

E D I T O R I A L

Skeletal hyperdivergence! What is it? A coming attraction? A horror movie? An alternative medicine site peddling cures for scoliosis?

And as for skeletal open bite, what can that be?

A subject for metaphysical reflection? Or maybe a metaphor for finding holes in social security? No, none of the above. Skeletal open bite is a meaty pathosis that gives practicing orthodontists plenty to chew on.

But what then does a philosopher have to do with this picture? In this modern age philosophy is no longer the Queen of sciences, issuing proclamations on every subordinate discipline, and deciding by *a priori* arguments the number of planets in the solar system, the sex of angels, the effectiveness of bloodletting (which was not, in those days, a budgetary item), in brief, acting as the supreme ruler. It is true that in olden times philosophy clasped many disciplines to her bosom: logic, mathematics, psychology, physics (then known as natural philosophy), rhetoric, dialectics, metaphysics, and on and on.



After many centuries, philosophy had to divorce itself from most fields of knowledge that were developing independently, so that almost all of today's modern sciences served a gestation period at the breast of Mother Philosophy. The weaning was a reducing diet that gave philosophy its modern physiognomy: hyperdivergent (try to make two philosophers agree) and above all, skeletal. . .

Still, even on its strict diet, philosophy continues to find a great deal to think about. Some examples include local treatment with corticoids and the importance of the therapeutic risk/benefit ratio. In their ethical mediation philosophers have always been fascinated by the problems of arbitration. Most of our actions, and not just our orthodontic therapeutic efforts, are susceptible of provoking collateral damage. Every action has, so to speak, a "double effect." And the problem is: how do we justify an action in the context of its risk, in the full knowledge that zero risk does not exist?

Medieval philosophers, in this regard, enunciated the "double effect principle," which stated that an action susceptible of provoking damages can be legitimate if, and only if:

- 1) the desired effect was laudable;
- 2) the secondary effect (the damage) was not desired in itself;
- 3) the secondary effect was not the means by which the principal effect was to be obtained;
- 4) the proportion between the damage and the benefit of the intervention was acceptable.

Seven centuries after these medieval rantings took place, ethical committees are still disputing the modalities of a double effect action. This should bring some comfort to 21st century philosophers who, even in their diminished skeletal state, can see the felicitous form of a reassuring convergence. Jean de La Fontaine had, in his day, evoked the case of an intervention where the result was disproportionate to the anticipated benefit. A bear, in the service of an old gardener, was assigned the task of chasing away flies that were disturbing his master's sleep:

*One day, while, stretched on the ground
The old man lay, in sleep profound,
A fly was buzzing round his nose,
And biting it I must suppose.
To preserve the man who slept.
On his paws the ursine bravely leapt
"I'll stop your noisy buzzing now,"
He said and "I know precisely how."
So growling in a mighty tone
He cast a paving-stone
But this method went awry
And caused both fly and man to die.*

And La Fontaine concludes:

*A foolish friend can cause vast woe
Better far to have a savant foe.*

(Fables, VIII, 10)

An intervention is never an end in itself that must be pursued at any cost. It must be designed to serve the patient in full respect for a just proportion between possible damages and hoped for benefits. When we take into account the crucial importance facial appearance has in our self images and in how others perceive us, we can appreciate the great extent to which the responsibilities that are entrusted to orthodontists, maxillo-facial surgeons, and otolaryngologists are ethical, not merely skeletal.

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