A New Text[1] Underscores Missed Opportunities and a Need to Move Beyond Scholarly Platitudes

Much continues to be written about prosthodontics and adjunctive disciplines to guide our daily clinical decisions and activities. The sense of novelty and obligation to keep up are fueled by exciting products and techniques that continue to be introduced to meet clinical challenges. Our discipline takes it all in and soldiers on, stumbling occasionally yet never quite falling, all while seeking renewed justification for its specialty status. Other disciplines, in contrast, reinvent themselves while expanding their territorial therapeutic claims, especially around breakthrough biotechnological techniques such as osseointegrated implants. The net result has been a profound shift away from the prosthodontist's role in the domain of best evidence–based clinical decisions. An ensuing and anarchic challenge to sound oral ecological management of partial and complete edentulism has now emerged in the profession's relentless pursuit of *more*. So-called new standards of care and personal mission statements are tossed around with impunity on the basis of commercially motivated, often geographically based and self-serving collective opinions, and it can all be rather depressing, hence the soul-searching sessions amongst my many colleagues who continue to bemoan a perception that "outsiders"—albeit they are all dentists as well—continue to encroach upon our rightful territory.

However, it is fair to query whether this is really the case. My impression is that prosthodontists have demonstrated impressive market resiliency and adaptation to the current free-for-all world of competitive clinical services. They have successfully initiated campaigns for recruiting implant surgery, cancer diagnoses, veneers, sleep disorders, esthetic dentistry, and other interventions into their therapeutic repertoire. It could also be argued that most in the discipline never lost sight of our true ethos as the best managers of patients' oral rehabilitative needs. It is therefore more appropriate to concentrate on what has been inadequately emphasized, even overlooked, in our presumed intraoral architectural leadership and tempting to regard our missed opportunities as falling under two headings. The first critical one is our failure to assert our special skills and obligations in caring for the elderly, especially the frail and medically compromised. The second is the disappointing reluctance of our prosthodontic organizations to speak up on issues that default to other specialties and commercial enterprise with their own set of vested interests. A later editorial will address this latter challenge.

All of this segues into my reason for this issue's interview with Dr Michael MacEntee, a unique clinical scholar who has recurrently articulated a compelling and comprehensive vision for prosthodontics, more especially in his recently published seminal text *Oral Healthcare and the Frail Elder: A Clinical Perspective.* I must admit here that throughout my career, I had deluded myself into assuming that my discipline was the de facto leader in the field, and that excellent texts such as Ejvind Budtz-Jørgensen's[2] summed up our necessary knowledge base. His synthesis had already gone far beyond the habitual mindset that geriatric dentistry was simply routine dentistry for older folks. In fact, he expanded our practice horizons by synthesizing epidemiological, nutritional, and systemic health information in a manner that made it clear that the clinical management of this patient cohort deserved far more expertise than was usually available in public health dentistry, or for that matter, prosthodontic courses. Regrettably, this specific clinical management focus never developed strong traction in prosthodontic education in spite of compelling evidence of increasing longevity and its impact on systemic and dental health. However, the MacEntee book takes the Budtz-Jørgensen cause (and hopefully ours) a step beyond as it ushers in new and deeper concerns about the need for strong initiatives, indeed leadership, in our discipline's expanding responsibilities. The emerging shift in society's "center of gravity" to older age groups is bound to have a profound effect on societies—both personal and professional. An inevitable increase in tax dependency ratios will lead to both economic and political changes while also occuring in the domains of personal and governmental autonomy, especially where health care is concerned. The ease of providing intraoral spare parts that continues to drive our discipline may on one hand become easier and more accessible, but it may also reach a stage where the popular notion that "there is always a fix" may no longer be tenable.

I suspect that most experienced dentists have already intuitively recognized this truth, and that the poet's offer to his beloved to "Come, grow old with me, the best is yet to be" cannot be made to all aging dental patients. The physiological parameters of old age, which still include functional abilities and remedial potential, will be frequently eclipsed by disease, and quite suddenly, routine formulaic dental management strategies will become passé. They will need to be replaced by more eclectic and humanitarian-driven strategies

that will frequently fall outside the traditional educational curricula that are all-to-often platitude-driven. Consequently, the impact of Michael MacEntee's ideas and the way he has synthesized contributions from experts in different disciplines, together with those of his associate editors Frauke Müller (Geneva) and Christopher Wyatt (Vancouver), who also happen to be members of this journal's editorial team, provide a very compelling message.

MacEntee's book is a rare accomplishment. Its scope goes far beyond the abundant, if necessary, "show-and-tell" efforts that dominate publishers' booths at big dental meetings. It presents prescient scenarios—persuasive reminders that our high-tech mindset is not the exclusive way to approach this special patient cohort and that our discipline only shows its true worth when it balances applied technical brilliance with humanitarian priorities. I urge our readers to study its combination of serious scholarship with its span of thoughtful and invaluable information that is rarely matched in dental texts. It certainly deserves to be translated into several languages given its universal significance.

George Zarb
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References

1. MacEntee M, Müller F, Wyatt C (eds). Oral Healthcare and the Frail Elder: A Clinical Perspective. Ames, Iowa: Wiley-Blackwell, 2011.
2. Budtz-Jørgensen E. Prosthodontics for the Elderly: Diagnosis and Treatment. Chicago: Quintessence, 1999.