## **On Swimming Upstream**

The past year was yet another one of gratifying growth for this journal in both quality and number of received and published manuscripts. It was also the year of the second IJP-led Karlsruhe workshop in October, which was generously co-sponsored and supported by the International College of Prosthodontists and Nobel Biocare, and made possible by the partnership of the Karlsruhe Academy under its director Winfried Walther. This journal's editorial family once again provided the pro bono faculty for the workshop—a renewed and extraordinary example of the unique and ongoing generosity of spirit that motivates these prosthodontic educators.

It is worth noting that Professors Sang-Wan Shin from Korea and Kiyoshi Koyano from Japan were also present so as to personally evaluate the merits of adopting the teaching format for a similar workshop in Seoul in April 2009 to coincide with the Asian Prosthodontic Congress. I am now delighted to acknowledge our Asian colleagues' formal invitation and the IJP's acceptance of their offer to make the Karlsruhe effort the 'movable feast' it was designed for. This time it will be a joint undertaking with Asian clinical academic partners and again with the ICP's blessings. It promises to be another fascinating initiative, one that will be reflected in a future issue that will include the case histories and lecture presentations from both workshops.

It is also opportune to thank those colleagues and friends whose clinical scholarship expertise has ensured the consistency in quality of the reviewing that this journal takes such pride in. Jan de Boever, Alan Carr, David Davis, Hugh Devlin, Krister Nilner, Joanne Walton, and Asbjørn Jokstad served the IJP with distinction in past years. All of us in the editorial family hasten to wish them happy futures and continued success in their ongoing careers or retirements. I am also pleased to announce the recruiting of new reviewers whose scholarly clinical acumen has already enriched the lives of their patients and students. Lawrence Brecht and Kent Knoernschild (USA), Brian Fitzpatrick (Australia), Ting Jiang (China), plus Aaron Fenton and John Zarb (Canada) will bring additional depth to the entire editorial team; as will the move of Li-Deh Lin (Taiwan) to the position of Associate Editor.

Our global society is now going through an economic downturn of unprecedented proportions. The stability of, and confidence in, our clinical role to fulfill our professional mandate and responsibilities,

as well as our domestic ones, is challenged by the current fiscal downdraft. Near-daily emerging concerns may be unclear and perhaps even difficult to acknowledge, but they certainly appear to be the sort of ominous ones that could hijack the funding of routine and best-designed treatment plans that are our very raison d'être. The past few years of unbridled optimism in the economy accompanied by exponential growth in dental technological advances have already threatened the profession's traditional role of caring for patients as opposed to dealing with customer demands and expectations. The increased reality that many current dental services are largely elective and esthetic in nature has already catalyzed a new and subjectively driven treatment culture. Our discipline has always been vulnerable during economic downturns and it seems that we will be swimming upstream for a while. The health care management service we provide tends to be tangible and three-dimensional-rarely dependent on predictable and invariably favorable healing responses—and one that can be frequently rationalized by patients as reasonable to postpone. Regrettably, dentists continue to risk being perceived as peddlers of luxury services, especially in a world that is increasingly materialistic and individualistically oriented. This erroneous notion is reinforced by additional perceptions elicited by dental tourism, boutique dentistry, quick fixes in bottles or sterile packages, and the advertised treatments of manufactured diseases.

During difficult times we should always play to our strengths—treatment strategies that prioritize efficacy and effectiveness as opposed to the latest in lecture circuit fashions or institute–driven panaceas. This is therefore as good a time as any to place more faith in prudent clinical skills than in trusting the market. Our patients must be offered informed options for all that we prescribe as opposed to prosthodontics a la carte. This is not a matter of choosing removable solutions over implant–supported fixed ones, since we need both. It is simply a matter of recognizing that our intellectual resources are numerous and that we must continue to mine them with humanism and consummate skill.

On behalf of all of us involved in bringing the IJP to you, my editorial assistant Janet deWinter joins me in wishing you all a joyous and serene 2009.

George A. Zarb Editor-in-Chief

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