

Editorial

ISSUES THAT JUST WON'T GO AWAY



Dr. John P. O'Keefe

One of the most important roles played by CDA is to formulate knowledge-based positions on the major issues facing our profession. These positions, which usually take into account the interests of both the Canadian public and the dental profession, often result from animated debate in committees and at the board of governors. To aid this process, we regularly publish articles dealing with such issues in order to generate discussion in the profession.

A perennial issue facing our profession is whether to support water fluoridation in the face of changing oral disease patterns and a new climate of consumer choice in society. Calls for de-fluoridation are heard more frequently in many jurisdictions, despite the insistence by dental associations and public health authorities that fluoridation has been one of the most cost-effective health promotion strategies ever undertaken. Of course

science does not always prevail over emotion in the resulting political debates that often generate more heat than light.

The voters of Kamloops, British Columbia, by a majority of 66%, decided a few weeks ago to end the practice of water fluoridation in their city. This referendum will certainly not be the last in Canada and our readers will probably be asked to take sides in similar debates in the years ahead. Given that the dental profession led the battles to initiate water fluoridation, we can be expected to show leadership in advocating a science-based position on its continuation, taking into account all the latest evidence.

Last year, in the hope of provoking an examination of how we really feel about fluoridation today, *JCDA* featured a debate piece on this topic by Drs. Mary McNally and Jocelyn Downie. In this issue, we publish an article by Drs. Howard Cohen and David Locker that challenges the assumptions used by McNally and Downie when they proposed that fluoridation is still an ethical public health practice. The Cohen and Locker article is accompanied by a response from the authors of the original piece. Even if the arguments on both sides of this debate are not new, it is important for us to rehearse them as we head into upcoming debates on fluoridation, both individually and collectively.

One of the strongest public health arguments for fluoridation is that it helps to reduce the burden of dental caries in the poorest sections of society, without people having to “comply” with some preventive regimen. While many would claim that this is a paternalistic attitude, out-of-step with the role of the modern state, there can be little doubt that the poorest people in our society have the worst oral health status. Drs. Herenia

Lawrence and Jim Leake amply demonstrate this argument in their article in this issue. These authors draw parallels between the findings of the 2000 U.S. Surgeon General's report on oral health and the oral health status of Canadians.

The evidence we have points to a conclusion similar to that drawn in the U.S. report. There is a silent epidemic of oral disease among lower-income Canadians and this has a major impact on the quality of life of many of our fellow citizens. I hope CDA will make strong representations to the Romanow Commission, examining the future of health care in Canada, on the need to provide an adequately funded oral health care safety net for vulnerable Canadians. This is especially important in the light of increasing evidence that oral health has a significant impact on general health.

How we view health and its determinants has been revolutionized recently though major discoveries in the field of genetics. In this edition, Dr. George Sándor and his colleagues write about information that has recently come to light on the genetic basis of oral and craniofacial syndromes. The knowledge uncovered by the Human Genome Project will doubtless change the face of health care. Just this week, my newspaper informed me that the genetic code for the bacterium causing typhoid is now known and that this will lead to genetic therapies against the malady.

I wonder when the genetic codes of plaque bacteria will be unraveled and what the consequences of those discoveries will be on the prevalence of caries and periodontal disease. Perhaps we won't need fluoridation then.

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