President's Column

LOOK AT THE EVIDENCE

Dr. Burton Conrod

At first glance, "evidence-based dentistry" may seem a rather redundant term, like "very unique" or "highly impossible." Of course, when we were students, we all learned the appropriate treatment to provide for a particular oral health problem. At the time we were in dental school, all the available evidence pointed to a certain treatment plan for each case. The evidence I refer to is the science of dentistry. Since this science is rapidly evolving, we must always remember that the treatment and recommendations we provide to our patients must be based on current science, or evidence. Optimal oral health care demands no less.

All practitioners are weighing the options of evidence-based dentistry each time they attend a continuing education course or read a peer-reviewed journal. We are always looking for new evidence to improve our treatment outcomes, but we are not always careful enough when we weigh this evidence. Science makes use of a hierarchy of evidence ranging from the highest level, which is obtained from properly structured random clinical trials with appropriate controls and all variables accounted for, down to expert opinion. When enough evidence about a particular treatment regimen is gathered and carefully appraised, the information can be used to develop clinical practice guidelines (CPGs). At this point, evidence-based dentistry becomes one of the profession's hot topics.

CPGs are not simply cookbooks containing ready-made recipes that dentists can serve to any and all patients. They are tools or instruments that dentists use just as they would an endodontic file, a forceps or a laser. CPGs are used in combination with the skill and clinical judgment of the dentist to provide the desired treatment results. No matter how well developed these guidelines become in the future, skill and judgment will still be required to put them to use.

CDA has long supported the development of CPGs by the profession to help us all better serve our patients. In 1995, CDA formed the Task Force on Clinical Practice Guidelines and in 1997 organized the first national conference dealing with this issue. From these beginnings, CDA went on to facilitate the establishment of the Canadian Collaboration on Clinical Practice Guidelines in Dentistry (CCCD), which is a partnership of practitioners, the dental regulatory authorities and the academic community. CDA certainly doesn't have all the answers regarding evidence-based dentistry, but we do have the ability to bring people together to focus on the issue. Promotion of evidence-based dentistry is one more way for CDA to fulfil its mission of advancing the profession and helping Canadians achieve optimal oral health.

We know enough now about developing CPGs to realize that it is a task of monumental proportions that is impossible for a single organization to manage. We also know that it is a task for the profession and not the providers of dental benefit plans — government or private. In order for Canadian dentists to accept, validate and use CPGs, these guidelines must be developed by the profession with the best interests of the patient in mind. What makes CPGs a controversial topic is the tendency, by some, to confuse them with cost-containment provisions in dental benefit plans. Inappropriate involvement by dental benefit providers and administrators may give rise to several contradictory sets of guidelines, each aimed at minimizing the expense of dental care by discouraging different aspects of treatment.

In January CDA held a national scientific conference, "Evidence-Based Dentistry — The Future is Now," in Winnipeg with the support of Procter and Gamble. The purpose of this meeting was to tell practising dentists about the benefits of thinking in terms of evidence-based practice. Up until now, this issue has been discussed mostly by the organizations facilitating its development. Presenters from the major institutions involved in searching out and categorizing dental research, including Oxford, Harvard and McMaster, enthusiastically detailed the methods they use to ensure all relevant and scientifically credible studies are taken into account when gathering evidence. One technique advanced by the CCCD is a way to rate evidence so that we can assess the strength of evidence supporting a particular CPG. Dr. Peter Fendrich, the chair of the CCCD, and Dr. Euan Swan, chair of CDA's committee on community and institutional dentistry, hosted the event which was attended by more than 80 dentists.

Properly developed and applied, CPGs will not be an excuse to save money on treatment or restrain the ability of a dentist to provide the best possible care. They will be credible references that allow dentists to supplement their own clinical judgment with the proven experience of their colleagues. Look at the evidence.

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