

## An Interview with Dr Lyndon Cooper

I recently shared a podium in Beijing with Lyndon Cooper. Ours was the unique opportunity to enjoy our Chinese hosts' impressive graciousness and camaraderie, while mine was also an occasion to note his erudite presentation, as well as revisit a series of questions he had answered in a previous exchange of letters. I first met Dr Cooper several years ago in Rochester, New York, when Dr Gerald Graser was his prosthodontic mentor. As clinical heads in our discipline, Dr Graser and I had brought all of our eight graduate PhD prosthodontics students together to share a movable feast of interuniversity scholarship. I no longer recall the details of Dr Cooper's specific presentation, but the impact of his intellectual reach certainly lingered. It has therefore not been surprising to note the very impressive trajectory of his career development over the next three decades, including his recent presidency of the American College of Prosthodontics. I would be remiss if I did not add that the other seven PhD prosthodontists also did their mentors proud. They all moved on to impressive career accomplishments; in fact, three out of my Toronto group of four have played significant roles in this journal's development—Thuan Dao in Toronto, Reynaldo Todescan in Winnipeg, and Li-Deh Lin in Taiwan—which leaves me with little doubt about the merits of a combined clinical research career for our discipline's eclectic and scholarly future growth. The questions I asked Dr Cooper will be familiar to our readers since they are ones posed to all other clinical scholars whose pictures and thoughts have graced these pages in past interview issues.

### **What is your current position and role in prosthodontic education?**

Currently, I am a Stallings Distinguished Professor and graduate program director at the University of North Carolina.

### **How did you get here?**

I was fortunate to have enjoyed an excellent education. It began at Hobart College and NYU College



of Dentistry, where my favorite classes were biochemistry and clinical prosthodontics. After hospital residency and private practice, I enrolled in the Dentist Scientist Program at the Eastman Dental Center and University of Rochester. Following a postdoctoral fellowship at NIH, I was recruited by Dean John Stamm of UNC Chapel Hill and Dr David Felton, then chair of prosthodontics.

### **What were the influences that led to your career decision?**

Many of the answers I received in dental school were just plain bull.

I saw real benefit (opportunity) to becoming part of the answer to these many poorly answered questions. I believed that I needed to be part of a community of research-oriented clinicians—I couldn't find that in a private practice environment. I wanted to be part of a major biomedical educational institution.

### **Where and when did it all start—influences, catalyzing events, etc?**

I once participated in an NIH-funded summer fellowship under the direction of Dr John Featherstone at the Eastman Dental Center. It was an amazing summer, seeing that I could break equipment, fail in answering a question, and yet, remain fully engaged in the process. It was liberating to be allowed to think. That summer allowed me to see the fundamental biology and chemistry that underscored the clinical problems we face as clinicians. I was given permission to think, and people took time to teach me how to find answers in a productive way. Several years later, I returned to the Eastman Dental Center where my prosthodontic mentor, Dr Gerald Graser, reinforced this notion that I was allowed to seek an "alternative" prosthodontic pathway. He actively encouraged a dual pathway of basic research and clinical excellence. My PhD mentor, Dr Larry Tabak, provided every opportunity to learn science and to enjoy the process. My years in the NIH-funded Dentist Scientist Program at the University of Rochester represented the classic "opportunity of a lifetime."

### **What sort of changes have you personally undergone in the process of tackling career, family, and shifting academic realities?**

It is difficult to answer, because I hope I'm still a work in progress. In many ways, there are some core fundamentals that are more significant to this challenge of tackling career, family, and academic challenges. I like what I do, I rise early every morning with optimism that this will be the best day ever, I realize that failure is part of the process, and I appreciate that the people I interact with are critical to success. No people are more important than my wife and children who, to put it in the most succinct way possible, "just get it."

This is also a difficult question under the current economic climate. I strongly believe that the current challenges dictate that prosthodontics reaffirm its importance to the biomedical enterprise present in our campuses and industry. We must not fall short in our self-perceptions, as others may surely underestimate our value.

