



# Commonwealth Dental Association

Working for Oral Health in the Commonwealth

## CDA BULLETIN

The Newsletter of the Commonwealth Dental Association  
CDA is supported by The Commonwealth Foundation

### Editorial

#### Julia Campion's Memorial Service



See page 2 for the report

In the February 2008 issue of this Bulletin, we reported with great sadness the passing away of Mrs. Julia Campion. It is fitting, therefore, that we report in this issue on the Memorial Service held on 9 May 2008 to celebrate her life and to offer our thanks for her enormous contribution to society. In the words of the Director of the Commonwealth Foundation, she was an outstanding bearer of civil conscientiousness. She will never be forgotten!

This issue also has a number of reports of meetings held: Commonwealth Health Ministers' Meeting held in Geneva tackled the issue of e-Health. Two of the eminent persons among others who attended this meeting were Rt. Reverend Archbishop Desmond Tutu and the new Secretary General of the Commonwealth Secretariat H. E. Mr. Kamalesh Sharma.

The Workshop on Disaster Management held in Sydney was a resounding success. Organised by the indefatigable Associate Professor Bill O'Reilly,

the Workshop brought together several international experts on Disaster Management. What became very apparent during the Workshop was that disasters were not confined only to the less developed countries. Even the developed world has to face disasters from time to time: some natural, for example floods and forest fires and others man-made such as terrorist attacks. There was a wealth of very useful material presented. A very impressive report prepared by Associate Professor Bill O'Reilly and his colleagues is already available as a book and a CD.

The report on the mission to Sierra Leone highlights how the Commonwealth Secretariat and the CDA can join hands to offer expertise to help solve oral health issues affecting a member country of the Commonwealth.

The Financial Report obviously explains the CDA's income and expenditure. What is not so obvious is that managing CDA finances in a manner acceptable to all the stake holders, often with competing interests, is no easy task. The report also highlights the formidable challenges that lie ahead.

Bulletin hopes to be interesting and informative. To this end, readers' contributions are most welcome.

*DYD Samarwickrama*

Editor

### Message from the President

I wish to request that the presidents of National Dental Associations circulate this Bulletin amongst their colleagues. They should also seize the earliest opportunity to share the information contained in it.

There is an important report on the recently concluded Commonwealth Health Ministers Meeting held on 18th May, 2008 in Geneva. The theme for the meeting was, "E-health".

I hope that we shall use E-health in a very productive manner so that we can reach as many patients as possible and consult each other electronically to improve the delivery of services to our people.

Finally, I appeal to all regional Vice-Presidents to gather as much information as possible on professional activities in their respective regions and compile reports, so as to share vital information and their experiences with the others. This way, we shall continue to improve our knowledge on the trends in the management of patients and our efforts to improve oral health care. Thank you.

**Prof. Jacob T Kaimenyi PhD**

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## Julia Champion Remembered

**Dr Sam Thorpe** OR  
Executive Secretary

A Memorial Service for Julia Champion, who until her death was CDA Administrator was held at St Matthews, Bayswater, St Petersburg Place, London, on Friday 9 May 2008. It was a well attended service and the congregation which numbered over 200 included relatives, friends and the Mayor, Mayoress and eminent Council members of the Royal Borough of Kensington and Chelsea.

The service, which was led by Revd Gareth Evans, was preceded by pre-service music by the Esher Quartet of the Royal College of Music. Julia had worked in the Registry of the College from 1990 to 2004.

The first of the four tributes at the service was by Julia's husband David Campion. It was to Julia, Wife and Mother. Theirs had been a whirlwind romance. Julia and David met in January 1964 at the annual conference of the North Kensington Conservative Association at Eastbourne, they got married in September of that year and their son Christopher was born in 1969. They were happily married for 43 years and in 1985/86 when David was elected the 21st Mayor of the Royal Borough of Kensington and Chelsea, Julia had been a supportive Mayoress.

David then gave a brief history of Julia's professional life.

One of the highlights of Julia's last year was when she was honoured by the British Dental Association by being given a 'Roll of Distinction' Award for her work with the Commonwealth Dental Association from 1990-2007. Unfortunately, she did not live to attend the awards ceremony which took place only a few weeks after her death.

Mr Campion highlighted a particularly interesting aspect of Julia's long association with the

dental profession. His father had been a dental surgeon, whose father and grandfather had served as Presidents of the BDA in their day.

In closing, David Campion thanked all those who had come to join him in celebrating Julia's life and what she had contributed to others. He informed the gathering that he had created a Julia Champion Memorial website on which anyone can leave their own message.

The tribute on behalf of the CDA was presented by Dr Brian Mouatt. Even though he said he was determined to respect David Campion's wishes and make a light hearted presentation, he did start by pointing out that for many of the organizations with which Julia was associated, her absence remained a palpable emptiness as Julia was one of life's givers, an unstinting giver and loved by many for it.

He said that CDA was indeed the brain child of a group of dentists from around the world but without Julia's input as organiser, the association would not exist today. Julia had been at the heart of the successful coordination of the differing views, opinions and aspirations of enthusiastic dentists in the Commonwealth, to build the CDA which is now one of the foremost international organizations.

