

A compass instead of a corset

Today, clinical guidelines are an integral part of modern dentistry. They offer guidance within an increasingly complex healthcare landscape, consolidate scientific findings, and establish a common foundation for diagnosis and treatment. Yet, as their significance grows, so too does the importance of the question: what can these guidelines achieve, and where do their limitations lie?

The answers to this are nuanced. Guidelines are neither laws nor rigid instructions for action; they are intended to provide orientation, not to replace decision-making. In this issue, Prof. Joachim E. Zöller points out that overinterpretation occurs when evidence-based recommendations are misconstrued as immutable rules. Particularly in dentistry, the individual patient must always be given greater consideration than any recommendation—no matter how carefully it may have been formulated.

At the same time, an examination of the evidence base for many clinical guidelines reveals that the level of scientific certainty is not always as high as one might wish. In the field of implantology some recommendations are based not solely on high-quality studies, but also on expert consensus or limited data. This can give rise to risks—ranging from over- or undertreatment to poor decision-making—if such recommendations are adopted without critical evaluation.

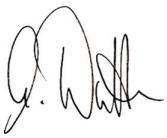
In the context of medical expert assessments, the role of clinical guidelines should not be overestimated. Prof. Johann Müller emphasises that the standard of care expected of a specialist and the individual clinical findings are the decisive factors when evaluating medical cases. While guidelines can support an assessment, they cannot replace a careful analysis of the specific case at hand. Furthermore, problems arise when outdated guidelines are cited or when contradictions between different recommendations are overlooked.

Why, then, has the BDIZ EDI been so deeply involved in the development of clinical guidelines for many years? The answer lies in the association's own self-conception. For President Christian Berger, contributing to these guidelines is a way to ensure quality and further the advancement of implantology. In this process, the BDIZ EDI incorporates the perspective of dentists who practise implantology into national guideline development, while simultaneously helping to translate scientific findings into practical applications for everyday clinical use.

The fact that scientific guidelines alone cannot address every question encountered in daily clinical practice is reflected in another of the association's initiatives: the development of practical guides. While formal guidelines often take a long time to produce and are updated only at infrequent intervals, these guides are designed to incorporate recent developments more rapidly and provide access to international expertise. They serve as a supplement to traditional guideline development, acting as a bridge between scientific evidence and the realities of everyday clinical care.

The discussion surrounding clinical guidelines will therefore continue. Greater transparency, a stronger evidence base, regular reviews, and the consistent consideration of potential conflicts of interest are among the demands put forward by our experts on the board.

One thing is certain: good clinical guidelines provide a sense of security. Yet they only reach their full value when understood for what they are intended to be: a scientifically sound compass for treatment—not a straitjacket that replaces clinical reasoning, experience, or the individuality of the patient. The "art" lies precisely in combining both.



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