



I have never regretted my career choice for the opportunity it provides to share and spread clinical scholarship while enjoying the influence of some of the best minds of my era's clinical disciplines. Several teachers and colleagues have contributed significantly to the profession's war on oral health's enemies and associated sequelae. Some have provided critical understanding and organizational strategies, while others have developed special tools that catalyzed specific rehabilitation protocols. Two scholars in particular—Per Ingvar Brånemark and David Sackett—contributed to this narrative's broad spectrum; both died in the past 6 months. Their influence on applied clinical scholarship is immeasurable, even if Sackett is less well known in dental practice circles.

Jim Anderson was the logical choice to write the *IJP*'s tribute to David Sackett. He studied clinical epidemiology in Sackett's department and taught it to colleagues and residents throughout his very distinguished academic career at the University of Toronto. His were diligent and painstaking efforts to generate new strategies and tactics for identifying and solving problems in diagnosis, treatment, and keeping up to date without this new science of clinical epidemiology becoming subservient to clinical and information technology. Jim's teaching had a profound impact on all who worked with him. Several years later, the notion of guiding the prosthodontic discipline toward a clinical epidemiologic context took shape under the aegis of the Federation of Prosthodontic Organizations. A research symposium committee was struck under the chairmanship of the late Dale Smith, and included Steve Bergen, Cosmo DeSteno, Jack Gerrow, Robert Schweitzer, Jim Anderson, and myself, with a remit to negotiate a teaching/training contract with McMaster University Medical School in 1993-94. The initiative led to the training of 10 prosthodontic educators* who subsequently sought to share their newly acquired McMaster skills with graduate course directors in North America. Jim Anderson started the evidence-based movement in prosthodontics, and we have all been profoundly enriched by his conviction and leadership.

—George Zarb, Editor-in-Chief

*The 10 prosthodontic educators who participated in two week-long intensive courses held a year apart were James Anderson, Alan Carr, David Felton, Gary Goldstein, Rhonda Jacob, Brien Lang, Patrick Lloyd, Glen McGivney, Jack Preston, and George Zarb.



Photo courtesy of Eric Bosch.

David Sackett 1934–2015: The Father of Evidence-Based Medicine

In recent months, the dental profession has lost two of its most influential modern figures—both of them physicians. Prof Per Ingvar Brånemark characterized the process we know as osseointegration, leading to the worldwide use of dental implants known to every dentist on the planet. His life was commemorated in the January/February issue of this Journal.

Far less known, but equally influential is the work of Prof David Sackett, who trained as a nephrologist and epidemiologist. He is widely recognized as the father of evidence-based medicine, a term coined by one of

his students. Prof Sackett's contribution is far subtler but arguably more pervasive in the dental profession than even dental implants. He felt that received wisdom and expert opinion were threats to the practice of medicine, and there was ample evidence that this traditional approach was costing lives. His dual training led to the notion that epidemiologic principles could be applied to clinical practice. The dental profession was also susceptible to the authority of tradition, as eloquent speakers and strong personalities presented a confusing array of conflicting solutions at dental

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convention and specialty meeting podiums. It was an opportune time to re-examine dentistry's established convictions and strong anecdotal tradition—a somewhat humbling, if necessary, step forward in clinical scholarship.

In 1967, at the age of 32, Dr Sackett was invited to establish the first department of Clinical Epidemiology and Biostatistics in the Health Sciences program at McMaster University, where his approach helped reshape medical education. His *Clinical Epidemiology: A Basic Science for Clinical Medicine* is often described as the bible of evidence-based medicine. His approach used the strength of clinical evidence and critical appraisal of the literature to differentiate between strong and weak evidence. Needless to say, the opinion makers of the day perceived this as a threat. But the practice evolved even to use of a mobile cart with a computer to bring evidence-based decision making to the bedside—in the days before mobile computing. Thus the best available external evidence could be integrated with clinical expertise and patients' values and preferences for optimal treatment.

The burgeoning influence of critical appraisal on medical practice attracted attention in clinical dentistry. In the early 1990s, a group of 10 midcareer and well-known senior academic prosthodontists went to McMaster for a week's exploration of this new phenomenon. Participants and their sponsors were understandably reluctant, as these individuals had achieved their positions through a solid understanding of the dental literature. However, they became so convinced of the power of critical appraisal that they returned a year later to consolidate their understanding, and in following years provided workshops for graduate program directors from dental schools across North

America. Dental graduate programs around the world show the fingerprints of Prof Sackett to this day. By extension, a new level of quality is present in the dental literature and in the rigor of the clinical research design often conducted in those graduate programs. The graduates of these programs are now the speakers at quality dental conventions and specialty meetings. They present stronger evidence and ways for the practitioner to assess it, and they persist in their efforts despite a regrettable misappropriation of the term *evidence-based* and growing vested interests and biases.

David Sackett received numerous honorary degrees and high awards and was recognized both inside medicine and in civic society for his contribution to the full spectrum of medicine. He once wrote that experts needed to retire, lest their reputations and lingering biases eclipse new ideas. He was a buoyant personality who, as a teacher, believed strongly in mentorship and serving students—and getting out of their way. His example inspires the best of today's clinical teachers in dental programs around the world.

James D. Anderson, BSc, DDS, MScD



Dr Jim Anderson retired as Professor Emeritus from the Faculty of Dentistry, University of Toronto, where his teaching responsibilities were in the Graduate Prosthodontics program. He was Director of the Prosthetic Unit at Toronto Sunnybrook Odette Cancer Centre and a consultant at several Toronto area teaching hospitals. He was also among the first to bring the McMaster model of clinical epidemiology to dentistry.