EDITORIAL

How to bridge the gap between available information and clinical concepts and practice?

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The discovery of printing, by Gutenberg, created a momentum in history, which led to the illusion of an unrestricted universal spread of knowledge. This ignored the limitations of the human mind. What is printed does not imply that it reaches those who can read. Furthermore, reading does not guarantee a transfer of knowledge. How often do we not have the experience when lecturing at a congress to be asked when the details will be published, while what is being presented was printed many years ago. There is of course the too vast amount of printed material available as a partial explanation, but there is more: the human mind grasps more easily what is verbally expressed, while it has more difficulties in integrating publications. It is also evident that one does not necessarily become a good cook by reading many cookbooks, but rather by spending time with an experienced teacher. The acquisition of complex skills implies a teacher-student relation.

The same illusion occurred with the Internet as with the invention of printing and more specifically in medicine with "Pubmed" or other search engines. More or less everything can be found but there is still the same gap between available data and the knowledge of clinicians or their clinical behavior.

Dentists for example know since Semmelweiss the impact of hand hygiene in the transfer of bacterial and viral infections, but it took one century until the AIDS epidemic, before, as the last in medicine, they accepted to wear gloves. Some were even proud to say they were "wethanded dentists"! Medical doctors can read since more than

one decade that periodontitis is an important co-factor for premature birth or acute myocardial infarction. Still today, few pregnant women ever heard about this and few patients with a cardiovascular risk are sent to the periodontologist.

Our journal, founded by my friend Gottfried Schmalz intended to help bridge this gap between frontline research and clinical practice. This brought the German Society of Dental, Oral and Craniomandibular Sciences to sponsor the initiative, which it should be acknowledged for. Thanks to the indefectible altruistic devotion of many, such as the associate editors and many anonymous referees, this journal contributed to the permanent education of many. The choice of the word "oral" was not accidental but evoked the fact that the journal focused on oral health, which goes much beyond teeth, even if the latter are a fixation for many dentists. This knowledge of the interaction with general health makes of oral health care providers prominent players in medicine. One cannot stress enough that this aspect of interaction between the oral cavity and general health is much more appealing to public opinion and health authorities than the preservation of teeth or cosmetic endeavors. The latter should not be at the expense of social security.

The journal grew but it was soon used more and more by researchers who wanted to have their high ended findings published in a respectable journal. The impact of such type of articles on clinical practice is probably more limited. But review papers or those who provide in the abstract the clinical perspectives do play a beneficial role even if this is difficult to assess.

As one of the cofounders of "Clinical Oral Investigations" I wish that it finally gets an "impact factor", which it deserves in fact since years. Even more relevant is that this journal remains a European forum for cross-fertilizing dialogues between basic science and clinical practice. The future is bright with Reinhilde Jacobs taking over the function of associate editor.

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