

## Where's the Beef?

**I**t is interesting that from time to time the movies or television will produce a saying that permeates our culture. A classic example of this would be the crusty 84-year-old, coarse-voiced Clara Peller in a television commercial in 1984 asking aloud "Where's the beef?" Some 10 years later, Cuba Gooding, Jr., in *Jerry Maguire* portrayed a professional athlete who wanted his agent to "Show me the money." In each case, the character was requesting substance to support a concept.

Medicine and dentistry began a quest many years ago to validate the treatments we offer our patients. Evidence-based medicine or dentistry has taken the approach that we need to have justification and rationale for the procedures we perform. This has not always been met with enthusiasm from our colleagues. Sometimes it is difficult to change the way we do things because of what we are taught in school, or come to believe that what we do for our patients is the correct thing to do. It works in my hands or I believe this is right, so I do it.

This and the next issue of the *Journal of the California Dental Association* will be devoted to an explanation of the concepts of evidence-based dentistry and how they apply to contemporary practice. There are articles that deal with not only the theoretical constructs that are the definition and development of evidence, but also with the implications of such evidence as modeled in the application to different phases of practice. While not a complete elaboration of all aspects of this topic, the extremely

well-qualified authors show in many ways how we can all benefit from the incorporation of good evidence in self-development and management of our patients.

If we consider the American Heart Association guidelines for premedication of patients with valvular disease, the use of evidence-based directives have been around for many years. The advanced cardiac life-support algorithms are based similarly on consensus, review of the literature, and good clinical experience. Recent consensus conferences with literature reviews and meta-analysis finally have offered guidelines for treatment of patients with total joint replacement, a longstanding area of confusion for dentistry. In recent years, the treatment of patients with hypertension, as well as other medical conditions, has algorithmic medical management protocols based on research-based criteria.

Many of our colleagues fear that evidence will not support current clinical practices. There are those who believe that insurance companies will use this information to withhold payment for procedures that are performed on a regular basis. These fears deny the possibility that the evidence and research will support what we know to be clinically acceptable. As a profession, we cannot and should not try to ignore research proven truths.

Evidence-based dentistry integrates the best research findings in a specific area



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based on a hierarchal system of validity with clinical expertise and patient values allowing for a variety of treatment options for specific problems. As you will learn, evidence comes in many forms and is not intended to negate the acceptable and clinically proven management of patients.

Our profession must not only accept the concepts but also the good evidence. We must strive continually to provide scientific validation in treat-

ing patients. Many years ago we went to the state Legislature and asked that they not pass legislation that was not based on valid evidence. No junk science was and still is our mantra. What is good for our lawmakers must be applied equally to ourselves. That it “works in my hands” or that “I believe” may or may not be the best that we can offer. We must strive to confirm all that we do in our practices.

We must not fear evidence-based

practice; rather we should embrace it. We want our families and ourselves to be treated by clinicians in a manner supported by good science and not by rote or anecdotal data. Would we expect less of ourselves in providing excellent care to our own patients? Let us learn together and become better doctors through that experience. **CDA**

*Comments, letters and questions can be addressed to the editor at alan.felsenfeld@cda.org.*