

On Prosthodontic Perils, Promises, and Our Peers' Books

The three determinants of health scholarship—education, service, and research—continue to be integrated into dental school curricula that prepare dentists for their professional careers. Once they graduate, dentists in numerous countries are obliged and committed to rely on continuing education to sustain the momentum of their intellectual and clinical skills development. Course and meeting attendance account for the largest portion of the mandated professional commitment, with the traditional dental school study method of reading journals and books an adjunctive undertaking at best. Clinical specialists, on the other hand, are far more likely to rely on books, their specialty publications, and meetings (with their diverse and sophisticated educational formats) to keep abreast of clinical research developments and their possible applications. As a result, an understandable yet profound line of demarcation exists between the resultant intellectual fare served up at most specialties' and generalists' learning events. The latter meetings featuring specialists (an obvious example being an oral and maxillofacial surgeon) certainly welcome presentations that are informative and understandably far from prescriptive. The take-home message here is confirmation of the specialty's deserved and independent status as it seeks even more exciting and innovative horizons and additional referrals. However, a comparable response to the prosthodontic educator presenter is rarely the case. This is because of the traditional ambiguity in the discipline's willingness to share all—often regarded as a perilous commitment—while in full knowledge that the generalist continues to be firmly ascendant in our field.

It remains difficult to try to deal with that recurrent question from would-be graduate prosthodontic students: "So what's the real difference between a committed and skillful generalist and a qualified prosthodontist? Why can't I just take lots of courses and develop my skills on my own?" The logical, albeit tepid, response of "because graduate school provides you with an integrated package of scholarship that also teaches you how to think critically and analytically" does not automatically elicit enthusiasm, but it is a good preface for the rest of the counseling session. It is plausible to assert that the study of prosthodontics is based upon the reconciliation of a spectrum of rehabilitative efforts, which can understandably spin off builders and architects as well as other adjunctive subtrades. But there should also be little doubt about our special role as intraoral architects who reconcile a variety of concerns and skills into a unit that should benefit dental patients best. Above all, there is our discipline's promise of humanism or the practical exercise of conscience. This stems from the realization that all things can eventually be measured by man—an inarguable result of the scientific revolution of the 17th century. We know that we can gauge the oral environment as well as change it while realizing that our outcome analyses can more accurately see what things are actually like. The net effect of all of this is that today's intraoral architectural creativity is

inseparable from a full appreciation of the ecological impact that continues to highlight prosthodontic practice.

Scholarly initiatives in the various dimensions of the discipline continue to provide an additional and greater learning scope for generalists and specialists alike. The foundations for current patient prosthodontic management achievements were largely established, indeed sustained, by a number of noteworthy books from distinguished peers—visionaries who sought to synthesize best-available evidence and see it through the prism of their personal clinical experiences. Theirs was a "big picture" analysis, having the courage to integrate disparate and scientifically tentative information to give it clinical relevance and significance. These books established a pedigree of information that continues to enrich clinical education via updated editions or by introducing new viewpoints, with the past few months providing a remarkable selection of prosthodontic texts.

It may be a personal conceit to presume that readers of this Journal will share my excitement at the current availability of so many outstanding texts; however, I cannot recall a recent time when such a wealth of invaluable information on a broad range of prosthodontic topics was so opportunely accessible. Moreover, the authorship of each and every book listed below includes several members of this Journal's editorial family—a proud reminder of the scholarly commitment that our peers bring to the discipline. I urge the reader to take advantage of these publications:

A Protocol for Evidence-Based Treatment in Oral Rehabilitation by Iven Klineberg and Diana Kingston (Wiley-Blackwell).

Diagnosis and Treatment in Prosthodontics edited by William R. Laney, Thomas J. Salinas, Alan B. Carr, Sreenivas Koka, and Steven E. Eckert (Quintessence).

Hypodontia: A Team Approach to Management by John A. Hobkirk, Daljit S. Gill, Steven P. Jones, Kenneth W. Hemmings, G. Steven Bassi, Amanda L. O'Donnell, and Jane R. Goodman (Wiley-Blackwell).

Oral Healthcare and the Frail Elder edited by Michael I. MacEntee. Associate Editors Frauke Müller and Chris Wyatt (Wiley-Blackwell).

The Science and Art of Occlusion in Oral Rehabilitation by Martin Gross (Quintessence).

Reading and cherishing these books is the deserved tribute that we owe these authors. They are already in lifetime achievement award territory, and all of us in dentistry—the international prosthodontic community in particular—should recognize our peers' admirable clinical scholarship.

George A. Zarb
Editor-in-Chief

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