### **What has made you happiest in your career?**

It's a recurrent event. Every year or two you happen to meet the one new student who has the interest, ambition, and ability to be set free of the constraints of curricula and social expectations regarding the profession to become truly vested in the process of improving clinical care of our patients through enhancing education, by clinical therapy evolution, through translational research, or in basic research. Some of these individuals become life-long friends. That is really what has made me and will continue to make me happiest.

### **Disappointments and regrets?**

I regret rushing through my PhD and postdoctoral years. Those opportunities, especially postdoctoral and fellowship years, are the richest opportunities for professional growth. They provide the skills and tools needed to work effortlessly in your career. Education and career development should not be confused. Having said all of this, this is a truly minor regret because the opportunities that came thereafter have been wonderful, and who knows what would have come along otherwise.

### **Your thoughts about different approaches to a graduate education (eg, the Scandinavian "paper-heavy" route or the strongly technical North American one)?**

I've only lived through one of the processes. I believe the strongly technical PhD process is valuable and

that the evolution of a manuscript is a process that can be painful without endpoints. One strong paper argues favorably about the candidate's performance.

### **Advice to a younger colleague who is agonizing over career paths—academia vs practice?**

Choose a career that enables you to rush out the door each morning with unbridled enthusiasm for your profession and for the company of the colleagues you have developed along the way. Success—and the financial equivalents calculated in your own personal way—will find you.

### **Is there a real future in prosthodontic scholarship or is it stuck in a technique-related rut?**

Prosthodontics is about caring for people who have particular oral health problems. The nature and significance of these problems evolve. The techniques change to meet the problems—we hope. Can we define the problems at individual, societal, or global levels in ways that change our perceptions? Can we refine the questions about prevention or intervention without concern for technique? Should we address the problems as people or societal issues versus technique issues? I frequently remind my graduate students and faculty that we ought not to care about dentures, but rather care intensely about edentulism. Moreover, it must not be overlooked that the near-universal treatment euphoria that accompanied the introduction of successful osseointegration very rapidly, if not inadvertently, eclipsed the harsh reality that there are still many unsuccessfully treated edentulous elderly patients, particularly with problems wearing mandibular dentures. These people cannot be forgotten since they are physically impaired and remain the profession's responsibility. The management of edentulous patients continues to have relative values—individual, social, and economic ones—and it is misleading, indeed incorrect, for clinicians to regard one particular type of implant solution for the edentulous predicament. While all implant treatments are surgically driven, the latter remains secondary or adjunctive to prosthodontic management decisions. This realization emerges as the key determinant of a universal dental health strategy to eradicate edentulism as per the WHO mandate. The advent of sophisticated and reliable imaging technology, accompanied by the realization that mass-produced stellite alloy patterns can be reconciled with predictable implant placement, offers an entirely logical and readily feasible dimension for addressing the edentulous problem, and there is an even more exciting future in the works for prosthodontic scholarship.

**Where do you go from here?**

If the question refers to title, I believe we define ourselves by what we are able to do tomorrow, not by what some paper or diploma said we did before. So where does prosthodontics go tomorrow? The profession must embrace both the specialty and the discipline to reach the wider population. We must realize there is a world of opportunity that is colored with diverse economic, cultural, and social tones. Our ability to move forward as a profession requires that we look carefully at these different opportunities and decide that there are other questions there that

are truly worth answering. For example, can we find professional value in the study of genetic susceptibility to diseases we treat or to genetic variability of responses to therapies we provide? Should we care about the social cost of oral disorders or diseases and their possible treatments? Should we move beyond bulk materials science to the translation of novel chemistry and biology that solve fundamental problems of oral biology? If we address such questions, then we go forward as a profession. I worry that if we do not take this professional path forward, then we will follow a rapid vocational descent that will not benefit the profession or the patients we treat.

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*Article Withdrawn*

The article "Influence of Resin Cements and Aging on the Fracture Resistance of IPS e.max Press Posterior Crowns" by Drs Manal M. Abou-Madina, Mutlu Özcan, and Khalid M. Abdelaziz, which appeared in IJP issue 1 of 2012, has been withdrawn from publication.

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