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Who produces the evidence?

Is the expression "the art of dentistry" outdated? Although the dentist sometimes feels like an artist when managing technical difficulties as he restores a destroyed tooth, the word "art" is probably no longer appropriate in this context. "Scientific methods" and "evidence" are now the brightest stars in clinical dentistry; this means choosing the best treatment based on existing evidence. But who produces the evidence? That is my concern in this editorial. Clinical research which is not produced in a clinical, everyday setting might have poor external validity. Although there are threats to external validity because the experimental setting differs considerably from a practice setting, we still need the Randomized Clinical Trials (RCT) just as we also need well-controlled laboratory studies. My message is that we also need more practice based studies. In the USA, three different practice-based research networks have been financed in the period 2005-2012 and a new, national network is based on one of these. The National Institute of Dental and Craniofacial Research (NIDCR) recently allocated a $66.8 million, seven-year grant to finance the National Dental Practice-Based Research Network (NDPBRN). The main objective is to strengthen the knowledge base for clinical decision-making, by involving clinicians to play an active role in the research process. But not all dentists can fit in as active participants in such networks, so how could they contribute? Electronic dental records are traditionally unsuitable for collecting research data. Personally, I would be happy if my software could tell me something about the longevity of my Cl. II composites compared with the average. I would also like to know the success rate of my treatment of non-cavitated caries after for example, three years. Could data from different dentists be accumulated in a regional or national database? If dentists and researchers cooperate with software producers, this might become a reality. Data on new materials and techniques could then be made available much faster than in a traditional study. The success of this idea would depend on the willingness of clinicians to share information and the availability of financial support. With today's electronic communications, no dentists, even in rural communities, are too remote to participate. In addition to feedback to each clinician from his or her own "account," this database could serve researchers in the production of more relevant evidence.

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