Julia, he said, had used her 21st Century Information Technology skills to bring into immediate and daily involvement, colleagues in all countries, all of whom felt themselves to be on an equal footing. She also devised and pioneered the use of electronic meetings and publications for the association.

Finally, he endorsed the tribute paid to Julia by the Director of the Commonwealth Foundation as an example of an outstanding bearer of civil conscientiousness.

The tribute on behalf of the Royal College of Music (RCM) was

presented by Mr David Wright. He pointed out that though Julia valued the College's history and reputation, she found great joy in dealing with people about practical matters. He said Julia remained undaunted and unruffled as she faced the endless challenges of working in the Registry of the RCM.

He spoke about Julia's complex and sophisticated personality which blended naturally within the College's creative environment. Finally, he expressed the collective feelings of affection and respect of the many friends of the RCM whose lives Julia had certainly enriched.

Mrs. Vivienne Durham, Headmistress of Francis Holland School, Clarence Gate, paid tribute to Julia who had been Administrator of Quondam, the Old Girls Association of the School (2004-2007). Mrs. Durham claimed to have known Julia for a relatively brief period but she said she could confirm that Julia indeed epitomised the values and ethos of the school. She too highlighted the efficiency, friendliness and characteristic flair with which Julia executed her duties and the joy and happiness that throughout her life she brought to so many.

She ended by announcing that for the first time, this July, on the final day of the summer term the Julia Champion Prize for Academic Excellence will be awarded to a pupil in the Upper Fourth. This will become an annual school prize.

CDA Executive Members at the Service included Dr Sam Thorpe (Executive Secretary), Dr Anthony Kravitz (Treasurer) and Ms Ulrike Matthesius (Administrator). Also present were Dr Brian Mouatt (CDA Past President) who gave the tribute, and Dr Sonny Akpabio (CDA Emeritus Founder President).

MAY HER SOUL  
REST IN PEACE

## CDA FINANCIAL REPORT

**Dr Anthony S Kravitz OBE**  
*CDA Treasurer*



*Dr Anthony Kravitz*

This report has been compiled prior to the end of the financial year on 30 June. Therefore, it is premature to give absolute figures. This is just a brief overview.

Unfortunately, membership income is considerably down on last year's, as some of our national association subscribers have not yet paid their 2008 dues. This means a shortfall of about £1,500 compared with last year. Our main sponsor – the Commonwealth Foundation – has pressed us to raise a higher proportion of our annual income than hitherto from subscriptions. Therefore, this outturn is very disappointing and may adversely affect our future sponsorship from the Foundation.

Sponsorship of our activities by commercial organisations is also considerably down on what we expected this year. Chasing up companies was a particular part of late Julia Campion's duties and first her illness, then her death disrupted this. However, we are receiving encouraging responses to our recent approaches to companies for the coming year.

One of the major part of our expenses – but until this year covered by a grant from the Commonwealth Foundation – is administration costs. These are only about half what we budgeted for, because following Julia's

death, her work was undertaken for several months by some of the officers and David Campion, without a charge to us. Our other main expenses are the three main activities we take part in - the Heads of Government Meetings (CHOGM) every two years, the Annual Health Ministers' Meeting (CHMM) and any workshop we run.

This was a CHOGM year and the 2007 meeting cost us £2,000. We expected to cover this with sponsorship – but this was one of those that had slipped past us without our knowing. We saved a considerable sum at this year's CHMM from not hosting a reception – something we have done for the last few years. Finally, we ran a workshop in Sydney in May 2008. With the sponsorship from Mike Knowles, the Commonwealth Foundation and a considerable input from the Australian Dental Association, for which they have not charged us – together with free conference facilities and hosting by Manchester Unity (of Sydney) – we ran this very successful workshop at only a small cost to our reserves.

In summary, our expenses outturn looks like being about £6,000 down on budget. Therefore, taking income and expenses into account, we are likely to have a budget surplus of about £4,000 to go into reserves, only slightly less than we had budgeted for. This represents a reasonable result based on our turnover.

However, we are not complacent. Next year's grants from the Commonwealth Foundation – whilst still very generous – will not cover our planned expenditure. We will have a shortfall for our administration funding, which will need to be raised from general funds; and, whilst their sponsorship of our next workshop is again very welcome, we will need external finances also, to run this effectively.

## PEOPLE

**New CDA  
Administrator**



*Ulrike Matthesius*

Ulrike Matthesius was appointed to the post of CDA Administrator in April 2008.

Ms Matthesius has worked at the British Dental Association for over 10 years and for much of this time has been involved with international issues. She will combine her CDA role with her existing one at the BDA.

Ms Matthesius replaces former Administrator, Mrs Julia Campion, who died suddenly in November 2007, after a short illness.

For information on CDA issues, please contact Ms Matthesius at the following address:

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## COMMONWEALTH HEALTH MINISTERS MEETING 2008

### INTRODUCTION

The annual meeting of Commonwealth Health Ministers took place at the Ramada Park Hotel, Geneva, Switzerland on Sunday 18 May 2008, on the eve of the 61st World Health Assembly (WHA). The meeting was organized by the Commonwealth Secretariat under the theme: 'E-Health: Challenges and Opportunities'. It was preceded by a meeting of the Commonwealth Advisory Committee on Health (CACH) on Saturday 17 May 2008 at the same venue.

