Editorial

Dentistry in a Box

In 1984 Development Dimensions International, a management consultants group, proposed solving the following brain-teaser as a metaphor for the way leaders in industry think about, conduct, and manage their businesses. As a result, it began to change perceptions, discussions, and attitudes throughout business and professional communities. The brain teaser:

Without lifting your pencil from the paper, join all the dots with only four straight lines.

Most people will automatically try to connect the dots by keeping within the square or box; they outline, but the solution requires going outside the box (solution on page 435). The object of this excercise is to think about a problem without the constraints of "how things are now" or "always have been." Thinking outside of the box means looking at a problem from a different perspective, with an icon-destroying, creative, "what if" approach. The consultants found that thinking "outside the box" usually results not only in innovative solutions, but in new thought processes and an attitudinal shift as well.

The half-life of dental science is now estimated at 6 years. This means that dentists who have not substantially altered treatment strategies and therapeutic modalities in their practices for 6 years may be short-changing their patients and themselves by not offering the benefits of new ideas and advances in technology. They will watch their practices stagnate while other practices leap ahead. Patients and alert and forward-seeking professionals know about exciting developments in dentistry almost from their conception because the information and communication revolution is upon us. To be left behind as others flourish will become a common phenomenon.

A large percentage of improvements in dentistry have been made by "thinking outside the box." One example is the treatment of a furcated first molar. Traditionally, root sectioning, maintenance, or extraction followed by a prosthesis were considered the only viable alternatives. With advances in concepts and therapeutic modalities, regeneration, locally delivered slow-release antibiotics, or extraction followed by immediate or postponed implants have all become additional realistic treatment approaches. When one adds the human equation to all this—cost-benefit analysis, logistics, pain and fear thresholds, dental and general health IQ—each thought out and integrated in novel ways, the permutations of possibilities keep multiplying.

For many years, traditional, so-called "classic" denitistry has served our patients well when carried out with expertise and integrity. But unfortunately, many dentists are still "thinking within a box." As H.L. Menken once said, "For every complex problem, there's an answer that's clear, simple and wrong." This is now axiomatic in dentistry. Simple answers to many complex dental problems are becoming less acceptable as more ideas and information come on-line. How to balance time-tested, proven concepts and technologies with new concepts and treatment modalities and to constantly "think outside the box" will remain a challenge for all of us in the foreseeable future.

GMK