

Oral health at risk from cutbacks

An Bord Snip has recommended termination of the Dental Treatment Benefit Scheme. This is the opposite advice to what has been given by almost all experts to the Oral Health Strategy Group for the DOH&C and is highly contentious.

Prevention must be better than cure. Screening for oral disease is a must for the whole population – one oral/dental examination per year and two scaling and polishing sessions for adults may seem expensive in the short term but is highly beneficial in the long term. Dr O’Sullivan’s paper from Cork in collaboration with the Irish Cancer Society highlighted the benefits with regard to the early detection of mouth cancer, a condition as common as cervical cancer in women and much easier to screen for. Much of the literature shows the benefit of saving teeth and avoidance of dentures from a quality of life and general health point of view, with an implant-retained lower prosthesis being the minimal standard for those unfortunately rendered edentulous (which should no longer occur). The literature is alive with the relationship between gingival health and arthritis/heart disease/diabetes. Since arriving back in Ireland, I have been trying to encourage through lectures/editorials/letters/educational forums and the Oral Health Strategy the need for at least yearly attendance at the dentist for all patients, not just those paying PRSI. A suspicious lesion picked up early is a cure; a mouth cancer lesion picked up late is a 15-20% chance of being alive in two years. We still await the Oral Health Strategy and let us hope that it can address our real oral health concerns.

Thanks to all the dentists who responded to the IDA survey (pp. 179-180) on various issues related to dentistry; the members of the Editorial Board are very pleased to see that our work has gained some favour and that we are seen as having an influence in your daily work. We continue to be busy, and are looking strategically with the IDA at indemnifying all aspects of the Journal: taking CDE forward, highlighting the educational strengths (‘Identifying orthodontic problems’, pp. 193-199) and the importance of the Journal, developing the team approach (‘Dental nursing across Ireland’, pp. 182-183), and improving the impact factor/citations of your Journal. Unfortunately, we are constrained by the number of scientific pages available to us.

The biggest problem that is seen in dentistry from a medico-legal perspective is breakdown in communications between patient and dentist. Dental Protection, with the IDA, is trying to help improve our communication skills to avert these problems, with workshops around Ireland (p. 164) and practice management training days (p. 166), and if you can spare the time, they are worth attending.

There are two nice stories about helping those less fortunate (‘Chernobyl Dental Aid’ and ‘Busman’s holiday’ (lucky guys) on pp. 168 and 174) and one crying out for help (the broken chair in Uganda – p. 174).

The scientific section is very practical, with amazing results shown for internal and external bleaching of non-vital discoloured teeth in adolescents and children (pp. 184-189), highlighting the dilemma on whether or not to surgically remove wisdom teeth (pp. 190-192), and a summary of orthodontics in our fact file (pp. 193-199), an amazing picture gallery of orthodontics from Drs Scott and Hagan. We are in safe hands in Europe with Dr Feeney working hard for us and bringing us up to date (pp. 171-173). I never fail to be impressed by the hard work of the team with another difficult and challenging quiz, and a round-up of abstracts to suit everybody’s needs.

Now for some good news: oral and maxillofacial surgery in the public hospitals is at last progressing with Mr Chris Cotter having been appointed and hopefully starting soon to work with Prof. Duncan Sleeman in Cork and Mr Gerry Kearns/Mr Padraig O’Cealligh both appointed to the National Maxillofacial Unit in Dublin to join Mr Ryan and myself. Donegal/Sligo are receiving OMFS services from four consultants in Altnagelvin in Derry, Mr Paddy McCann is in Galway and Mr Mick Gilbride is in Limerick to be hopefully joined by a colleague in the near future. It has taken an inordinate amount of work over the years on the part of the RCSI, colleagues and the National Hospital’s Office to obtain this progress, despite the stringent times, and is in keeping with the strategic plan developed in 2003/2004. It just shows what can be done: where there’s a will, there’s a way.



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