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Guardians or Luddites? Why are Prosthodontists so Resistant to Change?

THROUGHOUT HISTORY, the resistance to change has condemned many groups and industries to oblivion. Resistance to the overwhelming force of new knowledge is antithetical to the human spirit.

In industry, resistance to change is economically driven as older technologies enjoy economic domination over newer technologies as they are developing. The daily profit motive (greed) and the potential loss of status/prestige (ego) prevent companies from embracing the inevitability of change as they attempt to protect the status quo (tradition). Dependence on tradition eventually prevents the achievement of core values by opposing change.

Tradition and core values are unique, freestanding concepts that should be complimentary but are often confused and in conflict. Tradition and core values are not interchangeable. Traditions are processes that help us achieve our goals. Traditions are not endpoints; thus, commitment to core values demands the ability to embrace change. Instead of "traditions" we should think "a tradition of" in order to separate the static from the dynamic of change.

Structural change occurs from vision and a belief that the future holds greater promise than the present to achieve our values. Change does not occur from knowledge alone. If that were true, no one would smoke or need to constantly diet or fail to wear a seat belt. Change can sometimes be achieved through bribery (salary), fear (loss of job/status), or social conformity (peer pressure). However, change without the support of values is usually transient.

What are the costs of change? Change requires risk; we might not be as good at the "new" as we are at the "old." Change requires humility as we must regress to beginner status. Change requires the conscious release of the advantage inherent in a current skill or knowledge. These disincentives to change are particularly strong in skill-based activities that require craftsmanship as well as knowledge. The hard-won feeling of security upon mastering a technique is hard to give up.

Perhaps the true confusion of prosthodontic specialists centers on separating craftsmanship from being a craftsman, separating artistry from being an artist, or separating technique from outcome. Prosthodontists have always been recognized for their mastery of technique but less so for their scientific knowledge. A craftsman's value is blending knowledge with technique to achieve the desired outcome. The specialty of Prosthodontics has now started to reorient its focus to *diagnosis* as its primary knowledge base through the adoption of the new definition of the specialty, the recent revision of the graduate prosthodontic education standards, the adoption of the Classification Systems for Prosthodontic Patients, and the testing methodology of the American Board of Prosthodontics.

Coincidental with diagnostic focus should be a rededication to achievement of the best treatment outcomes based on diagnostic standards and not on traditional techniques. The core value of prosthodontic specialists is the patient's outcome of our care.

We must not lose sight that patients(customers do not buy services(products—they buy *outcomes*, both real and imagined.

The outcome of using a product/service is the value, not the product itself. A watch allows us to manage our time to fulfill our commitments and responsibilities. No matter if the watch is golden, mechanical, or digital, the outcome of time management remains the core value. Whether words

are recorded by a typewriter or a keyboard and computer or by speech-recognition software, the value of each process is the information recorded and its accessibility, not the technique of recording.

Therefore, what is the *value* of the specialty of Prosthodontics? Is the value of the specialty exquisite execution of technique—*a product*? Is the value a commitment to *traditional* therapies? Or, is the value the knowledge (diagnosis) plus the ability (skill) to help a patient be pain free, physically attractive, and able to achieve social interaction through speech and shared meals? These outcomes are the real values of prosthodontic therapy and the specialty.

New knowledge and new technology give the prosthodontic specialist the ability to provide tooth and tissue replacement therapies to patients with far fewer iatrogenic risks and complications. Traditional risks, such as endodontic embarrassment, periodontal disturbances, thermal sensitivity, alveolar bone loss, esthetic mismatch, cement sensitivity, cement failure, material failure, and failure from caries must no longer be routine complications. The utilization of endosseous implants for tooth and tissue replacements eliminates the need to jeopardize healthy adjacent tissues to support our prosthetic therapies. Prosthodontists are now able to treat only the pathology without including healthy tissues surrounding the pathology. Minimally invasive prosthetic therapy (MIPT) is now a reality for prosthodontic patients.

Minimally invasive prosthetic therapy should be the core value for the specialty of Prosthodontics, but for it to be so, we must be willing to change and set aside tradition to embrace MIPT through endosseous implant therapy. Prosthodontists have the responsibility to lead and advance the role of implant therapy in MIPT. This will require new skills, such as implant placement, implant site development, and adjunctive surgical skills. It will require new knowledge in physical diagnosis, wound healing, pharmacology, and anatomy. This direction will require retraining for most of us and a period of unease till we regain the same technical mastery associated with traditional prosthodontic therapies.

The educational curriculum of prosthodontists must be further modified to adjust to the demands of providing MIPT. At a recent meeting of the deans of dental schools in Tucson, sponsored by ADEA, it was voted to extend implant surgical training to the undergraduate curriculum. Prosthodontists must support this vision and be the teachers of the adjunctive role of implant placement in tooth/tissue replacement therapies in dental education.

Perhaps now is the time to finally address anesthesia training for prosthodontic specialists that is comparable to the other specialties of dentistry. The specialty of Prosthodontics must take the lead in extending the benefits of MIPT through implant therapy in a single provider system. Prosthodontists are the only specialists who can provide the entire scope of routine tooth replacement assisted with implants.

We must not let tradition and the past and current environment doom the specialty to irrelevance as technology and patient desires bypass us. Knowledge, technology, and patient desires can not be stopped by prosthodontists.

- Now is the time for the specialty to commit to treating only the pathology of tooth loss without sacrificing, healthy, non-pathologic tissues to support prosthetic replacements.
- Now is the time to commit to developing a model single provider system that can provide greater access for patients to the benefits (outcomes) of MIPT/implant therapy and emerging technologies.
- Now is the time our specialty must actively prepare itself for the inevitable technology crossover point when fixed prosthodontic therapy becomes the removable prosthodontic therapy of today: a second-tier treatment.
- Now is not the time for TIMIDITY!

Never have the achievements and momentum of the specialty of Prosthodontics been greater than over the past years. Prosthodontics is in the process of a historic realignment of the specialty in education and practice. The tendency to fall back to a safe or traditional viewpoint must be avoided at all costs. We are ever so close to completing our transformation to a twenty-first century specialty. The specialty must commit anew to the core values of patient care as we prepare to embrace the changes that will create the future.

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