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**Session objective: Empower the clinical teachers scholarly role**

**Session:** A most provocative and useful final session

**How:** Three speakers will offer different, and divergent viewpoints on research approaches to the very *eclectic challenge* of prosthodontic practice and research

**Wikipedia: Eclecticism:** a conceptual approach that does not hold rigidly to a single paradigm or set of assumptions

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**Session objective: Empower the clinical teachers scholarly role**

**Session:** A most provocative and useful final session

**How:** Three speakers will offer different, and divergent viewpoints on research approaches to the very *eclectic challenge* of prosthodontic practice and research

**Why:** *Elucidate* the merits of research and educational protocols to provide best clinical evidence for making informed prosthodontic decisions

**Wikipedia:** Elucidate: make clear, clarify, expound

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**Session objective: Empower the clinical teachers scholarly role**

Session: A most provocative and useful final session

How: Three speakers will offer different, and divergent viewpoints on research approaches to the very *eclectic challenge* of prosthodontic practice and research

Why: *Elucidate* the merits of research and educational protocols to provide best clinical evidence for making informed prosthodontic decisions

AJs role: to represent the *puristic exegetic* EBM approach

**Wikipedia: Exegesis** (from the Greek ἐξηγεῖσθαι 'to lead out') involves an extensive and critical *interpretation* of a text

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**The Practice of Medicine and Dentistry reflects changes in Society and research**

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**Philosophy**

18th century: Age of enlightenment (or age of reason)

Philosophers: George Berkeley, Thomas Paine, Voltaire, Jean-Jacques Rousseau, David Hume...

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**Philosophy - Chronology** (very condensed!)

18th century: Age of enlightenment

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Wars and misery

19th century: Scepticism

Nietzsche: "God is dead. The same applies to Christian morality and metaphysics!"

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**Philosophy - Chronology** (very condensed!)

18th century: Age of enlightenment

Wars and misery

19th century: Scepticism. Nietzsche

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More wars, misery and genocides

20th century: Emerging cultural and structural criticism ontology & epistemology

Modernism (Ihab Hassan / Popper/ Kuhn)

Postmodernism (Jean-F Lyotard)

Poststructuralism (Michel Foucault / Jacques Derrida)

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Medicine: Emerging Cultural and Structural criticism

1967  **Allan Feinstein**: *Clinical Judgement*. One of the first books to discuss the basis as well as process of clinical decision making. ★

1972  **Archie Cochrane**: Questioned the knowledge base of medicine, calling for rigorous evaluation of the effectiveness of interventions. ★

1973  **Boston Women's Health Book Collective**. Challenged the male-dominated medical service and a called for women to empower themselves. ★

1976  **Tom McKeown**: Asked what the role of medicine was when improvements in health are due as much if not more to social and environmental changes than to health care? ★

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→ A strategy for how to cope with changes ?

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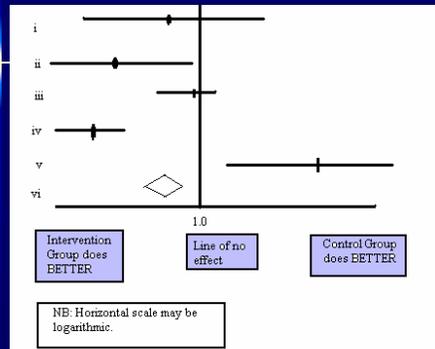
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### Forrest Plot




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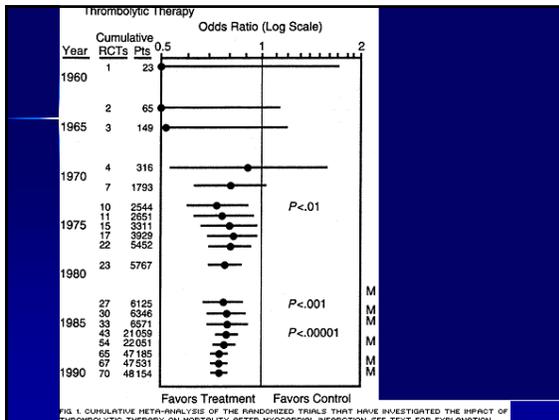
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### Flexner Report, 1910



