

## Minimal Intervention in Dentistry Put into Practice

*Eduardo Bresciani*

### **Contributors:**

Assistant Professor, Department of Restorative Dentistry, Institute of Science and Technology, São Paulo State University - UNESP, São José dos Campos, Brazil.

Email: [eduardob@fosjc.unesp.br](mailto:eduardob@fosjc.unesp.br)

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The minimal intervention in dentistry (MID) is a response to traditional concepts of operative dentistry developed by Black, more than a century ago. The MID philosophy is based on the knowledge of caries disease process and adhesive dentistry. Its main goal is to maintain tooth in function for life. Some procedures/protocols that represent MID philosophy are caries risk assessment, early caries lesion detection, remineralization of demineralized enamel and dentin, selective dentin caries removal, caries prevention, and repair of restorations.

Several aspects of the MID philosophy are, in my point of view, well incorporated to the daily basis routine of dental care and dental teaching, such as caries prevention, caries risk assessment and early enamel caries detection. On the other hand, other procedures, mainly the selective removal of carious dentin and further dentin remineralization are only present very often in the research field! Common concerns among professionals for not employing such procedures are doubts in stopping the caries process and consequent pulp involvement, provision of non-optimal treatment, and the success and confidence in previously performed procedures.

My question is: If dental teaching should be based on evidence, and there is evidence that selective caries removal, followed by dentin remineralization is an option for caries lesion treatment, should we force the implementation of this subject for the pre-doctoral Dental curriculum? Or should we wait until those changes in paradigms take place spontaneously?

From my perspective, I understand this implementation in dental education and further dissemination to daily dental practice faces barriers mainly upon dental colleagues, clinical professors, board examination criteria, and sometimes health insurances. We also know, and it has been reported how difficult it is to change treatment philosophy and decision for procedure protocols among dental professionals. The first step, responsibility of dental research, has been taken, and the idea seeded. Now, answering my question above, I believe we should wait until professionals and professors are comfortable with MID philosophy and willing to learn and use it. Individuals incorporate and widespread ideas when they believe them. Forced implementation of MID would only prevent its dissemination. I am sure we are in the right path.