

Whispered Communications



Imagine that almost all of us have played a game in our childhood where a message is whispered into the ear of one person, and that person is asked to whisper the same message into the ear of another, who whispers it into the ear of another, and so on until 10 or 12 conveyances of the message have occurred. The goal is to have the last message be as similar to the first message as possible. The reason children enjoy the game is that the final message rarely resembles the initial message and is often so different from the original whispered comments as to be comical.

In preparing this editorial, I went to the source of information that so many of us use, the Internet. When you query the Internet about a “game called whispers,” you find that this game has different names throughout the world, and yet the basic premise remains the same. In some languages it is described as a game called “telephone,” while in others it’s a game called “rumors.” It seems that almost every country has a version of this game. Some of the names describe the game as one that could provide scandalous results, and others describe a game that is secretive. Indeed, a game of whispered or spoken truths has a rather large risk, and that risk is that communications may morph from truth to fiction and back again.

Well, most of us grow to appreciate that games like this are nothing but child’s play. Certainly, as we reach adulthood and find ourselves in responsible professions, professions that provide health care to the public, we lack the time and perhaps the energy to pass rumors or provide stories that are subject to misinterpretation or misrepresentation. Thank goodness that wisdom seems to increase with age.

And yet, age alone does not prevent any of us from hearing something from a source that seems reliable, and what we hear may be different from what was intended to be passed along. The unfortunate problem with rumors is that people may cling to them as if the statements that were passed from person to person must be true because the folks in the chain know what they heard, and they know that the message was passed on both honestly and accurately. All the while, the previous version of the statement may well have been misunderstood.

We might be seeing it today. You’ve probably seen recent reports that suggest that the use of dental floss, as part of a comprehensive oral hygiene program, has little basis in scientific fact. Newspapers throughout the world, usually reliable sources of information, have reacted to these “whispers” with the publication of articles that appeared to take a level of joy in explaining that the use of dental floss is not a scientific

valid approach to reduce dental disease. When I first read these reports, I dismissed them as coming from reporters trying to make a name for themselves, but the sources are numerous and the dental experts called upon to refute these articles have failed to gain traction outside of dentistry.

Just like a game of whispers, there is a glimmer of truth to the claim that there are issues regarding the evidence supporting the routine use of dental floss to prevent dental disease. The truth is that the studies supporting flossing may not be at the top of the evidence-based hierarchy. Indeed, it is not possible to design a well-controlled and blinded study on the use of dental floss. Moreover, the avoidance of flossing may result in unpleasant mouth odors or cosmetic concerns with food debris clinging to the interproximal surfaces of teeth, thereby complicating efforts to have a compliant control group of nonflossing patients. Of course, we see patients on a regular basis who never floss and might be wonderful controls; however, if that person were randomized to the “test” flossing group, there could be a compliance factor on that side of the equation.

There certainly are many examples, in and out of dentistry, of things that we do routinely that have not been thoroughly vetted through the use of randomized controlled trials. Yet we remain confident that the knowledge we embrace is well founded. For example, we understand that water fluoridation as a public health approach to the prevention of dental caries has not been proven with level I scientific research, and yet, clinical outcomes in the study of dental caries are rather compelling. In life, we recognize that the use of a parachute, when jumping from an airplane, also lacks validation from controlled studies; however, despite the rumors of poor scientific validation, I doubt that any of us would choose to eliminate fluoride from the water supply, just as we would be quite unlikely to voluntarily jump from the airplane without a parachute.

I certainly hope that we can continue to educate our patients using the best available evidence in an effort to help them reduce dental disease. At the same time, we should also be ready to acknowledge reasonable interpretations of known science to counteract sensational misrepresentations of science.

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