- Accounts of all medical schools throughout the US and Canada
- General plan for reconstruction
- Pathophysiological rationale
- Foundation for all medical and dental curriculums until recently



Abraham Flexner

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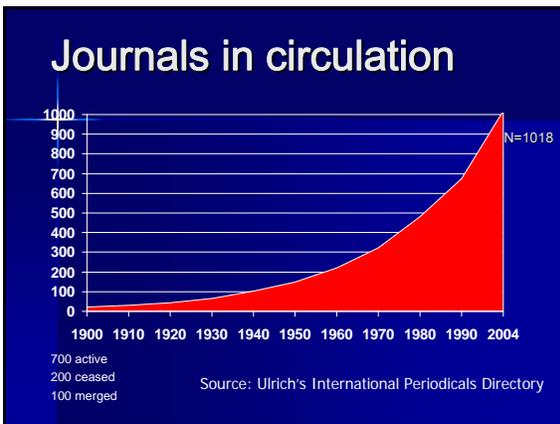
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☞ A strategy for how to cope with changes ?

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## Medicine has changed:

1. Basic Philosophical trends in society  
Criticism of:  
Effectiveness – Health equity - Costs –  
Priorities in health and research
2. Lack of implementation of new and  
effective interventions
3. Clinical epidemiology → EBM
4. Education → EBM

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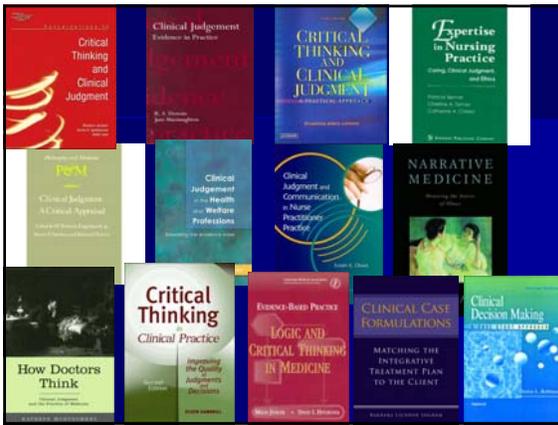
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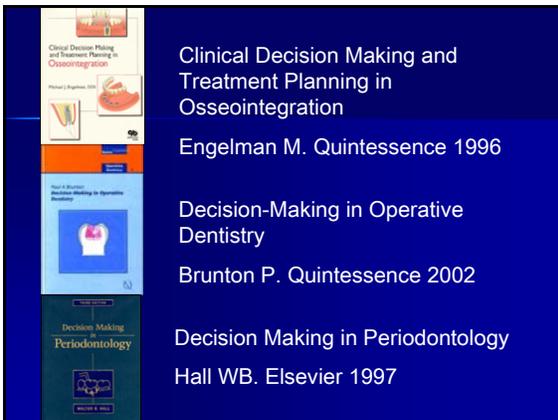
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Clinical Decision Making and  
Treatment Planning in  
Osseointegration

Engelman M. Quintessence 1996

Decision-Making in Operative  
Dentistry

Brunton P. Quintessence 2002

Decision Making in Periodontology  
Hall WB. Elsevier 1997

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Cookbook dentistry?

