Meetings and a Goodbye

The lure of the 28-tooth syndrome—that ordained numerical complement of a white straight dentition—continues to dominate graduate dental education. While scientifically untenable, it is for many patients and dentists an appealing mantra mainly justified by fashion, and perhaps, self-serving interests. There is no doubt about the inherent merits of teaching and learning ingenious salvage techniques, including some of the heroic variety. This has largely been a sensible and prudent mandate for our discipline, facilitated immeasurably by the shared commitment of other dental specialties. However, the recent explosion of scientific evidence supporting the promise and merits of the osseointegration technique challenged the old order's hierarchy in determining optimal patient care, and made compelling inroads into traditional prosthodontic and surgical (including periodontic) curricula. The resultant changes should have logically ushered in a new era of prosthodontically directed specialist synergies, culminating in an entirely new paradigm for clinical decision making. Regrettably, this has not happened, and the Brånemark-inspired catalyst for my discipline's leadership in the world of intraoral architecture now risks domination by mere builders, particularly basement ones.

I grew up dentally in a period where the best treatment for advanced caries or refractory periodontal disease (often in patients without adequate fiscal resources) was the immediate removable prosthesis, a modus operandi which was not always a panacea. Thankfully, in my professional lifetime, better management of oral disease processes has led to reported significant reductions in partial and complete edentulism. Coupling this welcome fact with scientifically evolved and enhanced management protocols has now culminated in today's shift in the responsibility for managing overall oral rehabilitative challenges and requisite shared responsibilities. Nonetheless, ongoing improvements in materials and techniques have failed to profoundly impact the perception of suitably meritorious solutions with removable prostheses. I still meet younger and very well-qualified prosthodontists who proudly announce that they "do not do pink"—a sad reminder that an educational paradigm for dealing with the entire spectrum of the discipline's eclectic range has been overlooked.

The history of prosthodontic educational progress has the familiar ring of failures and triumphs, particularly as our pedagogic and clinical focus has shifted slowly from a near exclusive world of technology to embrace one of biological diversity. Most graduate programs reflect this shift towards a more comprehensive interpretation of the discipline's remit in spite of a lingering sense that this remains an unappreciated initiative. Undergraduate education, on the other hand, has clearly fallen between the cracks of this overall maturing process regarding who is most competent and best prepared to manage prosthodontic patients' overall needs.

More and more dental schools continue to shift responsibility for teaching in the clinical years away from the shrinking pool of qualified prosthodontic educators to mass recruitment from the ranks of general practice. As a result, a very serious fault line now exists in dental education. All the valiant efforts by continuing education directors and dental deans to rectify this problem with numerous how-to courses will not compensate for an educational leadership that has been usurped. The current mantra of teaching management of "big cases" to one and all, combined with use of the euphemism "restorative dentist" to imply intuitively enhanced skills, may be suitable sales-pitch lexicography, but alarming in the context of the profession's mandate to *primum non nocere*. It also arrogates the study, sacrifice, and struggle that accompanied the scientific and professional accomplishment we have all brought our discipline. An emerging form of therapeutic relativism has now emerged, with curriculum committees inadvertently promoting such agendas.

An additional extramural complication is the arrival of gargantuan "world" meetings as commerce seeks to expand product appeal in the name of progress and innovation. There is way too much smoke and mirrors being emphasized, while the bigger and more important picture of scientific veracity and clinical prudence, long-term outcomes, and patient-mediated concerns remain ignored or marginalized. An oral ecological malaise is beginning to prevail, and worries about where we may end up as a specialty continue to be troublesome. I find the entire specialty picture an increasingly ominous one and feel unsure whether this is the worst of times for prosthodontics; it certainly is not the best.

But it is the only time we have, and I continue to have faith in the ability of my colleagues to pursue scholarship and communicate it as compellingly as possible, as it is the only safeguard of our uniqueness.

