

# Belief X Science in clinical practice in Endodontics

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To our patients,  
fondly.

At present times, we come across countless social media posts about clinical protocols to be implemented in patients by clinicians who act as if they were teachers sharing their beliefs. However, they do so without scientific support while proclaiming that what they do is the absolute truth and the correct means towards achieving success in endodontic and dental treatment.

They establish oversimplified procedures, as if Dentistry and Endodontics were easy and simple specialties.

Explaining how to carry out molar endodontic treatment within 50 minutes – addressing the procedure as if we were in a race-track and whoever is the first to finish treatment is the winner – patient's health and human well-being. Perhaps we are experiencing overwhelming pedagogical irresponsibility and ego, both of which have spoken up more than one's concern about the well-being of others.

I beg forgiveness to the souls of ease and practicality, but I have studied. No, I am not against practical procedures, but since I was little, I learned the easiest way is rarely the correct one. So, I sought science. But what is science after all?

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Some may claim science is difficulty transmuted into endless protocols. What a mistake made by those who cry out in defense of sophist rhetoric in practices that find support only in the beliefs of others. I beg for their forgiveness. I will abstain from innocuous discussion and evince those who listen with no fear of pain. After all, pain is not necessarily evil. Evolution comes in times of pain and crisis – those who are familiar with penicillin are very much aware of that.

Scientific methodology is not indefectible. What we can assure, to anyone undergoing a certain treatment modality or taking any medicine, is that the protocol has been assiduously tested. Empirical basis decreases margins of error.

Science may as well have a composite name: responsibility. Its last name is up to you: ethic, social, moral or professional. But what makes people not only not hesitate to skip procedures, but also insert seas of nonsense into the overall population?

Ease and the so-called Brazilian way of fixing things. Skipping protocols enhances treatment time and boosts profits; however, it does so while going in the opposite direction of patient care.

I am not against faith or belief. As quoted by Mario Sérgio Cortella: “*Science is seeing to believe. Faith is believing to see. But they do not necessarily exclude one another.*” The only thing faith cannot do is to blind the overall population who is eager to have what is easy and practical.

Practicality belongs to the rest. And it is the rest itself that makes us have some fun.

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