

**LETTER TO THE EDITOR**

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It is in the nature of human beings to seek new knowledge. The necessary means for obtaining this knowledge are part of our own reality. However, facts need to be problematized and addressed taking into account the different perspectives and assumptions that “scientific imagination” can create.

This is research, “an exciting activity that can give interesting results when it has been done with care, and is based on a solid conceptual reflection and existing knowledge¹.”

Clinicians, in their daily work, are confronted with people from the community who believe the solution to their problems lies in the clinician’s hands. There will always be some level of uncertainty in many of the activities clinicians have to perform (promotional and preventive actions, diagnostic and clinical interventions, discharging a patient, or deciding when a patient should be considered healthy).

When the treatment for a particular disease is reliably known, research will be replaced by clinical practice. However, if the treatment is unknown, research will be mandatory². Good quality research depends heavily on good ideas. Researchers must have not only talent; they must also carefully observe what happens in their practice; they have to be honest and perseverant¹.

My concern is primary health care (PHC), because it is in PHC where dentists first get in contact with their complex professional context. Dentists give answers based on their past experiences, on the advice of a colleague or on scientific literature (the least of times).

However, no one keeps a record of those experiences and consequently they do not become a contribution to knowledge or scientific evidence.

Opportunities to improve teaching and research are often overlooked, even though they usually occur in virtually every health center under different types of assistance agreements between health centers and universities.

Undoubtedly public health services are particularly affected by constant pressure from users, lack of resources and time³, lack of financial incentives or performance recogni-

Why conduct research on primary care?

tion. Health workers also lack training in research methodology and do not get any kind of support. This prevents improvement in research and hinders diffusion of knowledge. However, this situation may be caused just by lack of motivation³.

Why should we investigate? Because we are science professionals and as such, our goal is to make the world a better place. We should not lose opportunities that may contribute to improve the quality of life and promote sustainable social development⁴. Other researchers should also be able to replicate these experiences.

Primary dental care requires a specific wealth of knowledge, different from the knowledge obtained in other areas of health care. It is constantly evolving, and the users’ demand is always growing, but we could simplify the problems by sharing the solutions reached or analyzed by other professionals. To reach this goal, databases and protocols that can provide a better service for health users are required.

We should keep in mind that those who work at PHC are generally young professionals with little experience, who require clinical evidence to avoid making mistakes. In turn, senior clinicians often do not participate in courses or new training, and they are not competent to analyze and filter information from dubious scientific quality sources.

All this creates problems in health care services, lower user satisfaction and growing professional stress.

Finally, if these are the hardest obstacles, motivating directors and advisors is an urgent task in Primary Health Care to generate training opportunities that may promote research and dissemination of new knowledge.

And this involves to all levels of health care, whether primary, secondary or tertiary, and in each one of them, the answer or solution must be efficient.

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