A little knowledge

S Hancocks, OBE*

There was a time when we were the experts, unassailable to challenge. Alas, no longer.

It is easy to blame the internet, of course it is, but the wide spread availability of information has to be laid at its door. If, that is, it has a door, or any kind of physical presence beyond that which appears on a screen at any given moment, and is gone the next, or at least overlaid with an advert or pop-up box or one of the other continually evolving means of interrupting one's browsing for the sake of selling Broadband, fresh flowers or sexual prowess.

"Well you know best doc," was a not uncommon, former acknowledgement of our superiority in terms of knowledge, not only of vital facts, figures and matters anatomical but also of what was best for our patients. And of course it was entirely true. We did know best and we knew we knew best. And our patients knew we knew best. So that was all alright.

Interestingly, this concept of knowing best actually had a tendency to go too far at times. Try as hard as you liked to fully explain the alternative treatment course that was available or the several options that might appeal to them, they invariably returned with the question, "well what do you think?" This was deliciously reassuring in terms of bolstering notions of our superiority but maddening from the point of view of trying to get any type of meaningful or informed consent. You could almost hear the patient in dock of the court saying, "well I asked his opinion and he said that's what would be best for me," as your QC's wig slipped further over their face in abject horror.

But gradually things changed. It was partly the advent of 'screw-in teeth' that started patients on the slippery slope of doubting that the professional did know best. For years the pinnacle of treatment was held to be screw-in teeth. It caught the public's imagination as being the ultimate in magical answers to a tiresome problem, that of tooth loss and the inevitability of dentures. Imagine the ease with which the pleasure of eating normally again or the restoration of a beautiful smile could be regained just by screwing in some extra teeth. In those unsophisticated days, the confusion arose between this happy concept and the slightly less mystical reality, which was post retained crowns.

The response, from we who knew best, was a philosophical stroking of the chin (no worries about cross infection control in those days either, you'll notice) and a careful explanation of how 'screw-in' teeth as such weren't really possible. Disappointed looking patient. Knowledgeably secure and benevolently smiling professional.

Then Brånemark. Suddenly, down all those years when you'd professed that there was no such thing, you apparently did not know best after all. "See," they then said, "I knew it could be done" with that ever-so-slightly, but distinct 'I told you so' nuance in their voice. And the seeds of doubt were sown. Abruptly we were all just ever-so-slightly on the back foot.

We did know best and we knew we knew best. And our patients knew we knew best. So that was alright.

Soon they were bringing in cuttings from newspapers and magazines. The age of evidenced-based patient accusation had dawned. Television programmes fuelled the divide. They asked awkward questions about lasers and cosmetic dentistry and TENS (electrical anaesthesia) (actually, what did happen to that?). But, at least there was a slim chance that you too had seen the particular programme, usually Tomorrow's World, so there was a fair likelihood that you could embroider what you weren't exactly sure about out of hastily remembered lectures on Tomes' fibrils or Nasmyth's crystals and create some such confusing smoke screen.

Now, alas, the chances of being ahead of the game are becoming more and more remote. The internet has spawned the type of knowledgeable patients that our forefathers could only have had nightmares about. "I'm going to suggest that you use a mouthwash as an adjunct to..." hardly have the words formed on your lips than the chair-bound one has whipped out a crumpled but none-the-less fully physically present, printed A4 sheet about the potential health risks of alcohol containing mouth rinses.

From a position, metaphorically one further step back still, you try to get your point across. Firstly that the possible detrimental effects of any ethanolic ingredient is highly unlikely for the short period of use that you are advocating and secondly that any theoretical harm is far outweighed by the potential benefit to their oral health. Sadly, whilst you are doing your best under what seems perspiringly like undergraduate viva conditions, they are busily scribbling down 'key words' so as to be able to tap them enquiringly into a search engine the instant they can gain sanctuary in the nearest Internet café.

As if that wasn't bad enough the sites they visit are not necessarily those with the 'best' information. Mention 'periodontal' disease and not many patients have dipped into Medline or a dental hospital website, few will come back with the rejoinder, "yes, but I think you'll find that Haffajee and Socransky in their 1998 paper in the Journal of Periodontology found that 59% of..." Instead it is much more likely that the information has been gleaned from an off beat site of somewhat questionable lineage.

"Is there no hope?" I hear you cry. Well, there is perhaps one small glimmer in a very unlikely place. The Atraumatic Restorative Technique (ART) is one that has been developed for dental use where there is no access to electricity. No power. No internet – just a little knowledge – I think this would be best!

**Stephen Hancocks is Commissioning Editor of the BDJ*