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## The Science and Ethics of Water Fluoridation — A Response

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© J Can Dent Assoc 2001; 67(10):580

lthough Drs. Cohen and Locker have used a different philosophical approach to address the issue of the ethics of water fluoridation, many of their observations are similar to our own. We agree that this is an important policy issue for organized dentistry; we agree that the current scientific literature is weak and that more high-quality scientific research needs to be carried out (although we would add that such research should include economic and socioeconomic parameters); and we agree that the moral dimensions of public policy issues are complex and not easily resolvable. Their conclusion that there is an unresolved conflict between beneficence and autonomy is accurate. Simply put, a considered good in the eyes of one member of society may be an infringement of the rights and freedoms of another. Value conflicts speak to the very nature of bioethics.

So what do we do? Right now in Canada there are communities with fluoridated water supplies and those without. Canadian society looks to the Canadian Dental Association (CDA) and the profession in general for guidance and leadership about issues that require their expert knowledge and interpretation. Cohen and Locker seem to suggest that the CDA should not take a position in favour of fluoridation. They claim that "the moral status of advocacy for this

practice is, at best, indeterminate, and could perhaps even be considered immoral." We take exception to this claim. Even in the face of indeterminate evidence and conflicting abstract principles and values, the profession cannot avoid taking a position, especially given the fact that water fluoridation has traditionally been supported as an important public health measure. The necessary research will take time and the CDA has a responsibility to either support or call for change to the status quo while the evidence is being gathered. We all seem to agree that the CDA must not be intransigent and must support further research and policy review in light of any new and credible findings. As stewards of influential dental policy for Canadians, the CDA also has a responsibility to remain sensitive to social justice issues in dentistry. \*>

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The views expressed are those of the authors and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.