EDITORIAL

Evidence-based practice: Why do I need that?

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"This procedure works in my hands…"; "I believe in this type of restoration…"; "I feel this is the best bone substitute…". How many times do we hear or say versions of those phrases? Obviously, each of us has his/her own experience and expertise in the procedures we are performing; we know what works and what does not, we know how to plan a treatment, perform it, and even what to expect after its completion. So, if this is the case, why do we need the base of evidence for our daily practice? Can't we rely solely on our own experience and gut feelings?

The answer to that is a definitive no! Sure, we have to use our common sense and medical judgment, but in order to have a broader perspective and a better way to evaluate treatment options, materials, techniques, and alternatives we desperately need a good evidence base.

Trusting only our own impressions might be very misleading from several aspects. First, our follow-up on our patients is not well organized and supervised per procedure; sometimes we lose patients and we cannot assume that this means the treatment is successful. A lost patient might be one who was disappointed with a failure and did not come back. Second, unconsciously sometimes, we tend to ignore failures or complications that are related to procedures we believe in and remember only the more successful cases. This is part of human nature and not something deliberate. For those reasons it is advised to promote an organized follow-up on some of the procedures that we commonly provide. Nowadays with computerized technology, such follow-up is feasible in each and every clinic. Evaluating our own results, sometimes with the aid of statistical analysis, might be surprising even to the person who actually did all those procedures. This data, if properly collected and analyzed, should also be submitted for publication in order to share our success and, even more importantly, our failures with others. Sharing our complications and failures is far more important than just proudly describing our successes.

Another aspect of collecting evidence for our treatments is the ability to follow and compare different treatment options. This can help in our decision making process while preparing a treatment plan. Basing our decisions on evidence-based practice will provide more appropriate support for our treatment, and hopefully will bring more success and fewer complications and failures.

Nevertheless, evidence base does not mean following every published paper that we read. We should learn and practice how to critically evaluate the numerous publications that are provided. Reading carefully the methods and the results and assessing the importance and relevance of those papers to our practice is also an important aspect of evidence-based practice. We have to differentiate and choose the high-quality, long-term, relevant papers and then gradually incorporate those into our practice.

Another important inherent drawback of good long-term clinical evidence is that in our ever-changing world, when a good long-term follow-up of specific material is published, the material is often no longer available in its original format. For example, if we read a good clinical prospective study with 10 years' follow-up on a specific implant, the specific implant type that was manufactured more than 10 years ago is probably

no longer on the market (at least not in the same format). This, frustratingly, means that we might not be able to get long-term good clinical evaluation of an existing material in our quickly altering world.

Having said all that, evidence-based practice is and will be the best way to support our clinical decisions and treatment choices. We should, however, learn how to wisely use this hugely important tool.

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