

Welcoming Changes

In my part of the world, spring is approaching. I write this in the first days of April. The long cold winter months are gone, the first spring flowers have appeared and most of us are experiencing the oft-extolled feelings of spring. But great climatologic differences exist in my country: in the north winter still reigns and there is much snow. In a global perspective, of course, the climate shows even greater variation. In the southern hemisphere summer has passed and the winter months await. Even if complaining about the local weather situation is a very common and probably universal occupation, most people in the world have learned from nature that seasonal changes are inevitable and we must accept and adapt to them.

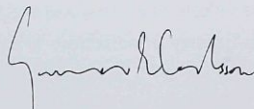
The ability to accept ongoing changes in other aspects of human life seems to be limited in many people. There is often a tendency to see the present situation as static, for example, in our profession with respect to delivery system and available therapies. Many dentists who are reasonably well-adapted today consider the status quo the preferable situation. However, change is inevitable, and hoping for change to stop is foolish. The profession must acknowledge, encourage, and celebrate change. Nothing endures but change. A stimulus to this philosophic introduction was given by a thought-provoking article by Dr David A Nash¹ in the proceedings of the celebration of the start of the Grand Rapids water fluoridation project. Fluoridation has been a major contributing factor to the dramatic reduction of dental caries over the past 50 years. The ensuing improvement in oral health has had a great impact on clinical dentistry. In prosthodontics, the successful implementation of osseointegrated dental implants has been of similar great importance.

Another lesson Dr Nash wishes us to learn is that the form that the dental profession assumes must be consistent with its function of serving society. This means that dentistry must acknowledge and accept the interdependence in its relationship with society. Many forces in society, such as changes in economy, demographics, oral and general health, informatics, and biologic and materials science, have profound effects on dentistry. The profession must anticipate, acknowledge, encourage, and celebrate changes; it must be creative in renewing and reconstructing itself to accommodate to changes. Irrespective of the level of development of dentistry—and there is a great variation in that respect from a global perspective—rapid changes are occurring. There is no branch within the profession that is outside this development. All specialties are involved and need to cooperate with mutual respect if the profession is going to survive and thrive.

Dental practice, dental education, and dental research are also interdependently linked. Representatives of these groups must continue to hold constructive discussions, because one of the three cannot exist without the others.

In another paper at the same conference, Dr Baum² presented his ideas of the dental curriculum in the 21st century. Based on the ongoing changes indicated above, he suggests the type of dentist that will be needed in the near future, and he concludes that today's dental educational system is inadequate to produce such a dentist. He discusses the demands necessary to produce a dentist able to function in a health care system in which oral health truly is integrated with total health. This would require that the dentist "(1) is a life-long learner, capable of being able to grow and adapt as change occurs in our science base and health care systems; (2) has a sense of community responsibility; (3) is technically competent at dental surgical procedures; (4) is competent at managing oral medical (stomatological) disorders; and (5) is competent treating ambulatory, medically compromised individuals." These requirements seem hard to realize, but Dr Baum believes it is possible and necessary, because society will demand it, and the health profession is ultimately responsible to society.

These are essential issues that deserve to be continuously debated in the dental community. In our specialty groups, such philosophic and theoretic questions are seldom considered. It is easier to talk about the clinical implications of the newest materials and methods. For a longer-term perspective, however, the ideas presented in the cited articles and others in the mentioned proceedings are essential to energetic and constructive discussion and development. Prosthodontists must take an active role in these debates.



Gunnar E. Carlsson
Editor-in-Chief

1. Nash DA. A pragmatic primer...Lessons from natural science for the profession of dentistry. *J Publ Health Dent* 1996;56:291-299.
2. Baum BJ. The dental curriculum: What should be new in the 21st century? *J Publ Health Dent* 1996;56:286-290.

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