



## On ICP Leaders: A Continuum of Appreciation

I came to North America almost half a century ago. My assets consisted of a Fulbright Fellowship and an academic impulse that ensured the kick-start of a teaching career. My plan was to study the twin solitudes (at the time) of fixed and removable prosthodontics at two notable Midwestern dental schools.

I very quickly found myself somewhat scientifically marooned in programs which bore witness to both the brilliant egotism, as well as the professionally seductive appeal, of what Walt Whitman called “the destiny of me.” It was the era of elegant anecdote, asseveration, and lovely slides for most dental disciplines. I specialized in ingenious oral salvage strategies that were long on skill acquisition, if somewhat short on scientific veracity, while my old-world training demanded a knee-jerk suspicion of the smoke-and-mirrors side of what I was learning. Thankfully, my concerns were readily countered by the wisdom and integrity of my teachers at the time. As a result, I was trained to shine as a clinical performer without seriously questioning the real significance of teeth loss in the context of most treatments’ inevitable ecological intrusions. Prosthodontics was clearly overdue for the charting of new and exciting directions as we new educators sought to mold a newer future of making informed decisions. “Prosthobabble” and all other specialty babbles were coming to the end of their long and lucrative innings, as scientific rigor and a belated sense of psychosocial consciousness were in the air. Change was inevitable.

Much has been written in learned books and journals since that time, and many exciting products and techniques have been introduced. Our discipline soldiered on, often stumbling but never quite falling, and constantly seeking renewed justification for its existence. In the interim, other specialties reinvented themselves around a new technique or instrument, and general clinicians made significant incursions into professional territory, a territory which was once regarded as our exclusive domain. I do not think prosthodontics ever lost sight of what our real professional health goal was, but we continued to be vulnerable to fashion, notably to the emerging, and

commercially driven, notion that “aging is treatable.” This fraudulent view is arguably a by-product of the so-called modern First World continent I live on. It tends to undermine, if not corrupt, disciplines such as ours. It remains a view that distracts us from our true ethos as managers par excellence of our patients’ oral rehabilitative needs.

Given my views, I could not resist inviting Dr Michael MacEntee to contribute an editorial on this issue. He is, after all, one of the best minds in the discipline, as well as being one of the two current co-presidents of the International College of Prosthodontists. The other co-president is Dr Aris Tripodakis from Athens, and both will be welcoming the ICP membership and their guests to the May meeting in Crete (see page 251 for more information). Our constituency deserves to be cognizant of MacEntee’s vision. He is a scholar whose urbane and civilized humanitarianism have already had a profound influence on the many who have been his friends or were privileged to study with him. He has articulated a strong and irrefutable case for broader prosthodontic ideals and should be listened to with all seriousness. The International College of Prosthodontists continues to benefit from exceptional leadership under such guidance.

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