dentists. The majority of dentists in Germany offer their services in their own private practice. In this interview, German physician and dentist Dr Markus Tröltzsch (Ansbach, Bavaria, Germany) explains how he and his practice are handling the pandemic situation. The interview was conducted at the beginning of April 2020.

Dr Tröltzsch, what kind of practice do you run and with how many treatment providers?

Our practice specializes in oral and maxillofacial surgery. But our team of four dentists also provides “regular” dental services.

What do you mainly focus on?

60 to 70 per cent of our daily treatments are surgical in nature. We specialize in bone and tissue augmentation surgery in non-healthy patients; we also provide implantological treatments, bisphosphonate surgery, surgical and non-surgical treatments of the maxillary and nasal sinuses, as well as minor oncological procedures, especially of the facial skin.

How do you define “non-healthy patients”?

Well, for example, patients with heart conditions or severe diabetes, or tumour patients, or patients

with multiple pre-existing conditions, all the way to patients treated with bisphosphonates. We also treat many haemodialysis patients. Since many practitioners are – justifiably – quite cautious when treating seriously ill or multimorbid patients, we get a number of referrals from colleagues in other cities.

You work with a contract hospital?

Yes, exactly. We have beds at the hospital that are reserved for us.

But do you have access to those beds in the current situation?

Due to the corona pandemic, anything elective, anything that can be deferred at all is being deferred, and there is simply no room for anything else at smaller hospitals right now. After all, a state of disaster has been declared in Bavaria. Accordingly, the

number of interventions that can still be performed is extremely at this point. Everything is getting ready – and rightly so in my opinion – to free capacity for COVID-19 cases, even though I still hope we will not see them quite on the scale we fear.

When you talk about elective or deferrable treatments: if the patient has a tumour, would you call the tumour treatment deferrable?

No way! That is precisely the dilemma we are in. For a small hospital to switch to emergency mode because of a lack of resources is one thing – but work at larger hospitals simply has to go on. This exemplifies one of the major risks of the mass spread of SARS-CoV-2: the healthcare system could end up becoming overloaded.

Can you continue to offer treatment services in your practice despite the shortage of protective equipment and disinfectants?

We have been following the development of the SARS-CoV-2 infection wave since January. Because we ourselves travel a lot and because we also have patients from other countries – because of the treatment focus I mentioned – self-protection has been at the top of our minds for some time, and we started building additional resources since the end of January. So, we are ready and well equipped. As far as I can see, the practices in our neighbourhood are also well equipped, because people have been procuring supplies in large quantities. After all, for us and our practice, COVID-19 is not the first infection that a face mask cannot stop; there are enough others. And whether COVID-19 actually presents an infectious hazard in the connection of face masks has not yet

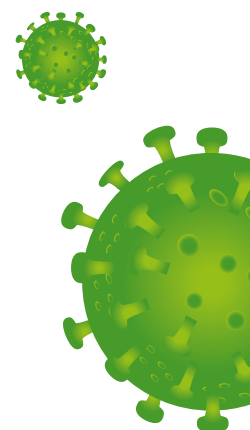
been conclusively determined. The clinical findings from Wuhan, the research we have about the protective effects of different types of masks on other viruses, all indicate that we are well positioned to treat clinically healthy patients relying on our protective equipment. Of course, there are infectious diseases, such as tuberculosis or Ebola, that really go right through, and that is why we also have full protective equipment in stock.

Do you want to continue treating patients?

We want to. And we need to. The current pandemic must be taken absolutely seriously, that is a fact. But that does not mean that our patients' need for treatment disappears. And we will have to ask ourselves: How long will SARS-CoV-2 be with us? For all we currently know, there will never again be a time without. There will only be a time with SARS-CoV-2, with corona. We have to be honest and declare that while there are treatments that can be postponed, there are many other treatments that cannot, and these treatments must be performed as necessary and indicated. And despite the crisis, we want to and need to continue to be here for our patients.

What will change in your practice after the crisis, based on your experience?

