

# Prove it

Stephen Hancocks OBE  
Editor-in-Chief

Send your comments to the  
Editor-in-Chief,  
British Dental Journal,  
64 Wimpole Street,  
London  
W1G 8YS  
Email [bdj@bda.org](mailto:bdj@bda.org)

EDITORIAL

In the overwhelming majority of life's fulsome and varied areas there are very few in which we do not ask for proof before agreeing to an action or consenting to a view. The page that you are reading was 'proofed' before it went to press; the GDC wants proof that you have read it if you are claiming it for unverified continuing professional development and its arrival is proof to you that you have paid your membership fees or subscription.

The need is everywhere though. Not a pet food commercial or soap powder advert is allowed to pass our scrutiny without the evidence that '7 out of 10 cats prefer it', or that 'independent tests show Whizzo washes whiter'. Even when the claim cannot be fully substantiated the copywriters slide into our consciousness with an endorsement such as '...probably the best...in the world' but only with the conceited certainty that no one will come forward with the evidence to challenge it.

Evidence is not only about dentistry and consumer goods. Rarely does an evening pass without a crime drama on television, the resolution of which requires careful detection, scrupulous attention to detail and, yes, watertight evidence. Survival has always depended on it too. The evidence suggested that fellow tribesmen who ate those rather alluring looking shiny red berries ended up with stomach cramps, or dead. In scientific paper terms; introduction, method, results and conclusion all in about half an hour, without a quill touching velum but not without a good measure of peer review – 'yes, he's dead, those berries are to be avoided.'

In the modern context, the one that has current relevance to our survival, evidence-base is central to our method of practice. Whether this is because it is evidence based on our years of experience or on the years and work of others, as reported in the literature ('I've never seen anyone die of eating red berries but it is well documented...') it pervades all that we do even if we are not continually conscious in realising it.

## **EBD INCLUDED**

*Evidence-Based Dentistry (EBD)* started life as a supplement to the *BDJ* 10 years ago when the concept was only just gaining ground. Distributed quarterly with the *BDJ* it has grown in that decade to become a stand-alone journal in its own right and highly respected around the world for its veracity and topicality. *EBD* has reported and analysed hundreds of scientific papers in that time, in essence distilling many themes, trends and data into pragmatic advice while providing pause

for thought on some of the apparently contradictory results of other trials, surveys, reviews and studies.

From this issue of the *BDJ* onwards we are including *EBD* within the same binding once a quarter because we feel that the importance of its content warrants greater attention being paid than our research showed it was getting by being a 'loose insert'. In amassing 'independent' evidence on reader activity we know that almost 70% of those regularly receiving the *BDJ* spend considerable time reading it and read most of each issue. Consequently, we hope that more readers will from now on 'get into' reading and appreciating more of the practical information and pragmatic advice generated by Derek Richards, the Editor, as well as his hard-working and dedicated editorial board members who also deserve our thanks and appreciation. Essentially, *EBD* is about the appliance of science, but that, as sharp-eyed followers of electrical white-goods will spot, is the slogan of another organisation entirely.

The move to emphasise the importance of evidence-based practice is not ours alone. In conversation with the Editor of *JADA* last autumn, when I was detailing the proposed inclusion of *EBD* in the *BDJ*, he also revealed similar plans to increase the percentage of evidence-based content in their journal too; the paths of our two journals being parallel but designed without conferring. Such developments even if apparently coincidental are not entirely surprising given the background of current regulatory activity, consumer pressure for best practice and the lingering threat of litigation hovering at the threshold. Here in the UK, the General Dental Council's much discussed plans for revalidation in the future will need to rely heavily on an evidence-base. In whatever form the checking takes, for validation requires observations to be made and judgements to be formed, a base of evidence will be necessary as well as standards against which we will all be assessed. These too will have had to have been established by the proof of past endeavour, of trial and error and of evidence amassed and analysed.

In recent times we have attempted to develop the *BDJ* into a vehicle that provides a variety of valuable facets to its readers. A print version and an ever expanding online service, greater speed and flexibility in the delivery of research, more relevant information for modern practice and improved access to the parts most relevant to each reader and user. I hope that the inclusion of *EBD* will prove to be just as valuable a development and will welcome your thoughts. The aim is to both 'prove it' and 'improve it'.

DOI: 10.1038/sj.bdj.2009.252