On Infovores, Implant Mania, and a Scholarly Tour de Force

A strong case can be made for one of retirement's biggest perquisites, namely the belated ability to control personal time. Whereas academic employment demanded grueling yearlong schedules and the need for rigorous time control, my current timetable of part-time prosthodontic practice plus editing and writing lends itself pleasurably to unstructured programming of the daily workload. I recall my first months of retirement as riddled with guilt, as I agonized over the need to sustain the hectic pace of a past life by making every minute productive, and avoiding a much desired second glass of wine with dinner. And yet, the assurance of change gradually surfaced, and the inevitable occurred. I no longer hit the ground running every morning, and chronic concerns about my old department's welfare began to fade. I found well-intentioned friends' and colleagues' eagerness to seek my counsel on ongoing dental school concerns less engaging, and resolved that administrivia and managing clinical educational mishaps were best ignored and consigned to remote memory locations. Serenity was finally asserting itself, and the early morning bagel-and-coffee-on-the-run routine was replaced by choice breakfasts with ample time to read the newspaper from cover to cover. I had clearly crossed a threshold of sorts, as each day's peace of mind became a prize earned, rather than one coveted.

We are blessed with 4 daily papers in Toronto, albeit of varying quality. My favorite carries a daily section on social studies that is a miscellany of information, often of the tongue-in-cheek variety. A couple of recent items were pertinent to my current reflections. One was a reference to the newly coined term *infovore*. This is neuroscientist-speak for those who get a kick out of learning, a group that surely includes many of us in the dental profession. We are, after all, engaged in a continuous search for relevant information that challenges and refines our clinical judgment. We unremittingly absorb and process numerous disparate items as we read and travel to eagerly attend quality meetings. This is the infovore's modus operandi, with the added bonus of a learned appreciation of how culture and philosophy influence the standards of the health care we routinely prescribe and receive. The result is a keener awareness of both geographic and economic biases, which are often mutually dependent determinants of what we and our patients desire. I would therefore posit that the current dilemma in implant prosthodontics is the apparent reluctance (or is it inability?) to reconcile its extraordinary therapeutic promise with the shameless expense of its routine application. This applied biotechnology's growth continues unabated, and deservedly so. But it also threatens dearly adhered-to traditional treatment concepts, most of which are safe, time-proven, and significantly less expensive. Somehow, the professional pride and satisfaction resulting from osseointegration development have made clinicians lose sight of the fact that at the end of the day, it is patient-mediated concerns that should be getting top billing in the decision-making process. It is only then that sharing the results of our professional infovore pursuits with our patients becomes an appropriate and integral part of the necessary but honest dialogue.

It is worth pausing here and recalling that the genesis for the osseointegration phenomenon lies in yet another brilliant analogic leap in creative thought. As clinicians, we frequently compare the induced and controlled healing response of osseointegration to a sort of biological Velcro. This is readily understood by our patients as a proven micromechanical bond that may last indefinitely, with the additional promise of even more enhanced biological bonding in the future. A look at the advertising pages in most refereed dental journals will confirm the claim that a few new dental implant surfaces have actually already demonstrated this fact, although long-term outcome studies serving as scientific endorsement tend to be sparse. Furthermore, how many of us recall that Velcro was invented by Georges de Mestral in 1948 after he observed that the tiny hooks on burrs were the reason they stuck to his dog's coat? Velcro became the source for other analogic designs in biology and medicine, and co-authors Keith Holyoak and Paul Thagard list several examples in their fascinating book, *Mental Leaps: Analogy in Creative Thought*. I urge IJP readers to read the work and to consider the relative simplicity of such applied innovations—and then to apply that information to the question of cost in current implant therapy.

A second interesting reference from my daily miscellany was Mike Dash's book, *Tulipomania: The Story of the World's Most Coveted Flower and the Extraordinary Passions It Aroused*. Dash offers a sobering look at a historical episode in Holland in 1630, when Dutch citizens from all walks of life were caught up in a frenzy of buying and selling tulips. Over a 3-year period, rare tulip bulbs changed hands for sums that would have bought an Amsterdam home. Fortunes were made overnight, but were lost when the market collapsed, leading to disastrous consequences. Just over 2 decades ago, the new technique of osseointegration, regarded as rare and exotic at the time, ushered in a fresh therapeutic approach to managing complete and partial edentulism. A surgically elitist sense of its use quickly developed, which has now been replaced by a far more populist perspective. Current clinical management scenarios have already evolved into a volatile free-for-all, a mix of what can be regarded as both the best and worst of times—best for both patient and professional alike, and worst because of the strong intimations of therapeutic anarchy that threatens to take root. Hence my interest in the tulipomania episode, namely the tulip's eventual commonplace status in botany and my lingering concern about a comparable "implant mania." This demands prudent analogous concerns about elitist provider peaks and arguably credible yet populist-driven treatment plateaus in our profession. In this context, concern about throwing the baby out with the bathwater may be temptingly dismissed as passé or an overt specialist-driven mindset; but it assumes new significance as we continue to progress somewhat recklessly in our therapeutic journey, without due regard to what the rearview mirror may be showing. In fact, the need for educational direction in the field remains stronger than when we started over 20 years ago. The lure of new fiscal and implant treatment domains now needs to be reconciled with real patient needs and compelling treatment outcomes across the economic international spectrum.

Strong and integrated leadership must be an ongoing requirement as the second chapter of the implant scholarship narrative is drafted. In an attempt to highlight the above concerns, this issue features an interview with one of the key players responsible for the writing of implant dentistry's first remarkable chapter. I first met Dr Patrick Henry in his home country of Australia over 20 years ago. His personal charisma and dynamism were already apparent at the time, but it was his generosity of spirit and integrity of professional purpose that impressed me most. Over the years, various educational events led to a frequent convergence of our interests, and I became even more impressed by his incisive intellect and good humor. He has that rare and enviable ability to identify core issues and related problems, and then to take the initiative to implement necessary change, always in the context of what is best for patients in our discipline. I have come to regard Patrick Henry as an international prosthodontic resource and asset, a personification of so much of what the dental world finds admirable in our Australian colleagues: tough honesty, a no-nonsense independence, and intelligent commitment. His prosthodontic career has been one very distinguished and a scholarly tour de force. He is a logical and worthy addition to the ranks of outstanding clinical scholars whose lives and ideas will continue to grace the editorial pages of the Journal.

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