

Promises, promises

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Vincent is a distracted 17-year-old male patient who attends his first appointment in the accompaniment of his mother. It's obvious that his priority is not with you but rather in this evening's soccer tournament. His mom seeks an opinion about a progressive open bite that developed soon after Vincent began orthodontic treatment elsewhere. According to Vincent's mother, they chose an orthodontist who promised to resolve anterior crowding in the most rapid, inexpensive manner possible. The orthodontist offered an 8-month course of therapy, which Vincent reluctantly accepted. Last week, an oral surgeon evaluated Vincent and recommended jaw surgery to resolve the newly acquired open bite. Despite a normal cone-beam computed tomography study, the surgeon introduced the concern that the rapidly progressive open bite could even be a sign of joint deterioration. Vincent's uncle is a personal injury attorney who is aware of the risks involved in surgery and therefore suggested the family seek your opinion. Vincent's sole symptom is occasional muscle soreness during stressful episodes. From a clinical perspective, he displays a balanced profile except for lip incompetence because of incisor proclination. A 4-mm open bite is present with only molar contact. As his examination proceeds, his mother interjects, stating, "Now he's got a tongue thrust." Sure enough, his tongue consistently rests between his teeth in repose. A deafening silence pervades as you take off your gloves until Vincent's mother demands, "Why does he now need surgery?"

Without saying anything more, you offer to call the previous orthodontist to request Vincent's original diagnostic records. You promise to contact the family once you have evaluated the records.

It's an interesting dialogue with the orthodontist. She insists that both she and the family thought that a short period of ceramic fixed appliances to align the incisors would address the crowding as well as assuage Vincent's objection to orthodontic therapy. Although she also offered the patient a removable appliance option, she was positive that she could satisfy the family with the shortest, least expensive process—and the one that involved minimal cooperation.

The notion that an outcome can be more favorable than is possible is called *unrealistic optimism*. Unrealistic optimism is not confined solely to the health care arena. Examples include an unreasonable anticipation of admission to a competitive college, the misconception of one's own ability to drive while inebriated, or a delusional vision of winning the lottery.

There are 2 subtypes of unrealistic optimism.¹ Unrealistic absolute optimism is the unfounded belief that the result of a certain course of action will provide a result superior to that of an established, quantified standard. For example, if the evidence-based, mean starting salary of graduating orthodontists is \$100,000, a graduate of the XYZ program with unrealistic absolute optimism might believe she can earn twice that amount because she attended a premier program and was first in her class. Unrealistic comparative optimism is the belief that the results of your actions will exceed or transcend those of your peers. The attitude that texting while driving at 60 mph might cause other drivers to have an accident, but not you, is an example. This is a high-risk behavior to which no one is immune.

Moreover, unrealistic comparative optimism can apply to groups. Consider a faction within our specialty that asserts that they can treat all cases with the same appliance, the same approach, and same treatment time, leading to better quality than that produced by other practitioners. This delusion leads to both the patient's and the orthodontist's disappointment and dissatisfaction and can disrupt a patient's cherished trust in us.

Your review of Vincent's initial records reveals that excessive incisor proclination from an unrealistically optimistic treatment plan was the obvious cause of his iatrogenic open bite and the incisor protrusion that evolved. In a climate where "everything works and nothing matters,"² many therapeutic options, fueled by unrealistic optimism, can lead to an unacceptable compromise for the most vulnerable player in the arena: the patient.

REFERENCES

1. Shepperd JA, Waters E, Weinstein ND, Klein WM. A primer on unrealistic optimism. *Curr Dir Psychol Sci* 2015;24:232-7.
2. Johnston LE Jr. Through a glass darkly: orthodontics in the 21st century. *Am J Orthod Dentofacial Orthop* 2015;147:S187-8.