



Letter to Editor

## Arriving at formal consensus in dentistry: Need to address complexity and uncertainty in Asian population

Amit Kumar<sup>1</sup>, Manjunath P. Puranik<sup>2</sup>, Utkal K. Mohanty<sup>3</sup>, Sanjeev Kumar Singh<sup>4</sup>

<sup>1</sup>Former-Department of Public Health Dentistry, Maulana Azad Institute of Dental Sciences, New Delhi, <sup>2</sup>Department of Public Health Dentistry, Government Dental College and Research Institute, Bengaluru, Karnataka, <sup>3</sup>Department of Public Health Dentistry, Srirama Chandra Bhanja Dental College and Hospital, Cuttack, Odisha, <sup>4</sup>Department of Dentistry, Shaikh-Ul-Hind Maulana Mahmood Hasan Government Medical College, Saharanpur, Uttar Pradesh, India.



**\*Corresponding author:**

Amit Kumar,  
Former-Department of Public Health Dentistry, Maulana Azad Institute of Dental Sciences, New Delhi, India

thakur.amit100@gmail.com

Received: 10 September 2023  
Accepted: 30 December 2023  
Epub Ahead of Print: 31 January 2024  
Published:

DOI  
10.25259/JGOH\_35\_2023

**Quick Response Code:**



Dear Editor,

Evidence-based guidelines derived from meticulously conducted high-evidence studies outperform expert opinions. However, there are complex real-world scenarios where adequate research-based evidence is anticipated.<sup>[1]</sup> In such situations, turning to expert viewpoints remains a common approach.<sup>[2]</sup> In the realm of healthcare, formal consensus methods have been devised to systematize subjective judgments and synthesize the existing evidence.<sup>[1,3]</sup>

Formal consensus methods used in the health field include the Delphi method, nominal group technique, RAND/UCLA Appropriateness Method, and the National Institutes of Health consensus development conference. Each method has advantages and drawbacks, and its choice can be tailored based on the specific resources and needs.<sup>[1]</sup> Guidelines produced through this method exhibit content, construct, and predictive validity.<sup>[3]</sup>

The field of dentistry has effectively implemented consensus methods in developed nations. At present, international guidelines serve as a cornerstone of dental practice. However, it is essential to acknowledge that these guidelines are developed with specific populations in consideration. Adherence to these recommendations could result in either underestimation or overestimation of diseases or conditions in diverse populations, potentially impacting healthcare outcomes. Notably, the utilization of formal consensus methods in dentistry remains untapped in Asian countries.

Hence, Asian countries must address the practical complexity and uncertainty in dentistry using formal consensus methods. These methods can be harnessed to develop policies and regulations, address ethical dilemmas and professional standards, drive dental technology and innovation, promote public health initiatives, and foster interdisciplinary collaboration. Furthermore, government agencies, professional institutions, specialty associations, and teams of researchers can all benefit from these methods.

In this context, the application of consensus methods holds the potential to develop essential country-specific policies and guidelines aimed at standardizing and tailoring risk-adapted treatment approaches. In addition, the countries can validate the international guidelines and adapt them to suit their unique needs. The existing guidelines can be updated periodically using consensus methods to drive healthcare reform across all levels of prevention in Asian countries.

### Ethical approval

Institutional review board approval is not required.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2024 Published by Scientific Scholar on behalf of Journal of Global Oral Health

### **Declaration of patient consent**

Patient's consent is not required as there are no patients in this study.

### **Financial support and sponsorship**

Nil.

### **Conflicts of interest**

There are no conflicts of interest.

### **Use of artificial intelligence (AI)-assisted technology for manuscript preparation**

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the

writing or editing of the manuscript and no images were manipulated using AI.

### **REFERENCES**

1. Nair R, Aggarwal R, Khanna D. Methods of formal consensus in classification/diagnostic criteria and guideline development. *Semin Arthritis Rheum* 2011;41:95-105.
2. Barrett D, Heale R. What are Delphi studies? *Evid Based Nurs* 2020;23:68-9.
3. Broder MS, Gibbs SN, Yermilov I. An adaptation of the RAND/UCLA modified Delphi panel method in the time of COVID-19. *J Healthc Leadersh* 2022;14:63-70.

**How to cite this article:** Kumar A, Puranik MP, Mohanty UK, Singh SK. Arriving at formal consensus in dentistry: Need to address complexity and uncertainty in Asian population. *J Global Oral Health*. doi: 10.25259/JGOH\_35\_2023