

Introduction

In 1897, while in Tahiti, the French artist Paul Gauguin produced a vast painting—more of a mural than a conventional canvas—that reflected his grief upon learning of the death of his favorite child, Aline. The painting demanded new answers to old questions regarding the riddle of existence, and he wrote the work's title in three profound yet childlike questions: Where do we come from? What are we? Where are we going? These themes are reflected in our need to provide optimal evidence-based oral health care in our clinical teaching and practice and to address patient-mediated concerns about their functional, emotional, financial, and psychosocial dimensions. These questions form the basis of this supplement.

Most clinical educators would readily acknowledge that for a very long time prosthodontic therapy focused mainly on the technical and clinical expertise

required to fabricate fixed and removable prostheses. We accepted the inevitability of adverse anatomical, esthetic, and biomechanical consequences of different types and amounts of tooth loss. Such predicaments are compounded by the absence of support and sensory functions from the periodontal ligament, for which residual ridges are a poor substitute. Nevertheless, we benefited from progress in the development of new materials, from knowledge about overlapping considerations in esthetics and occlusion, and from empathy with our patients' fears, aspirations, and expectations. Indeed, as dentists continued to refine their requisite technical skills while developing scientifically based treatment rationales, the discipline contributed significantly to a predictable and satisfactory quality of life for most patients.



Where Do We Come From? What Are We? Where Are We Going?

The possibility of linking dental prostheses to the facial skeleton via an implanted device had been conceived as a way of overcoming the manifest disadvantages of conventional prosthodontic treatment, especially removable prostheses. Despite numerous pioneering efforts over many decades, predictable time-dependent and morbidity-free documented outcomes proved to be elusive until the publication of Per-Ingvar Brånemark's seminal research on the technique of osseointegration. The ability to safely locate alloplastic tooth roots in the jaw bones had finally become a reality! In 1982, the Toronto Conference on Tissue-Integrated Prostheses introduced to the broader dental academic community in North America the concept of inducing a controlled interfacial osteogenesis between dental implant and host bone. This was soon followed by an endorsement from international

research of the merits of the technique for treating maladaptive edentulous patients with implant-retained fixed or removable overdenture prostheses.

The osseointegration technique quickly led the profession to regard implant prosthodontics as a virtual panacea for managing most variations of tooth loss. Furthermore, numerous publications (including our own) underscored the merits of informing patients about the newly expanded treatment options provided that the necessary systemic and local criteria for implant treatment could be met, including the willingness of the patient to undergo the required preprosthetic surgical procedures and incur the necessary additional expenses. It is now readily accepted that implant prosthodontics represent not a different treatment modality, but rather one side of the treatment coin that permits optimal prosthodontic therapy for managing tooth loss.

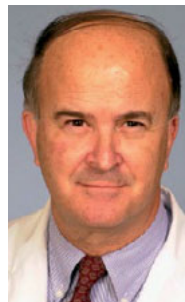
Because of these requirements, there is an ongoing need for more personal scholarly assessment of our current educational thrust, with its emphasis on specialty meetings, an impressive diversity of training programs, and easily accessible information on the internet. We readily acknowledge the exciting fact that osseointegration, with its robust research base, has ushered in a new era for the management of partially dentate and edentulous patients. Reconciliation of the technique's potential with the proven merits and ingenuity of traditional and novel prosthesis fabrication can only improve our ability to manage the impact of tooth loss on our patients. We therefore felt that a coherent narrative reflecting the individual scholarly journeys of a select number of colleagues would provide the IJP's global readership with unique insights into why implant prosthodontics changed the course of managing tooth loss. Hence: this supplement, which employs Gauguin's unique artistic expression to pose questions that are integral to a routine clinical assessment. As interviewers, we were familiar with the impressive skillsets of the academic voices we recruited for this initiative. Their enthusiastic engagement with the project reflected their personal careers and research trajectories that resulted from the introduction of osseointegration.

Each interviewee was encouraged to respond freely to each of the three questions, which were supplemented by others selected from a pool provided by several of the IJP's associate editors, whose invaluable cooperation must be gratefully acknowledged. One of the roles of science is to seek and develop new questions, and in this, our colleagues excelled in their contributions. We hope that these will provide an effective way to engage our readers' attention and, indeed, awareness of gaps in our current knowledge base. We have included them in a separate section of the supplement.

The first question ("Where are we coming from?") sought to blend information regarding personal scholarship pursuits and professional journeys undertaken that led to an appreciation and understanding of Brånemark's work and its clinical potential. The notion of a time frame was emphasized, since the supplement's narrative also seeks to provide a historical context for IJP readers—a laying down of the groundwork for what followed. The introductory part of this interview question also sought to elicit information regarding current scholarly activities to facilitate a segue into the next section.

The second question ("Where are we at?") invited each interviewee to include references from their own and others' published works to underscore their responses to additional specific questions while expanding the value of these responses for the reader.

The third and final question ("Where are we going?") seeks to combine confidence in the inevitable progress of the biologic and technological sciences with a lingering realization that an induced healed interface between a surgically prepared bone site and an alloplastic tooth root analog must also be studied in an ever-widening, time-dependent context. Our discipline also faces the challenge of belatedly acknowledging the dramatic increase in the life expectancies of prosthodontic patients, with attendant multimorbidity risks and treatment uncertainties in the elderly cohort. Reconciling all of this with individual perceptions regarding the future may even offer our readership a more eclectic appreciation of the impact of implant prosthodontics on both our patients' health care expectations and our own roles as clinicians.



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