EDITORIAL

Rebooting dentistry

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Imagine you are streaming the latest and most popular TV programme of the year. You are engrossed in the story and at the most critical point in the plot, the video stutters and stops. It is so frustrating and annoying. Your search engine informs you that this is a result of the streaming device waiting to receive further data. Your internet may be down and the router needs a reboot. We have all been there.

Dentistry has stuttered and almost stopped. The good news is that we are rebooted and dentistry is streaming live once again. However, this short period has brought many issues surrounding the profession that we hold dear to our hearts into sharp focus. Our scientific evidence is not able to give us the clear-cut answers we desperately need to provide clarity in our decision making. Evidence-based dentistry is on pause as we wait for the data stream to catch up. The resulting vacuum has been filled with a rush in rapid publications. These are clinical observations or reviews on the best evidence available on the coronavirus issue and how it relates to dentistry. Acronyms such as AGP and PPE are now in many communications. Everyone in the academic and clinical community wants to help and get supportive information out. However, with an infectious disease that appeared at the end of 2019 and did not impact worldwide until March this year, there is little time to generate robust research. The question is how do we get trustworthy advice and recommendations?

It is said that science is moving at dangerous speeds as both patients and health professionals pour over the latest journal and newspaper articles looking for answers for how to beat the virus and provide treatment safely. Under the present circumstances, research articles are being published with limited or partial evidence. These are then picked up and cited as a full finding in a newer publication giving the original research an

unnecessary elevation into cited evidence. What is more worrying is that confusion is entering into published scientific writing. There are familiar inaccurate statements where it is reported that there was no difference between particular treatments. What the authors have not considered is that the absence of evidence of a difference in a study does not mean there is evidence of absence. There are examples of such inaccuracies not being picked up and then becoming lost in the larger message that is being published. Scientific interpretation is key and therefore the obligation is firmly on the writers not to mistakenly mislead in their haste to publish or provide opinions. When the stakes are high it is easy to miss the obvious.

'More research is necessary' are those memorable words which are written within scientific articles. In the haste to publish, such words are forgotten and meagre facts are rapidly pushed forward. In pre COVID-19 times (remember those) an article that was ready for publication was embargoed until a certain date. This gave time for journalists to seek out independent experts who would give their considered opinion on the pre-published research. Scientific research is peer reviewed and whilst it is considered to be the best available process we have, there are flaws. That is why opening it up to further scientific scrutiny is essential. Fast forward to events now and there is an indecent rush to publish as soon as possible. To many it is a chance to prove they are at the cutting edge

of science but whilst the gains may be high, without a full review mistakes may happen. We are dealing with a virus infection that moves quickly. It has taken a large swipe at our infection control science, our understanding of how viruses are transmitted and questioned our own scientific standing. We have responded in an unsystematic manner and in many cases not looked at collectively pooling our resources as a scientific community.

When studies are released to the media we must carefully remove the facts from the spin. Irrespective of whether they are from reputable universities, public or private organisations or industry. At best, the information is being released in an abstract format which again will not provide the full

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details that a more considered clinical trial or laboratory study will deliver. Therefore, we must be cautious and balance our human nature to react quickly. We are relying on 'expert considered opinion' as we have to make our decisions swiftly as we restart our practice of dentistry in the safest way possible. We owe this to our patients. Expert considered opinion does come with great responsibilities. This is not a time to improve our personal standing or look to gain advantage in future careers. It is a time for a united voice, considered opinion based on the best available evidence and the ability to provide collective professional and scientific leadership. This enables our policy makers to reboot dentistry in the safest possible manner. ■

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