We have significantly reduced the number of patients we treat because we know – and this is the special feature of SARS-CoV-2 – that the virus can be transmitted by droplet infection, just like normal flu, but it has a very high infectivity, and there is no immunity in the population. It will take time until some level of immunity achieved. Until then we will not be able keep up our previous pitch. We



Personal

Markus Tröltzsch, MD, DMD
Physician and dentist
Dental specialist in oral surgery
Specialist in oral and maxillofacial surgery

Markus Tröltzsch studied dentistry and medicine at the University of Erlangen and obtained doctorates in both fields.

Having received his training at Westmead Medical School in Sydney (Australia) and at the University Hospital of Zurich (Switzerland), he worked at the Department of Oral and Maxillofacial Surgery at Ruhr University in Bochum (Germany) (Professor Kunkel). He then transferred to the University Medical School in Göttingen (Professor Schliephake), where he completed his specialist training in oral and maxillofacial surgery and was appointed Senior Dentist at the University Clinic for Oral and Maxillofacial Surgery. Since March 2017, he has been a dentist in private practice in Ansbach (Bavaria, Germany).

In 2016, Tröltzsch was elected Chair of the Academy of Clinical Practice and Research (APW) within the German Society of Dental, Oral and Craniomandibular Sciences (DGZMK). His scientific focus is on bone formation and bone augmentation in the jaw.



have significantly reduced the number of patients per day and per practitioner. We have no patients who need to wait in the waiting room. There are clearly defined time intervals during which we can directly address emergencies, times without scheduled appointments. We will not be able to maintain our old standard procedures. In Germany, practitioners traditionally treated greater number of patients than in many other countries. As the outbreak happened in Italy, we thinned out our appointment books. When the virus then proceeded to hit Germany, we slowed down massively and are now treating significantly fewer patients per practitioner per day.

What do you think will change in the dental care landscape?

The awareness that we are constantly moving in a potentially infectious space has now reached dentists. This has always been the case, but it has become even more manifest in this crisis. Protective measures in the dental practice – face masks, gloves, disposable caps, glasses, possibly disposable coats – will have to continue at an elevated level. We will see what else is in store for us. On average, dental practices will see reduced throughputs. Evidently, this will also reduce revenues even as the need for protective equipment increases. All this will have to be considered by practices in future.

Whither dentistry? What path do you think dentistry will take, what significance does this have for practitioners as a group?

Professor Frankenberger, President of the German Society of Dental, Oral and Craniomandibular Sciences (DGZMK) has said something highly significant: Much greater emphasis will now be placed on the medical dimension of dentistry, or rather, dental medicine. Dentistry will move even closer to general medicine than before. Self-protection and the situation in the oral cavity are not as straightforward as many may have thought.

Can this experience strengthen the dental profession in view of the importance of dental medicine as an academic field? I am thinking of the situation in the Netherlands, where politicians are trying to shift treatment competency from dentists to other professions?

First of all, the road that the Netherlands has gone down in terms of healthcare policy over the past ten years I find incomprehensible and at times grossly negligent.

A dentist is a medical practitioner, the medical specialist in charge of oral health, of the oral cavity. There really all there is to say about that. We cannot have a situation where dentists' special competence is increasingly negated, claiming that their work can be "outsourced" to staff without academic training. Especially in countries where dental treatment is increasingly being shifted from dentists with their extensive medical training to dental auxiliaries with no university training, it should by now have become obvious that this means taking the wrong direction. In a world in which new infectious diseases are spreading rapidly and cannot easily be controlled, problems on the supply side inevitably arise. Medical training similar to that of future physicians is needed, and a knowledge of microbiology and infectious diseases. This is not the kind of knowledge you can cram into your head over a weekend. One of the consequences as far as the Netherlands is concerned must be to recognize this fact and find the way back, returning responsibility to the dentists and abandoning the indiscriminate dilution of the field. Dentistry – dental medicine – is and remains an academic subject. The current crisis once again shows that the close connection with general medicine is essential for every dentist and vital for every patient.

Dr Tröltzsch, thank you very much for this interview.

The interview was conducted by Anita Wuttke, Editor-in-Chief of EDI Journal. ■

