On a New Prosthodontic Career

This is a joyous time of the year, especially for those of us in northern climes. We are renewed by pleasant weather conditions and imminent summer breaks, plus that heady sense of relief and excitement that invariably accompanies graduation time. A past university career replete with recurrent June events certainly underscores the latter feeling. But I suspect that we all readily recall our own commencement exercises, more especially when our children and grandchildren begin to experience similar happy rituals. There is also something particularly reassuring about the transition from an interim graduate student career to a professional health specialist one, as opposed to entering a far wider and less structured world of employment pursuits, especially during these challenging economic times.

Nonetheless, the discipline continues to have its own unique set of problems to contend with. The pursuit of excellence and choice in prosthodontic care has been the evolving hallmark of the post-Brånemark implant era. We operate with an unprecedented awareness of what we can offer our patient population vis-à-vis their real oral health needs, while contributing immeasurably to their quality of life. This rapid change was made increasingly possible by biotechnologic advances and information technology, which combine to facilitate information sharing and translational research—a scenario that has already provided both dental graduates and specialists (more so if working as a team) with expanded skills and a scope for negotiating virtually any compromise in our patients' morphologic, functional, and esthetic integrity. The net result is that it is now even more exciting and gratifying to be a dentist, especially since traditional disciplinary lines of demarcation have been increasingly blurred. Some disciplines, like periodontics, have weathered the test particularly well. They expanded their well-honed dentoalveolar surgical skills to include virtually all aspects of implant-related surgery, and theirs has been a brilliant and expanded transformation in the discipline's reach and remit.

Prosthodontists, in contrast, were slow off the mark in the required effort to rapidly reconcile new surgical skills with their well-established digital ones. Although changes in rehabilitative protocols continued to be acknowledged, the discipline lost considerable ground to the generalist in its need to negotiate a more emphatic leadership and humanitarian thrust in managing patients' overall rehabilitative needs. It is tempting to regard this predicament as the result of a collective reluctance to change and a snail-paced evolution in patient-focused undergraduate and graduate curricula. The primacy of laboratory time continues to conflict with the concept of a synergy of skills that emphasize a comprehensive responsibility for managing the sequelae of tooth loss. Moreover, our organized specialty groups, including national and international ones, have seemed reluctant to rectify the missed opportunities of the past. Significant ones that immediately come to mind include driving the discipline toward a far more active role in taking care of the elderly, a periodic analysis of claims for viable standards of care and articulating them robustly, and taking a stand on some constituencies' lingering dependence on hardware-related beliefs—specific articulators and implant designs, axiographic devices, resonance frequency analysis, etc—while ignoring the rigor of human normative data and functional adaptation. The traditional axiom that our discipline is simply not reducible to tidy formulas or rigidly ordered credos has never been truer. It continues to demand scrupulous observational skills that overcome the absence of hard scientific evidence to justify what might very well be unnecessary and misguided interventions. And our organizations can and should exert the required influence to guide curricular development and push for necessary changes. The attainment of excellence in intraoral architecture must not be distracted by additional commitments to what is tantamount to "interior decorating," even if the latter may be a useful and essential adjunctive exercise for economic and patient-driven reasons. This remains our new graduates' biggest challenge—a changing of the academic bathwater without risking throwing out the baby.

So warm congratulations to all the new prosthodontists around the world. Yours is a marvelous opportunity to grow and learn as you pursue excellence in your chosen discipline. But please do not forget that while change is inevitable, personal and collective growth are optional. Your remit to enrich your patients' life quality should also include a career-long commitment to enhance our discipline's distinction.

George Zarb
Editor-in-Chief