EDITORIAL

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Editorial: The 2018 FDI Policy Statements

The General Assembly of the FDI approved 10 Policy Statements (PS) at the 2018 Annual Meeting in Buenos Aires. Eight of these PS are new, and two are revisions of previously issued statements. There are three PS that are policy-related (National Health Policy with the Inclusion of Oral Health, Providing Basic Oral Healthcare for Displaced Persons, Global Periodontal Health), three are primarily related to dental public health (Promoting Oral Health Through Fluoride Toothpaste, Dental Amalgam Phase Down, Nanoparticles in Dental Practice), and four are primarily related to the practice of dentistry (Deep Dentin Caries and Restorative Care, Dentistry and Sleep-Related Breathing Disorders, Dentistry and Oral Health Related Apps, Continuing Medical Education in Dentistry).

A number of these PS address issues that are both important for the dental profession, and impact health care and society in general. Three of these PS deserve particular mention.

National Health Policy with the Inclusion of Oral Health notes that the new, broad definition of oral health, which was published in the International Dental Journal in 2017[1] outlines the importance of oral health as part of health, emphasizing how the oral cavity and contiguous structures are essential for speaking, smiling, smell, taste, feel, chewing, swallowing and conveying a range of emotions. This PS urges national dental associations, working with other stakeholders, to lobby for inclusion of basic oral health care in national health plans, promote appropriate distribution of dental personnel, and participate in surveillance systems for oral diseases. This PS is an update from a previous statement approved 20 years before.

The FDI also adopted a new PS that addressed provision of oral health care for displaced persons. War and the resulting societal disintegration have caused tens of millions of people to leave their homes, and seek refuge in other countries. These displaced persons are particularly vulnerable, with limited resources and very limited access to health care, especially oral healthcare. Recognizing that oral health care, if available, will not be continuous, the PS urges that the care delivered is effective and lasting. The large number of displaced children offers an excellent opportunity for preventive services.

The third PS addresses the phase down of the use of dental amalgam, as a response to the Minamata Convention that is focused on the reduction of elemental mercury in the environment. This is a particular challenge for the dental profession, since amalgam has been used as a restorative material for more than 150 years, in hundreds of millions of patients, and has been proven to be durable, relatively inexpensive and easily manipulated even under less than ideal clinical conditions. This PS takes a reasonable approach to complying with the Minamata Convention, suggesting the importance of prevention of dental caries, the need to develop mercury-free restorative materials and emphasizing the importance of managing mercury-containing waste.

These three PS emphasize that the dental profession exists in the larger context, both in regard to the healthcare landscape and general environmental concerns. It is incumbent on members of the profession, and local, regional and national dental organizations to be responsive to these external drivers. Inclusion of oral health in national health policy, the availability of oral health care services for displaced persons, and responding appropriately to the environmental concerns associated with the use of an environmental contaminant represent the global responsibility of a learned profession.

Oral healthcare is not broadly included in national health care programs. In developed countries, the reasons are complex and include the separation of the medical and dental care systems, and separate reimbursement mechanisms. In developing countries, lack of funding and the paucity of dental care providers are important reasons. A recent series of papers examining 'Oral Health and Dentistry in Other Countries' illustrates that the delivery of dental services, and public funding for these services, varies widely in different countries.[2] Therefore, the profession in each country must respond to their particular set of circumstances. These three PS emphasize this wider agenda.

Nevertheless, the emerging body of evidence linking oral status to systemic health may help change the perceived reality[3] and the influence of oral infection/inflammation on chronic diseases have begun to bridge this gap.[4] The dental profession needs to

embrace these broader issues. Time will be needed to achieve meaningful outcomes. This perspective is, however, a part of the future of the dental profession.

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