

Editorial

But it is time, dear Professor

Professor Ivar Mjör's response to my editorial, "Move over amalgam—at last" (*Quintessence Int* 1995;26:157), in this issue's "Letters" section, raises some interesting points worthy of further discussion.

He states, "The tragedies associated with marketing blunders by the dental industry are manifold." I am aware of "tragedies" associated with marketing "blunders" of other-than-dental-materials industries—although the tobacco industry would not call them blunders since they are well-planned marketing stabs. A clear example, in my opinion, of corporate greed and disregard for corporate ethical responsibility is the multitudes of billboards advertising American cigarettes in cities like Shanghai, China. But no example of "marketing blunders" relating to dental materials that I can think of can be blamed on "the dental industry."

There is a common thread to the examples of corporate greed exemplified by the tobacco companies—it is a corporation promoting its products directly to the public. Dental materials companies do not, as a rule, promote their products to patients—they are promoted to dentists and dental team members. So who is to blame for Professor Mjör's "tragedies"? Not dental industry, but the dental profession. It is not dental industry that holds the dental handpiece and decides how a patient should be treated. That decision rests properly in the hands of the treating dentist.

To blame dental industry, therefore, is, in my opinion, putting the blame in the wrong place. The final decision on use of any product or technique rests with the dentist. It is the dentist who must decide if a new product, or a new marketing thrust, is of potential benefit to his or her patients.

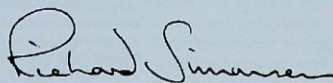
Professor Mjör is concerned that underdeveloped nations will suffer tragically if my suggestion for abandoning amalgam for treatment of children is adopted. Is he not aware that one of the latest techniques endorsed for use in underdeveloped countries by the World Health Organization, the ART Technique, uses not amalgam, but glass-ionomer cement? The trend is clear.

I am not alone in proposing that materials other than amalgam may have broader uses than at present in both the industrialized and the underdeveloped na-

tions. While the ART technique has yet to be proven beneficial, initial studies in Thailand and Zimbabwe are promising, and nowhere is the use of amalgam suggested for this procedure. A symposium will be held on the technique at the upcoming IADR meeting in Singapore later this month. It seems, therefore, that the major health organization representing global health policy has already embraced the concept that is the core of Professor Mjör's concern.

I agree entirely with Professor Mjör's last four sentences, and had it not been for the use of the word "compomer" in one sentence, I would have agreed with that one too. To include the term "compomer," which has not been accepted by the profession and is only tenuously claimed by one manufacturer for one product—a product that is in itself a prime example of the problem Professor Mjör is highlighting—is surprising indeed. Even the manufacturer of the only claimed "compomer" is now hedging bets by changing the definition of the material to "polyacid-modified composite resin." Maybe this is the example of Professor Mjör's concern that I have been searching for? I agree that in this case, his concern is understandable. But still, it is the dentist who chooses and uses the material and is, in the final analysis, responsible for the decision of what to use, and when, in patients. Has Professor Mjör, in including the term "compomer" with two well-accepted categories of materials, and stating that each of these materials "will often be the materials of choice," not fallen victim to the very problem about which he is concerned?

I stand by my original position. Now is the time to move on to the use of better alternative restorative materials rather than continuing to use amalgam in children and in first-time restorations in adults. But well-intentioned criticism and comments on this important issue, such as Professor Mjör's, are most welcome. We are, after all, in a remarkable transitional period in dental materials.



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