

President's Column

FDI — OUR WINDOW ON THE WORLD OF ORAL HEALTH



Dr. Burton Conrod

CDA's strategic plan contains an international component for 3 reasons. First, Canadian dentistry can benefit from scientific knowledge and practice management models developed in other countries. Secondly, in areas of oral health care where Canada is ahead of other nations, it is important for CDA to influence health policies that will advance the profession globally. Decisions made in other countries can ultimately affect the way in which the Canadian public and government view our role in health care. The third reason for Canadian dentists to be involved in the international arena is to help developing nations improve the standard of oral health for their citizens — a most worthy humanitarian effort.

The FDI World Dental Federation is our window on the world of oral health. FDI is a federation of 146 national dental organizations from 131 countries representing over 700,000 dentists. It is CDA's major vehicle to learn about the evolution of dentistry in other countries and influ-

ence policy statements adopted by dental organizations and governments around the world. At the 100th Anniversary World Dental Congress of FDI held in Paris in late November, CDA past president Dr. John Diggins and I were Canada's voting delegates at the general assembly. I would like to give you a brief summary of what CDA's involvement in FDI means to Canadian dentists.

The opportunity to network with our friends from the American and British Dental Associations gave us valuable insight into their recent initiatives regarding governance review, the future of dentistry, managed care and government relations. The general assembly approved a number of important policies including statements on fluoride and dental caries, HIV and bloodborne infections, and supervision of auxiliaries. These statements are congruent with current CDA guidelines and can be used to support our positions. They were finalized after considerable debate and input both at the committee level and general assembly, and I was comfortable that we had reached a "world consensus" on these issues. A new dental practice commission was also established to study such things as dental care delivery models, utilization of allied dental personnel and improving access to care. The commission will provide much needed recommendations to developing countries and constitute a forum for exchanging ideas on practice management topics like electronic data interchange and managed care.

I also attended meetings of special committees on oral cancer, tobacco and evidence-based dentistry. Discussions at these workshops reflected very favourably on Canada. Dr. Peter Stevenson-Moore from Vancouver was present to share the work he and his colleagues have done in oral cancer detection. I was able to highlight the work of several provincial associations in the field of tobacco control as well as CDA's planned initiatives, and other countries praised the Canadian government for its graphic warning labels on cigarette packages. Furthermore, the Canadian Collaboration on Clinical

Practice Guidelines was singled out for its methodology by the speakers on evidence-based dentistry.

Canadians played a number of important roles at the World Dental Congress. *JCDA* editor Dr. John O'Keefe presented a seminar on electronic publishing at the dental editors meeting. Participants told me they were most impressed by CDA's efforts in this area and have invited Dr. O'Keefe to provide more information on his experiences with the electronic *Journal* at other meetings. Colonel John Currah, the commanding officer of Canadian Forces Dental Services chaired several meetings of the military section of FDI, and I had occasion to hear from several commanding officers of dental units in other countries that Canada's leadership role in this forum has been exemplary.

The developing countries forum discussed the problems of delivering oral health care with very limited resources, severe manpower shortages and little public education. A new FDI magazine, *Developing Dentistry*, discusses both successes and failures in advancing oral health in developing nations. The recently launched FDI developing countries fund will support projects and activities aimed at improving oral health in these countries. It seems that an FDI travel fund would also be appropriate because there is often insufficient funding for these countries to even send a delegate to the FDI meeting where help can be sought.

CDA will gradually enhance its role in international dental affairs. One activity agreed upon at the meeting was to press our government to lobby for the proper profile of oral health issues within the newly restructured World Health Organization. As we approach our own 100th anniversary at CDA, our outlook is becoming more global and this will benefit oral health care in Canada and around the world.

Dr. Burton Conrod, DDS
president@cda-adc.ca