

Editorial

BALANCING ART AND SCIENCE FOR THE PUBLIC GOOD



Dr. John P. O'Keefe

When I look at the artworks that grace *JCDA* covers, I am reminded that Canadian dentists are extremely talented artists and that the practice of dentistry is a form of artistic expression in itself. The latter insight was reinforced as I worked on the *Clinical Abstracts* section dealing with shade selection, which appeared in the February 2003 edition of *JCDA*.

Reflecting on the articles I read to prepare the feature, I had the impression that it is almost a miracle how we can end up with crown shades that are clinically acceptable and often indiscernible from the surrounding teeth. This is particularly striking, given that colour perception is so subjective and the perceptions of patient, dentist and laboratory technician must coincide, if clinical success is to be achieved.

But dentistry is not only an art form; it is also a science-based profession. We must never forget that our

profession's science base and its preoccupation with the public good were the 2 principal reasons why dentistry became a self-regulating profession in the middle of the 19th century. This occurred in a climate of economic liberalism where governments were loath to confer monopolies on groups aspiring to professional status.

Scientific advances during the 20th century and the public's faith in science and technology through most of this period helped raise the status of medicine and dentistry in the eyes of the public. However, some of the lustre of the professions has been lost in recent times due, in part, to an educated public becoming aware of significant variations in clinical treatment patterns between individual professionals.

Recognizing that each patient is unique and that there is a subjective component to all clinical decision-making, macro-level treatment pattern variations are worrisome for the professions and the public alike. I believe that responsible health profession groups are moving to create clinical practice guidelines (CPGs) as a means of reinforcing the trust of decision-makers and the general public. The Canadian dental profession has set up the Canadian Collaboration on Clinical Practice Guidelines in Dentistry (CCCD) to help the profession provide the best dental care possible and thereby further enhance its image.

The CCCD is a collaborative effort bringing together representatives of CDA, provincial dental associations, dental regulatory authorities, dental academia and specialty organizations. This coalition has worked very hard in recent years to define the process for creating evidence-based guidelines. Having made its work known to the profession at large, it has produced the first of — we hope — many CPGs for dentistry. This first guideline deals with the emergency management of

acute apical periodontitis in the permanent dentition.

JCDA is very proud to publish in this issue Drs. Susan Sutherland and Debora C. Matthews' systematic literature review, upon which this guideline is based (abridged version is on p. 160), as well as a 1-page summary of the guideline itself. The full text is online at www.cccd.ca.

I know that there are some in the profession who distrust the whole process of developing CPGs, perhaps fearing that these will lead to standards of practice that will somehow be used against individual dentists. This is a view that I find hard to accept. Surely, it is comforting to the professional to have guidance relating to the management of oral conditions, based on the latest critically appraised scientific evidence. As a practising dentist I welcome this, especially in a climate where the empowered patient will increasingly ask me to justify my clinical decisions.

The CCCD has gone out of its way to stress that it is developing guidelines "By Dentists, For Dentists." Whenever I hear Drs. Matthews and Sutherland, as well as CCCD chair Dr. Peter Fendrich, speak about guidelines, they take great pains to describe the checks and balances that CCCD has put in place to ensure that the guidelines are good for all.

I would like to salute these 3 individuals and their many colleagues who have given countless volunteer hours to the profession and the public through their CCCD involvement. They know that the difficult job of sustaining this effort has just begun. I believe they need the support of all colleagues and interested organizations to ensure that they can continue this valuable work.

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