Dear reader,

When I started writing this editorial, news broke of Michael Jackson’s death. Although I have never been a fan of the ‘King of Pop’, his passing puzzled me deeply. How could a man that was supposed to perform 50 concerts in London over the next six months suddenly die from cardiac arrest?

According to news reports, the possible cause of his death was incorrect administering or use of medications such as with Propofol, a strong anaesthesia used in medical contexts such as intensive care units or surgeries. If a doctor facilitated such a medication for Jackson and it is found to have caused his death, he or she could be prosecuted for manslaughter.

Whatever the outcome of the ongoing investigation may be, this is a clear example of increasing unethical health care practices in the United States. Jackson, who despite being in severe debt, was still wealthy enough to afford any medical service, surgery or medications he desired. Over 50 million Americans still do not have access to health insurance, the world should mourn the 800,000 people that die of cardiovascular disease every year in the US, deaths which could often be prevented by the provision of adequate health care such as heart screenings and other preventative measures.

Fortunately, recent signs from the White House indicate that President Barack Obama is taking health care reform seriously and this time there is actually a chance that it could be done. However, the US system needs more money than it is an ethical discussion that leads to only one conclusion, to treat health care not as a public benefit care not as a market commodity but as a public benefit institution.

Yours sincerely,
Daniel Zimmermann
Group Editor
Denial Tribune International

Resolved: 2009 will NOT be the end of the orthodontic specialty

In the 22 May, 2000, issue of Time Magazine, orthodontics was listed as one of 10 careers that would disappear in the “new millennium.” At the time, that prediction seemed ridiculous, not even worthy of consideration. Now, as we approach the close of the first decade of this millennium, there is evidence that might lead one to believe that the profession might be at risk after all.

I’m among the tens of thousands of parents who sent their children to receive orthodontic treatment from a dentist. My two oldest children went to their paediatric dentist to receive treatment. It wasn’t until I started working with orthodontists that I learned the difference between a dentist who has “orthodontics” on their door and a specialist who is a practicing orthodontist. Now that I know, my two youngest children are being treated by an orthodontic specialist.

As a parent and a businessperson, I was surprised to learn general dentists actually perform more orthodontic cases than do specialists. Are orthodontists aware that in the United States there are more general practitioners (GPs) “trained” to perform orthodontic procedures with aligners than total orthodontists? Align Technology reported it had trained more than 51,000 GPs and has nearly 25,000 GPs now submitting cases, according to the its 2008 investor reports.

It now appears GPs have been seeing dramatic increases in their share of all orthodontic cases for most of this past decade. For example, an analyst report published in January 2008 by Piper Jaffrey estimated that in 2005 there were more aligner procedures performed by GPs than by orthodontic specialists. The same report estimated that GPs continue to perform more and more new orthodontic cases each year and are estimated to have performed about 5 per cent of total orthodontic case starts in 2009.

What is shocking to me is the lack of response from the orthodontic profession. Orthodontists are standing still as their profession is being hijacked by their GP colleagues. Do orthodontists think someone who will fight the battle for them is the profession without a leader who can effectively take on the GPs? Does the profession understand the lack of a meaningful response leads the general public to assume the specialty is not necessary and that GPs are qualified to perform the work?

As the profession struggles to respond, GPs are quickly capturing more and more case starts, and patients and parents are becoming more and more confused. [...] It’s time for the orthodontic specialty to define its role precisely and to defend that clearly delineated ground before the profession is completely captured by the general dentists. Orthodontists need to show more resolve and commitment to the task of defending their specialty. The profession must specifically resolve that it will not allow orthodontics to be dominated by generalists. Orthodontic specialists do not show more resolve and a willingness to face these alarming trends head on, 2009 may indeed be the beginning of the end of orthodontics as we know it.

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Sweden leads in banning amalgam

As a journalist specialised in politics and the environment, I have followed the amalgam debate for more than 30 years. Now, the use of amalgam has been prohibited in dental care in Sweden. From 1 June 2009, its use in children and teenagers has been entirely banned, but amalgam can still be used in adult patients within hospital dental care. A government decision that the Swedish National Board of Health and Welfare notified before treatment.

My country has been reducing the use of amalgam for a long time. Dr Roland Svensson, President of the Swedish Dental Association, recently said that statistics show that the use of amalgam in the countries has declined by 80 per cent since 1997. Therefore, he added, only 2 to 5 per cent of all fillings were made using amalgam in 2005. Amalgam is thus no longer a big issue for dentists in Sweden and Norway.

It may be of interest to readers to note that the ban on amalgam is not a recent issue. The Swedish politician Gert Thunberg was the first Minister for the Environment in the world to suggest a ban in the 1970s. Her suggestion was accepted by the Swedish parliament but she had to wait for 12 years before it passed EU administration.

Andreas Carlgren, who is the current Minister, said that the ban is a powerful example to other countries and a Swedish contribution to EU and UN aims to reduce mercury use and emissions. “Sweden is now leading the way in removing mercury and protecting the environment against mercury, which is non-degradable,” he said.

We need to understand that minimum use amalgam that is necessary to protect the environment and our health. Unfortunately, there are still more than 70 tons of mercury within the EU brought into the ecosphere through dentistry each year. With the Swedish example, we finally know that dentistry without mercury is possible.