The meeting was attended by Commonwealth Ministers of Health, senior health officials, global and regional health partners as well as civil society organizations working in health. The meeting was chaired by Hon John Herbert Maginley, Minister of Health, Antigua and Barbuda.

The CDA was represented by Professor Jacob Kaimenyi (President) and Dr Sam Thorpe (Executive Secretary).

### OPENING

The Deputy Secretary-General of the Commonwealth Secretariat Mr Ransford Smith welcomed all delegates especially the new Health Ministers and then introduced the new Secretary-General of the Commonwealth Secretariat H E Mr Kamallesh Sharma.

In his opening remarks, Mr Sharma warmly welcomed the Ministers and other participants and gave his vision for health, including e-health in the Commonwealth. He emphasized that without health, there is nothing else that one has. He reminded us that two-thirds of AIDS sufferers live in the Commonwealth. He emphasized that in order to organize, manage and strengthen health, technology was key; hence the need for each country to improve its e-health. Finally, he reminded the participants that where we have an advantage as the Commonwealth,

we must flag it. Towards this end, collaboration has to be seen to be taking place so as to lift all nations within the Commonwealth.

The keynote address was delivered by Rt. Rev Archbishop Desmond Tutu. He reminded us that we are created for togetherness, that we are a family and inter-dependent. He was concerned that a lot of money was being spent on armaments. He reminded us that if a tiny fraction of that amount is spent well, all people can get clean water, secure homes, affordable and accessible health care and that every single child on earth can get basic education. He went on to point out that health was a basic human right and therefore, there was a need to invest massively in training health professionals. At the moment, the world needs about 4 million health professionals. E-learning can be used to make up for the shortage of health care workers in the world. Besides, it can make health care affordable and facilitate health professionals being in touch (electronically) with the best health care practices in the world. He concluded by calling for global partnerships and for removal of conditionalities to eradicate terrorism. His presentation was given a standing ovation.

The Director-General of the World Health Organization Dr Margaret Chan also addressed the meeting. Her presentation was very brief and yet very challenging. She called upon all members to invest in systems and not necessarily in interventions. Besides, she emphasized on the need to scale-up our efforts in achieving better results for health care delivery in the Commonwealth. In a welcome departure from the past, she invited questions.

Some of the issues raised by the participants:

- We tend to act and talk of rhetoric and not basics.
- Health statistics given by UN bodies tend to vary from the true

situation in the countries they are supposed to describe.

- Very often, we tend to make resolutions but we don't follow them.
- Some countries such as those in the Caribbean have no capacity and preparedness to cope with diseases and natural disasters.

### Dr. Desai on E-Health – Challenges and Opportunities

According to Dr. Desai, e-health was about development. He singled out the benefits of e-health namely: improved access, quality and productivity. Participants were reminded that e-health has medical and legal issues, which touched on privacy, confidentiality and intellectual property rights. He concluded by challenging the participants to take the following proactive actions with regard to e-technology:

- Advocacy
- Exchange of expertise
- Implementation of projects on e-health and development.

### Issues raised during the discussion thereafter:

- We talk a lot but we don't take action.
- The need to establishing a data bank for expertise on e-health which is lacking at the moment.
- The curricula for health professions should include ICT. At the moment, most don't have ICT content.

### METHOD OF WORK

This was based on presentations and discussions at Plenary Sessions. In exploring the theme of the meeting, the main focus was on a range of e-health applications including the ethical, legal and infrastructural challenges faced when introducing e-health. The financial and intellectual property issues that must be considered prior to the introduction of new information technologies were also discussed.

Canada, The Gambia, Malaysia, New Zealand and Uganda made country presentations on e-health. Other presentations on e-health were made by the Commonwealth Secretariat, the Commonwealth Business Council and the Commonwealth Civil Society.

In summary, each country emphasized the fact that e-health had immense benefits which were mentioned earlier. Therefore, there was need for all countries in the Commonwealth to invest in e-health so as to make positive impact in the delivery of health care.

Dr Sheila Campbell-Forrester of Jamaica presented the Report of the Commonwealth Advisory Committee on Health (CACH) meeting which had taken place the previous day.

The following featured under Any Other Business:

- The Report of the Task Force for Scaling Up Education and Training for Health Workers was presented by Lord Nigel Crisp on behalf of the Global Health Workforce Alliance;
- The Minister of Health Malaysia informed the meeting that the Asia Pacific Health Ministers' Conference on Climate Change and Health will take place in Kuala Lumpur on 18-19 September 2008; all Commonwealth Health Ministers were invited to attend.

## OUTCOMES

1. The Ministers of Health requested the Commonwealth Secretariat to:

- Pursue high-level policy dialogues involving the health and information technology sectors, the private sector, health professionals and civil society on the opportunities and challenges of e-health and to facilitate this;
- Explore setting up e-health pilot projects in all regions of the Commonwealth;
- Pursue public-private partnerships in e-health;
- Pursue sharing of expertise and technical assistance between

Commonwealth countries, both North-South and South-South;

- Pursue leveraging additional resources to support further development of its work on e-health and development.

