

Dr. Burton Conrod Becomes First Canadian Dentist To Assume FDI's Highest Office

Dr. Burton Conrod of Sydney, Nova Scotia, will be sworn in as president of the FDI World Dental Federation (FDI) at the welcome ceremony at the 2007 FDI Annual World Dental Congress in Dubai, United Arab Emirates, on October 24. He will be the first Canadian dentist to assume this prestigious role. Dr. Conrod was voted president-elect in 2005, and takes over presidential duties from Dr. Michèle Aerden of Belgium at the close of the World Dental Parliament on October 26.

Dr. Conrod sat down with JCDA to discuss his plans and priorities in his new role as FDI president.

JCDA: *What interested you about taking on the role of president of FDI?*

Dr. Burton Conrod (BC): It was a natural progression from being president of CDA

(2000–2001) to serving on the FDI Council. Leaders of many national dental organizations use their experience to further the work of FDI, and I was most impressed with the way these leaders worked together, despite coming from very diverse backgrounds. FDI volunteers firmly believe they can make a difference and that FDI has a positive impact on global health. After serving on the FDI Council for several years, I felt that my experience might benefit FDI more if I was willing to make a larger commitment. I am very grateful that CDA supported my bid for the presidency and continues to support FDI's mission.

JCDA: *Can you tell readers about FDI, explain what it does, and describe what it has accomplished as an organization?*

BC: Founded in 1900, the FDI World Dental Federation is the authoritative, worldwide voice of dentistry, which represents nearly 1 million dentists. It has more than 130 national member associations and 35 international member organizations in over 125 countries around the world. Its vision is "Leading the world to optimal oral health."

FDI operates the World Dental Parliament, where dentists from around the world gather each year to debate and approve guidelines and policy statements pertaining to oral health. It operates development programs in over 40 countries to promote the importance of oral health and help dental associations sustain this work. Maintaining official relations with the World Health Organization (WHO) and the United Nations (UN), FDI works with national dental associations to lobby world governments for improvements in health care. FDI facilitates communications among dentists globally, and publishes the *International Dental Journal*.

One example of FDI's health advocacy success is the Planning Conference for Oral Health in the African Region, planned and hosted by FDI and WHO in Nairobi, Kenya, in April 2004. Attended by dentists and senior government and health officials from 48 countries,



Photo: Katherlyn Gordon of Gordon Photographic, Sydney, Nova Scotia

Dr. Burton Conrod At A Glance

Name: Burton Conrod

Born: Halifax, Nova Scotia

Education: Doctor of Dental Surgery, Dalhousie University, 1976

Practice: Maintains a general practice in Sydney, Nova Scotia, in partnership with his wife, Dr. Connie Conrod.

Highlights of Organized Dentistry Experience

President, Cape Breton Island Dental Society 1979

President, Nova Scotia Dental Association 1989

President, Canadian Dental Association 2000–2001

Appointed by Canada's Health Minister to Advisory Council on Tobacco Control 2000–2002

Voting delegate at FDI meetings in Paris and Kuala Lumpur

FDI Council Member 2001–2005

President-elect, FDI 2005–2007

Chairman, FDI Task Teams on Governance, Relocation, Operational Processes and Oral Health Workforce 2007

President, FDI October 2007–2009

Affiliations

Fellow: International College of Dentists, Pierre Fauchard Academy, Academy of Dentistry International, American College of Dentists

Family: Married to Connie, with 3 children

Interests Outside of Dentistry

Gardening, bird hunting, fly-fishing

Why did you initially become involved in organized dentistry?

I was mentored by some local dentists who were involved in the Nova Scotia Dental Association, and was always encouraged by them, and my wife, to take on more responsibility in organized dentistry. I soon realized that to effectively define and improve our profession, dentists must work through organizations. Our profession only exists because of a strong network of individuals eager to advance the ethics, science and practice of dentistry.

Why did you become involved in global dentistry?

CDA's former executive director, George Weber, opened my eyes to health care needs around the world and the positive effect that global organizations can have. He showed me by example that individuals can make a difference. Having served as president of local and provincial associations and CDA, I knew that dentists were a great group of people to work with. Internationally, it has been the same experience; I work with a dedicated group of staff and volunteers who share the same aspirations for our profession and the same commitment to oral health. □

the conference resulted in a declaration recognizing oral health as a basic human right and calls for development of sustainable national programs supporting oral health. A similar Oral Health of the Americas Conference is being planned for April 2008 in Lima, Peru, by FDI, WHO and the Pan American Health Organization, which is WHO's regional component agency for the Americas.