Two meetings in May of this year helped assuage some of my concerns. They were only 2 out of the many annual programs that demand attention by virtue of their quality of speakers and the vision of their scientific chairs. They attested to the vital importance of examining the bigger picture, reinforcing faith in what we do daily for our patients, and helping to renew the conviction that ours is a good and noble cause and most worthy of recognition. My choice of meetings was the annual Academy of Prosthodontics in Scottsdale, Arizona, and the biennial International College of Prosthodontists in Crete, Greece. Both were relatively small meetings, short on political objectives (maybe unrealistically so given their pedigree), but long on scholarship and fellowship ones. As in the past, they were attended by the usual cross-section of leading international academics in the field, with the invariable result of disseminating promising seeds of scholarship amongst those present.

This year's selection of Crete was an inspired one for the ICP meeting. It was the choice of 1 of the 2 outgoing co-presidents, Aris Tripodakis, who together with his Greek colleagues, created an infrastructure that ensured many happy memories. My favorite is of an al fresco dinner in the delightful village square at Archanes, watching my international colleagues especially, and past ICP presidents, trying to emulate the fluid movements of local Greek dancers, with hilarious results. The Scientific Program was indeed an excellent one with a broad and impressive range of both classroom and poster presentations. I particularly enjoyed an Evidence-Based session which featured 4 acknowledged leaders in the field: Steven Eckert and Sree Koka from the United States, Nico Creugers from the Netherlands, and Jim Anderson from Canada. As expected, they raised more provocative questions than provided ready-made answers. Like many others in the audience, I was left with the welcome, if inconclusive feeling, that EBD remains only one of many factors required for the decision-making process. I suspect that while we have known this intuitively all along, it was still gratifying to hear co-President Michael MacEntee respond to the 4 speakers. He suggested that we have some way to go before we can justifiably identify, let alone decide, which hierarchy of evidence we should adopt for our specific prosthodontic research activities.

The meeting's final session provided a fascinating spectrum of topics related to immediate implant loading. John Beumer (UCLA) gave an excellent synthesis of the arguments for, and the inherent limitations of, the technique. He referred to the ongoing work of Ogawa and Nishimura (also at UCLA), whose hypotheses and research on molecular determinants could modify the interfacial osteogenesis response. This is clearly a topic of potentially enormous importance and will be reviewed for the *IJP* readership in 2006. Professor Fumihiko Watanabe from Niigata, Japan presented a well-illustrated, scholarly, and carefully argued review of the topic. He underscored the importance of a thorough understanding of the bone's healing response as an integral part of implant treatment.

Next was Clark Stanford (from the United States), who was at his scholarly best in his talk on managing the prosthodontic needs of young adults with variable forms of ectodermal dysplasia. His ongoing work endorsed John Hobkirk's similar, and equally impressive, studies at the Eastman in London; both colleagues' work provides exciting insights into our management of different conditions. The final speaker was Tom Balshi, a highly respected Pennsylvania private practitioner who addressed the popular topic of Teeth in a Day. The entire final half-day session was preceded by a beautiful and lyrical pictorial interlude by Nikos Petrou, an Athenian prosthodontist who has published several books on nature and wildlife. His pictures were accompanied by Haiku-like verses that reflected the Heraclitus quote "all is in flux." Dr Petrou's delightful presentation was a fitting and unique contribution to the meeting.

