



iADH Covid-19 Statement

'all people have a basic right to health and to access healthcare services in their communities

Convention of the Rights of Persons with Disabilities'

As more and more countries around the world go into shutdown, the iADH Executive have been trying to evaluate and formulate what these drastic, if necessary, measures will mean for our patients and how we can support our membership.

It would seem that the following points are the most pertinent in relation to special care dentistry at the current time:

(i) Special care patients will suffer greater impact from shutdown measures than the general public

Many of our patients are dependent on the services of carers. Care staff are likely to become more scarce as they struggle to fulfil demand, self-isolate or stay at home to look after their own children. Live-in, family carers will struggle to provide 24 hour care without respite during lockdown. Social isolation may be a trigger for anti-social behaviour, self-harm and aggression for some of our patients.

Many of our patients lack the financial reserves necessary to weather a storm. Unless there is aid provided for loss of income or additional costs (ordering in food for example), many may be pushed over the poverty line.

Our patients are targeted by toxic media rhetoric – in many places vulnerable persons are being asked to self-isolate without services and are openly considered to be ‘dispensable’ by society.

Many of our patients have multiple co-morbidities and have underlying medical conditions that make them particularly vulnerable to the virus. In addition, the supply chain of essential medicine, equipment and paramedical care for their daily lives may be disturbed or interrupted.

(2) Special care professionals need to advocate for our patients with governments, health authorities and health professionals during this crisis

We need to call out toxic, ableist rhetoric whenever and wherever we hear it. Many of our patients do not have a voice – we need to help them gain one.

We need to engage with the authorities to ensure that explicit recognition of the needs of special care patients is written into our national and local COVID-19 guidelines. Within dentistry, this will involve making sure that the social circumstances of our patients are taken into account on triage, as well as the specific medical risks. For example, the risk of self-harm, or harm to carers, needs to be assessed when patients unable to cope with pain are asked to self-medicate at home. The medical risk of rapid deterioration in our patients with multiple pathologies in case of oral infection or malnutrition needs to be considered.

(3) Special care professionals should follow and recommend evidence based advice and challenge the spread of non evidence based information which poses unnecessary barriers to care



‘people with disabilities who typically experience greater levels of oral disease, placing additional burden on their lives, compared to the general population. These groups are often underserved and experience high levels of unmet need for dental care’

IADH/FDI Policy Statement
Posnan, 2016

The science is evolving daily, as are the recommendations. We need to be extremely vigilant to ensure that our clinical decisions are based on the best available scientifically valid protocols. The iADH will try and keep members as up to date as possible via the iADH Facebook page.

(4) Special care professionals have a responsibility to themselves and to their families, as well as to their patients and professional team.

We need to support each other within the iADH community as difficult decisions are made and ethical dilemmas faced (what do we do for an autistic patient needing urgent care but for whom sedation or GA services are no longer available?).

We need to protect ourselves and our teams in order to be able to continue supporting our patients, and to avoid being a vector for the spread of the virus. We must follow the recommendations for the protection of dental personnel, and keep up to date with these measures as they evolve.



International Association
for Disability & Oral Health

Over the coming weeks, we will try to monitor the situation – both in terms of the experience of our patients and in terms of the evolving clinical guidelines - and to keep our members informed. Please feedback and support each other via the Facebook page. The iADH community is more important than ever as our patients and our services face this unprecedented challenge.

the iADH Executive

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