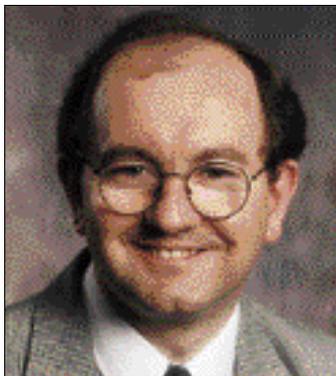


Editorial

BREAKING DOWN OLD BARRIERS



Dr. John P. O'Keefe

Recently, I was at a function sitting beside a dentist who showed no sign of recognition after I had introduced myself. I am quite used to this; however, the practitioner was slightly embarrassed at not recognizing me when I indicated how I earned my crust. Perhaps reading the *Journal* is a bit like taking a tonic — it is supposed to be good for you, but it doesn't always taste very nice. While there is no shortage of enticing alternatives, we still have a nagging feeling that we ought to take our tonic.

Trying to rescue the situation, I said I was fairly new with the *Journal* and that I was working to make it as good as possible. My colleague responded immediately that she hoped I was going to have more colour pictures in the publication. I knew that she wouldn't be attracted to this month's edition because none of the articles contain any photographs. Despite this, I believe the contents are strong in terms of substance.

Infection control is certainly a hot topic at present. Subsequent to our debate on HIV and dentistry in the

June edition, I received many letters and calls. We published a good selection of letters on this topic last month, but many of my correspondents indicated that they did not wish to have their views published. One dentist told me that I had let down the Canadian dental profession and the *Journal* by allowing a statement about the Acer case — which asserted that dentists have been proven to transmit HIV to patients — to be published unchallenged.

Dr. Gillian McCarthy and her colleagues have studied the compliance of Canadian dentists in each jurisdiction with infection control recommendations. In an article published in this edition, they report that most dentists comply with the use of gloves, masks, protective eye wear and hepatitis B vaccination. However, many dentists still don't use the full range of recommended infection control procedures.

These authors call for mandatory continuing education in the area of infection control, because they are concerned that our compliance with universal precautions can be greatly improved. The findings that, for example, 74% of Ontario dentists wash their hands before gloving and only 62% wash their hands on degloving are disappointing. Dr. McCarthy and her colleagues report that some respondents to their survey appear to use gloves as a substitute for hand washing.

Our two clinical practice articles are reviews relating to particular dental materials. Dr. Dorin Ruse believes that the term compomer is just a fancy name for a composite that was cooked up in a marketing department. While cautioning practitioners about the use of comonomers, Dr. Ruse exhorts practitioners to keep up to date with dental materials science. A better understanding of this subject will give us a better chance of evaluating the large amount of confusing product information that arrives in our offices on a regular basis.

Drs. Cho and Cheng review the use of glass ionomer cements in the primary

dentition and caution us that these materials should only be used in smaller cavities where the restorations will not be subjected to much occlusal stress. There is no perfect dental material and there probably never will be.

Publications like the *Journal of the American Dental Association* and the *British Dental Journal* are very successful in publishing high quality review articles and updates on particular topics aimed at the general practitioner. I would like to invite authors to consider submitting this type of article to our *Journal*. I realize it is a lot of work to prepare such articles, yet I wager that the lecture notes of many teachers at our faculties could easily be converted into very pertinent articles for the *Journal*. Would the deans consider giving academic credit to faculty members who could fulfil an important educational role by publishing such articles?

In our debate section, we have two complementary articles that call on us to look at disease in general, and TMD in particular, in a different light. Both authors argue that the distinction between health and disease continues to blur. Two individuals may be afflicted with the same set of pathological signs and symptoms, yet may have totally different reactions to their condition.

The fact that these different reactions are coloured by the patient's psychological make-up and social environment should encourage us to see the therapeutic encounter more from the patient's perspective. Patient-centred care requires us to think differently from how many of us were trained.

There will be lots of colour photographs in next month's edition, which will be a special edition featuring articles from nine Canadian dentists who are speaking at the CDA/Pacific Dental Convention in Vancouver next March. An event to note in your diary!

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