Mission possible

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Depending on your viewpoint the first year of the Millennium has past or is about to begin. A year of change for the BDA — new structure — new Chairman and soon a new Chief Executive.

I believe we are in good heart with record membership and new and improved services for members. We have an experienced team, well organised and financed from subscriptions and growing 'non dues' revenue. Our economy in the UK is thriving, a strong pound, low inflation and low unemployment. Despite our legitimate complaints about the state of NHS dentistry (which may or may not be addressed by the New Strategy), morale is better than a decade ago and internal strife less noticeable in the profession. We are more united and working hard for the improvement of oral health in the UK.

However, is it true that we remain as a nation sceptical of all things foreign? After all, even a 'New Labour' party is reluctant to take the step that will unite us more firmly with Europe. Could we do more, as a profession, to improve the oral health of developing and transitional countries.

One answer to this question is the fact that the BDA is a member and strong player at the Federation Dentaire International (FDI). Here at last words and resolutions are seeing some action. The FDI Fund for developing countries has been established with the aim of supporting oral health and oral health projects. The first projects have been identified in India, Africa and South America. They are targeted as modest demonstration projects and with proper support and evaluation it is hoped they will encourage substantial partnerships and therefore finance.

This will clearly move towards achieving one of the four missions of FDI 'To support the principle that all people should have access to the best possible care to achieve optimal oral health'. A developing countries committee, forum and co-ordination of dental aid organisations are other important areas of the FDI's work in this area, and the World Health Organisation (WHO) has a key role as well in this mission. Change and reform is in the offing in Geneva and the FDI and all national governments need to press for a strong oral health component there. The FDI, through the Scientific Commission, also produces key statements to support the work of WHO and national member associations.

But improving oral health is not the only area dentistry (through the FDI) is working on. This year at the FDI Congress we welcomed new papers on HIV and other blood borne diseases, fluoride and dental caries. Both papers made key statements on real issues in the 'third world'. The recent publicity about the AIDS pandemic put starkly in focus the helplessness of those afflicted countries to cope and our inability to assist. Dental caries, a disease that fluoridation could make dramatic effects in reducing, is on the increase in developing countries. In western civilised society caries is diminishing — dentistry is increasingly sophisticated and consumer/cosmetic driven. So the polarisation world-wide between the haves and have nots is widening.

As this century commences dentistry stands at a point where it is possible to prevent dental disease. Individually we can volunteer our abilities to serve in undeveloped countries. As an Association we could follow the example of the American Dental Association (ADA) and Netherlands Dental Association (NDA) who are substantial supporters of Aid programmes. As I said in my presidential address the National Dental Associations, together with the FDI, must be seen as a part of an international movement for the betterment of society. Health and oral health is part of that progressive aim. We must share best practice, looking to improve ourselves from the example of others and taking to the world ideas and concepts we believe are in the best interests of the profession and public. The question must be: do we have the will to achieve this laudable aim?

William Allen OBE
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