

Editorial

Idealism versus realism

What is a clinician to do? In this issue of *Quintessence International*, two letters argue about how a practitioner should use a new restorative material. One letter, from a scientist in England, tells readers not to stray from following manufacturers' instructions. The other, from a clinician in the USA, says it is the duty of the inquisitive clinician to experiment with manufacturers' recommendations. Who is right?

When two highly recognized experts from different sides of the Atlantic disagreed, I thought it would be interesting to find the experts' expert, who could act as an impartial judge and give a third and decisive point of view. Since the issue is light-cured glass-ionomer materials, I invited the inventor of this material, Dr Sumita Mitra, to comment on the letters from Dr John Nicholson, Head of Materials Technology at the Laboratory of the Government Chemist in England, and Dr Ted Croll, a pediatric dentist from Doylestown, Pennsylvania.

It is hard to disagree with either letter writer concerning the use of the versatile new light-cured glass-ionomer materials. Dr Mitra presents a very diplomatic analysis, pointing out the good points in the opinions of both writers. Certainly, one of the major complaints of dental products manufacturers is that users of dental materials do not properly follow manufacturers' instructions. Based on some of the problems incurred by, and questions posed from, some clinicians, one could question whether some users ever read the instructions!

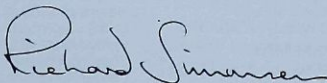
But Dr Croll makes an excellent point: "If one does not tinker, how can one find out when the manufacturer is wrong?" Of course most manufacturers, at least those of good repute with high ethical standards, will have ascertained that the directions in regard to viscosity of the light-cured glass-ionomer material—the concern of the writers—will correctly reflect the material's optimal properties. Also in the equation, however, is a strong dose of users' preference where viscosity is concerned. To make a material "user-friendly," a manufac-

turer will solicit the opinions of many active clinicians to determine the most acceptable handling characteristics for a particular material. As Dr Croll points out, this may not be acceptable for every clinician, in every application, and so some "tinkering" may be appropriate. Thus the apparent contention between scientist and clinician.

In the particular example addressed in our *Letters to the Editor* section in this issue, Dr Mitra points out, with laudable objectivity since she patented the material type in question, that the concerns of both writers can be addressed by certain characteristics specifically engineered into the material that she developed to overcome the problem of inadequate light penetration for curing. The answer is a material that cures by three different mechanisms, only one of which needs light. Thus both Dr Nicholson's concern of potentially inadequate light penetration, and Dr Croll's concern of being able to adjust the filling material's viscosity, are addressed with the latest development in light-cured glass-ionomer material technology.

Other examples of differences between scientist and clinician, or idealism versus realism, occur with regularity in the profession. While both sides may have their strong points and may appear to be "right" in the eyes of proponents, generally a middle ground can be found that will be the best course for both clinicians and their patients.

I thank all three writers for giving us a revealing and interesting discussion of important aspects of material usage in dentistry. When it comes to idealism versus realism, it is not always easy to decide what a clinician should do.



Richard J. Simonsen
Editor-in-Chief