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*"Medicine is a science of uncertainty and an art of probability"*

William Osler (1849-1919)

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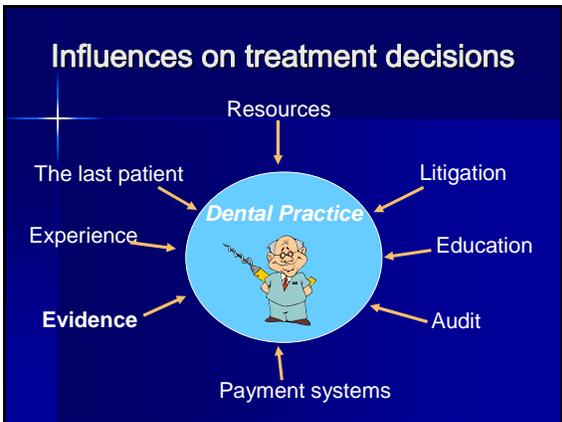
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**Correct treatment decision**

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**EBM:**  
 It is suggested that an evidence-based approach can facilitate treatment decision making

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**Prosthodontic Rehabilitation**

Historically, prosthodontic decision making has always been influenced by:

1. a narrow range of technical solutions (limited by biology) and
2. the patient finances.

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**Medicine Levels of Evidence (May 2001)**

	Differential diagnosis/symptom prevalence study	Economic and decision analyses
Level 1 R with 1b clinical centres	SR (with homogeneity*) of prospective cohort studies	SR (with homogeneity*) of Level 1 economic studies
Study with standards; or the clinical centre	Prospective cohort study with good follow-up****	Analysis based on clinically sensible costs or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
Randomised trials	All or none case-series	Absolute better-value or worse-value analyses ††††
Level >2	SR (with homogeneity*) of 2b and better studies	SR (with homogeneity*) of Level >2 economic studies
Study with standards; CDR† dated only on bases	Retrospective cohort study, or poor follow-up	Analysis based on clinically sensible costs or alternatives; limited review(s) of the evidence, or single studies; and including multi-way sensitivity analyses
	Ecological studies	Audit or outcomes research

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### Appropriate Study Designs

	Qualitative	Cross-Sectional	Case Control	Cohort	RCT
Diagnosis				☆	☆☆
Therapy				☆	☆☆☆
Prognosis				☆☆☆	
Screening			☆	☆	☆☆
Views/beliefs perceptions	☆☆☆				
Prevalence/hypothesis generation	☆☆☆	☆☆☆			

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*“Guerir quelquefois,  
soulager souvent,  
consoler toujours”*



*“Cure occasionally,  
relieve often,  
console always”*

Ambroise Paré  
(1510 –1590)

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## Appropriate Study Designs to address implementation of interventions

	Qualitative research	Survey	Case Control	Cohort	RCT	Non-exper	Systematic review
<b>Effectiveness:</b> Does it work?				☆	☆☆	☆	☆☆☆
<b>Process of intervention/delivery:</b> How does it work?	☆☆	☆				☆	☆☆☆
<b>Salience:</b> Does it matter?	☆☆	☆☆					☆☆☆
<b>Safety:</b> Will it do more good than harm?	☆		☆	☆	☆☆	☆	☆☆☆
<b>Acceptability:</b> Will the patient accept the intervention?	☆☆	☆			☆	☆	☆☆☆
<b>Cost effectiveness:</b> Is it worth paying for the intervention?					☆☆		☆☆☆
<b>Appropriateness:</b> Is this the right intervention for this patient?	☆☆	☆☆					☆☆
<b>Satisfaction with the intervention:</b> Are users, providers and other stakeholders satisfied?	☆☆	☆☆	☆	☆			☆

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It is suggested that EBM can be implemented in daily practice in various ways

