IS THIS THE END OF DENTISTRY?

Dear reader,

Every time I discuss with a dentist the evolution of dentistry and how novel biologically based therapies under development, such as the novel tooth replacement by Toregem BioPharma Co., Ltd. (Japan), could be in the market (if all goes well) in a few decades, I always hear the same phrase: "Oh my God, this will be the end of dentistry." Rest assured, dear reader, that this will not be the case, and I will expand on why later on. However, my interpretation of this reaction raises concerns regarding how dentists perceive the role of transcending current practices through research progress.

Medical research is the bedrock of improvements in human health. Both in the United Kingdom and Brazil, dental research serves as a reference within the academic world, suggesting novel ways to treat patients, evaluating the effectiveness of new commercial products, and helping to improve public policy related to oral health. Nevertheless, there is a significant disconnect between the academic world, the clinical world, and the research funding world in dentistry. The academic world seems to live in a bubble; even though it is trying to produce knowledge to burst that bubble, it often struggles to connect with its primary audience. Clinicians who do not engage in research are interested in evidence-based practice; however, this interest (even though there is nothing wrong with this) is often divided into merely two motivations: 1) avoiding the risk of litigation, or 2) using knowledge as a point of sale to increase notoriety among patients and, consequently, profit margins. Finally, research funding for dentistry is extremely difficult to secure in both the UK and Brazil because, in the end, as a reviewer once asked me: "Why would you do that, if nobody dies of periodontitis?" These barriers and disconnects between research, clinics, and funding are critical gaps that must be addressed.

I believe that the real question in closing these gaps is whether dentistry is ready to invest in its own transformation. We cannot continue to depend solely on traditional funding streams and then complain that dentistry is underfunded. In the United Kingdom, we have organisations such as the Oral and Dental Research Trust (ODRT) and the British Society for Oral and Dental Research (BSODR, the UK division of IADR), both of which play crucial and independent roles in supporting dental research. However, their resources are limited. Dentistry represents only a small fraction of national biomedical funding portfolios. In Brazil, independent professional research support structures are even less clearly consolidated, with most funding coming from government agencies and much research being sustained by self-funded efforts.

What if we changed that? What if dentists collectively committed just a small percentage of their gross annual earnings to a structured, transparent, professionally governed research fund? Not charity. Not sporadic donations. A profession-wide philanthropic commitment to scientific progress, with tax benefits.

Structured appropriately through recognised charitable or research trust mechanisms, such contributions could be treated as allowable charitable donations or business expenses (depending on jurisdiction), enabling dentists to deduct the contribution from taxable income and therefore reduce their overall tax liability while simultaneously reinvesting in the future of their own profession. Consider the numbers. Dentistry is a multi-billion-pound profession in the UK alone. Even a 0.5% contribution, if widely adopted, would generate millions annually. That level of consistent funding could support PhD studentships, early-career fellowships, multicentre clinical trials, translational biomaterials research, regenerative therapies, antimicrobial stewardship programmes, and public health innovation. It would empower the very clinicians who currently feel distant from academia to become stakeholders in its direction. More importantly, it would help close the cultural gap that currently exists within our profession.

If clinicians directly invest in research, they will stop seeing academia as "a bubble." They will become co-owners of the questions being asked. Research priorities will better reflect clinical reality, and clinical reality will better reflect scientific advances. Funding decisions will no longer feel imposed by distant biomedical and medical panels who question why periodontitis matters because "nobody dies from it." Instead, dentistry will define its own research agenda with authority and responsibility.

Now, returning to the point above about Toregem BioPharma—or any other regenerative biotechnology company. If they successfully enable biological tooth replacement, dentistry will not disappear. It will simply operate on a different biological substrate. A newly grown tooth will still require maintenance, periodontal care, restorative interventions, and possibly endodontic treatment. The principles of occlusion, aesthetics, prevention, and long-term follow-up will remain. What we do will continue to exist, but it will exist in a new tooth.

If dentists fear the "end of dentistry" whenever innovation emerges, perhaps what we truly fear is losing control of our professional narrative. Philanthropic investment is one way of reclaiming that narrative. The only real risk to dentistry is not regeneration. It is stagnation.

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