

Redefining Standards—An Opportunity

This issue is unique in that, for the first time, it contains a Guest Editorial by Dr George Zarb that is being featured simultaneously in three other prosthodontic journals. This signifies the unity of concept and the strength of conviction each of the editors-in-chief of these four journals hold for the premise set forth in that editorial. In essence, this treatise is the announcement of a movement, embryonic and limited as it might be, to bring to our profession and our discipline a more defensible position for the rational basis of patient care. Dentists in general, and perhaps prosthodontists in particular, have prided themselves on the technical excellence of the care they deliver to their patients. Prosthodontists have felt that a large part of the foundation that distinguishes them from their general practitioner colleagues is the knowledge of the supportive literature, and a rational understanding of the principles and concepts undergirding their practice. This demands that the body of clinical research reported in the literature must meet the criteria for scientific credibility to be of value in clinical practice.

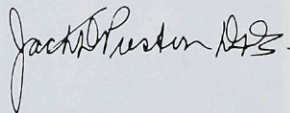
As we step back from our personal involvement in our profession, and begin to take an exoteric ax to the esoteric concepts that we have espoused, we find that much of what we do lacks scientific merit, and that some of the observed responses we record may have little or nothing to do with the reasons we have assigned to the phenomena. We have, unfortunately, often mistaken a casual relationship for one that is causal. We have felt insecure if we observed a reaction, an outcome, or a response for which we could not assign a corresponding cause, so we often did so without adequately justifying the conclusions made. We have accumulated truth and error in the same vessel, mixing them together in an indistinguishable brew that we offered to all who would consume it. We sometimes devised "research" to "prove" our philosophy, not wishing to consider alternative explanations. Our therapeutic regimens followed our premises, and we unfortunately passed these fallacies on to others.

The premise of evidence-based dentistry is that such quasi-logical partial truths are inadequate foundations

upon which to base our treatment philosophy. The espousal of the tenets of evidence-based dentistry will mark the coming of age of our profession and its delicately balanced entry into the realm of true clinical science. The journals supporting this premise do so because they realize that reports founded on the evidence-based concepts have true scientific merit. Eventually, reputable professional journals will all mandate that reports adhere to these qualifying concepts. These reports of valid observations and documented outcomes can become the basis for rational patient care. When treatment options are considered, they may be assessed with some understanding of the ratio of benefit to risk. Our patients deserve no less.

Those of us who have attended the courses at McMaster University described in the Guest Editorial are humbled by the enormity of the task that lies ahead and impressed with those who have established the foundations of this project. We found the faculty at McMaster to be dedicated, open minded, caring scholars and clinicians who wanted to help us comprehend the premise and join in their dissemination of the concept.

On the page following Dr Zarb's editorial you will find an announcement from the Planning Committee of the FPO, chaired by Dr Dale Smith, which has championed this project and made it possible. The Prosthodontic Research Symposium to be held in Chicago next June is the first public extension of this effort. I strongly recommend that every dental school dean and every advanced prosthodontic education program director give serious consideration to attending this meeting. The future of our profession and our specialty is in the balance. Plan to be part of the solution, rather than contributing to the problem.



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Editor-in-Chief