Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by **John R. Radford**.

The golden proportion

Preferences of lay persons and dental professionals regarding the recurring esthetic dental proportion

Pitel ML, Raley-Susman KM *et al. J Esthet Restor Dent* 2016; **28:** 102–109

Dentistry – art or science?

Is there any better illustration of the interaction between the science that underpins dentistry and the creative component of dentistry, than the application of the golden proportion in achieving a satisfactory dental aesthetic? This study rated the preference of both dental professionals and lay people when assessing computer-manipulated photos of smiling female and male faces. As background, the golden proportion is when $a + b$ is to a as a is to b. The investigators categorised photos of subjects into a 'narrow group' (golden ratio of 0.62, 0.65, and 0.70) and a 'broad group' (golden ratio of 0.75 and 0.80) for both facial and oral dental proportions. When applying the most robust statistical test (ANOVA), they found no interaction between attractiveness in the 'narrow' and 'broad' groups when rated by either dental professional or lay people. Although the authors claim the universality of the golden proportion, (for example see : The Fibonacci Series in Twentieth-Century Music, Algorithmic composition: computational thinking in music, *Communications of the ACM*, doi: 10.1145/1965724.1965742), the investigators ambush this term and refer to it in this paper as the recurring esthetic dental proportion (RED).

DOI: 10.1038/sj.bdj.2016.679

Missing upper lateral incisor teeth

Space closing versus space opening for bilateral missing upper laterals – aesthetic judgments of laypeople: a web-based survey

Qadri S, Parkin NA *et al. J Orthod* 2016 **43:** 137–146

Space closure rated more attractive than space opening and prosthetic replacement.

This study used the following methods: at the completion of either orthodontic closure or prosthetic replacement of missing lateral incisor teeth, the ten most attractive rated images (five for each treatment modality), were selected by a panel of five orthodontists and five restorative dentists, from a total of 21 images. Thirty-one thousand university students and staff were then invited to participate in the web-based survey. They were asked to rate the attractiveness of the images using a 5-point Likert scale. There was only a 3% response rate with an associated risk of non-responsive bias. Apart from space closure with canine camouflage being rated more attractive than space opening and prosthetic replacement ($p < 0.001$), females rated general attractiveness higher than males (65·4% *vs* 57·3%; odds ratio 1·39; 95% CI 1·23–1·57), the age of rater had no effect and nor did whether or not the rater had received orthodontic treatment.

DOI: 10.1038/sj.bdj.2016.680

Best interest – but for whom?

Clarifying the best interests standard: the elaborative and enumerative strategies in public policy-making

Lim CM, Dunn MC *et al. J Med Ethics* 2016; **42:** 542–549

'...decisions being made in murky waters'

What may be in the best interest for one person may not be in the best interest for another. For example, what is in the best interest for a formerly competent adult may not be in the best interest for an individual who has never been competent. Such a person may be one who has a profound mental disability. Such considerations are further clouded when the wishes of others influence decision-making, for example in the very young. Then there is the question when that individual approaches 'Gillick competence', in particular when the 'task' involves values.

The issue is how can any one approach best address the 'inescapable perplexity, ambiguity, ignorance, uncertainty, and conflict' in weighing factors as varied as 'physical and mental suffering, chances of recovery, the nature of the patients' interactions with his or her environment, the potential for a regaining of function, and indignity'. Bioethicists have approached the best interest test from an 'elaborative strategy' and 'enumerative strategy' although the authors concede that these models can merge.

In the 'elaborative strategy', the standard is grounded in values and overarching principles. It identifies particular scenarios ('paradigm' cases) whereby decisions are clear and obvious. That 'best interest' outweighs the rest. Then from these 'paradigm' cases, common themes and values emerge that can be applied to other scenarios and vignettes. At the heart of this approach is 'intrinsic human dignity – basic respect to which every human being is entitled, regardless of cognitive capacity'.

The 'enumerative strategy', chimes more in pluralistic societies where there are competing conceptions of what is good. It starts with no preconceptions; such preconceptions are 'if not entirely eliminated.' An example would be the Mental Capacity Act 2005 which states relevant considerations, without elaboration, guidance or weighting. Such considerations do not only include religiosity but also 'relationships with their families, associates, environment, as well as their place in the universe.' The 'enumeration strategy' does not recruit 'substituted judgement' or any simplistic notions both current and past.

These authors are not persuaded by the dignity 'trump-card'; they are uncomfortable with the state 'prejudicially and illegitimately employs (ing) its coercive powers to deprive them from realising values of central importance to their lives'. In addition the 'enumeration theory' does not mean that 'the concept [of dignity] is fatally indeterminate or unusable'. Yet they do concede an 'enumeration strategy' does not steer the care worker and, vulnerable people may lack absolute protection. In addition they assert that the 'enumerative strategy' will not 'eventual[ly] collapse into (a form of) the elaborative strategy.'

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