

## Favorable growth

**Peter M. Greco, Associate Editor for Ethics in Orthodontics**

*Philadelphia, Pa*

**P**atty is the mother of one of your daughter's classmates. She appears at your office complaining that she can not close her front teeth together. "I know I shouldn't try it," she said, "but I've never been able to bite my nails." She displays vertical maxillary excess with a 4 mm open bite. There is a weak class I relationship with mild anterior crowding. Once you finish your examination, you tell her that the most stable and reliable way to close her open bite is with a short period of orthodontic decompensation, followed by a Le Fort I maxillary impaction. Her smile fades to a frown as she tells you that she is opposed to any form of surgery. "Isn't there another way? I'm not unhappy with my profile," she counters. You explain that there are reports of anterior open bite closure by intrusion of posterior teeth, but your concerns are reliability and stability. Patty politely thanks you for your time and tells you she'll call your office if she decides to proceed with treatment.

At a graduation party about a year and a half later, Patty congratulates you as your daughter and hers complete high school. She also mentions that she concluded treatment with another orthodontist. As she grins broadly, she brings her teeth into a well intercusped occlusion and states, "Look, now I can even peel a plum with my front teeth!" No surgery was necessary, she says, "but the orthodontist used some bone plates and braces to close my bite." You tell her she looks great, but you cannot help feeling humbled, and even a bit inadequate, by failing to provide the treatment she sought.

Most of us believe in the adage that "success breeds success." As orthodontists, for the most part, we might feel justified to revel in a lifetime of success. We were accepted to and subsequently thrived in dental school, gained entrance into highly competitive orthodontic programs, and earn a fine living converting jumbled bites into masterpieces. We are considered to be experts in our fields and view our way to be the right way. Our referrers, our friends, and our relatives call on us for

advice on all matters orthodontic. If we cannot treat a malocclusion, who else can?

Or so we believe. Until we learn that success can give us a false sense of security. If we believe we are experts in what we do, we might assume that we have reached the intellectual pinnacle by thinking we know all there is about our field.

Intellectual humility is the ability to recognize that the extent of our own knowledge is limited.<sup>1</sup> It is the acknowledgement that there is more than one way to approach a problem, even if we did not develop the alternative. Intellectually humble people are keenly adaptive to a changing world because they are receptive to views and solutions that do not mimic their own. Intellectual humility means we can advocate for a patient or deliver a level of care that might surpass that which lies within our own perspective. That's doing what is best for our patient, as beneficence in a pure sense.

Intellectual humility means assuming a "growth mindset"—the perspective that intellectual growth can be cultivated by hard work, an open mind, and collaboration with others.<sup>2</sup> A growth mindset overrides the embarrassment of admitting ignorance in favor of devoting effort toward improving and incorporating concepts that lie outside the realm of our own. In contrast, a fixed mindset is the perspective that intellect and talents are gifted by birth and without need of enhancement. The fixed mindset is more concerned with casting a pristine image than gaining self-improvement from failure.

Patty's successful treatment by an alternate solution might pique your intellectual humility to expand your knowledge from a perspective besides your own.

Orthodontists cherish "favorable growth." In the case of growth of mental prowess, it's also a welcome phenomenon.

### REFERENCES

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