

## Patient Autonomy in Evidence-based Dentistry

Evidence-based dentistry is the judicious integration of scientific information relating to the patient's oral health and medical condition with the dentist's clinical expertise and the patient's own treatment needs and preferences.<sup>1</sup> In this triad of factors, we (the dentists) are least likely to be formally trained in recognizing our patient's preferences. Do we understand what shapes these preferences? It is not just the usual financial factors or esthetic preferences that lead our patients to present with their expectations for their dental appointment. Have you had parents refuse the use of dental amalgam restorations in their children's teeth due to concerns about mercury exposure? Have you had patients question your decision to obtain intraoral radiographs due to concerns about brain tumors in the future (meningiomas)? Have you come across parents who have withheld immunization of their children because they fear the risk of autism? Have you encountered parents who have expressed concern about how many neurons will die during exposure to general anesthetics when treating their child for full mouth rehabilitation under general anesthesia? Each of us, in the clinical practice of dentistry has certainly come across many such examples where our patients express some strong biases, dare I say, contrary to how we choose to practice our profession. But, how do our patients obtain the information that leads them to develop these treatment preferences? In addition to the traditional sources of information, we now have patients who obtain a wealth of information from the internet.<sup>2,3</sup> Add to this, the ready availability of medical/dental smartphone Apps. The result is an aware and astute consumer who often tells the dentist clearly what his or her treatment expectations are. We also know that sometimes this self-obtained dental information is questionable, or the patient believes what they want to believe rather than weighing the scientific merit of the information they have read.

In the current model of an evidence-based dental practice, the patient and the dentist share the responsibility of making a treatment decision. This means that the dentist has to be prepared to openly discuss with patients information which may be contrary to ideas that the patient walked in with. Such frank discussions are an investment of time which usually results in the most loyal patients who appreciate the knowledge, expertise and efforts of the dentist who has tried to direct them toward the correct information and, hence, enabled better patient care. In this regard, we walk a fine line in our practices everyday in trying to balance patient autonomy along with current scientific information available to us as professionals. We should also keep in mind that the technology savvy patient has access to abstracts of scientific articles as well as the full texts of articles published in open access journals. Journals often cite the number of downloads from their publications. Many such downloads are by patients. Frequently, authors of scientific clinical articles are contacted directly by patients citing their publications to get second opinions regarding their own cases. Here again, as with our clinical patients, we need to have an open dialogue about making comparisons with study population and interventions with the specific situation of the patient.

In the dentist-patient relationship, the parameters of care have to be patient centered and respect the patient's autonomy. In measuring the outcomes of dental care, the patient's understanding of benefits of treatment must be discussed. The microscopic accuracy of endodontic treatment or periodontal surgery is irrelevant to a patient whose chief complaint has not been addressed. Truly addressing our patients' dental and oral health can occur only by engaging in an interactive and educational dialogue with our patients and by empowering them to present their perspectives on their own oral health. If not, our treatment is likely to fail because the patient is not an engaged participant in meeting the treatment goals. A contemporary dental practice has to embrace and respect the informed dental patient.

## REFERENCES

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