

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by John R. Radford.

Libertarian paternalism

Nudges in a post-truth world

Levy N. *J Med Ethics* 2017; **43**: 495–500

Nudges, particularly nudges to reason are permissible in the ‘post-truth’ era, in that they leave agents free to choose.

‘Post-truth’ was named the word of the year by Oxford dictionaries. But where does this leave patients when they want the truth; for example they may have to weigh-up the merits or otherwise of bovine bone or autogenous bone to support their implant reconstruction balancing possible competing information and pressures from advertising, particularly from the internet, and the healthcare provider.

Counter-intuitively, the author who is a professor of philosophy, argues their choice is often at variance with the evidence. To illustrate this, the ‘scare caused by Andrew Wakefield’s infamous and fraudulent linking of vaccination to autism has never receded’. Consequently, refusal denies the social good accruing to both the vaccinated and the nonvaccinated.

Disturbingly, it would appear that individuals become more entrenched in false beliefs when they are offered good evidence to the contrary. They become more ‘*perversely* responsive to evidence.’ This is known as the backfire effect. Using a dental example, there is almost an obsession with smile design. But then placing invasive ceramic restorations instead of a more conservative approach ‘when people are motivated to reject the evidence’ can result in ‘outrageous overtreatment’ (quote from *J Esthet Restor Dent* 2009; **21**: 144–146). The backfire effect may occur because of misremembering. Pressures and desires for a beautiful smile will be recalled, but prudent advice from the dental practitioner describing the invasive nature of the treatment becomes dissociated and rejected. There is also fluency, in that if the information is processed fluently, it is intuitively plausible.

A more subtle point is asymmetrical scrutiny of evidence. If faced with equivocal evidence those who do not believe, for example the stereotype of ‘What is beautiful is good’, become indeed more convinced of this point if their view is changed. The backfire effect can be minimised by adopting an exploratory approach or if the informant has shown past credibility.

Using the example of smile design again achieved with ceramic veneers, when a rebuttal comes from a source that was perceived to support such an approach it is better accepted than if this rebuttal comes from a supporter of the more conservative treatment option.

But nudges may take advantage on reliance on the *status quo* and not embrace responsiveness based on reason. The author therefore argues that if such nudges are tempered by reason (*nudges to reason*), the fundamental ethical pillar of autonomy is not compromised, nor are individuals as responsible agencies.

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Endocrowns

No post-no core approach to restore severely damaged posterior teeth: an up to 10-year retrospective study of documented endocrown cases

Belleflamme MM, Geerts SO *et al. J Dent* 2017; **63**: 1–7

Endocrowns would appear to be ‘...a reliable approach to restore severely damaged molars and premolars.’

Endocrowns were first described almost 20 years ago; they are used to restore endodontically posterior teeth and comprise blocks of ceramic or composite luted adhesively to the remaining tooth structure including the pulpal floor. Endocrowns avoid the use of post-retained restorations in posterior teeth. These investigators report a ‘10-year Kaplan-Meier estimated survival...98.8%’ for endocrowns. But this figure may be misleading in that the mean observation period was 44.7 ± 34.6 months. Endocrowns may experience late failure. The investigators recruited 94 patients (n=137 endocrowns). However, they were only able to recall two thirds of these patients. They did not speculate as to why one third of these patients were not able to attend for recall. Notwithstanding this, the estimated success rate of 54.9% at 10 years may not reflect accurately the efficacy of this restoration; most of these failures were ascribed to periodontal disease, and minor chipping and not failure of the restoration *per se*. Only one tooth became symptomatic which would imply that ‘immediate dentin sealing’, not only can be used to lute successfully endocrowns, but achieves a coronal seal over the endodontically treated tooth.

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Oral cancer

Screening and early detection of oral cancer: current controversies

Galvão-Moreira LV, da Cruz MCFN. *Acta Odontol Scand* 2017; **75**: 361–365

There would appear to be a distinction between the lack of evidence as to the merits of screening in asymptomatic individuals and those at particular risk of oral cancer.

Each year in the world, 300,000 individuals are afflicted with oral cancer. Of note however, the incidence of oral cancer is decreasing in the US. As the oral cavity is easily accessible for visual inspection, self-examination may expedite early detection for oral cancer. However, the evidence is such that mouth self-examination ‘is currently not indicated as a screening tool’. A Cochrane systematic review has shown there are no differences in mortality rates between screened and non-screened populations. The U.S. Preventive Services Task Force goes further in that it raises the question of possible harm from screening. They state that ‘there is a lack of evidence regarding the benefits and harms of screening’ in asymptomatic adults. There would be a distinction however in tobacco/alcohol users; mortality was reduced by 24% in the screened group compared to controls.

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