Dear reader,

Unlike with other professions, the closure of a newspaper or magazine, even a competing one, always triggers conflicting emotions for journalists. While we may seem to contend fiercely for the next exclusive story or the most creative headline, there is an unspoken solidarity among all members of the journalistic community. In this respect, the end of Asia’s oldest regional dental newspaper ADIN and its Latin American sister publication is a catastrophe, as fewer publications mean not only more writers and editors without a job but also less diversity, something that has plagued our colleagues in daily newsrooms around the world.

As one of the two remaining dental titles for the Asia Pacific region, we are determined to fill this gap. This commitment, however, is going to make our work a lot more difficult, despite the reduced competition. Therefore, our goal is to keep our standards high and our minds open to all aspects and to the many voices of the dental profession.

We intend to do so with this edition and an interesting and revealing article from Nova Southeastern University by Prof. Steven N. Abel on HIV testing in dental practices, a trend that has recently gained momentum in the US, where more people tend to visit their dentist rather than their physician. It may take some time, even years, before tests are available here, but it is clear that dentists could indeed play a significant part in halting one of the worst epidemics of our time.

I also encourage you to read our interview with Philippine dental student and winner of the DENTISPL3 Student Clinician Program Kime H. Cabalquinto. With her research on a healthy dental student and winner of our interview with Philippine professor of dentistry. With her research on a healthy dental student and winner of our interview with Philippine worst epidemics of our time. Significant part in halting one of the dental students could indeed play a significant part in halting one of the worst epidemics of our time.

The recent threat of an Ebola virus epidemic in Africa is an example. Last August, the deadly outbreak of this virus claimed 16 lives and led to the Ugandan president’s call for citizens to limit physical contact with each other. Dental health-care workers everywhere need to be ever vigilant and maintain meticulous infection control. The data emerging from at least one Asian city is, therefore, comforting. Researchers at the Taipei Medical University in Taiwan found that current dentists are better educated about and practise better infection control than a decade ago, a significant improvement on the first survey conducted by the same research team in 1999.

It is heartening to note the general improvement in infection control in this community, but I suspect that Taiwan may be an exception rather than the rule.

A few months ago, a dental assistant in Tennessee in the US complained of the dentist not wearing a mask, not washing his hands, not replacing gloves, and not sterilising the handpiece. I do not know the outcome of this case, but the Yahoo response asked her to report the situation to the health and safety office in the area.

How such a situation could arise in a so-called developed country is unatisfactory. Other similar incidents are reported in the mass media sporadically. Since it is an element, it will be difficult to be handled, and discounting it and paying lip service will jeopardise not only your practice but also your reputation in the longer term.

The bottom line is that appropriate infection control is a reality that we have to face head on...

The Opportunistic Squeezing out mercury

Microbes are all around us. They are one step ahead as new infections emerge and old infections re-emerge periodically in different parts of the world.

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Dental amalgam is no longer used in Japan and is banned in Norway, Sweden, and Denmark, where tooth-coloured and environmentally friendly composites are the predominant filling material. Although the hazards of mercury have been well known ever since, the practice of restoring teeth decayed by caries with amalgam has survived, despite the effective and affordable mercury-free alternatives that are available today. Atraumatic Restorative Treatment, using hand tools and high-viscosity glass ionomer cements as filling material, for example, has turned out to be a viable means of providing dental care in areas where the only dental treatment available is the extraction of teeth. It is also the first choice for primary teeth in Sweden, owing to its patient-friendly properties, particularly in cleaning and short training period.

Both composites and glass ionomer cements bear their full environmental costs, while dental amalgam would be a restorative material of choice were it to carry its environmental costs.

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