Editorial *Pluralism—A Collision of Ideas*

A consensus conference seeks to find agreement among the most sage individuals as to the efficacy of a particular manner of accomplishing the best—be it the best method or the best concept. With the provision of healthcare, is this easily accomplished? Arthur Schlesinger remembers the philosopher Isaiah Berlin as a historian of ideas, the vehicles that embody the key to humanity's hopes and visions. He notes that Berlin's central idea was *pluralism,* a celebration of the diversity of life and an unavoidable collision of values, in contrast to *monism,* a single answer that harmonizes everything, a sacrifice of the present for the sake of an unknowable future.

As we contemplate the new millennium, dentistry should take heed to recognize that there is no single method of treatment that has championed all needs of our patients; this is true no matter which discipline is to be examined. Perhaps the danger lies in embracing one method as an all-encompassing strategy. It is also likely that our continued recognition of contrasting ideas acts as the stimulus to be creative and investigate the differences between the new and the classic approaches to patient care.

Observation of the results of years of patient care clearly reveals the need for more than one strategy. Pluralism is readily encountered when contemplating the most valid method for replacing a missing tooth. It is first evident that every tooth does not require replacement, ie, a maxillary second molar with no antagonist may not require replacement, but there is patient consensus about replacing an anterior tooth. The menu of available options might include a removable partial denture, a traditional fixed partial denture, an acid-etched (Maryland) fixed restoration, or a dental implant. The choice is too frequently based on the first level of variables, such as finance, or on which method the dentist favors. But where does the evidence of success enter into the picture? Most patients ask three questions: *(1)* How much will you hurt me? *(2)* How much does it cost? and *(3)* How long will it last?

What will become of the new prosthesis? Which prosthesis, for example, will be the most inconspicuous, the most comfortable, the most long-lasting when contemplating the replacement of a fractured maxillary incisor in the presence of a deep overbite? Or when treating a discriminating individual who has a dentition with no existing restorations?

Interestingly, most patients do not possess a method for evaluating their choices, even with second opinions, and so they rely on their health professional to guide them. The necessary ingredient is for the dentist to invest the time and effort to be able to offer more than mere unsubstantiated opinion. It is not enough to assume a position that proposes a single method because it is what we know best; it would be more appropriate to create a collision of ideas—*pluralism,* a diversity of values that would embody the situation at hand and allow the selection of the treatment regimens of best value for each malady. It is wrong to reject treatments because our teachers did not perform them or because we have not changed with the times.

To that end, what would we do if this was our problem? What would be our first choice? As our ideas collide, the one that is "best for me" will emerge. A dentist with a broad understanding will gravitate toward that endpoint and propose it for patient care, but with an awareness that circumstances may require compromise. It is not correct to compromise before the patient has had an opportunity to carefully weigh the objectives and values of the treatment of choice. The patient depends on the well-informed healthcare provider to guide decisions toward an optimal goal that is supported by past evidence.

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Editor