

Can we learn from the coronavirus pandemic?



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The coronavirus pandemic has had a dramatic impact on our lives for over a year now. While some businesses like online retail have recorded high profits, others like airlines, hospitality and the arts have suffered tremendously. Nevertheless, orthodontists in Germany have not experienced many difficulties.

Everyone has been affected differently by the lockdowns and restrictions, both privately and professionally. Home working and online schooling have entered our lives. Congresses and seminars are now mainly held online, and successfully, like the online congress of the German Society of Orthodontics (DGAO) that recently took place.

Although the pandemic has brought about many negative effects and problems, it has also shown that we can change our everyday routine. We no longer need to fly all over the world. After the pandemic, congresses with audiences will certainly be held again, some as hybrid events, but online meetings and smaller theoretically driven seminars often seem just as effective as face-to-face meetings. Many trips by aeroplane, train or car can be avoided, and we are already witnessing the benefits this offers our climate. The pandemic has certainly also led to a slower pace of life that many of us would not have otherwise experienced in this form. I too am happy to have free time at weekends, as much as I enjoy travelling to seminars and congresses.

The pandemic has shown everyone that medicine is not so simple and straightforward. We all observed how differently experts, virologists, epidemiologists, pneumologists

and intensive care specialists assessed the situation all over the world. There was and is no single, true answer to complex questions in medicine. Hegel¹ expressed this in the very aptly formulated sentence “All knowledge is relative”. Orthodontics too is a complex field, and even supposedly simple questions are answered completely differently by experts. Let us take the torque of the maxillary middle incisors as an example. An easy question to answer, one might think, but let us examine the expert opinions. Examples of torque values for the maxillary central incisors in bracket prescription include:

- Andrews²: 7 degrees;
- Roth³: 12 degrees;
- MBT⁴: 17 degrees;
- Bioprogressive system⁵: 22 degrees;
- Vari simplex discipline⁵: 14 degrees;
- Damon⁶: 7, 12, 17 degrees.

Each of us could easily list more examples. This should lead us to consider whether absolute truth, as it is so often presented in the literature and on the congress stages of the world, can exist in orthodontics at all, or whether the humans we treat in medicine and dentistry are so complex that there cannot be only one true, valid answer. Nevertheless, this should not exempt us from continuing to search for the correct answer. Instead of pretending that we already have it, we should critically question whether the presented opinion should not rather be scrutinised with some scepticism. This is one of the tasks of a journal.



We are always looking for articles that take a critical approach to topics in aligner orthodontics and would be happy to receive your critical opinions and discuss them in the JAO. Opinions only develop through an exchange of ideas. Even though this cannot currently take place in a face-to-face format such as a traditional congress, it can be done through a journal. Perhaps this is something else we have learnt from the coronavirus pandemic.

In his treatise on critical rationalism, Karl Popper⁷ very aptly stated: “Critical rationalism is an attitude to life which admits that I can be wrong, that you can be right, and that together we can perhaps get to the bottom of the truth.” On the path between being wrong and being right, and on the path that will bring us closer to the truth together, I wish us all health and joy in orthodontics.

References

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