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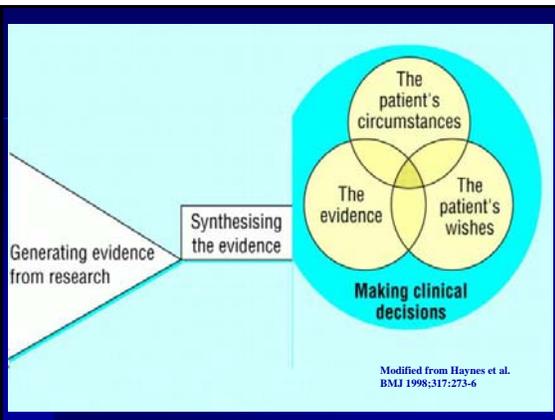
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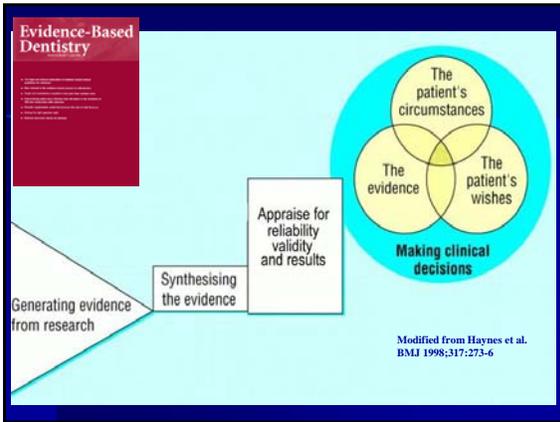
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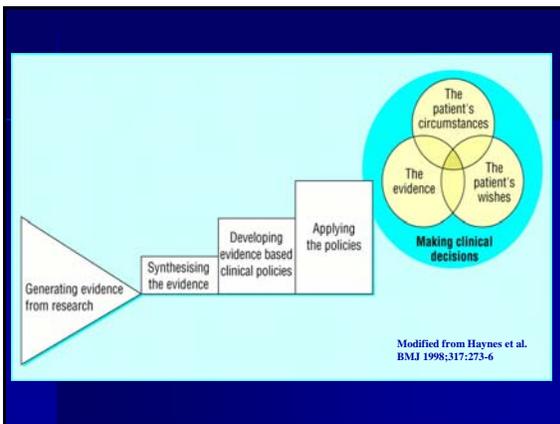
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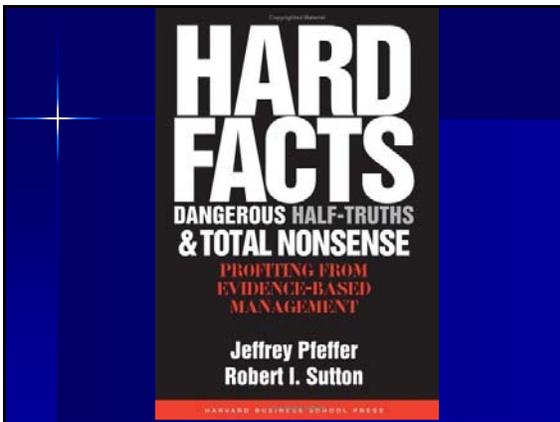
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Arguments, usually presented with near evangelistic zeal, that no health related action should ever be taken by a doctor, a nurse, a purchaser of health services, or a politician unless and until the results of several large and expensive research trials have appeared in print and approved by a committee of experts

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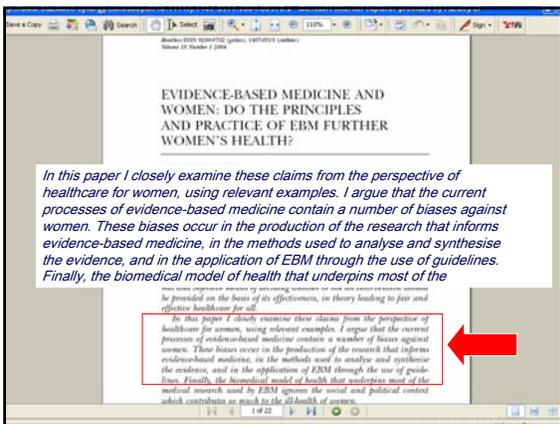
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**Abstract**

**Background** Drawing on the work of the late French philosophers Deleuze and Guattari, the objective of this paper is to demonstrate that the evidence-based movement in the health sciences is outrageously exclusionary and dangerously normative with regards to scientific knowledge. As such, we assert that the evidence-based movement in health sciences constitutes a good example of microfascism at play in the contemporary scientific arena.

