A sense of place

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EDITORIAL

There are hundreds of thousands if not millions of villages, towns and cities around the world with which we are not familiar. Very sadly, there are some whose names become household words, symbols of disasters and human distress; Aberfan, Bhopal, Chernobyl to mention but three. They can be shrines to those who perish in natural disasters, watchwords for human folly or defining warnings of what can befall us if we lose sense of the value of life. But, occasionally, good can come out of bad.

The United Nations Environmental Programme International Negotiating Committee has announced that both oral health and the environment will be protected under a new international treaty on mercury, called the Minamata Convention (<http://www.unep.org/newscentre>). A sense of prevailing justice comes from the fact that the city of Minamata in Japan, where the Convention will be signed later this year, was the centre of the most awful environmental mercury poisoning debacle in 1956 caused by the release of methylmercury in the industrial wastewater from a chemical factory over the previous twenty or more years, bioaccumulating in fish and shellfish in the surrounding seas.

The agreement, which brought together over 140 countries, is the culmination of a process launched in 2009 to develop a global, legally-binding instrument on mercury. Its result is the adoption of a wide-ranging consensus that aims to reduce mercury emissions to the air, water and land. The Convention will regulate a range of areas, including the use of mercury in products and industrial processes as well as a 'phase down' of dental amalgam rather than a ban. During the Geneva negotiations, consensus built around the approach advocated by both FDI World Dental Federation and the World Health Organisation (WHO). This was based on a greater focus on dental prevention and health promotion, increased research and development on alternatives, and best management techniques for amalgam waste. It is identical to the position of the WHO Oral Health Programme and supported by the International Association for Dental Research.

AMALGAM SUBSTITUTES

The issue of the use of mercury in amalgam restorations is not new to us.^{1,2} Protested as being the cause of numerous conditions and diseases by impassioned campaigners the demand for banning its use is a long and vociferously fought war. The phase down approach of mercury-containing amalgam as used in dentistry comes as a considerable relief to dental organisations around the world including the FDI (www.fdiworldental.org) and

the BDA (www.bda.org) who have both released statements to this effect. A very recent editorial in this journal pointed out the anxieties of many who have been involved in this matter and the expression of concern should the UN have decided instead to have banned amalgam.³ Written by Drs Stuart Johnston and Susie Sanderson they, together with many others through national, European and international routes should be congratulated for lobbying so successfully to have achieved this outcome.

The concern over the matter has many strands but crucially there is as yet no satisfactory universal restorative substitute for amalgam, especially in developing countries, and where such materials are available they come at a price unthinkable in less privileged areas the world. Even so, the cost would be colossal, one estimate putting this in US terms as an average increase of \$52 per restoration from \$278 to \$330, and total expenditure for restorations increasing from \$46.2 billion to an estimated \$49.7 billion over time.⁴

So, effectively, a reprieve. One may ask what all the fuss is about, especially as the UN has not as yet put a timescale on the phase down. But we must diligently use the increased time that has brought us. We must put further effort into researching alternatives to amalgam, certainly to ensure as little mercury as possible escapes from dentistry and to redouble our energies on prevention (no caries: no restorations) and preventive regimens including public health initiatives such as fluoridation. Having written this, we do also have to be cautious about the safety to both individual and environmental health of all materials that we use and advocate. Although less immediately, the constituents of 'white' filling materials, such as composites, have also shown some signs of being of concern. It would be a dereliction of duty and of care to allow mercury-containing amalgam to be completely removed only to find that the replacement options had disadvantages of their own.

Overall this 'sensible' convention, as the BDA have described it, provides a pragmatic approach sometimes lacking in international affairs. Both nationally and internationally we need to inhabit a place where ethically we are protecting the health and environment of present and future generations as well as honouring those who have suffered and continue to suffer in a place whose name we now know well.

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