



REVIEW ARTICLE

The Armchair Forensic Odontologist: A Clear and Present Danger to the Speciality in India

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ABSTRACT

The dentist who lacks exposure in handling and solving real-life forensic odontology cases but speaks on the subject as an expert in the field is an ‘Armchair Forensic Odontologist’. Such dentists may have relatively good theoretical knowledge of forensic dentistry but lack real-world case exposure. Since such dentists have not actually handled a single police case, it precludes them from being a specialist in the field. Consequently, they can severely undermine case analysis and training in forensic odontology. To mitigate the problem, the Dental KM minimum requirements for institutions organising courses in forensic odontology. Institutions imparting programmes in forensic dentistry must also ensure they have a tie up with law enforcement for a steady flow of cases and employ only certified and experienced specialists and trainers. Prospective students must be vigilant and do appropriate homework on what the better institutions are, and who the experienced forensic odontologists are to study under.

Keywords : Forensic odontology, dental, training.

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INTRODUCTION

Education in forensic odontology has blossomed in India with interest expressed by a wide range of dentists, seniors with decades of experience and recent graduates, those with pre-existing specialisation or a general dental practitioner.¹ Trained forensic odontologists in India is a phenomenon not older than two decades and today there are little more than a handful of internationally trained dentists in the field of forensic odontology. Their success has spurred others to follow but international education is so often challenging to obtain. Several local institutions and organisation have therefore stepped in and tried to step up to the challenge of providing quality education and training in the speciality. But few have succeeded, either because of a lack of infrastructure, and/or appropriate tie-ups with local law enforcement agencies, and/or sub-standard faculty. This paper addresses the issue and proposes certain mitigation measures to what can potentially result in serious impairment to the quality of forensic odontology practice in India.²

The dentist who lacks exposure in handling and solving real-life forensic odontology cases but speaks on the subject (and even trains dentists) as if s/he is an expert in the field. This author has derived the term from “Armchair General” which refers to “a person who regards themselves as an expert on military matters, despite having little to no actual experience in the military”; it can also mean “a military commander who does not participate in actual combat”.² The origin of the term has been credited to Carl von Clausewitz (a Prussian general) and basically refers to one who speaks authoritatively on topics one actually knows little to nothing about. With regards to ‘armchair forensic odontologist’, such dentists may have some (at times, relatively good) theoretical knowledge of forensic dentistry and may have decent practical knowledge. But the dentist lacks real-world case exposure.³

Why is this a clear and present danger to the speciality?

Imagine an endodontist who has had training in root canal treatment only on extracted teeth and manikins, but not in actual patients. Likewise, the armchair forensic odontologist only has pre-clinical training and exposure to practical exercises in the laboratory but has not actually undertaken a single police case. And they are not well-versed in the diverse areas of forensic odontology. This precludes them from being a specialist in the field. Consequently, they can severely undermine case analysis and may provide substandard training of other professionals.⁴

Why has this situation arisen?

Forensic odontology is not recognised as a separate speciality by the Dental Council of India (DCI), the body which regulates dentistry in this country. Therefore, it is not regulated, keeping it open to all dentists. This per se is good since it allows participation of all dental professionals. But lack of DCI regulation means certain basic minimum requirements and standards are not fulfilled in training programmes in forensic odontology offered by certain institutions. A major consequence of this is lack of real-life cases or police cases in training programmes in some institutions. It also means that dentists without forensic case exposure serve as faculty at institutions, facilitating a new generation of dentists without adequate forensic odontology exposure. This means a new generation of dentists ‘learn’ forensic odontology and become ‘specialists’ without obtaining proper training.⁵

Full-time programmes must have a steady flow of forensic odontology cases referred by police or other government agencies. When training in forensic odontology is offered in institutions where there are no police case referrals, dentists graduating from such programmes themselves have zero case exposure and them ‘practicing’ forensic odontology knowing half-truths in the speciality seriously impacts the profession.⁶

What is the problem it poses?

Such dentists may be involved in training future forensic odontologists and compromise the ability of the students to gain adequate and in-depth knowledge and skills in forensic odontology. The trainers are unable to provide training based on their own experiences and rely disproportionately on textbooks and other experts' experience. This undermines direct transfer of skills based on one's real-world experience. Worse, due to lack of real-world exposure, such dentists are also likely to provide misinformation or wrong information in matters concerning methods, analyses, protocols and procedures followed in forensic dentistry. This seriously undermines the quality of the new generation of dentists working in forensic odontology.⁷

Armchair forensic odontologists have started their own pseudo forensic organisations and training platforms, giving them fanciful names aimed at luring gullible dentists to enrol in such programme offerings. Some of them are also involved in deceitful practices claiming to be in international locations with a team of professionals and charging fee for programmes in foreign currency. In reality, though, they are based locally with just one ill-qualified 'forensic dentist' making full use of social media and other professional networking sites in peddling substandard courses and propagating falsehoods. It is rather obvious that such programmes are merely money-making schemes and imparting education is far away from being their principal objective.⁸

How can we mitigate this issue?

Corrective measures are vital in tackling this menace and has to be undertaken by the (a) DCI, (b) institutions and faculty, and (c) by prospective students.⁸

The DCI's role

The DCI must form a panel of experts to oversee forensic odontology education and training. It must recognise full-time international degrees of graduates after proper scrutiny and also the recommendations of the panel. The regulator must lay down minimum requirements for institutions organising courses in forensic odontology. Part of this requirement must be exposure of students to a specific number of diverse forensic dental cases (comprising age estimation, identification, bite mark investigation, dental injuries and disability, etc.). Lastly, The DCI should recognise certification from institutions which adhere to these requirements.^{7,8}

Role of institutions and faculty

Institutions and faculty engaged in training programmes must ensure regular interactions with police and obtain case referrals. They must create exclusive department of forensic odontology with dedicated full-time faculty, and support faculty continual professional education and research in forensic odontology. Faculty for their part should venture into conducting training programmes only after gaining adequate experience in case referrals and research.⁸

The role of prospective students

It is important for dentists to do their homework prior to enrolling in programmes: 1. Do not just get swayed by what you see on social media; 2. Undertake a thorough background check on the institutions (do they really exist on the ground with physical facilities and infrastructure?), their faculty members (What is their qualification? How much experience in teaching, research and solving forensic cases do they have?), and programmes offered (Are they full-time or part-time? Are they online/classroom/blended?); 3. Visit legitimate association websites (IOFOS - <http://www.iofos.eu/>, IAFO - <http://www.iafo.in/>) for more information and contacts; 4. Get in touch with multiple dentists who you know for sure are legitimate authority in forensic odontology (contact them for first-hand information on the subject, where to learn, what to learn, etc.).⁹

Final reflection

A forensic odontologist must be ethical and able to self-regulate and self-appraise. We must hold a mirror to ourselves and take stock of our own ability. And ensure that the work we do helps other professionals in particular and the society in general, and not harm the speciality. An ethical and professional conduct is the harbinger of ensuring lawful practice of forensic dentistry, which includes the awareness of duties and responsibilities of handling human remains and interacting with victims appropriately.¹⁰

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