

"Philosophy" and evidence-based orthodontics

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The philosopher in his study has been a repeated theme in classical literature and art. It summons an image of a dimly lit room with a bearded scholar at his desk, his arms resting on a large open book, his head held between his hands, deeply lost in a thought. From the time of the Golden Age of Greece, philosophers were entrusted with a full range of questions to ponder. Some specialized in the contemplation of the physical nature of man and his world. They were called natural philosophers.

Three centuries ago, their job description changed. Many natural philosophers started using the new, more rigorous scientific method to study nature. The scientific revolution had begun, permanently replacing the old type of natural philosopher. Today, scientists, not philosophers, contribute to our objective understanding of myriad aspects of our life and the universe.

Within this exciting milieu, as doctors, as orthodontists, we have an obligation to be clinical scientists providing the best evidence-based services for our patients. Why, then, in this "age of science," do we still hear from time to time about the necessity of embracing a treatment "philosophy" in orthodontics?

Other areas of medicine do not seem to dwell on "philosophy" in the way we do. A quick search on MEDLINE for recent articles on "philosophy, medical" yielded several hundred publications. Most discussed some of the ethical and reflective issues that confound physicians today, such as terminal care/quality-of-life choices, transplant donor selection and aspects of psychiatry or the history

of medicine. None presented as "philosophy" a technical account of treatment preferences, such as we see in some orthodontic circles today.

In orthodontics, we seem to be witnessing nothing less than a throwback to the proprietary era, when someone's crafty "philosophy" or "school of thought" could masquerade as new science.¹ That may have been an acceptable pitch 90 years ago, but now thankfully we have sounder choices. In this factual, evidence-based age that is ours, do we really want or need anyone's belief-system as a cornerstone of our diagnostic and treatment methods? Philosophy can be a wonderful guidepost for our personal lives and our spiritual fulfillment; yet, that does not qualify it as a scientific basis for delivering the best orthodontic patient care.

So, when you see the word "philosophy" prominently displayed in the title or abstract of a lecture, course or publication about current diagnosis and treatment methods, run the other way, unless you deliberately want exposure to someone's belief-system. A far better choice would be to continue reading high-quality, peer-reviewed scientific journals, like this one, while you keep your "philosophy" tuition money snugly in your pocket.

One final note. At the risk of sounding philosophical, I believe your mind, too, will grow richer with this approach.

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References

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