Aussi study claims dentists are prone to visual illusion

Cavities made by the participants of the study were often made too large, which could be due to the Delboeuf illusion, which makes enclosed areas appear smaller than they actually are.

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Prof. Dr Rudolph Slavicek, Function, Austria
Dr Ziv Mazor, Implantology, Israel
Dr Edward Lynch, Restorative, Ireland
Prof. Dr I. Krejci, Conservative Dentistry, Switzerland
Dr Howard Glazer, Cariology, USA
Dr George Freedman, Esthetics, Canada
Dr Karl Behr, Endodontics, Germany
Dr Nasser Barghi, Ceramics, USA
Dr Marius Mezger

The researchers said in the report that it remains unknown whether dentists are aware of this when drilling but recommended that their findings be incorporated into the early stages of clinical training to decrease the risk of cracking or perforating the root end due to having removed too much healthy tissue. It should also be extended to other fields of health-care treatment that could be affected by visual illusions, they added.

“When operating, health-care providers try to save as much healthy tissue as possible. It is important to know that their eyes can deceive them into removing more healthy tissue than necessary,” lead author of the study and psychology expert from the University of Southern Cross in Australia Prof. Robert O’Shea commented.

Named after its creator, Joseph Remi Leopold Delboeuf, a Belgian scientist, the illusion was first documented in 1865. It has been reported to be used by restaurants to trick customers regarding the size of their dishes by using smaller plates, among other things.

For the latest study, more than 20 extracted and root-filled teeth were treated by each participant, who had not been informed about the parameters of the illusion. The participants were asked to remove as little tissue as possible when preparing the teeth and to use their usual hand instruments.
DT Asia Pacific

CANBERRA, Australia: The Australian Ministry of Health has refused claims by the Australian Dental Association to delay the introduction of the Child Dental Benefits Scheme in January 2014. They agreed, however, to conduct a timely review of the programme, which is intended to subsidise dental care for over three million children.

In the organisation’s letter, ADA president Dr Karin Alexander said that dentists feel largely unprepared for the introduction of the programme and firstly need to be fully briefed about its details. She said that there is still a grey area around the administrative requirements of the scheme which, she said could force dentists into making mistakes once it is introduced next month.

According to ministry officials, information leaflets are currently in preparation and will be sent to dentists this month in order to provide further details of the programme. Furthermore, an e-learning module and telephone hotline for dental provider inquiries will be available on the ministry’s website soon. They said that there will also be a national campaign to inform parents of the eligibility requirements.

A part of the former government’s National Dental Health Reform, the scheme entitles children between ages 2 and 17, who are on income support or whose parents receive certain tax benefits, to treatment costs of AUS$1,000 for basic dental procedures like examinations or extractions over a period of two calendar years. It will replace the current Medicare Teen Dental Plan which was launched under the Labour government back in 2008. An estimated AUS$3 billion will be provided this way to children in need for dental care over the next two years.

According to recently published figures of the Australian Bureau of Statistics in Canberra, access to dental care services remains limited in the country, particularly for children from low income households.

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