

E D I T O R I A L

The orthodontist, the nail, and the hammer

When your only tool is a hammer, every problem looks like a nail.

Paul WATZLAWICK

*A*n orthodontist came to hang
A painting on his office wall
A hammer and some nails were all
Our artist thought he needed.

He took great care, his skills were great
At first the nail went in quite straight.

He tried one, two then three blows
All went well but then who knows
The fourth attempt was doomed to fail
The hammer badly bent the nail.

Our hero blew his stack, to no avail
He wildly tapped another nail.
With frenzied blows that went astray
He continued on this frantic way.

*Hidden in that traitor plaster
Was a stone that spelled disaster
Against this block the nail got twisted
And every blow stoutly resisted.*

*Trying hard to gild the decor
Our hero blustered more and more
Bending nails by the score
While the painting lay unhung upon the floor.*

*His youngest patient surely knows
It makes no sense to aim your blows
At nails that fight your hardest shot
Just move their points to another spot.*

The moral of this fable is that all clinicians run the risk of falling into the trap of stagnating professionally. They may find it difficult to changer their point of view and contemplate a request for treatment in its widest global sense. In parceling out therapy into limited specialist domains practitioners lose sight of the patient as a whole. Dento-facial orthopedics should deal not just with the patient's faces and occlusions but with their body posture as well. A broadening of outlook is indispensable to our acquiring the information we need to make therapeutic decisions.

Our patients have the right to benefit from efficient treatment in every sense of the word and to be informed about the difference between our convictions and scientific facts. When they use evidence-based treatment

clinicians are widening their vision as they grow more prudent and circumspect and less tempted to accept unsubstantiated opinion.

Our patients will benefit enormously if we participate more broadly in inter-disciplinary dialogue. No matter what our specialties and specific competences may be (allergy, general dentistry, physical therapy, general medicine, neurology, ophthalmology, otolaryngology, dento-facial orthopedics, orthophony, orthoptics, osteopathy, pediatrics podiatry, psychology, myofunctional therapy, rheumatology, and oral medicine) we are all committed to a holistic response to requests for health care.

Thanks to this necessary and passionate inter-disciplinary cooperation, passing beyond a priori assumptions we can extend our vision to more than occlusion and beyond posture, to observe the human being.

Philippe AMAT