Greetings to iADH Members

Dear iADH Members,

What a lot has changed since our last update! This newsletter will obviously address the COVID-19 pandemic, but it is also important to update members on iADH activity over the last few months, to report back on progress and decisions made to highlight our social media platforms for download and sharing.

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Many of us will now be under shutdown measures and with limited clinical activity. Some of us will be reeling from the full shock of the emergency, others anxiously preparing as best as possible for the wave we know will hit in the next few days, yet others nervously watching world progress and starting to acknowledge that, for them too, it is only a question of time.

All of us are worried for our patients, their carers and families. How will our patients cope without access to dental health services, with reduced carer availability, with being confined? How can we help? All of these questions and more are being raised on our social media platforms.

Don’t hesitate to join us during this fast moving public health emergency – we all need support and help from within our professional community. The iADH Facebook page is a great forum to exchange on what is happening within special care services around the world. We will try to bring you the latest scientific evidence and feedback in the domain, but also provide a space for people to debrief and exchange regarding their local situation. Information is being posted as it comes in, but we can direct you to the following publication from Wuhan:


https://journals.sagepub.com/doi/10.1177/0022034520914246
The iADH is advising that members adhere to their own national guidelines terms of maintaining, adapting or cancelling clinical activity. This is because measures need to be adapted to the regional epidemiological profile, to the capacity of health services to respond to the emergency, and to the availability of protective equipment. All these factors will vary locally. However, there are two points that need to be made directly in relation to Special Care Dentistry.

The specificity of our patient base needs to be taken into account during triage of emergency requests. There are many examples of this. Whilst some patients may accept, and be able to comprehend, the logic behind being asked to self-medicate for dental pain and deferring treatment, certain patients with autism or mental health disorders, for example, may not. The risk of self-harm, or harm to carers, needs also to be assessed when patients are unable to cope with pain.

Another example is that of patients with underlying chronic disease. These patients are more vulnerable to infection and the potential for rapid decline needs to be taken into consideration during triage. As special care dentists, we need to be prepared to inform our colleagues and authorities of the possibility of outliers and exceptions to standard recommendations.

The second point is that we are an empathetic and caring community. Not being able, or not being permitted, to provide treatment and relieve our patients is distressing and against our values. It cannot be stressed enough however, that we must first and foremost protect ourselves and our families, and through this, our patients. We must not become vectors for the spread of the virus by wanting to treat at all costs. This is why we would encourage all of our members to keep up to date, to follow their national public health guidelines and to stay as safe as possible.

The iADH facebook page is probably the best forum for this discussion and we look forward to hearing from our members via this channel.
Following on from the discussion of COVID-19, and as most members are already aware, the iADH Executive has regretfully advised that the iADH 2020 conference in Acapulco should be cancelled.

The final decision has been taken by the local organising committee and there has been overwhelming support from iADH committees and members for this sad measure.

Unfortunately, nobody is in a position to know what the situation will be in September and whether professionals will be able to travel. We extend our heartfelt commiserations to Juan Pablo Rodrigues and the local organising committee who had been putting together a great programme.

Stay safe our friends!
Whilst recognising that iADH is not a regulatory body, the primary aim of the iADH fellowship project is to provide professional recognition for colleagues that do not have a training or career pathway in their own country or region.

The iADH Fellowship working group has now circulated a draft proposition to the Executive and to all the iADH committees. Modifications are being made as a result of this consultation. Criteria for awarding the fellowship will consider evidence of both formal and informal training, education, research, clinical experience, mentoring, social and community participation and IADH service and activity, The fellowship will be suitable to all members of the team who have held an IADH membership for a minimum of five years.

This project is currently being led by Dr Alison Dougall from the executive Committee, Professor Pedro Dis Dios of the iADH scientific committee and Dr Jacobo Limeres Posse and Dr Clive Friedman of the iADH education committee.

New task force members include Dr Siti Zaleha Hamzah from the IADH International Committee, Dr Koichiro Matsuo from the IADH Council and Professor Shelagh Thompson, Chair of the Education Committee.

The proposition is looking more and more feasible as the working group get into the details of the project. We will be really excited to unveil this work in the next few months.
We are delighted to announce that iADH has employed a Membership Secretary.

Welcome to Mrs Caroline Eschevins who will dedicate half a day a week to the iADH. She is currently busy drawing up databases of membership, setting up an efficient payment system via Paypal, creating individual membership identifiers and generally putting things in order!

She has doubtless already been in touch with the majority of associations with reminders for 2020 fees so please look out for this correspondence.

If you have any membership enquiries, she can be reached at: membership@iadh.org

It is the belief of the Executive that the iADH should be the “go to” organisation for any question regarding the oral health of persons with special needs.

Our media sites are very important at this time for sharing of information. In addition the iADH executive will shortly be releasing an official statement around COVID-19 and would like members to share this widely at this difficult time.

We hope that IADH will continue to provide a safe and caring place for our members at this difficult time. Look after yourselves and your patients, let us know how you are coping,

Best regards to all,

iADH Executive
iADH
International Association for Disability & Oral Health

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