If You Think You're a Liberal, Wait Awhile

A quote that is often (falsely) attributed to Winston Churchill goes something like, "If you're not a liberal when you're 25, you have no heart. If you're not a conservative by the time you're 35, you have no brain." Whoever first said it probably didn't have implant dentistry in mind, but I think it may, with a little interpretation, have some relevance to this field.

First, eliminate the political overtones and think of the liberal and conservative only as these terms apply to dentistry. "Liberal" pertains to the application of new, and perhaps unproven, approaches to patient care. A liberal clinician might be more aggressive in the approach to a specific problem. "Conservative," in this discussion, suggests the more tried-and-true methods or an unwillingness to approach a problem with untested methods. Using these modified descriptions, the statement takes on a little different meaning. The statement now suggests that the compassionate clinician is willing to aggressively seek solutions, while his conservative colleague prefers a more cognitive approach, including methods that provide known outcomes. In implant dentistry, the time it takes for a clinician to transition from one approach to the other may be quite short.

In the days before osseointegration, implant dentistry was not a field for the faint of heart. Wellmeaning clinicians were willing to try new ideas simply because there was an appreciation that the standard treatments did not address all the problems described by patients. Sometimes these aggressive treatment approaches resulted in positive changes, and sometimes the approaches resulted in severe complications that accelerated the deterioration of the patient's condition.

Eventually general success became attainable; today, even in the event of failure, the patient is no worse off than he or she was at the start of treatment. Forty years ago it would have been hard to predict that in 2007, the liberal use of dental implants could be considered conservative treatment (as opposed to working to maintain compromised teeth).

This discussion points to the dynamic nature of science. What is a pie-in-the-sky dream today may be the standard of tomorrow and become yesterday's news a few years after that. The world of dentistry is spinning quickly enough that polar opposites of yesterday are now indistinguishable.

Think about osseointegration and all that achievement of this phenomenon demanded in the 1960s and 1970s. Surgery was performed in a hospital environment, implants were never placed into extraction sites, surgical gowning was mandated, and the patient often experienced an overnight hospital stay. Many of the dogmatic mandates have been abandoned, while a few remain. Gentle surgery in a clean rather than sterile environment with appropriate planning for a specific prosthetic design remain requisites for success.

Today the rapidity of change blurs the distinctions between the liberals and the conservatives. Remember how every implant used to be allowed to heal unfettered for a period of time before it was put into function? When individuals tried to load implants immediately after surgical placement and when those implants failed, as some inevitably did, those clinicians were castigated for pushing the envelope too aggressively. We are now beginning to see that implants placed, splinted, and loaded in the same day may perform better than implants allowed to heal beneath the tissue for extended periods of time. Today's hypothesis is that the rigid splinting of those implants may protect them from motion more effectively than burial beneath the surface, but we need to remain nimble enough to discard this hypothesis if necessary.

The list of techniques once considered liberal but now deemed conservative is long. Research is certainly beyond the point of scratching the surface of implant dentistry. In a few short years, the conservative of today will likely use implants that have been biologically modified to improve healing. Prostheses that had demanded the artistic vision of the clinician will be developed on a computer screen before implants are placed. Today our researching liberals are even working toward the development of true biologic substitutes for teeth. Even current conservatives may soon be applying this technology.

The dynamic nature of science is the reason for this situation. We cannot become too enamored with labels of the past, as the terms on the label will change dramatically depending on the perspective from which the label is viewed. This is not just a sign of the times. Instead, it is an indication that we are learning through appropriate application of scientific method. Like it or not, for the foreseeable future science will bring us the evolution of care by creating some revolutions in thought. Although Churchill (or whoever) may not have been describing us with his original statement, we should be able to see ourselves in it.

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