

On International College of Prosthodontists Meetings



An upfront disclosure: I regard biennial International College of Prosthodontists (ICP) meetings as offering exciting and innovative scope for advancing global scholarship in prosthodontics. They are not burdened with national political agendas; personal ones are virtually nonexistent; and each meeting's organizing committee provides the desirable milieu of memorable venue and social events. The result is a renewed commitment to camaraderie of intellectual rigor as reflected in the choice and synthesis of presenters and topics on what is relevant in the discipline. Franco Bassi's local organization of the recent Turin meeting was a particularly memorable one; and Co-Presidents Martin Gross and Yoshi Maeda provided an eclectic selection of learning material for the record number of attendees. Their selection of a very high standard of the traditional cafeteria selection of clinical topics was bookended by introductory and concluding half-day sessions that provided particular resonance for making informed clinical decisions. They ranged from examples of methodological rules that conform to standards of scientific reporting to scrupulous and provocative ones that cast doubt on the presumed clinical relevance of so many prevailing assumptions and beliefs that define evidence-based dentistry.

This journal has frequently suggested that alternative frameworks for planning and reporting clinical research need to be studied on an ongoing basis if we are to avoid the "methodological fetishism and quantitative biases" that risk creating conceptual cul-de-sacs.¹ It may now be argued that several clinical meetings continue to risk dumbing down the primacy of scrupulously observed and documented clinical experiences. Hence, the recurrent questions: Is evidence-based support for making the best informed

clinical decisions so good that we actually risk experiencing an erosion of dentistry's core values of prudence, compassion, and serious consideration of patient-mediated concerns? Is it clinically tenable to leave the definition of practices associated with new technologies and associated interpretations of new disease processes (eg, so-called peri-implantitis) in the hands of naïve rationalists?

Given this context, it is worth recalling that the single biggest catalyst for global change in dental treatment in the past three decades was Branemark's original report on the osseointegration technique²—certainly not your classical randomized controlled trial report. Nonetheless, his work catalyzed extraordinary and novel options for managing partial and complete edentulism, let alone patients with orofacial deficits.

The results of such ICP sessions encourage an intellectual free-fire zone with nothing off limits for discussion; and above all without any risk of breakdown in international comity. Clinical scientific meetings of this kind augur well for desirable, indeed necessary, ongoing searches for new and alternative paradigms. Even better informed clinical decisions are bound to result from this sort of collective debate.

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References

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2. Brånemark PI. Osseointegration and its experimental background. *J Prosthet Dent* 1983;50:399-410.