These conferences bring together professional and government leaders to recognize that oral health is indeed a very major part of health and that it is time for all countries to put this issue on their health planning agendas. More importantly, these countries need to put whatever financial resources they can toward oral health.

Since Nairobi, follow-up workshops have tracked the establishment of the first oral health policies and the appointment of the first chief dental officers in several countries. This is an important step in the right direction because it is easier and less costly to prevent oral disease than to treat it. Even with limited resources, establishing chief dental offices with a dedicated budget to operate preventive programs sends the message that a country recognizes oral health as an important part of overall health.

Through the Nairobi conference and workshops, FDI promoted the Basic Package of Oral Care (BPOC), a concept developed by WHO for providing oral care in resource-deficient settings. There are 3 components of the BPOC: OUT (Oral Urgent Treatment) provides treatment of pain and infection, such as extractions; ART (Atraumatic Restorative Treatment), which means removing decay and filling cavities using hand instruments and glass ionomer cement; and AFT (Affordable Fluoride Toothpaste). Cost is a barrier to universal access to fluoride, the same as with dental care. Fluoride toothpaste can be produced cheaply without expensive marketing and packaging, and removing taxes will encourage manufacturers to make it more affordable.

This basic package of oral care is taught to primary health workers such as community health workers and midwives, under the supervision of a dentist. The reality is there just won't be enough dentists in the foreseeable future. Basic care, with an emphasis on prevention and infection control, is provided by the professionals who are currently available. This approach is used most in Africa, but will be discussed at the oral health care conference in Peru to evaluate its use in South America.



Dr. Conrod and his wife Connie with congress delegates at the Annual World Dental Congress in Shenzhen, China. Bottom: With the secretary general of the Russian Dental Association Dr. Vladimir Sadovsky and his wife Marina.

In 2006, FDI was a finalist nominee for the prestigious Gates Award for Global Health, a \$1 million award given annually to an organization that has made a major and lasting contribution to the field of global health.

JCDA: *What would you like to carry out during your term as FDI president? What will be your priorities during your presidency?*

BC: Recently, FDI and our member associations helped to convince over 190 WHO member states to adopt a resolution accepting the report *Oral Health: action plan for promotion and integrated disease prevention*. This put oral health on the WHO agenda for the first time in 26 years, and now our task is to maintain the momentum on this issue while encouraging national health ministries to implement the recommendations. I would like FDI to focus on this responsibility while moving forward with other complementary mega projects.

Many solutions to oral health problems are also solutions to major systemic problems. For example, oral disease and other diseases share common risk factors such as malnutrition, tobacco use and poor sanitation. We know tobacco

use causes a lot of negative effects, including periodontal disease, oral and other types of cancer, delayed wound healing after surgery, cardiovascular disease and stroke.

Our recommendations will not only improve oral health, but decrease some of these diseases as well. High sugar consumption is linked to increasing dental decay rates and diabetes. Paying attention to sugar consumption can decrease both of these health conditions. This situation occurs not only in less developed countries, but in Canada as well, particularly among First Nations communities where dental caries and diabetes are major problems. The WHO resolution outlines how to improve the oral health of member populations and ensure basic oral health care for everyone, which is certainly only a dream in many parts of the world.

One of my roles as president is to visit these member associations and meet with their ministers of health or heads of state to encourage them to implement these initiatives. We can monitor and support their oral health activities, and strongly encourage implementation. My role is to encourage countries to take up the challenge of these recommendations to improve oral health.

The Health Access Policy Promotion and Education Networking (HAPPEN) project will enhance the capacity of health professionals in Africa to improve the health of their population. Headed by FDI and undertaken jointly with the World Health Professions Alliance (WHPA), a global partnership of the medicine, nursing, pharmacy and dentistry professions, this project will work to strengthen dental associations, decrease migration of dentists and improve practice conditions in Africa. This important project will be another focus of my presidency.

Common goals in several of our projects are to eliminate tobacco use and increase access to fluoride, 2 areas where I have a long-standing interest that I will also focus on as president. While at CDA, I worked on a number of tobacco control issues. Globally, tobacco is a huge problem, presently killing nearly 5 million users per year, which is estimated to double to 10 million people in 2030.

FDI operates a number of tobacco control programs among development projects related to health promotion and preventive and basic care in more than 40 countries. For example, the

Live.Learn.Laugh program works to strengthen the ability of national dental associations to deliver health promotion programs. In some countries, there are still many dentists who smoke, and tobacco cessation programs counselling dentists to stop smoking are offered, encouraging them to pass the message on to patients.

