

## EDITORIAL

# Fads, gimmicks and the real thing

Stephen Hancocks OBE  
Editor-in-Chief

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Dentistry is not immune from the generality in life that brings us fads, gimmicks, gadgets and promises of an easier existence; more for less, a way to eat as much as we like without consuming any calories. Less harshly, dentistry is often subject to 'great ideas' frequently from enthusiasts and gurus who are good-hearted and well-meaning but who somehow miss the pragmatic sense of the matter.

Dealing with caries is a case in point. I write 'dealing with' because we seem so often conflicted between describing prevention and treatment of this most common of diseases when the philosophies, actions and outcomes of both approaches are in fact so radically different. Yet we consistently lump all our activities together under one heading.

Over the past few years the term minimal intervention dentistry (MID) has emerged. Initially, I confess, I was sceptical. Perhaps I misunderstood, or perhaps I didn't listen as closely as I should have; fearing a fad. One consistent, I might be permitted to write persistent and committed individual to this cause is Professor Avijit Banerjee. For some time now he has been bending my ear about MID and I confess (he is friend as well as a colleague and so will forgive me this) that initially I thought it was the enthusiasm of a cariologist to which I gave polite but unengaged attention. As it turns out I was wrong to dismiss MID so lightly. As time has passed I have come to appreciate that it is not merely a fancy term for cutting smaller cavities and charging more for it but a fully thought through discipline which melds together the full range of our knowledge and skills and applies it to patient care.

The next issue of the *BDJ* is one of our occasional themed issues and it is devoted to the subject of MID, guest-edited, coordinated and partly written by Professor Banerjee himself, for which we are very grateful. So, ahead of the issue I wanted to draw attention to it and to

explain why the journal is helping to provide explanation and education about MID. What emerges from the themed issue is a detailed approach to oral care which is delightfully logical to the extent that one has to ask why on earth we haven't embraced it previously. It looks at the aetiology of the disease, the microbiology, the behavioural factors of the patients who suffer from it, the payment systems under which 'dealing with' caries becomes a business matter and summates it all in a beguilingly straightforward way.

The *BDJ* sponsored a session at this year's BDA Conference on the subject. It was an interactive afternoon which utilised an app to allow audience members to become participants in the truest sense. What emerged was a fascinating pattern of responses



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which indicated that those clinicians who were already implementing MID, or who aspired to it, had equal understanding of its merits while also appreciating the barriers to practising it. But the immersion was complete. 'What decision would you make about this tooth?' asked Professor Banerjee while showing a giant image of a premolar that might or might not be carious. Straightaway came back the riposte 'nothing without seeing good bite wings.' Not an earthshattering reply, and one which had been anticipated so that the said radiographs were displayed. But for the next half hour or so the panel of experts analysed how the patient's behaviour had led to this, what the microbiology might be, how different team

members needed to be engaged in caring for the patient, what preventive measures could be implemented and then if thought necessary what treatment options might be considered.

On the one hand, it might seem like nothing we don't already do but on another it is the logical, detailed interrogation, investigation and, dare I write it?, holistic, way in which the process is guided and managed.

To the casual reader or observer, as indeed I was, I can understand why this seems like something and nothing, a gimmick driven by the mysticism of cariology. I would however urge you to read the coming themed issue carefully and give it your earnest consideration. As I have written on many occasions my belief is that dentistry will change

radically in the coming years, the previous model being pressured from many sides and becoming unsustainable. MI provides a possible route through the surrounding 'noise' not so much for being true to itself but being based on truths that, irrespective of the care delivery system, provide the clinician with an ethical approach to practising good oral care that is extremely resistant to argument or deviation.

Fads and gimmicks will continue to come and go, the world would be a less lively place without them but real things are here to stay and I firmly believe that in MID we have a long-term solution. Don't take my word for it – read the issue. ■

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