

Passion

I have frequently stated that dentists are, as a group, different from individuals in other professions. Although I will no doubt be challenged on this subjective observation, I believe we tend to think differently than other professionals such as engineers or architects. I don't believe that most people outside of dentistry really understand us, or our profession. I was once asked by a very nice, sincere woman why dentists were reported as having a high suicide rate. My answer did not please her—and may not set well with those reading this editorial. I told her “if you have to ask, you wouldn't understand my answer.” Working as we do in a confined area, our work largely unseen or unnoticed when it is successful, giving intense attention to details that will not be appreciated by those outside the profession, and largely guided by our own knowledge, conscience, and ego, we take pleasure primarily through inward gratification.

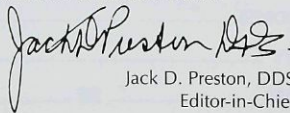
Prosthodontists are probably an exponent of the above characterization. I appreciate that other specialties in dentistry also deal with minutiae and attention to detail, but from my biased vantage point, I believe that, generally, prosthodontists would be characterized as being obsessive—compulsive. I absolutely do not use this term pejoratively! I think that although we are often called perfectionists, most of us would deny this, knowing that we never obtain that illusive goal (see Editorial “Perfection or Excellence” *Int J Prosthodont* 1990;3:5). With time we come to accept the fact that our goals and our criteria for acceptability must often differ. In time, we come to another realization—that most of what we do will eventually fail. Nothing is more disconcerting than to have to remove a fixed restoration that you had once placed with a modicum of pride and satisfaction. Given enough time, deterioration seems inevitable.

Now, if you have not so violently disagreed with my basic premise that you ceased reading this far, let me add another word to the characterization of a prosthodontist—passion. This term best defines the motivation of most prosthodontists. The intensity with which prosthodontists work, the dedication to detail and constant improvement can only be described as a passion for the specialty we practice and the patients we serve. Passion is a word that, to me, embodies the best elements of devotion to our work and love of the service we provide. Although we try

to base our practice on a scientific foundation, we practice an art form. Thus, passion once again becomes an appropriate term for our dedication to this art.

There are many exceptions to the type of individual I am describing. Certainly all prosthodontists are not classical “Type A” personalities, (although I suspect that most are best so categorized, even though this may be somewhat thinly disguised). Individuals that have this passionate attention to their profession and specialty are complex people. As such, they are not well-understood, and often do not fit into traditional molds. Thus my initial premise that prosthodontists are not well-understood by other human beings. It is no great surprise then that we find ourselves asking why people don't know what a prosthodontist does. Even fewer know what a prosthodontist *is*. How, then is a government, an HMO, or an administrator going to understand that you can't legislate passion in or out of a prosthodontist's life or practice. You cannot ask someone to do less than what they know to be best. Government, economists, and those trained only in the business of health care will never know the passion of the professional. Passion is not constrained by economic necessity or the exigencies of legislated or proscribed doctrine.

How are these characteristics expressed? Well, if you find yourself in the laboratory trimming dies when you should be home with the family, or carving the occlusal surface of a provisional restoration to obtain a morphology that is more pleasing to (only) you, or remaking an inlay because you were dissatisfied with the proximal contact form, or reshaping and refiring a single central incisor for the fourth time, you probably fit the description I have been offering. If you find yourself arriving at the office early, leaving late, taking radiographs and casts home for treatment planning, and worrying about your last patient long after you arrive at a weekend party, you already know the passion for prosthodontics. In short, if you do not take umbrage at this editorial, and find yourself nodding in agreement, if you want to see someone who has the zeal and fire that drive toward perfection, and who practices the specialty of prosthodontics with passion, then you have only to walk to a mirror. Those without passion will never understand you. Theirs is the loss and the shame.


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