

## Facing the World Wide Web

We currently have access to a global information space via the World Wide Web. Information that is created in one place can be immediately accessible from most parts of the world, offering new and exciting possibilities. For example, science would not be what it is if it were not for the Internet making the enormous amount of information of the Human Genome Project conveniently available. Online communication channels open opportunities and invite many visitors on a wide range of topics. Specifically for orofacial pain, interested parties surf the web for answers and cures. We can no longer deny that the Internet increasingly affects our patients' understanding of pain.

If I have questions about a disease, I can type the magic letters, such as "TMJ," and a vast amount of uncontrolled information is right at my fingertips. Excite produces 5,640 hits for "TMJ." Where shall I begin? Where is my problem explained? Quick Hit provides me with information about treatments, such as the "TMJ Insta-Splint"; "Dr X's Mouthpiece," which is offered in my neighborhood; and "Houston Dentist, Cosmetic Dentistry, Braces, TMJ, and Whitening." A visit to "Dentistry and Scuba Diving," shows me the reason I am in pain, and switching to "TMJ Dysfunction—Florida Personal Injury Attorneys" finds me a new friend. Fortunately, in the end, there is hope, at "Guaranteed TMJ Relief."

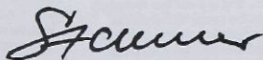
The available information overwhelmingly represents online marketing in support of TMJ consumerism—mostly the repackaging of mundane services. The majority of what I encountered I would consider neither scientific nor always logical. Validated information is hard to find. Instead of science, personal testimony inspires hope of generalizing the observation. There is no space for caveats, and the proverb "a half truth is a whole lie" has been forgotten. The trend is unmistakable:

"Just do it." Ease of use and speed belong to the Internet.

I wonder, did I really get the information that I was looking for? I am used to reading the very best information—solicited, scrutinized, and distributed by my favorite scientific journals. In this familiar format, there are no questions about the sampling procedure, the rigor of data collection methods, the validity or usefulness of outcome measures, and the likelihood for an event to actually occur. The scientific approach to patient care requires dedication to critical thinking. Careful publishing requires time, and this is no different for the Internet.

In my Internet search, I found a few good pieces of information, although at low frequency of about 1 in 20. Legitimate best-practice guidelines, available simply for the public good, were accessible, but they were not necessarily the web sites with the most hits. Clearly, the search engines are not geared to screen for validity. Instead, sorting and ranking are based on the number of hits, making the user perplexed by what some of us choose. I also found a few dedicated online services that provide 2-way communication, either by personalized e-mail advice or through open conferencing, which seemed to be a valuable service.

All this being said, clinicians who manage orofacial pain must be aware of influences and pressures that affect their relationship with patients, including patients' understanding of disease. The one remedy to face the negative challenge brought about by the Internet is to support the publication of accurate, responsible information online in the interest of all parties involved.



Christian S. Stohler  
Associate Editor