Dear reader,

Unlike with other professions, the closure of a newspaper or magazine, even a competing one, always triggers conflicting emotions for journalists. While we may seem to contend fiercely for the next exclusive story or the most creative headline, there is an unspoken solidarity among all members of the journalistic community. In this respect, the end of Asia’s oldest regional dental newspaper APDN and its Latin American sister publication is a catastrophe, as fewer publications mean not only more writers and editors without a job but also less diversity, something that has plagued our colleagues in daily newsrooms around the world.

As one of the two remaining dental titles for the Asia Pacific region, we are determined to fill this gap. This commitment, however, is going to make our work a lot more difficult against the reduced competition. Therefore, our goal is to keep our standards high and our minds open to all aspects and to the many voices of the dental profession.

We intend to do so with this edition and interesting and revealing article from Nova Southeastern University by Prof. Steven N. Abel on HIV testing in Southeastern University by Prof. Lakshman S. Samarawakye.

Infection control measures in dentistry: A big-ticket item

Microbes are all around us. They are one step ahead as new infections emerge and old infections re-emerge periodically in different parts of the world. It is heartening to note the general improvement in infection control in this community, but I suspect that Taiwan may be an exception rather than the rule.

A few months ago, a dental assistant in Tennessee in the US complained of the dentist not wearing a mask, not washing his hands, not replacing gloves, and the mass media sporadically.

How such a situation could arise in a so-called developed country is unfathomable. Other similar incidents are reported in the mass media sporadically.

“...The bottom line is that appropriate infection control is a reality that we have to face head on...”

Dental amalgam is no longer used in Japan and it is banned in Norway, Sweden, and Denmark, where tooth-coloured and environmentally friendly composite is the predominant filling material. Although the hazards of mercury have been well known ever since, the practice of restoring teeth decayed by caries with amalgam has survived, despite the effective and affordable mercury-free alternatives that are available today. Atraumatic Restorative Treatment using hand tools and high-viscosity glass ionomer cements as filling material, for example, has turned out to be a viable means of providing dental care in areas where the only dental treatment available is the extraction of teeth.

The recent threat of an Ebola virus epidemic in Africa is an example. Last August, the deadly outbreak of this virus claimed 16 lives and led to the Ugandan president’s call for citizens to limit physical contact with each other.

Dental health-care workers everywhere need to be ever vigilant and maintain meticulous infection control. The data emerging from at least one Asian city is, therefore, comforting. Researchers at the Taipei Medical University in Taiwan found that current dentists are better educated about and practise better infection control than a decade ago, a significant improvement on the first survey conducted by the same research team in 1999.

Despite the handicaps, I do not know the outcome of this case, but the Yahoo response asked her to report the situation to the health and safety office in the area.

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Perhaps the practitioners in these instances do not adhere to strict infection control owing to negligence, ignorance, or the associated costs. There is no doubt that infection control is a big-ticket item. It has been estimated that the cost per patient for infection-control products is about US$10 and the annual cost of infection-control products for one dentist may amount to US$50,000 (20 patients per day, five days per week, 48 weeks per year).

If cost is the main concern, then the dentist could charge separately for infection-control measures, rather than take infection-control short-cuts. I do believe that patients will gladly pay for such a service and this could be a good practice builder indeed.

The bottom line is that appropriate infection control is a reality that we have to face head on, and discounting it and paying lip service will jeopardise not only your practice but also your reputation in the longer term.

Squeezing out mercury

Over 750 participants from around the world recently agreed on reducing the use of dental amalgam at a meeting on the UNEP Minamata Convention held in Geneva, Switzerland, in mid-January to prepare a global legally binding instrument on mercury. The decision to phase down the use of dental amalgam is due to the toxicity and hazardous effects of mercury released from these fillings.

Mercury is released to air and water not only through insertion and removal of amalgam fillings, but also through everyday wear by chewing and hot beverages ingested by persons with these mercury-containing dental fillings.

Mercury is a toxic heavy metal with no beneficial biological effects. Since it is an element, it will never break down into less harmful elements. On the contrary, part of the elemental mercury released is transformed into methyl mercury, which is bioaccumulated in living organisms, often reaching hazardous levels in popular food sources such as tuna, cat-fish and perch. This released tens of thousands and causally linked to more than a hundred deaths in one of the world’s worst industrial pollution catastrophes, which took place in the 1950s and 1960s in the fishing village lending its name to the convention, Minamata in Japan.