The Academy of Prosthodontics is a small organization with an enviable history of scholarship. It boasts of annual meetings wherein acknowledged dental experts and educators are invited to present and provoke debate. It has also been the breeding ground for many future dental leaders. In fact, it has been personally gratifying to look back and record the number of today's prosthodontic leaders who received their early recognition in the AP. At this meeting, I was impressed by a paper from Brian Fitzpatrick from Brisbane, Australia. He reviewed "A Patient Initiated Treatment Approach to the Standard of Care in the Edentulous Mandible" in a scholarly, intellectually provocative way. He challenged the current popular notion that implant-supported overdentures are the so-called standard of care for the edentulous mandible. He warned against the risk of a doctrinaire approach to treatment hierarchies, although he readily acknowledged the merits of seeking establishment of standards for different forms of dental therapy. However, these are tricky undertakings and require prudent and informed comprehensive discussions. I invited one of my Toronto colleagues, Dr Kirk Preston, to review the topic for *IJP*, and he provided this preliminary paragraph:

The concept of "standard of care" is used in the legal community by dental regulatory authorities and professional dental organizations. The multiple definitions, which are a variation of a theme, are a hint that stan-

dard of care is a complex issue from both a philosophical and clinical perspective. Standard of care definitions must be embedded in a theoretical framework that attempts to disambiguate the various aspects of the definition, while at the same time, serve as a point of reference for future comparisons of definitions. A collective consensus on the understanding and agreement of an appropriate relevant reference point, whether it is a local standard of care or a global standard of care, is required. Interpretation is also needed to distinguish between a local or global de facto standard of care, whereby the standards of dental practice, either locally or globally, are set by the standards of the dental practices of the community versus a local or global de jure standard that is established by 'experts' in the dental community.[1] Future debate on the differences in supporting rationales for the various arguments, implications of opposing standards of care arguments, and the practicality of providing a current standard of care to all patients is encouraged. Prior to purporting 'net therapeutic advantages' of specific standard of care clinical guidelines, which we have recently seen, it is fundamentally important that we first attempt to assess standard of care arguments in a theoretical framework that addresses some of the aforementioned issues.

Furthermore, today's implant culture appears resolute in the determination to colonize dental treatment planning. Unrealistic and often unprecedented claims of effectiveness of universal application continue to be promulgated. It is clear that climbing the ladder of progress risks kicking out the bottom rungs.

The Scottsdale, Arizona setting was also a propitious occasion to visit with Dr William Laney and ask him to share aspects of his biography with IJP's readership. He had moved to Scottsdale, following his retirement from a very distinguished career of clinical scholarship at the Mayo Clinic, in Rochester, Minnesota. At the time he was certainly not prepared to let his mind go fallow, and continued on as editorial chairman of the then 5-year old Quintessence journal, *The International Journal of Oral and Maxillofacial Implants*. He is now retiring from that position after a 20-year display of wisdom, erudition, and extraordinary patience. Throughout his long and successful professional life, Dr Laney demonstrated a near inexhaustible reservoir of stubborn belief in the values of integrity of professional purpose, kindness, and concern for patients. He was always a firm believer in the political process of reasonable debate, a talent that enabled him to cope with the fluctuating fortunes of a specialty he so zealously led in diverse capacities.

Bill Laney is a gentle, soft-spoken, warm and amiable gentleman. He handled my questions with grace and confidence, a strong reminder of the steely resolve and control I have seen him bring to so many difficult and confrontational situations. Like other eminent dental editors—Carl Boucher, James Hayward, and Daniel Laskin come to mind—he articulated strong and sensible arguments, and always chose to analyze and report facts prudently as opposed to indulging in axe grinding. Throughout his career he championed the collective effort, a laborious undertaking in a field where flying solo and a mano a mano approach to problem solving tend to prevail. He did it all with grace, transparency, and an overriding determination to acknowledge other viewpoints. He has been resolute in his defense of professional values and his leadership reflected it. I have always regarded Bill Laney as Primus Inter Pares in prosthodontics. He reminds me of the Churchillian quote "we make a living by what we get, but make a life by what we give," and Bill Laney has given a great deal to his specialty. Now his real retirement beckons and this Journal expresses appreciation for his empowering the discipline, and much gratitude for enriching so many friendships. No doubt he knows the *IJP* readership and editorial family well enough to realize how warmly and genuinely we wish him and his delightful wife Donna a happy and serene retirement.

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Reference

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