2. The Ministers agreed that the theme for CHMM 2009 will be 'Health and Climate Change'.

3. It was agreed that the Chairperson for CHMM 2009 will be the Minister of Health, Australia.

## CONCLUSION

The Ministers and other delegates participated actively in the discussions, and the meeting was a success. The meeting provided an opportunity for the two CDA representatives to interact with many Ministers and senior health officials.

After the day's proceedings, the delegates attended a Reception hosted by the Commonwealth Secretary-General, H E Mr Kamallesh Sharma.

*Editor's note: This comprehensive report has been compiled from the two reports submitted by:*

*Prof. Jacob T Kaimenyi*

*- President*

*and*

*Dr. Sam Thorpe*

*- Executive Secretary*

## Forthcoming Events

### Workshop in Tanzania

The CDA is pleased to announce plans for a Workshop to be held in Tanzania from 24 – 28 February 2008 in cooperation with Bridge2Aid and the Tanzanian Dental Association.

The workshop will look at the Bridge2Aid model for training of rural clinical officers in urgent oral treatment.

The programme will include sessions on the training programme structure, resources, techniques, evaluation and supervision.

Participants will then visit a local health centre for a demonstration of the training model.

The workshop will have around 15 spaces, and financial support for delegates from developing countries will be available.

For more information, please contact Ulrike Matthesius, CDA Administrator at: [administrator@cdauk.com](mailto:administrator@cdauk.com)

## Dental Digest

### Oral health and respiratory diseases

An analysis of 19 studies has shown that there is an association between pneumonia and oral health. In 5 of the studies, the presence of cariogenic and periodontal pathogens and poor oral health were identified as risk factors for pneumonia.

*Systematic review of the association between respiratory diseases and oral health. Azarpathoch A, Leake JL. J Periodontol 27 : 1465 – 1482 (2006)*

### Reducing risk of oral cancer

An analysis of 16 studies has shown that eating fruit and vegetable reduces risk of oral cancer by 49%.

*Association between fruit and vegetable consumption and oral cancer: a meta-analysis of observational studies. Pavia WI, Pileggi C, Nobile GG, Agelilio JF. Am J Clin Nutri 83 : 1126 – 1134 (2006)*

## The CDA Website

The CDA Executive wishes to remind Associations that the CDA website is being used for information and announcements so they should make a point of visiting it from time to time. If they wish to be notified by E-mail of any new information put on to the website then they should send CDA the E-mail address of the person to be notified. The E-mail should be sent to:

**[webmaster@cdauk.com](mailto:webmaster@cdauk.com)**

## COMMONWEALTH SECRETARIAT MISSION TO SIERRA LEONE

**Dr Sam Thorpe O.R.**  
*CDA Executive Secretary*

### BACKGROUND

One of the major barriers to the improvement of oral health in the African region is seen by the World Health Organization Regional Office for Africa as the absence, in many countries, of a clear statement of oral health policy to guide national oral health activities.

In Sierra Leone, dental and oral health care services and programmes are extremely under-resourced. There are 10 dentists trying to meet the oral health needs of about 5.5 million people; four dentists are in private practice in Freetown, the capital. Of the six who work in government clinics, four are stationed in Freetown. There is therefore a recognised need for a strategic policy to develop and define the direction of the dental and oral health care services in the country, and the resources needed.

### INTRODUCTION

In November 2006, the Government of Sierra Leone's Ministry of Health and Sanitation requested technical support from the Commonwealth Secretariat to develop a Policy on Dental and Oral Health Care Services in the country.

Through the Commonwealth Services Abroad Programme (CSAP) of the Commonwealth Secretariat, an expert was recruited to provide technical assistance. CSAP is an innovative volunteer-based programme of the Governance and Institutional Development Division of the Commonwealth Secretariat for delivering development assistance to member countries.

In May 2007, Professor Martin Hobdell, former Editor of the CDA Bulletin with vast oral health experience in African countries was appointed the technical expert for the project. He visited Sierra Leone twice, in June 2007 and

January 2008. A report entitled 'Oral Health in Sierra Leone' by Professor Hobdell was published in the February 2008 edition of the CDA Bulletin.

### WORKSHOP

Following the recommendation of the technical expert, a national workshop hosted by the Ministry of Health and Sanitation with the support of CSAP, took place at Kimbima Hotel in Freetown from 31 March to 02 April 2008. The workshop was targeted at key stakeholders within the government, relevant international organizations and the wider community, to establish consensus for the draft Policy on Dental and Oral Health Care Services and to recommend strategies for implementation.

The Commonwealth Secretariat invited the Executive Secretary of the Commonwealth Dental Association who is also a former Chief Dental Officer in Sierra Leone, to be a speaker and facilitator at the workshop. The full cost of his participation (travel and accommodation) was borne by the Commonwealth Secretariat. The other facilitators at the workshop were Dr Habib Benzian and Mr Jon Crail of FDI World Dental Federation, and Dr Constance Addo Yobo Chief Dental Officer of Ghana. Also present were Professor Martin Hobdell the technical expert and Ms. Judy McNeill Programme Officer (CSAP). Speakers included key government officials within the Sierra Leone Ministry of Health and Sanitation, and experts from the international community. There were plenary and group work sessions. Participants were divided into four working groups.

