

## On Taking Stock of Our Scholarly Progress

The management of patients' oral rehabilitative needs invariably requires eclectic approaches. However, it was only in the past 2½ decades that prosthodontics belatedly expanded its scholarship remit beyond its traditional and necessary emphasis on applied biomaterials. It is tempting to identify 2 events that catalyzed the change in the discipline's direction. The first was the 1985 publication of David Sackett's seminal book, *Clinical Epidemiology*.<sup>1</sup> The second was the equally seminal introduction of Per-Ingvar Brånemark's applied science of osseointegration. The impact of the convergence of both influences made for a new and inspired scenario for scholarship in the discipline. But it also led to fresh criticisms, as expectations for a new pedigree of prosthodontic science did not materialize quickly enough. Admittedly, the discipline's scientific output still tends to score low on the hierarchical index. However, it must be quickly asserted that the spinoff thrust of evidence-based dentistry (EBD) or the prescription of osseointegration (OI) has tended to advance erratically and at an unequal pace. Several of us in both the academic and private sector aspects of prosthodontic scholarship had energetically got on the exciting '80s bandwagon of EBD and OI. It was not that our modus operandi to date was not already a best evidence approach to making clinical decisions or that our fixed and removable prostheses were inadequate. After all, most of our traditional procedures had already evolved in a fashion that ensured efficacious results and effective outcomes. But it was ultimately the realization that more and better organized rigor could be borrowed from David Sackett's initiatives to enable us to see better solutions for our patients that led to the "new think." It continues to be an evolving process and one that demands an even more profound consideration of ethical standards than ever before, given the complexity of treatment options and the treatment challenges of an aging population. Hence the need to remind those colleagues (who are inclined to denigrate the discipline's slow, if eclectic, scholarly progress to date) that patience and prudence will be necessary; and that while critics always seem to know the way, very few appear to have learned to drive. Because after all is said and done, clinical dentistry is a drivers' profession!

Sackett also identified additional ingredients to ensure the viability of his approach to the art of medicine; and I have taken the liberty of paraphrasing them for our dental readers under 4 headings: (1) that the elements of the science of the art of dentistry must be integrated with those of the other basic sciences; (2) that such an approach to diagnosis, management, and keeping up to date must be fed by an increasing body of valid and clinically useful knowledge, generated from sound, relevant clinical research; (3) that failure to generate new strategies and tactics for diagnosis and management and keeping up to date risked subservience to clinical and information technology; (4) that this practice of the science of a healing art must be applied with abundant humility, since it must be recognized that much of its justification stems from its ability to explain and to teach, certainly not replace the art of dentistry.

Last autumn's excellent ICP Scientific Meeting in Fukuoka provided numerous examples of progress in our discipline's scholarship. Three philosophical papers were also a particularly provocative reminder of the stock-taking that we as a specialty need to continue to carry out on an ongoing basis to ensure that we "do not substitute a new tyranny of unachievable methodological rigor for an old tyranny of unteachable clinical art." I therefore invited Harold Preiskel, Sreenivas Koka, and Brian Fitzpatrick to permit the IJP to publish their presented essays in a Commentary section, which appears on pages 356 to 368 of this issue. They are well worth reading and dwelling on. They underscore the importance of those multidimensional and unquantifiable professional qualities which ensure that the science of the art of dentistry does not succumb to nihilism and therapeutic paralysis.

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### Reference

1. Sackett DL, Haynes RB, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*. New York: Little, Brown, 1985.

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