



A Profession of Niches

In *A Tale of Two Cities*, Charles Dickens described the French Revolution as the best of times and the worst of times, the spring of hope and the winter of despair. The dental implant therapy revolution ushered in by Brånemark's principles of osseointegration may—on a different scale—also qualify for Dickens' 1859 observations. The ensuing leap of science in preprosthetic surgery logically eclipsed a tradition of clinical ingenuity that boasted no expiration date. And yet, in spite of a lack of robust data supporting routine and feasible outcome measures, the tale of the impact of osseointegration on 2 dominant disciplines—surgical and prosthodontic—rapidly moved into an inchoate stage. It became entrenched in other related disciplines as well as in smaller groups of clinicians who defined themselves sharply via the technique's applications. The resultant conceits increased professional fragmentation, wherein exclusive technical competence risks undermining prudent clinical judgment. An open season on restoring any encountered edentulous space with implants was launched, and it rapidly expanded to include doubts on the merits of retaining diseased teeth. A drift toward more professional niches continued as implants began to dominate dental meetings across the practice spectrum.

It is inarguable that a prevailing pointillist approach to treatment planning has been influenced by the implant mantra. This development elicited understandable reactions (both laudatory and defensive) in our discipline's other key partners—periodontics and

endodontics—while prosthodontists continued to seek the bigger and more complete picture through reasoned debate and negotiation. The effort is an essential one if we are to avoid the trap that treatment planning is a linear thought process and invulnerable to the knee-jerk responses of commercial claims. The judgment of clinical results, particularly with breakthrough revolutionary techniques, will hopefully continue to require ongoing consideration of a wide range of influencing factors, with particular emphasis on longevity, economics, and psychologic well-being, rather than on asseveration and celebrity-led courses. My generation of clinicians was held hostage for too long by “herodontic” approaches to managing the predicament of partial and complete edentulism. Osseointegration catalyzed a new hope for clinical decision-making for the prosthodontic patient even if its offshoot niches continue to challenge its true merits, while underscoring the specter of a continuing education scenario dominated by dental industry. The relative risks and benefits of all our treatment alternatives need to be constantly reevaluated to ensure that patients continue to be the true beneficiaries of good applied clinical science. It is only then that the recent springs of hope will be followed by renewed seasons of professional accomplishment.

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Finally, all of us on the IJP staff would like to wish our readers a very happy and healthy 2008.