### OUTCOME

The workshop established consensus for the draft Policy on Dental and Oral Health Care Services which will be presented formally to the Ministry of Health

and Sanitation. Specifically, the workshop:

- identified national, regional and international factors relevant to the development of oral health care;
- identified challenges, constraints and opportunities for the development of a policy for oral health;
- proposed a vision, mission and objectives for dental and oral health care services in Sierra Leone;
- made recommendations for key strategies required for the delivery of dental and oral health care services in Sierra Leone.

### CONCLUSION

It was obvious that the Government is sincerely interested in developing the dental and oral health care services in Sierra Leone and the workshop was a great success. CDA is very proud to be part of this significant development in the health sector of Sierra Leone. We wish the country well and look forward to speedy implementation of the outcome of the workshop.

### CDA Administration Arrangements

#### General Matters:

For queries of a general nature, contact the new CDA Administrator:  
Ms Ulrike Matthesius at:  
[Administrator@cdauk.com](mailto:Administrator@cdauk.com)

#### CDA Secretary Matters:

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#### Financial Matters:

For subscriptions, invoices and other financial matters, contact the CDA Treasurer  
Dr Anthony Kravitz at:  
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#### Communications:

For website and membership database queries, contact:  
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## DISASTER MANAGEMENT WORKSHOP - SYDNEY 2008

### A Brief Report

This workshop was held on 9th/10th May in the Boardroom of the Manchester Unity Office, Sydney.



*Some of the participants*

Associate Professor Bill O'Reilly, the local organiser, welcomed the participants to the workshop and invited Dr. John Mathews, President, Australian Dental Association, Dr. Jacob Kaimenyi, President CDA, and the Hon Judy Hopwood MP to open the workshop.

The Keynote Address was delivered by Hon. Judy Hopwood MP. She referred to recent disasters that have occurred in various parts of the globe, some were natural like the Tsunami and the cyclones and others were man-made e.g. terrorist bombing in Bali, Indonesia. Disasters are not confined to some less developed countries. Developed countries are also affected. The developed countries with their superior resources must give a helping hand to other countries needing assistance. She has had first hand experience providing assistance to people and countries affected by disasters. She outlined the work of the Asian Pacific Friendship Group, and the Commonwealth Parliamentary Association in providing assistance. She discussed the relationships between the First World and the Third World and disaster management. She concluded by wishing the workshop well.

During the first plenary session, Mr. Paul Barker, a solicitor by

profession, spoke on "Community needs management medical and legal aspects". He spoke on risk management, identification of a diseased person, coronial investigation, dental expert witness, and records. He concluded by giving tips on how to give evidence as a dental expert witness. This was followed by Associate Professor Dr. Jane Taylor, a forensic dentist, on "Fires and Volcanoes and Disaster Victim Identification or DVI". She spoke on the principles and practices of Forensic Dentistry, some case scenarios and took the audience through the stages of DVI and her experiences of dealing with fires and volcanoes. The last presentation before lunch was on "Disasters in General and on Terrorism" with special reference to Bali bombing by Dr. Alain Middleton, forensic dentist. He spoke on single fatality event vs. multiple fatality event, definition of a disaster, primary identification of victims, challenges of DVI, terrorism and civil mass disaster.

After lunch, the participants broke up into four groups to discuss Community Needs Management, Fires and Volcanoes, Terrorism and Civil Mass Disaster. The groups presented the outcome of their deliberations at a plenary session. There was a lively discussion following these presentations.

The first day concluded with a very sumptuous dinner. Mr. David Brown, the General Manager, addressed the gathering.

The second day began with a presentation by Dr. Hillary Cooray on "Flood and Tsunami: the Sri Lankan Experience". He spoke on the immediate challenges in managing the injured, challenges in managing the dead, the missing, the displaced, housing damage, threats to those affected especially women, responses of those affected, responses of those unaffected and lastly on how Oral Health Care Workers can be integrated into Disaster Management. This was followed by Mr. Simon Pont, forensic councillor on "Psychological

Care of Families Following a DVI Operation, Occupational Health Exposure and Post Traumatic Stress Disorder". Dr. Tony Hill spoke on "Management, Repatriation and Rescue: Infrastructure Needs". He spoke on needs of the victims' families, communication, coordination & caring (3 C's), psychological first aid, occupational death exposure and looking after oneself. The final presentation was by Associate Professor Jane Taylor who introduced the "DVI Forensic Odontology Guide of the Australian Society of Forensic Odontology".

After lunch, the working groups tried to capture the thoughts and sentiments expressed during the morning session as well as consider how to apply principles and good practice to meet the challenges locally. Following this, group reports were presented and discussed at a plenary session.

The concluding remarks were made by Associate Professor Bill O'Reilly and Professor Jacob Kaimenyi. All the participants were full of praise for Associate Professor O'Reilly for organising such an excellent workshop.

*A full report of the Workshop, prepared by Associate Professor Bill O'Reilly and his colleagues, is now available as a book and a CD.*



*Workshop in progress*



*A speaker makes a point*

## REGIONAL REPORTS

### Dr Sue Greening

*Acting Vice President for Europe*



#### Oral Health Promotion Initiatives - a Priority in the United Kingdom

Oral health in the UK has been improving over recent years. The UK is fortunate to have a wealth of data collected over the past 30 years, describing the oral health status of both children and adults. Comparable data has been collected through the British Association for the Study of Community Dentistry (BASCD) surveys and they have shown a steady improvement in oral health overall.

