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Guest Editorial

The challenges for Orthodontics

'On reflection' is always an over-clichéd phrase, yet, how appropriate it is. Since its inception, the specialty of orthodontics has developed enormously and attracted some of the most charismatic and intelligent individuals in the dental profession. Yet, after significant numbers of students have been trained throughout the world, especially on a formalised 3-year, full-time program,[1] the profession is no closer to understanding the 'need' for orthodontics. The nature and outcome of treatment is known in the most detailed of ways, especially following the development of randomised clinical trials, which corroborate that which is diagnostically suspected. However, there is very little data to suggest that orthodontic treatment positively alters susceptibility to dental disease, yet patients still attend specialist surgeries and supportive dental practitioners continue to refer. More importantly, third party schemes exist to fund this care.

The main reason for public attendance is to obtain straight teeth and orthodontics temporarily provides a solution and fulfils a perceived need, but are practitioners merely reorganisers of structural protein and the hairdressers of teeth?

In a recent national orthodontic 'research day' to focus and develop future strategies, it was highly noticeable that the concept of traditional orthodontic research (cephalograms, study models, materials etc), was unanimously ignored in favour of the 'worth' to patients of orthodontic care. This clearly is in recognition and a change in what is considered important.

Despite all luminaries present, no existing study was mentioned which demonstrated an orthodontic health gain.

In the meantime, alternative educational providers attract registrants who attend, are influenced and subsequently practise in the haze of commercial lust. Astute professionals, often by their nature as under-spoken individuals representing a silent majority, identify the defective commercial claims as clearly having little scientific basis and, when investigated, having little basis in reality.

Advertisements are very persuasive. A complete industry has developed, including and detailing the psychological basis related to the manipulation of thought processes. Parallels are seen with the publicity campaigns of politicians. How slick and manipulative are these strategies and it is easy to see how the skills of promoting candidates in elections can be used to promote goods and orthodontic services.

Equally, orthodontics is being driven by the perceived need and the public is demanding quicker and more 'invisible' braces. When does a patient's request become ridiculous or not in their best interest? Who is driving the patient's care, the patient, the clinician or the internet?

Perhaps consideration should be given to 6-month wonder treatments often funded by third party schemes. Do serious orthodontists and dentists believe that significant changes can occur in the dentition and investing structures over this time frame? Do they also believe that the types of change are actually stable and in the best interests of the patient? How long should it be before treatment 'success' is declared; should it be at the end of treatment, or possibly at 6 months, or even at 6 years after appliances have been removed?

The speciality has so many unanswered questions related to its value as a profession. Do most patients really appreciate their results and the effort expended in that achievement?

The answer has to be yes, but the speciality must also remember its luxury and exulted status. The people

[1] Currently, whilst Orthodontics is identified as a unique specialty, coordinating four dimensions, there is incomplete acceptance for the recognition and funding of training as certain countries are still unable to accept a specialist list.