

Mere Idle Curiosity, or Do We Need a New Narrative?

I felt presumptively prescient back in 1994 when writing an editorial announcing Prosthodontics 21: A New Beginning. It was published simultaneously in the discipline's four leading journals at the time (*The International Journal of Prosthodontics*, *The International Journal of Oral and Maxillofacial Implants*, *The Journal of Prosthetic Dentistry*, and *Journal of Prosthodontics*) and articulated the views of 10 American and Canadian prosthodontic educators who had just completed a specially designed clinical epidemiology course at McMaster University in Hamilton, Ontario, Canada.

We were motivated by the fact that our clinical practices were increasingly defined by near exclusive concerns with materials and techniques. We also bemoaned the ruthless demands of accuracy in the discipline, together with its severe standards of a handicraft approach to problem solving. This predicament did not necessarily preclude intellectual development; but it regrettably tended to stifle it. Moreover, ours was a resultant idle curiosity in biologically determined longitudinal outcomes rather than a serious scientific commitment. It was therefore necessary to look back and dismiss a great deal of the era's reported clinical outcomes (often full of tiresome hyperbole) as pervasive prostho-babble, although we did have a quasi-scientific legacy of sorts to protect. Exhuming old convictions became a necessary, if humbling, experience as we sought a new narrative for our discipline.

The McMaster experience quickly provided it. It proved to be a career-defining educational event that coincided with a veritable and general explosion of interest in evidence-based dentistry. Our discipline rapidly embraced principles of clinical epidemiology and the best available evidence to generate new strategies and tactics for identifying and solving problems in diagnosis, patient management, and keeping

up-to-date; and above all in countering the risk of subservience to clinical and information technology. Since then, numerous clinical scholars with strong ethical leanings have continued to suggest alternative and perhaps even better frameworks for planning clinical research and expressing critical concerns about published papers in scientifically robust and exemplary ways. In fact, so many approaches have been published and applied that we now risk conceptual cul-de-sacs and abstracted generalizations until a newer and perhaps even better narrative emerges. These concerns are raised in the accompanying guest editorial by Dr Greenhalgh; and the IJP is very grateful to her and the editor-in-chief of the *Journal of Primary Health Care* for permitting reproduction of her provocative perception of "EBM's methodological fetishism and quantitative biases." It does give pause to the consideration that current research evaluation protocols might have gone too far in their well-intentioned efforts to address treatment outcome challenges.

This issue also celebrates the recent December IJP/PKU Workshop for Asian Young Prosthodontic Educators that was held in Beijing, China. It was a very successful shared educational venture that was organized and very capably hosted by Professor Yongsheng Zhou, and included faculty members from both the IJP's international editorial family and colleagues from Peking University School of Stomatology. The workshop was another persuasive reminder of this journal's legacy of commitment to prosthodontic education and the strong endorsement it receives from the International College of Prosthodontists.

A very happy and healthy 2013 to all our readers and their families; and much gratitude to our entire editorial family for their patience and loyal support.

George A. Zarb
Editor-in-Chief



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