Guest Editorial

Reflections of a 35-Year Career in Restorative and Prosthetic Dentistry

I was pleasantly surprised when Dr Gerald Kramer asked me to reflect on my career in dentistry for the past 35 years. My immediate response was "yes," feeling quite confident that being a somewhat vocal individual the thoughts would quickly roll out and the task would be completed out of hand. Little did I realize that it would lead to an autobiographical review of my life during those years.

Three factors that profoundly influenced dentistry were: first, the development of an integrated approach to clinical dentistry; second, the existence of a large patient base seeking quality dental care; and third, the development of an outstanding public health program in fluoride therapy.

The 1960s programs that were being developed in Boston and Philadelphia by Dr Henry Goldman and Dr Walter Cohen, and assisted by Drs Amsterdam, Grossman, Chaikin, Schilder, Talkov, Baraban, and Kramer, brought together in a structural way the root patterns of a new clinical tree of restorative dentistry, integrating the combined therapies of periodontics, endodontics, and prosthodontics. This integration provided the academic impetus for the formation of new and exciting programs throughout this country. The attraction of students from around the world into these viable and growing programs inspired the dental community to greater clinical achievements in the 20 years between 1960 and 1980 than had been accomplished in the preceding half century. Dentistry had finally left the office above the corner drugstore and had entered the bright new world of excellence in clinical dental care. The whole of dentistry recognized the growing areas of specialty training and clinical practice. This awareness led to acceptance of patient referrals and combined therapy. We had left the Dark Ages.

The second factor in reflecting on these times was the existence of a large middle class group of patients who accepted these newer concepts of therapy and were able to afford this exciting care. People no longer accepted loss of their dentitions as the inevitable routine of life, but desired and sought out preservation as the new norm.

The educational programs were meeting this challenge by providing well-educated and clinically trained specialists who spread throughout the country, raising the quality of care to new and exciting heights. These programs were able to grow and succeed because of the large patient base with the dental needs of these new specialists. Excellence was achieved both academically and clinically by the Fellows of these programs. Today's programs suffer in many instances by the lack of patients to feed the needs of the current number of dental schools, resulting in observable deficiencies in many of the graduates.

The influence of the universal fluoride therapy has profoundly changed the demographics of dental need and care. The early leaders in community fluoridation programs were found in the affluent middle class suburbs, where residents demanded better school and health programs. The

demonstrable positive results were an impetus for the quick flow of fluoridation programs throughout the population. Caries rates dropped dramatically, and a new era of dental health began. For those fortunate enough to be raised with fluoridation, the need for dental care has been reduced significantly. This reduction impacts the dental profession in many ways. The patient base for dental schools is reduced in number and needs. The same reduction affects the private practices of clinical dentists, resulting in a decrease in the number of general dentists and specialists needed. This also decreases the iatrogenic diseases, with a profound compounding effect in minimizing dental care requirements.

The future will certainly provide new opportunities for those continuing in the dental profession. The urban centers of the population are being filled by new immigrants to America, and these populations, with their lack of fluoride therapy and dental care, will require the services of the dental profession. These groups will provide a new middle class with the dental needs of the recent dental past. What will be required will be a refocusing and shift of the dental team aimed at providing services for these new populations in their communities. It is the growth of these populations that will dictate the direction of the restorative dental profession into the twenty-first century.

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