

## Letters to the Editors should be sent to: Evidence-Based Dentistry, 64 Wimpole Street, London W1M 8AL

### From Professor David Sackett

I was delighted to learn about your new journal. It joins a rapidly expanding group of journals devoted to evidence-based clinical practice (the others deal with internal medicine, general medical practice, nursing, cardiovascular medicine, paediatrics, mental health, management and policy making, surgery, and obstetrics and gynaecology).

Each of them represent attempts to overcome a universal problem: busy clinicians cannot keep up with the literature. This new generation of journals, by screening all original articles in the appropriate journals for both their validity and immediate clinical relevance, reduce the busy clinician's reading requirement by up to 98%, providing the best evidence in rapidly accessible forms.

But, of course, this is not enough. To this best evidence must be added the other two essential elements of evidence-based clinical practice. The first of these is the clinical judgement and expertise required for proper diagnosis and for the determination of individual patients' risks and responsiveness. The second is the determination and incorporation of patients' values and their preferences about the care they are offered.

Your colleagues in other clinical fields salute the Editors for taking on this challenging task, and I am confident that dentists will find this new journal as valuable as we have found ours.

David L. Sackett  
NHS R & D Centre for Evidence-Based  
Medicine, John Radcliffe Hospital  
Oxford, UK

### From Mr Stephen Rear

Many congratulations upon the launch of your new journal. I expect it to become a key resource for dentists and their teams as they address the increasing expectations of their patients.

Over the last decade, general dental practice, in particular, has grasped the opportunity to both determine and manage its own profession development, underpinned by the principles now promoted by this journal. I welcome the enhanced critical appraisal element of the DGDP (UK) Diploma and the Editors close co-operation with the Faculty of General Dental Practitioners.

Therefore, the journal must not simply give us better answers but should rekindle the essential spirit of enquiry in us all. Enquiry hopefully fostered by the learner centred approach of the undergraduate curriculum and general professional training.

Such an evidence-based journal can only have a beneficial influence upon the quality of clinical papers across the range of dental literature in the UK. Medicine responded to the challenge by developing new journals. I trust that in dentistry, existing journals will take up the challenge themselves!

In conclusion, most of us accept that the adage 'It works in my hands' has had its day. The way forward can only be to first find the evidence, critically appraise it, and then apply it. The ultimate test for this trailblazing journal is to see how clinical practice will respond. Good luck!

Stephen Rear  
GDP, Henley on Thames

### From Mr Bill Allen

It gives me great pleasure to welcome *Evidence-Based Dentistry* as a new supplement to the scientific arm of the British Dental Association's work. The timing of this launch could not be more apt. Increasingly dentists, patients and funding agencies, be they Government or private plans, expect the highest quality service, based on scientifically proven

evidence of the effectiveness of decisions on treatment. In their addresses to the 1998 BDA Conference in Harrogate both the President, Geoff Garnett, and the Minister for Health, Alan Milburn echoed this approach. Quoting the President the Minister said '... certainly the principles put forward by your President, a more holistic approach to patient care meeting patients needs and a greater evidence base for what we do are principles we (i.e. Government & BDA) can share for the whole of the NHS more generally'.

Government has certainly moved to build on this concept. The publication of 'A First Class Service' emphasises through the National Institute for Clinical Excellence (NICE) the setting of standards through national service frameworks. 'NICE will produce clear guidance for clinicians about which treatments work best for which patients'. Professional self-regulation gives us the opportunity and responsibility to help set those standards, but communication of best practice will be crucial. It is here that your supplement has a key role to play assisting dentists in their busy practising lives to make treatment decisions based and supported by the latest best evidence. This will enable them to answer patients enquiries intelligently and accurately in achieving informed consent.

Dentists are increasingly exposed to learner centred education — the dental schools and vocational training use experiential learning where the philosophy and cycle is Do — Reflect — Think — Plan — Do. Problem solving follows a similar cycle but both are designed to instil an enquiring approach to what we do. The proposals from the GDC on Recertification reinforce this approach. In this changing climate your new journal should become a vital part of the armoury of dentists to be informed, exchange ideas and consequentially deliver the highest quality care for patients.

Bill Allen  
Chairman of Council,  
British Dental Association