

Ethical Therapy Versus Empirical Therapy in Dentistry: Striking the Right Balance

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ABSTRACT

Contemporary dental practice increasingly requires clinicians to balance clinical experience with evidence-based decision-making. Ethical therapy emphasizes patient welfare, scientific evidence, informed consent, and professional integrity, whereas empirical therapy relies primarily on clinical observation and experience. Although empirical approaches have historically contributed to many advances in dentistry, their application without adequate scientific validation may compromise treatment outcomes and patient trust. This editorial discusses the principles, advantages, and limitations of both approaches and highlights the importance of integrating clinical expertise with current evidence. The future of dentistry lies in ethical, evidence-based, and patient-centered care that combines scientific rigor with sound clinical judgment.

Keywords

Ethical therapy, Empirical therapy, Evidence-based dentistry, Clinical decision-making, Dental ethics, Patient-centered care.

EDITORIAL

Over the last few decades, dentistry has undergone a tremendous transformation, with the advent of new diagnostic technologies, biomaterials, digital workflows, and clinical research. Dentists are now expected to make decisions based on scientific evidence and ethical considerations, in addition to experience, as the profession advances. The difference between ethical therapy and empirical therapy is very pertinent in this context.

Ethical therapy is therapy that is based on scientific evidence, professional standards, patient welfare and informed consent. It is based on the principles of beneficence, non-maleficence, autonomy and justice. Empirical therapy, however, relies more on clinical experience, observation, intuition or traditional practice,

and is not supported by strong scientific evidence. Although empirical observations have been the basis for many dental procedures, today's dental practice requires an evidence-based and ethical method of patient care.

Evidence-based dentistry was developed from evidence-based medicine and focuses on the use of the highest quality research evidence, clinical skills, and patient preferences [1]. Ethical therapy is a reflection of this philosophy, in which treatment recommendations are based on sound scientific evidence and individual patient needs and expectations are taken into account.

The difference between ethical and empirical therapy is that the basis of decision making is different. Ethical therapy involves a critical examination of the literature, risk/benefit analysis, and the clear communication of treatment options. Empirical therapy, on the other hand, may be based on individual experience and anecdotal success. If someone says, "I've always used this technique" or "it works well in my hands," this is a good sign of experience, but it's not necessarily scientific proof.

While clinical experience is still a key element in patient care, experience cannot supplant well-designed clinical research. What works in one patient may not work in another, and interventions that seem effective in single patients might not be consistently effective in randomized clinical trials or systematic reviews. Ethical practice demands that clinicians keep up to date with new knowledge and adjust treatment protocols as new evidence emerges.

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The ethical considerations of this issue are especially apparent in the fields of implant dentistry, regenerative periodontics, orthodontics, and esthetic dentistry, which are continually changing. New materials, devices, and techniques are continually being developed, and frequently come with a lot of marketing hype. Innovation is important for the professional's advancement, but the early use of products that are not sufficiently tested can put patients at risk. Ethical therapy demands that dentists carefully consider the evidence before adopting new technologies into their practice.

Another example is antibiotic prescribing. Empiric antibiotic use has been prevalent in dentistry, especially for prophylaxis and odontogenic infections in the past. But with the rising threat of antimicrobial resistance, it has been shown that unnecessary antibiotic use has its repercussions. There are current evidence-based guidelines that limit antibiotic use to certain clinical indications and discourage routine antibiotic use when local treatment is adequate [2]. Ethical prescribing, therefore, is not about following a "routine" or "precautionary" approach, but rather following scientific recommendations.

Another principle of ethical therapy is patient autonomy. Shared decision making is a key component of the modern healthcare approach, where patients are given enough information about the risks, benefits, costs and alternatives to make an informed choice about their treatment. Ethical therapy involves open communication and consent. Patients need to be informed about the treatment being recommended and why it is being recommended. [3]

Empirical therapy, on the other hand, can sometimes lead to a paternalistic treatment approach, in which the clinician's personal preference is the primary factor in determining the treatment, rather than a careful consideration of the evidence. These can be detrimental to patient autonomy and may be a breach of trust in the dentist-patient relationship.

Social media and commercial marketing have further muddied the waters of clinical decision making in dentistry. There are more and more ads for cosmetic surgery, aligner systems, implants, and other minimally invasive procedures being seen by patients. Sometimes, dentists might be compelled to offer treatments that are popular or commercially appealing, even if there is not much scientific evidence to support them. Ethical therapy involves attending to the well-being of the

patient before any other consideration, such as money, marketing, or competition.

Financial ethics is a significant, but rarely talked about part of a dental practice. Clinicians can have potential conflicts of interest when many dental procedures are paid for directly by the patient. Ethical therapy demands that treatment recommendations are made only on the basis of clinical necessity and outcomes based on evidence. If a more expensive treatment is available, a conservative and predictable treatment option should not be overlooked. It is important to maintain professional integrity by ensuring that the welfare of patients is the foremost concern in all treatment decisions.

However, empirical therapy should not be considered as all bad. A lot of the significant developments in dentistry have been based on the observation of experienced clinicians. Clinical practice often yields new ideas that are not necessarily validated by scientific research. So, empirical observations remain important in the development of research questions and innovation. The issue is that the empirical methods are being used broadly without proper validation or when they are offered to patients as evidence-based, but there is not enough supporting data. [4]

The best way to do this is to not select one or the other, but to combine the best of both worlds, ethical and empirical therapy. However, clinical judgment is still crucial as each patient has their own individual situation which may not be covered by the guidelines. But professional judgment must be exercised in an evidence-based and ethical manner. Science should be enhanced, not supplanted, by experience.

Education is a key element in achieving this balance in dentistry. The undergraduate and postgraduate training programs should focus on critical evaluation of scientific literature, research methodology and evidence-based clinical decision making. Dentists should be encouraged to be lifelong learners and continually update their knowledge and adapt their practice based on the new evidence.

Other professional organizations and specialty societies also make a contribution by creating clinical practice guidelines, consensus reports, and continuing education programs. These resources can be used to connect the gap between research and practice, allowing practitioners to make informed and ethical decisions. [5]



To sum up, the difference between ethical therapy and empirical therapy is a general problem in contemporary dentistry: the balance between clinical experience and scientific evidence. Empirical observations are important sources of innovation and clinical insight, but ultimately, patient care should be informed by ethical considerations, evidence-based practice, and clear communication. The future of dentistry relies on the hands of clinicians who are experienced, knowledgeable, and ethical in delivering safe, effective, and patient-centered care. The profession can continue to improve and maintain the trust that patients have in their dental practitioners by practicing ethical therapy and applying clinical experience appropriately.

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