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## A Globalized World – and a Unified Global Approach for Health Professions



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### The global context

For any professional association working in the medical field, it is very important to be globally present and make sure that the interests of the profession, and in particular the interests of the public, are well represented, promoted and defended at an international level.

The reason that associations and institutions federate locally, nationally, regionally and internationally is that they believe that joining forces with like-minded associations at each level gives them a better chance of achieving their goals. It means they can discuss, debate, sometimes dispute, and generally arrive at some kind of compromise to move forward.

For our colleagues, it is sometimes difficult to understand the reasons behind the existence of certain international organizations and what they do beyond that which a regional, national or even local organization can achieve.

Dentistry and dental medicine have always been one of the best organized professions around the world at the national level. World Dental Federation (FDI) was set up over 110 years ago as a forum for dentists globally to share views and experiences together.

Its continued existence today implicitly recognizes that the profession needs an international voice to defend its positions and promote its views. Let me give you three examples:

#### 1) A focus on prevention

As we all know, teeth have a vital function in the human body: healthy teeth are a vital part of human health. Caring for teeth and oral health is essential for a healthy population. Tooth decay and periodontal (bone and gum) disease currently affect 90% of people around the world.

With limited funds available for restorative care in many countries, an essential part of FDI's work is to raise awareness of the importance of oral health and focus its projects and activities on prevention strategies. This, for example, is the key message of the landmark Global Caries Initiative, GCI for short.

The GCI vision is to improve oral health through the implementation of a new paradigm for managing dental caries and their consequences – a paradigm that is based on our current knowledge of the disease process and its prevention, so as to deliver optimal oral and thus general health and well being to all peoples. In practice, the goal is to achieve a paradigm shift from the restorative to the preventive model of oral care.

FDI launched the GCI in 2009, with some very concrete priorities and actions:

- Eradicate very early childhood caries in children 0–3 years of age by 2020
- Carry out primary and secondary prevention and health promotion activities
- Achieve consensus on terminology

FDI was joined in its efforts by founding partners Colgate, GlaxoSmithKline, Procter and Gamble Oral health, Unilever and Wrigley. The aim was to establish a broad alliance of key influencers and decision-makers from research, education, clinical practice, public health, government and industry, partnering in a common goal: to achieve the 2020 goal by effecting fundamental change in health systems and individual behaviour.

The GCI's first task was to design and develop a prevention-oriented caries classification and management system (CCMS), thereby laying the foundation for the preventive model of caries management. It is now in the process of developing an overarching Global Oral Health Improvement Matrix (GOHIM) to integrate oral health into health, thereby establishing a collaborative, prevention-oriented model of oral health care. It is precisely this preventive model of care that FDI is advocating, along with professional partners, within the context of the global fight against noncommunicable diseases.

#### 2) Oral health and noncommunicable diseases (NCDs)

It is now time to admit that viewing oral health as somehow separate from general health is truly obsolete, and nowhere is the indisputable relationship between the two better illustrated than in the area of NCDs, or chronic diseases as they are sometimes known.

NCDs, which include cardiovascular disease, cancer, chronic respiratory disease and diabetes, among others, are responsible for 60% of deaths worldwide: in 2008, 36 million people died from NCDs, around 80% of them in low to medium income countries.

With this in mind, FDI undertook a project to develop a practical tool to help in the fight against NCDs, the NCD toolkit. It carried out the work on behalf of the WHPA World Health Professions Alliance—representing well over 20 million health professionals worldwide, including dentists, physicians, physical therapists, pharmacists and nurses. The Toolkit was funded by the International Federation of Pharmaceutical Manufacturers and Associations.

The Toolkit focuses on common risk factors—poor diet, physical inactivity, smoking and alcohol abuse—and includes a ‘Health Improvement Card’ for the individual to assess personal risk, in consultation with a health professional. The Toolkit also contains support materials for the health professional as well as for the patient, together with advice on how to reduce or eliminate certain risk behaviours.

Naturally, some people have asked why FDI and ‘dentistry’ agreed to lead the WHPA project: after all, oral diseases do not account for high death rates. There are two main reasons:

- Neglected NCDs such as tooth decay and periodontal disease affect more than 90% of the world’s population and have an enormous impact on health;
- There is increasing association and scientific evidence between the presence of oral conditions (especially periodontal disease) and systemic diseases, including cardiovascular and cerebrovascular diseases, adverse pregnancy outcomes, diabetes mellitus, pulmonary infections and different forms of cancer.

Furthermore, it is my view that that the dental profession, and dental medicine in general, should have a much broader ambition. Within the medical sphere, the various fields of education, prevention, diagnosis, treatment and rehabilitation are becoming increasingly interrelated. Equally, relations between dental medicine and medicine in general, as well as other fields

such as nutrition, psychology and sociology, are growing.

Indeed, dental practitioners are in a unique position when it comes to detecting risk factors. They are one of the few medical professions to see patients who are not actually ill but just there for a check-up. Furthermore, many behaviours are immediately visible during the course of a dental check-up, so dentists are well positioned to initiate discussion on risks.

FDI’s next move will be to field test the WHPA Toolkit in one or two key developing countries to assess how well it integrates into health strategy and its methods of use by health professionals.

On a wider level, FDI is now looking to establish the Global Oral Health Partnership (GOHP). This is envisaged as a multi-stakeholder partnership to address the NCD burden with a special responsibility for oral diseases: dental caries, periodontal disease and oral cancer. The GOHP’s objective is to provide strategic leadership to coordinate and synergize policy, strategy and programmes within a common stakeholder framework. This will enable the implementation of a model of oral health care based on health promotion, disease prevention and preventive disease management worldwide.

### 3) Oral health and development

The major contribution to the NCD Toolkit and the associated WHPA NCD campaign project allowed FDI—along with a number of other agencies and groupings working in the field of oral health—to achieve an important goal: to have oral disease specifically referenced in the Political Declaration of the United Nations Summit on NCDs held in New York in September 2011.

In practical terms, Summit Declarations contain principles to guide development strategy and projects. Having oral health mentioned within the context of NCDs and primary health care means that dental

medicine is now officially linked with general health policy.

This is certainly what many developing countries would wish for. This was clearly illustrated by an event I attended during the course of the Summit entitled ‘Putting the teeth into NCDs’ and by the Republic of Tanzania. It highlighted the importance of oral health in health strategy. In fact, one speaker, Helen Clark, Administrator of the United Nations Development Programme (UNDP), called oral diseases “obstacles to development”.

I am gratified to see how FDI is so much in tune with concepts of development: it is indeed time to face the fact that viewing oral health as somehow separate from general health is truly obsolete.

And also obsolete is approaching health without a political and public understanding of health inequities and social determinants of health: it is necessary to take action simultaneously on the broader factors that influence people’s health behaviour; the conditions in which they are born, grow, live, work and age; and the influence of society.

Together with its coalition members, WHPA is in a unique position to raise awareness on this approach at a global level, in light of the scope of the recent WHO World Conference on Social Determinants of Health in Rio de Janeiro.

### Conclusion

We at FDI have recently intensified our dialog, with the aim of encouraging governments to prioritize and promote oral health and consider it as a citizens’ right. It is essential that we continue to stress the fundamental point: “Good oral health is a primary factor in general health”.

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