Zen and the art of clinical judgment

A student once told me that he preferred to work with another instructor because I took too long to make clinical decisions. When I asked him why, he gave me several examples of situations in which I had deliberated upon too long for his liking. None of these was simple in my opinion, nor did I agree with the other instructor’s solutions. My dismay and introspection about this student’s revelation ended when I observed the other instructor in action. An older dentist, he would be described by some as “from the old school,” and it became clear that his advantage over me was not his knowledge, but his far more simplistic view of the practice of clinical dentistry. Long cloistered in the same dental school, he had avoided evolving dental science, consumerism, and other changes in clinical practice that I, as a young instructor, had tried to incorporate into my clinical teaching. This other — preferred — instructor provided the student what he needed to finish his education, while I delved into strange and irrelevant issues that could be left for now to the outside world.

Few would disagree that the practice of dentistry is growing more and more complex with advances in science, changing social values, and more regulation. Some of these complexities force their way into our clinical world, while others, like changing science, wait for us to seize and use them wisely, compassionately and profitably. The issue of incorporating new science into clinical practice is one which, fortunately, puts the locus of control into the hands, literally, of the practicing dentist. We have the ability to use or abuse changes in dental science at our glovetips.

Pediatric dentistry has seen its share of changing science. Posterior composites, exotic pulpotomy dressings, early management of occlusion, and pulse oximetry are just a few selections from an almost endless list. How do clinicians decide what’s best for their patients? How do they assess the claims of the scientific literature, the circuit-speaker, or the advertisement?

The answer to these questions isn’t simple. It would be nice if it were. Our imperfect world will never provide all the clinical trials needed to document totally the safety and efficacy of a product or technique, and the clinician’s best tools are a knowledge of how to assess the literature and good old common sense.

The most difficult element in deciding when and how to utilize changes in science is an ethical one, since even the slightest change affects our patients and, to
some degree, ourselves and our livelihood. Spike Lee put this most complex judgment simply, "Do the right thing," yet Hippocrates may still offer the best advice here, "First, do no harm." Unfortunately, the difficulty of making the decisions does not remove the obligation we have. Keeping our knowledge current is the bridge between the two.

There are certainly advantages to simplicity and using a simple benchmark for clinical decisions, but far more risks. Dr. Kenneth Troutman once wrote of behavioral management, "When your only tool is a hammer, all patients begin to look like a nail." We also risk the loss of control — simple decisions can be made by people or machines rather than by educated and thinking clinicians.

We may do a greater service to those we care for if we counsel them with the elements of a choice, and by doing so, educate them that clinical care has no guarantees, that elimination of risk is an elusive goal, and that clinical decisions, today, are not unilateral, but shared. Our contribution is a thorough scientific understanding of the information available.

In retrospect, I probably erred in my teaching of that student. I should have told him there is one overriding principle of clinical care: There are no simple answers, only simple questions!

Paul Casamassimo, DDS.

---

**Pediatric Dentistry**, The Journal of the American Academy of Pediatric Dentistry promotes the practice, education and research specifically related to the specialty of pediatric dentistry.

**Pediatric Dentistry** is the official publication of the American Academy of Pediatric Dentistry, the American Board of Pediatric Dentistry, and the College of Diplomates of the American Board of Pediatric Dentistry. The Academy invites submission of reports of original research, case history reports, scientific review articles, editorials, statements of opinions pertinent to pediatric dentistry and papers of scientific, clinical, and professional interest which are presented at the annual sessions of the Academy. Contributions do not necessarily represent the views of the Academy, nor can the Academy guarantee the authenticity of any research reported herein.

**Pediatric Dentistry** (ISSN 0164-1263) is published bimonthly in February, April, June, August, October, and December. Second class postage paid at Chicago, Illinois and additional mailing offices. **Publications Department**: American Academy of Pediatric Dentistry, 211 E. Chicago Ave., Suite 1036, Chicago, IL 60611-2616. Return postage guaranteed.

**Subscription Information**: Contact American Academy of Pediatric Dentistry, Publications Dept., 211 E. Chicago Ave., Suite 1036, Chicago, IL 60611-2616. Subscription rates: NONMEMBERS — individual subscription - $65; institutional - $80 (add $35 per volume for delivery outside USA); single copies - $17 (add $6 per issue for delivery outside USA). MEMBERS receive Pediatric Dentistry as a benefit of membership and can order back issues at $45 per volume and $14 per single issue. Checks and money orders in US dollars payable to American Academy of Pediatric Dentistry. Cancellations are not accepted.

**Change of Address**: POSTMASTER: send address changes to Pediatric Dentistry, American Academy of Pediatric Dentistry, 211 E. Chicago Ave., Suite 1036, Chicago, IL 60611-2616. Six weeks' advance notice required. Claims for nondelivery must be made to this address within 30 days (US) or 60 days (foreign) of issue date.

**Advertising**: All inquiries and insertion orders for retail and classified advertising should be sent to Advertising Manager, American Academy of Pediatric Dentistry, 211 E. Chicago Ave., Suite 1036, Chicago, IL 60611-2616. Telephone inquiries can be made at 312-337-2169. **Pediatric Dentistry** reserves the right to accept or reject all advertising submitted as well as the right to withdraw any ad. Placement of an advertisement in Pediatric Dentistry should not be construed as an endorsement by the Publications Dept. or the American Academy of Pediatric Dentistry.