Editorial

Where knowledge is ignored

Tradition is wonderful. There is a certain comfort and sense of stability in traditional ways. But tradition should not be placed above, or interfere with, scientific and clinical progress in health care. In the treatment of patients, knowledge must come before tradition. Unfortunately, in the average dental education, many students are given high doses of tradition and dogma, and finish their education without all the tools necessary for optimal treatment of patients.

For the 1995 Combined Regional Examination in Dentistry, students had to pass a clinical examination to obtain a license to practice dentistry. This examination comes after passing all examinations in dental school and thereby graduating from an accredited school of dentistry. One would expect that the clinical examination would test the students' ability to carry out clinical diagnosis and procedures concomitant with the present knowledge base. After all, unwitting, live patients are being recruited, financially compensated. and used for such examinations; do we not owe them state-of-the-art treatment? The ethical question about the appropriateness of using human beings in clinical examinations is another issue. However, if they are used, there is an absolute obligation to provide optimal care.

Why, then, do the directions for the resin-composite restoration examination for licensure require the student to place retention in an acid-etched restoration? Directions for the restoration state, "Rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form (Class III or IV). Retention is tactilely and visually present, and does not undermine enamel." A student may fail the examination if, "The incisal and/or gingival retention is significantly excessive or insufficient and is not visually or tactilely apparent."

Now, forgive me, it has been so long I have almost forgotten. How long have we known that internal retention in a Class III or IV restoration is not only unnecessary, but contraindicated? Could it be more than 20 years? I can recall in the mid-1970s arguing this point with some traditionalist teachers of operative dentistry. I felt the unwillingness of the teachers to adopt new knowledge was hampering the educational

process. I can recall, when teaching operative dentistry at other universities in the mid-1980s, when I was in charge of the curriculum, that it was necessary to teach students two ways to do resin-composite restorations—one way to pass the board licensing examination and then the right way (ie, with and without internal retention).

In those days, a decade or more ago, it had been "only" 10 years or so since we knew that the acid-etched enamel margin was more than adequate retention for a Class III or IV restoration; so those who set the standards for board examinations were only a decade behind the times. But now we are faced with examiners who are demanding of our students techniques that are almost a quarter of a century behind our standard of knowledge! Does it really take this long for knowledge to transfer within our educational process? Must our students be forced to abuse the volunteer patient to pass the examination required to get a license to practice? Must our dental schools be forced to teach inappropriate techniques to have the students pass licensing examinations? What does all of this say about those who set these standards that are so out of touch with present scientific knowledge?

I hope this is an isolated example, but I fear not. I see a desperate problem in the adoption of new knowledge by our dental schools. Not only are they behind in adopting new knowledge into the curriculum, but also in adopting new ways of teaching and examining students. It should not be permissible in 1995 to subject paid "volunteers" to out-of-date restorative procedures for a student to pass an examination. It is unethical, and it sends the wrong message, in more ways than one, to our future colleagues.

Let's get with it and rid our teaching curricula and licensing standards of tradition and dogma. They have no place where knowledge is ignored.

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