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The "facts" are fallible

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Acknowledging limitations

As dentists, we don't always get things right first time, but sometimes it can be difficult to acknowledge that the things we have been doing may not have been the best option or course of action. In such circumstances there can be the tendency for denial to sink in and for us to 'stick to what we know', but what exactly is that?

Empirical Knowledge

In dentistry we perform treatments and offer diagnoses that are based on empirical knowledge. After decades of observation and experimentation we gather all the relevant information about a specific field or condition and study the ways to improve and enhance treatment outcomes based on the data gathered.

But along the way it is possible, likely even, that poor research and sub-standard information compromise the things we know to such an extent that when the analysis is complete there is really no undeniable proof for a lot of what we do.

Scientifically Proven

As healthcare professionals we look for things that are *scientifically proven* and we often read that a product or system has been established to achieve a certain result, or is guaranteed to provide optimum outcomes.

However, science is rarely able to prove anything to be 100% effective, and of course it is not uncommon

for a company to publish pseudoscientific research that delivers some vague evidence supporting the use of their own specific product. What's more, sometimes the assertion that something is scientifically proven and achieves guaranteed results can be presented, based on only a single piece of research.

Evidence based dentistry

Across the industry we hear a lot about the importance of Evidence Based Dentistry (EBD). This is a system that comes to us with the best intentions, and is the basis for the preferred method of teaching in many higher education institutions.

This approach to oral health care and medicine requires the application and examination of scientific data to guide any and all decision-making. But arguably the standard of evidence and scientific data needed for dentistry in particular is in scant supply, can often be conflicting and, as previously mentioned, of dubious origin. EBD seeks to provide a solution by providing strategies and systems of investigation and hierarchical analysis of literature, but until we have the volume of good clinical research, relying solely on this approach doesn't seem practical.

What does this mean?

What this means is that despite years of research and study, we are no closer to achieving 100% effective, guaranteed outcomes in dentistry. Doubtless the profession has moved forward immeasurably in recent years and this is something we should take great pride in. But, as new procedures, protocols and techniques are introduced we need to be able to acknowledge the potential fallibility of the research and evidence that these have been based on.

For further information please call EndoCare on 020 7224 0999

Or visit www.endocare.co.uk

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