However, recent figures in children show that approximately 50% of 5 year old children in the UK have experienced tooth decay and in addition, surveys have shown an increased severity in those children who have dental disease. The situation is worse in deprived areas. Health Departments and dental professionals in the UK feel that this is an unacceptable situation when we know that dental decay can be avoided by improving diet and nutrition and by introducing tooth brushing with fluoride toothpaste.

Individual countries in the UK have recently introduced Oral Health Promotion initiatives with the intention of improving the situation.

In Wales the Minister for Health and Social Services has announced a National Oral Health Action Plan, the principal initiative of which will be: *A National Child Oral Health Improvement Programme 'Designed to Smile'*.

This will be a fluoride supplementation programme and builds on the experience of delivering the fissure sealant programme already established in Wales. The programme will eventually consist of a core programme of three parts:

1. A supervised toothbrushing and fluoride toothpaste scheme for 3-5 year olds



*A supervised toothbrushing*

2. An oral health promotional programme for 6-11 year olds developing on the established fissure sealant programme

3. In the longer term, a component promoting oral health from birth and involving other relevant health and social care teams

The Department of Health in England has recently published, in conjunction with BASCD, a helpful document: *'Delivering Better Oral health – An Evidence-based Toolkit for Prevention'*.

This toolkit is intended to support dental professionals and service commissioners in implementing population - based preventive programmes to reduce oral health inequalities across the country.

It is a simplified prevention guide designed to be used by all the dental team in a surgery setting. It provides clear simple evidence-based messages on prevention of caries, periodontal disease, and describes the principles of tooth brushing and fluoride prescription.

It also gives the appropriate dietary messages for passing to patients and gives information on sugar free medicines for use by the dental team. The toolkit also advises on guidance for stopping smoking, accessing alcohol misuse support, and gives information on the prevention of dental erosion.

The Scottish Executive is also trying to tackle the problem of poor oral health in the child population by funding the *'Childsmile programme'*, a comprehensive programme to improve the dental health of children across Scotland.

*'Childsmile'* has 3 main elements

1. The core programme which provides every child in Scotland with free fluoride toothpaste and toothbrushes at least 6 times in the first 5 years of their lives, and daily supervised tooth brushing in nursery schools from age 3 upwards. The core programme promotes a holistic approach to healthy living including offering healthy snacks and drinks in schools and nurseries.
2. The West Programme is a pilot programme which promotes oral health from birth in the Western part of Scotland
3. The East Programme which pilots preventive interventions for children at increased risk of dental decay in the east of the country.

Prevention is being emphasised as the way forward for our children – we hope to see the benefits in years to come!

*Further information on any of these programmes can be found on the following websites:*

Delivering Better Oral health – an evidence based toolkit for prevention.

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

Designed to Smile

[www.wales.gov.uk/dhss/health/whc/whc0808](http://www.wales.gov.uk/dhss/health/whc/whc0808)

Childsmile

[www.child-smile.org](http://www.child-smile.org)

## CHRISTIAN RELIEF UGANDA

[Original article compiled by Dr Rosemary Longhurst BDS from an account taken from the diary of Ms. Barbara Koffman EDH. This is an edited version of the original article].

### Getting there!

"On an icy February morning, the team meets at Manchester Airport. for the flight to Entebbe via Amsterdam. My companions are Will and Louise (dentists), Julie and Shirley (hygienists), and Michelle (dental nurse/practice manageress). After an uneventful journey we arrive at Banana Village late at night and thankfully retire to our beds.

"Next morning, our first call is at Mango Tree in Kiwatule to buy our Oral Hygiene Visual Aid kits. CRU has worked with this small company since 2004 – they produce culturally appropriate visual aids for primary schools. With CRU's input, they have made a dental pack of 4 charts and 3 books costing about £10 and these can be translated for use in other countries.

### Our first clinic

"Next day we meet the local team of two Public Dental Health Workers and four interpreters and drive to a Government School in Bulega and set up our three areas of Triage, Clinic and Post Op. By the end of the day we have treated 153 patients. As we have been inside all day, we stroll to the Sunset Hotel about 30 minutes away for supper.



*Bulega Clinic*

"Another full day at Bulega, this time treating around 218 people. The team in Post Op must impress on the patients the need to take great care of their mouths in the first few days after treatment. They are going home to very basic conditions so post extraction infection is a real possibility.

"Our next day sees a first-time visit to a Prison Farm at Myuge, a small establishment for petty criminals. We set up our clinic in a large brick shed then go into the courtyard to greet the prisoners. They are all made to squat down on their haunches – "Height is aggression" - a very ef-

fective way of giving an aura of superiority. I tell them in Lusoga "Katonda abawe omukisa" (May God bless you); "Ameena" (Amen) they reply. I explain why we have come to see them. The men applaud.

"The wardens, with their guns, bring 15 prisoners over at a time. The usual procedures are followed and we are able to give each man a toothbrush and toothpaste. We had been warned that many of the men would be suffering from the skin condition scabies and had brought 60 bottles of ointment and a bar of local soap for each prisoner. The whole day has an emotional effect on the volunteers.

