

Prosthodontics for the Next Millennium



Harold W. Preiskel, MDS, MSc, FDS
 Consultant
 Department of Prosthetic Dentistry
 Guy's Dental School, University of London
 1st President of International College of Prosthodontists
 London, U.K.

In November 1982, I was privileged to preside over a landmark conference in London. A small part of that meeting was devoted to the principle of setting up an international prosthodontic organisation and from it grew the International College of Prosthodontics. From the outset prosthodontists from Asia were prominent in the fledgling organisation and their contribution has been well recognised. It is therefore with a great sense of pride, to say nothing of honour, that I am here to accept your kind invitation to address the First Biennial congress of the Asian Academy of Prosthodontics that is being held in conjunction with the Fortieth Anniversary Meeting of the Korean Academy of Prosthodontics.

Looking back less than two hundred years wooden dentures were made, here in Asia, and in Europe. Of course nowadays we have far better materials available but substitute acrylic resin for wood and some of the designs look distressingly familiar. In fact removable dentures marked the boundaries of prosthodontics when I was a student. How this has changed! Today, a patient who cannot tolerate the concept of a removable prosthesis can, leave the practice three hours later with both jaws restored with implants and transitional fixed restorations on selected abutments in place to restore his dentition.

We all know that osseointegration has changed the scope of prosthodontic practice and improved the life of countless patients. However, in the coming years we require to define our concept of proof of all new techniques. Far too many presentations and concepts are judged by the quality of pretty pictures rather than scientific merit. We should understand that photographs (or even radiographs) alone are not sufficient evidence - particularly in today's environment of computer enhanced illustrations. Even clinical evidence based upon well conducted trials is only the poorest in the triplet of proof that is used today. The gold standard is mathematical proof, scientific proof is second. That is why clinical evidence must be viewed so critically

All too frequently exciting new findings follow a familiar pattern. 1. Discovery, 2. Acceptance, 3. Indiscriminate prescription, 4. Disappointment, and 5. Disuse.

Does the excitement of implant dentistry render the removable denture obsolete? The answer is no. The pattern of treatment may be changing, the indications have altered and we may make fewer dentures. I should add that retention systems including magnets are being constantly refined and improved.

During the course of this presentation I hope to draw upon lessons that we should have learnt from the past and apply them to today and tomorrow. With our rapidly developing knowledge it is hard to predict what will happen five years from now, let alone fifty or a hundred years on. It is clear however, that the increasing life span of our population will be reflected in a larger proportion of the elderly age group. Tooth

loss may be reduced but certainly not eliminated while the technology that we are likely to have available is quite revolutionary. Optical impressions, Cad-Cam technology, digital radiographs and genetic engineering techniques are not just to be looked to in the future. They are here already. The important aspect is that technology should be the tool of prosthodontists and not the other way round. We will still need to produce practising clinicians with a broad based knowledge and clinical expertise without which the knowledge would be useless. Alfred Tennyson, the poet, stated that, "Knowledge comes but wisdom lingers". His comments are not only pertinent to prosthodontics today but to our speciality into the new millennium.