The WHO and FDI jointly publish the “Tobacco or Oral Health” guide, a very well recognized resource that has been translated into a number of languages. The guide outlines tobacco’s negative effects on health and the importance of tobacco cessation. It shows dentists how to counsel patients to get help and stop tobacco use. It should be added to the resources Canadian dentists use to counsel their patients on the harmful effects of tobacco and the benefits of quitting.

FDI is a partner in many major global anti-tobacco organizations. In June, it joined the Global Smoke-free Partnership, which has almost 250 partners. This group takes aim at second-hand smoke, asserting that there is no safe alternative to 100% smoke-free public places.

As for fluoride, public access to fluoride has been one of the major public health advances in the last 20 years, and appears to be the most cost effective way to prevent dental disease. In Canada, about 40% of the population benefits from a fluoridated water supply and many more have access to fluoride toothpaste. However, less than 20% of the population worldwide benefits from appropriate exposure to fluoride. Reports by WHO have shown a decline in decay rates in countries where FDI has been actively promoting fluoride for the past 20 years or more. FDI supports water fluoridation, but that is a measure for highly developed countries; most countries in greatest need of fluoridation have no public water supply. Instead, fluoride can be added to milk or salt relatively cheaply, which is done in many South American countries. The other method of introducing fluoride is through affordable fluoride toothpaste.

JCDA: What have you been working on for FDI in the last 2 years leading up to becoming president?

BC: Since becoming a member of the FDI Council in 2001, I have chaired a number of task teams related to improvements in FDI’s internal operations. We have rewritten FDI’s Constitution and revised our membership regulations and operations manuals. I have been involved in the full spectrum of FDI affairs from the administration of its charity, World Dental Education, to over-

seeing the management of the various companies FDI operates.

My tenure as president-elect has shown me the importance of listening to all stakeholders before making a decision and the value of teamwork and consultation. At the end of the day, the FDI Council, armed with the facts and views we have gathered, is charged with making some important decisions regarding allocation of scarce resources. Leading the FDI is a huge challenge and personally very rewarding.

JCDA: How have your priorities for your role changed since you were elected 2 years ago?

BC: FDI has become increasingly focused on our vision of leading the world to optimal oral health. Over the past 2 years, policies and programs to facilitate this have been developed and I want to keep our resources and attention focused on these programs, because with such a huge mandate, it is easy to become sidetracked. FDI has developed the ability to bring together the profession, public, aid organizations and government leaders, and I recognize the importance of using this ability to achieve our mission.

JCDA: What does it mean for Canadian dentists to have one of their own elected to such a high-profile international position?

BC: Canadian dental leaders have been very visible on the world stage and their commitment is appreciated. My election as president is recognition that Canadian dentists have a successful national organization, that CDA can show leadership, and that many of the things we are doing in Canada are seen to be the right things.

JCDA: What would you like Canadian dentists to know FDI does for them? How do decisions made at the global level affects dentists on the local level?

BC: FDI sets global context for dentistry. FDI allows governments and the public to view dentistry as an integral part of health care and establishes the importance of oral health in improving the health of a population. FDI helps raise the profile of our profession by upholding the ethical principles and scientific basis of dentistry, demonstrating the critical role we play, and working to ensure oral health is included in health care agendas everywhere. Governments and dentists around the world use guidelines and policy state-

ments drafted by FDI to develop national oral health policies and improve practice standards.

JCDA: *What can Canadian dentists do for FDI at the local level and how can they be involved in dentistry at the international level?*

BC: It is important for all dentists to maintain a strong involvement in their local, provincial and national dental associations because in Canada these organizations support international dentistry. Every member of CDA is also a member of FDI. Canadian dentists should seize any opportunity to attend an FDI Annual World Dental Congress to gain a new outlook on their own practice by sharing challenges and solutions with international colleagues. North America may be a leader in many aspects of dentistry, but we must not forget that many of the most important discoveries and breakthroughs in dental treatment have been made in other countries. I believe that sustaining dentistry as an evidence-based health profession that is caring and compassionate is easier when dentists are constantly exposed to new ideas and fresh perspectives.

There is a vast difference between a country like Canada and a small Eastern European or African country. Much of dental care in Canada is seen as an optional luxury, which is not a good model for health care, as other countries cannot afford even basic care. Sadly, even in Canada there are those who do not have access to basic oral health care. Advances in dentistry are wonderful if people can afford to have more and better restorative and cosmetic treatment. But we must remember that basic dental care is a basic health need and oral health is a basic human right. ♦

Related Resources

FDI World Dental Federation: www.fdiworlddental.org

Live.Learn.Laugh: www.fdiworlddental.org/public_health/4_3LLL.html

Tobacco or Oral Health guide: www.fdiworlddental.org/public_health/5_5advocacy.html