### Time for R & R !

"It is Friday and I have planned a three day visit to see the Sipi Falls in the foothills of Mount Elgon. Our hotel is set high up with spectacular views and has been designed using local resources, so the rooms are made from wood and papyrus and thatched with local grasses.



*Mock circumcision ceremony*

Next day, a challenging climb takes us to the lake at the top of one of the waterfalls. We all go in for a swim but the water is so incredibly cold it takes your breath away! After lunch we walk to the village to witness a mock circumcision ceremony.

16-year-old youths undergo this as a rite of passage from boy to man. We are greeted by a group of ladies with garlands of grasses. There is much singing and dancing and after the feigned ritual, the boys are supposedly taken to recover while the rest of the village has a party in which we are included. Home made beer (malwar) is brewed in a big earthen pot from maize, yeast, sugar and water and warmed. Then all the people sit around and, using very long straws with a kind of tea strainer on the end, drink until they are quite merry. The children sing some local songs and then their National Anthem. We have to sing in return a few nursery rhymes and then stand to sing "God save the Queen". Lots of laughter and a memorable afternoon!

"On Sunday, Will, Louise, Julie and Shirley decide to go abseiling down the side of the waterfall while Michelle and I watch from a safe distance. Will has offered to play football with the local children: we all go to watch.

### Back to dentistry

"We go to Makindo, a Government Primary School with 500 pupils of whom we treat about 300. Some need extractions but many only need oral hygiene instruction (OHI) and some have sensitivity relieved by a varnish application. On other days, we set up clinics in Wankoli village (a new area to CRU), and at Kampala Children's Centre with youngsters from the Internally Displaced People camps from North Uganda.

### Weekend on the Nile

"For our second weekend break, we go to Mto Moyoni, set on the banks of the Nile in beautiful gardens. I know that the team is more than capable of taking teeth out – what I really want is for them to fall in love with the country and have a desire to come back. It is beautiful here and very relaxing. We have also booked to go on quad bikes, so following a short training session we are off into the countryside.

### Final stretch!

"During our third week, three of the team go off on Safari for 3 days to Murchison Falls, and the remaining team hold small clinics at a local school and also do some OHI with the staff at the Kampala Children's Centre.

"On our last day we share our experiences and then it's off to the airport to say our goodbyes. It has been a very special time for all of us."

### Want to join us?

A dental team is being assembled for the trip scheduled for 7th September 2008. There are always opportunities for volunteers to travel to Uganda with Barbara, under the umbrella of Christian Relief Uganda. Please contact her on 07970 163 798 or email [barbcru@onetel.com](mailto:barbcru@onetel.com).

*Full details about Christian Relief Uganda and volunteering opportunities are on the website:*

[www.christianreliefuganda.org](http://www.christianreliefuganda.org)

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## MPS - Dental Protection Ltd

**Dental Protection Limited (DPL) is part of the MPS (Medical Protection Society) group of companies, protecting, supporting and providing professional indemnity for almost 52,000 dental health professionals in over 70 countries around the world. In this issue of the Bulletin, they examine the ever-growing importance of the consent process.**

### The right to choose

*"I start with the proposition that the law which imposed a duty to warn on a doctor has, at its heart, the right of a patient to make an informed choice as to whether, and if so when and by whom, to be operated on"*

Sir Denis Henry-  
Appeal Court Decision (UK)  
*Chester v Afshar, Paragraph 86*

This ground-breaking case happened to arise in the UK, and happened to involve a medical practitioner. But in country after country around the world, the courts are stepping in to swing the pendulum very much in favour of the patient when matters of consent are under discussion. In the above case, the Court of Appeal concluded that the normal application of the law would result in the clinician being found not guilty of negligence – so they departed from traditional principles in order to find him guilty! Dental Protection has fought some landmark cases on behalf of its dental members in many Commonwealth countries.

When dental professionals are trained, consent is usually taught as part of a law and ethics curriculum. The background of the personnel providing this training will largely determine where the emphasis is placed; sometimes the legal aspects of consent tend to dominate discussions, while on other occasions the teaching is left to someone with no formal legal training, and here the emphasis is often very clinically and practically focused and simplistic in nature. At both extremes, but for different reasons, the process of obtaining consent from individuals can soon become more concerned with getting a signature on a form or protecting an individual or an institution.

A signature on a form is no realistic indication that a patient has understood any of the issues involved - even if they state that they have - or indeed have given consent for a procedure to take place. The reason is for this is that consent is not about the legal protection of those providing treatment. It is actually a com-

munication process and a reflection of patient autonomy.

### Autonomy

Depending on where one goes in the world, autonomy can mean different things. In the western culture, the moral principle of consent is often reflected in a respect for personal autonomy as soon as a person is able to make decisions for himself / herself.

In some other cultures personal autonomy may not be regarded as being quite so important and the roles of the families or elders within families may have a far greater influence.

There are a number of important aspects of autonomy which need be considered

- **Choice** - has the patient been given sufficient information, in a balanced way, about the treatment options available to them ?
- **Free will** - the absence of coercion or pressure of any kind
- **Capacity (Competence)**
  - Can the person understand the information being provided?
  - Can a person assimilate that information?
  - Can the person make a decision?
  - Is the patient able to communicate that decision to the clinician ?

