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## Is the path right?

We are approaching the date of one more meeting of the Brazilian Group of Professors of Restorative Dentistry. And, as is the case in all our Congresses, renowned professors will be attending it, bringing the most advanced knowledge about the themes that concern our specialty. In addition, there will be discussions about teaching Restorative Dentistry in Brazilian universities. In the past, the best method to protect the dentin and pulp complex has been discussed, and whether there is still room for the teaching of the use of amalgam in our universities. Similarly, we will bring up some important discussions about the teaching of adhesive procedures in our universities in these coming meetings.

Of course, these discussions have been and will be conducted according to scientific evidence recently demonstrated for each theme. And it is a great pleasure to realize that a large amount of the more recent evidence has been the result of studies conducted by Brazilian researchers. Yes, Brazil today holds an outstanding place in the production of scientific papers, both in number, as we have the second highest production of scientific papers in the world, and in quality. However, there lies the major questions asked by this column in this issue of the Journal: is all this knowledge reaching the private office? Is it reaching the dentists that practice Dentistry in the primary health care units in the

numerous municipalities of our country? How can we ensure that all the knowledge produced in the Universities leads to increases in the quality of the Dentistry practiced in our country? Let's not ignore the elephant in the parlor. In my opinion, it is highly contradictory to know that we have today, in the Federal University of Uberlândia, a research group that is the second most active producer of studies about intracanal posts in the world, whereas, at the same time, we elsewhere have dentists that cement these posts in teeth that have not been treated endodontically, or that were very poorly treated. For those that have a hard time to picture how common this problem is, I suggest reading the study that we published in the latest issue of the journal about this theme, in which we demonstrated that over 42% of the cases that we evaluated matched this description. I wonder whether this happens only in the case of this specific procedure. I am sure it does not. During lectures that I give, for example, about several different topics in Restorative Dentistry, I am asked a stunning number of questions about concepts that have been intensively discussed and are already well established in Dentistry. It is very common that dentists still ask me about the best protocol for the use of LED lights for bleaching in the office, at a time when it has already been clearly defined, by several studies, that the use of light is unnecessary and dangerous, and that blue LED light should not

be included in bleaching techniques. Unfortunately, this column has a limited number of characters, as I am sure I would have hundreds of other examples to present.

Anyway, this discussion goes on. I don't know the answer, and I invite you to think about it. What are we going to do to translate all this new knowledge into high quality Dentistry? Or, worse, this knowledge may be getting to dentists, who are, themselves, neglecting facts that are already well established and insisting on technically poor procedures. I don't know. I have my own opinions, and I invite you to build yours. However, above all, I invite you to analyze the procedures that you have been performing. Are you sure that they are 100% correct and in agreement with the most recent concepts? I leave these questions for you.

## REFERENCES

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## MARCOS BARCELEIRO<sup>1,2,3</sup>

1. Mestre em Odontologia, área de concentração em Dentística, Universidade de Taubaté (Taubaté/SP, Brazil).
2. Doutor em Odontologia, Universidade do Estado do Rio de Janeiro (Rio de Janeiro/RJ, Brazil).
3. Universidade Federal Fluminense, Instituto de Saúde de Nova Friburgo (Nova Friburgo/RJ, Brazil).

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