Dear reader,

As the year draws to a close I would like to extend my best wishes for 2009 to all our readers. The problem we all face next year is uncertainty about the future. The financial crisis that started on Wall Street this autumn has just begun to unfold in other parts of the world, and although there are many opinions about the short- and long-term effects, no one is really able to foresee whether it will last for a few months or in the years to come.

The latest news from the market place in Asia is not very promising. China, as one of the key players in the region, has just witnessed its largest drop in exports in nearly a decade. At the same time, foreign direct investment has fallen by 56.5 per cent compared to November 2008. The Asia Development Bank in Manila recently predicted a significant slowdown in economic growth of more than 5 per cent for the entire region. Policy makers and industry players have to act swiftly if the industry is to withstand the crisis.

Prospects look rather uncertain for the dental profession, in recent years, dentistry in most markets has been driven mainly by high-cost procedures, like dental implants and cosmetics, but these sectors will probably be the first to suffer from the economic slowdown. One of the factors that could help the profession is health tourism. Ironically, fuel prices have seen a sharp decrease in the last two months, which could boost the influx of patients from overseas to destinations like Singapore, Thailand, and the Philippines.

Despite what happens in 2009, we will continue to put our best efforts into informing you of the latest developments in Asian and Indian dental and oral care dentistry. We hope that you will benefit from this knowledge, and consider sending us feedback on our articles and suggestions for future articles on matters that interest you. As official publishing partner of the FDI World Dental Federation, we will also be presenting at the Annual World Dental Congress in Singapore next September. We look forward to possibly meeting you there or at future international events.

We wish you a successful and happy New Year in 2009!

Daniel Zimmermann
Group Editor
Dental Tribune International

Motivating the motivator

This last month the clinic has been busy. I’m not complaining – what with the credit crunch in full flow, I’m happy that people are still coming for treatment. My colleague has also just left, and now I’m the only hygienist in my practice, and am well aware of the appointment book filling up weeks in advance. To top it all off, my personal life is busy too.

When life is busy like this, it is easy to get a little lax and decide to skip some things to keep on time and make life easier. We can get tired and de-motivated just like everyone else. After all, we need motivation as well as providing it.

This week, a client was my motivator. She had an aggressive periodontal condition and it took several sessions of root surface debridement and a lot of good home hygiene to get her stabilised. When she first attended, as is common with active periodontal cases, she was suffering from a strong oral malodour. She had not mentioned it in her initial interview and, as she was already motivated to improve her oral health, I chose not to mention it. In this incidence, it was not necessary to use it as leverage.

This visit was for her maintenance appointment and was booked on a particularly busy afternoon and she was my last client of the day. I had just seen three demanding patients in a row, which had left me a little drained and I was conscious of the 20.30 run-in.

I carried out the usual run through of the medical history, dental health, stress levels, oral hygiene routine and was seriously considering skipping a bleeding score and not disclosing for a plaque score to make my life easier.

Then my patient said that she just wanted to thank me for everything. She was so pleased that I had helped her to stabilise her disease, but was most pleased that the bad breath had gone. She and her friends had been aware of the odour and it had affected her social life quite badly. She had stopped going on dates and avoided large groups where she would need to be close to someone to be heard. She was a receptionist in a large office, and felt self-conscious most days.

Since our completion of initial treatment, she has been speed dating, has joined a dating agency and is enjoying her social life again. She felt this was largely due to the treatment she had carried out and she just wanted to tell me what a difference I had made in her life.

I went from being a shrewd bank of a hygienist rushing to get home, to bursting with energy and enthusiasm. I may even have had a wee tear in my eye. Needless to say I did not do my bleeding and plaque score and she was doing well.

Realistically, most clients are busy and although they appreciate what we do, they might not have the time or the notion to boost our motivation by saying thank you.

One way to help keep your care consistent for your clients is to work out what will be involved in an appointment with you. Will you always disclose? I would say yes to that. What about pocket charting? Once a year? Anything over 3 mm measured each visit? There is no end to the information we can document, but there is an end to the appointment.

In our practice, we use a protocol system so we have a clear guide to how we care for the patients. This helps us to monitor the quality of care we give our patients.

Whichever method you choose, remember that you are human. It’s all right to lack enthusiasm sometimes, but we still need to deliver a quality level of care. That is what makes us professionals – and great ones at that.

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We tend to believe that among all the stressful professions in the world, it is dentists who have the highest suicide rate. Many people feel stress when they go to the dentist, and it is only logical to assume that the dentist must also feel the end result of all of that stress. Not to mention listening to all of the patients who say, “No of- fense, but I hate the dentist!” You may be surprised to learn that there is little evidence that dentists are more prone to stress-related suicides than the general population, according to an article in the May 2001 issue of the Journal of the American Dental Association (JADA).

When a myth is repeated enough times over a long period of time, it begins to be accepted as the truth. “Since 1975, not one of the professional media have repeatedly portrayed dentists as being suicide prone,” said Roger L. Alexander, D.D.S., professor, Baylor College of Dentistry, The Texas A&M University System Health Science Center, Dallas. Over the past twenty years, there has been little attempt to verify this claim.

There are however, valid statistics on this profession’s health issue. According to the Centers for Disease Control, suicide takes the lives of 30,575 Americans in 1998 (11.5 per 100,000 population), and more people die from suicide than from homicide. In 1998, there were 1.7 times as many suicides as homicides, and over-all, suicide is the eighth leading cause of death for all Americans, and is the third leading cause of death for young people aged 15-24. Although there is no shortage of statistic on suicide, there appears to be no evidence that dentists are at any higher risk than the general public, according to the journal’s study.

While I won’t argue that dentistry can be stressful at times, I think it’s fair to say that people in any occupation can feel stress while working. It is also important to point out that it is mental disorder (particularly depression and substance abuse), not stress, that are associated with more than 90 per cent of all cases of suicide. Suicide among dentists, physicians, and other health care professionals is a serious issue here and it is unfor-tunately the responsibility of caring for others. Fortunately, recent research has not confirmed a high suicide rate among dentists.