The law of each country, if it recognises capacity at all, will usually set a particular age over which patients may provide consent for treatment. This can be different to the age of majority ie when the law recognises a person as an adult. Parents are usually regarded as acting in the best interests of their children. What is in the best interests of a patient? Whose moral codes are used to determine this?

In some countries there are legal test cases that act as precedents. In others the principles are established by codified law or other forms of legislation.

### Information

The term "informed consent" is used in many countries, but it can be a misleading and unhelpful term as it implies firstly that consent is purely about information, and secondly, that a clinician will be in a position to decide when the patient has been given sufficient information.

Based on case law established in defining cases in the UK, Canada and Australia there are three ways in which consent and the level of information can be judged:

1. What should the dentist tell the patient?
2. What would any reasonable person in the patient's position expect to be told?
- 3 What is important to the individual patient ie is there anything that this specific patient would want to know?

From one country to another the balance between the above three principles may change. At one extreme there is total professional paternalism where "the dentist knows best" whilst, at the other extreme, the patient alone determines what information needs to be provided by the clinician.

It is the classic dilemma of paternalism against autonomy. In non-emergency cases the emphasis should be on ensuring that a patient has sufficient knowledge in advance of:

- The purpose
- The nature of the treatment
- The likely effects and consequences
- Risks and side effects
- Alternatives
- Any costs involved.

When patients do not have sufficient information they often feel angry, misled or even violated or assaulted. These are powerful, destructive feelings that are likely to destroy any relationship of trust upon which consent is founded.

### Communication

There is in reality an inter-dependence between the patient and dentist that requires both parties to communicate effectively so that a decision can be made that respects patient autonomy. Consent is about effective communication and a relationship of trust between a patient and a healthcare professional. It relies on a total respect for patient autonomy as far as the patient's capacity will allow. It requires information to be shared so that a patient feels able to make a decision for their own benefit according to their own codes and values.

Wherever in the world you happen to live and work, it is worth remembering the old maxim of "Do unto others....." Giving patients the same respect, information and choice that we would wish to receive ourselves, is a good place to start.

## Dental Digests

### Effect of fluoride on caries in adults

In this systematic review, seventy studies have been analysed. Eleven of the studies examined the effectiveness of self or clinically applied flourise. The other nine examined the effectiveness of water fluoridation. It was concluded that fluoride can prevent caries in adults of all age groups.

*Effectiveness of fluoride in preventing caries in adults. Griffin SO, Regnier E, Griffin PM, Huntley V. J Dent Res 86 : 410 – 415 (2007)*

### Diabetes and periodeontal disease

Data from 23 studies were analysed. It was concluded that diabetics had worse oral hygiene and more severe gingivitis and periodontal diseases.

*Periodontal status of diabetics compared with non-diabetics: a meta-analysis*

*Khader YS, Dauod AS, El-Quaderi SS, Alkafajil A, Bataylis WQ. J Diabetes Complications 200 : 59 – 68 (2006)*

### Oral submucous fibrosis

A case control study of 185 consecutive patients attending an out-patient clinic with the disease suggested that there was a strong association between areca nut use and oral submucous fibrosis. The risk was greatest for pan masala. This is processed areca nut without betel leaf.

*Oral sumucous fibrosis: a case control study in Chennai, India. Ranganathan K, Devi MU, Joshua E, Kiankumar K, Saraswathi R. J Oral Pathol Med 33 : 274 – 277 (2004)*

**The Commonwealth Dental Association**

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CDA is an association of Dental Organisations, formed in 1990, which aims to improve dental and oral health in Commonwealth Countries by raising the skills of practitioners and increasing awareness of oral health.  
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**Aims and Activities:** "To develop and promote strategies to improve oral health care; to encourage the training of appropriate personnel, to serve as a forum for the exchange of ideas, professional information and the emerging concept of oral health; to address problems of professional isolation in the non-industrialised Commonwealth countries; to stimulate continuing professional education."

**Publications:** CDA Bulletin; Oral Health in the Commonwealth (1991) - Relevance, Resources and Possibilities; Promotion of Oral Health in the African Region; Oral Health Policy Guidelines in Commonwealth Countries; Prevention of HIV/HBA Cross-infection.

See [Constitution](#) See [News](#) See [The Commonwealth Oral Health Statement](#) See [The CDA Statement on Sugar and Dental Disease](#)  
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### CDA Website

The CDA website provides a facility for disseminating information to all the Commonwealth Dental Associations including access to the former Newsletters and subsequent Bulletins.

It also contains articles of relevance to CDA including also a Who's Who of the current Executive Committee and, importantly, contact information for CDA and its officers.

Whereas, previously, CDA had a large number of Newsletters

and Bulletins printed and posted to Commonwealth Associations, the cost of printing and distributing has been saved by only making the Bulletin available on the web, apart from a very limited number of copies that are printed and posted and some which are directly E-mailed to CDA Associations.

The printing costs saved are now used to further CDA's other objectives and compensate for the increasing difficulty of attracting support grants in the current financial climate.

[www.cdauk.com](http://www.cdauk.com)

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