

Dear Reader,

It may seem that today, at the start of the third millennium, we have already seen all major revolutions in endodontics, if not in dentistry altogether, with the new breakthroughs and discoveries only detailing the techniques and technologies already in existence. To produce and research a new idea, dental scholars today need to join efforts with engineers, physicists, biologists, geneticists and others; one example of a relatively recent successful collaboration is the development of an NiTi heat treatment and twisting technology, which began a new era in the manufacture of endodontic files.

But do revolutions and advancements actually raise the overall standard and quality of treatment or it is rather the implementation of the gold standard of patient care, based on the established scientific principles and clinical protocols, in the daily work of every practitioner, and not necessarily anything costly (e.g. the use of conventional irrigants and sterile water in a specific sequence to chemically prepare the root canal system, minimise postoperative pain and prevent internal leakage)? This, unfortunately, is yet to be achieved, and it will require overcoming psychological barriers, quasi-scientific bias, and financial limitations.

Inasmuch as we attempt to remain objective in assessing our own work, there are limits to self-criticism, especially when there is literature today supporting almost any technique. It is impossible to over-emphasise the importance of pushing oneself out of one's comfort zone, and full conference halls and hands-on courses are good proof that there are many clinicians who have already embarked on the path of continuous learning and training.

In an ideal situation, manufacturers should have sufficient time to develop, test and verify new technologies before approving a new product. In the past, there were research and development departments that collaborated with reputable scholars and practitioners for about a decade prior to finalising a prototype for clinical trials. However, now it seems that the planet is rotating faster—and the urge to introduce novel ideas has never been stronger. Consequently, the risk of failure is higher than ever. It is absolutely critical that all new developments be deeply rooted in quality research with strict statistical control for significance. This would be the only way to protect clinicians, and ultimately patients, from failure and malpractice.

At present, our task is to achieve this goal in our own daily work in the office and in our communication with colleagues around the world. Our work should be aimed at developing best practice guidelines for the community, which will need to be updated regularly at consensus meetings. Alongside other professional journals, specialist endodontic publications like **roots** will play an important role in updating the community.

At the end of the day, each and every effort by a scholar, manufacturer, practitioner or assistant should uncompromisingly be aimed at patients' health. Endodontic treatment too should be conducted in the interest of the patient, whose immediate well-being and long-term health should be seen as the utmost priority above all personal and corporate ambition.

Yours faithfully,



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