

# Editorial

## Forward to progress, or backward to security?

Dental journals should provide an open forum for ideas. And although some authors may seem to be clinging to the past, their ideas frequently stimulate some fruitful discussion.

Presumably a desire to give a voice to even the most egregious thinking is what prompted a state dental journal on the East Coast to publish an article denigrating the use of the rubber dam.<sup>1</sup> Certainly that was one of the reasons *Quintessence International* will soon publish an article (by the same author) that bemoans the problems of working with rubber gloves. Apparently forgotten in both opinion pieces is the fact that dentistry is only beginning to catch up with the field of medicine in infection control — a long overdue transition that the author apparently wishes to reverse.

In the paper on the use of the rubber dam, the author's conclusion is that the rubber dam deserves use only as an "occasional adjunct" in modern dentistry.

It is ludicrous to argue against the use of the rubber dam, as in the aforementioned paper, on the basis that old rubber dam material may tear, leak, and disintegrate. Of course a rubber dam can leak if it is improperly applied or is so old that the rubber has deteriorated! Even a properly applied rubber dam may leak on occasion. But the writer neglected to address the fact that the rubber dam provides a far better chance of optimal isolation than any other presently available technique.

Surely using a rubber dam routinely for operative dentistry and endodontic procedures provides patients with the best standard of care we can offer. To argue that use of the rubber dam is "abusive to the patient" is simply preposterous.

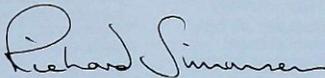
A recent study published in the *British Dental Journal*<sup>2</sup> found that 81.7% of dentists in the UK never or seldom use the rubber dam for endodontics, and more than 70% never use it for any procedure what-

soever. It is regrettably true that the rubber dam is probably the most unused aid to better quality dental care throughout the world.

The real reason that dentists do not use the rubber dam is not presented in the opinion paper. Further, I do not believe that the most common reason given by the dentists in the British survey — that patients don't like it — is the real reason for low usage. How can patients who have never been exposed to routine treatment under the rubber dam express such a negative opinion? I believe that the reason for infrequent use of the rubber dam rests entirely with dentists. It is a lack of proper training, magnified by a false perception that the procedure is time-consuming, mixed with a healthy dose of rationalization.

Dentists who argue against the use of the rubber dam, or rubber gloves, on the basis that they can tear or leak remind me of the colleagues of a 19th century Speaker of the House, Thomas Reed, whom he once described as people who "never opened their mouths without subtracting from the sum of human knowledge."

While people instinctively resist change, they should remember that one steps forward to progress or backward to security.



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1. Neiburger EJ: Hazards of the rubber dam. *NY State Dent J* 1990;56(1):22-24.
2. Marshall K, Page J: The use of rubber dam in the UK. *Br Dent J* 1990;169:286-291.