**Objective** The philosophical work of Deleuze and Guattari proves to be useful in showing how health sciences are colonised (territorialised) by an all-encompassing scientific research paradigm – that of post-positivism – but also and foremost in showing the process by which a dominant ideology comes to exclude alternative forms of knowledge, therefore acting as a fascist structure.

**Conclusion** The Cochrane Group, among others, has created a hierarchy that has been endorsed by many academic institutions, and that serves to (re)produce the exclusion of certain forms of research. Because 'regimes of truth' such as the evidence-based movement currently enjoy a privileged status, scholars have not only a scientific duty, but also an ethical obligation to deconstruct these regimes of power.

**Key words:** critique, deconstruction, evidence-based, fascism, health sciences, power.

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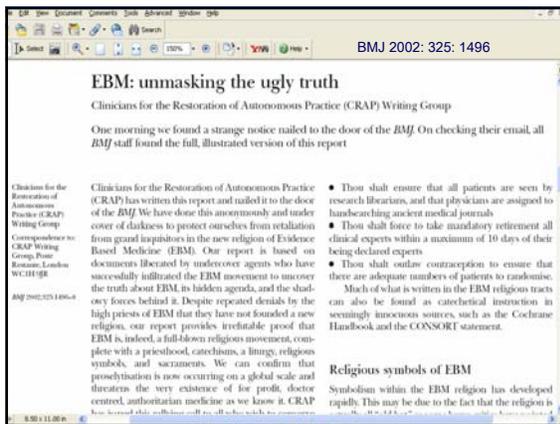
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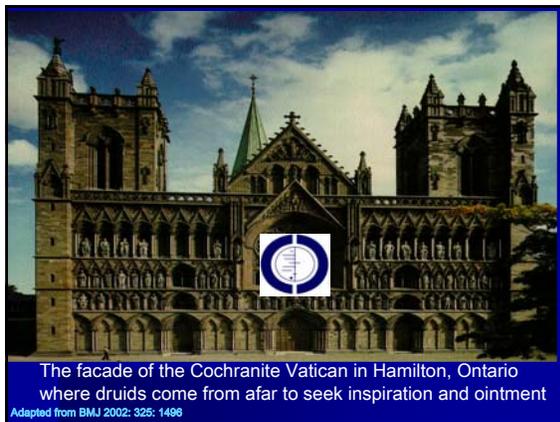
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Typical EBM druids dressed in their vestments. Note apparent uniformity of monotone face expression indicating a brainwash

Adapted from BMJ 2002; 325: 1496

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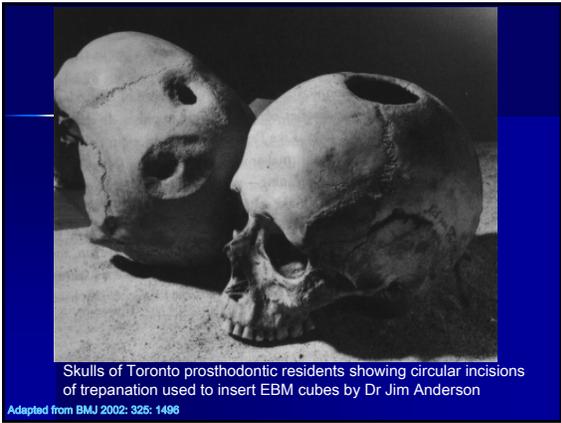
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Skulls of Toronto prosthodontic residents showing circular incisions of trepanation used to insert EBM cubes by Dr Jim Anderson

Adapted from BMJ 2002; 325: 1496

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*“Doubt is not a pleasant condition, but certainty is an absurd one”*



Voltaire (1694-1778)

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Thank  
you for  
your  
kind  
attention

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**Welcome**  
25 years since

**The Toronto Conference on Osseointegration in Clinical Dentistry**

[www.Torontoimplantconference.ca](http://www.Torontoimplantconference.ca)

*What about the future?*



**Commorative Conference. Date to be announced**

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