DMFS statistics, even if they are illustrating the burden of oral disease. Health promotion is that of demonstrating the harmful effects of dental decay and the cost of dental disease in terms of suffering and economic loss. This should enable us to advocate more effectively for national governments to establish oral health policies with action plans and budgets. Perhaps we should have statistics indicating last time from work or school due to dental pain that would give a better understanding of the percentage of people who have experienced dental pain in the preceding six months. This would be valuable information in addition to the severe health problems encountered on a routine basis and general health to present in advocating for the inclusion of oral health on healthcare agendas.

Of course, dentists are also aware that, unlike many of the diseases treated by our medical colleagues, we do have very adequate treatments for most oral diseases. More importantly, over 95% of oral disease is preventable and we also know how to do that. In order to enlist the public and their governments as our allies in this battle we must first demonstrate the impact of the problem, not for the purpose of dramatizing the problem, but for the purpose of demonstrating why it is preventable. Relying solely on statistics such as DMFT scores will mean, in many countries, that the government can easily choose to ignore oral health needs as a luxury that is not afforded in a system geared to provide minimal care for diseases causing more easily demonstrated disability. It is now time that health ministries know what dentists already know—good general health is highly dependent on having good oral health; simple conditions like dental decay can cause tremendous pain, suffering, economic costs and social disability. We need a more realistic method of demonstrating the true cost of dental disease in terms of suffering and economic loss. This should enable us to advocate more effectively for national governments to establish oral health policies with action plans and budgets. Perhaps we should have statistics indicating last time from work or school due to dental pain that would give a better understanding of the percentage of people who have experienced dental pain in the preceding six months. This would be valuable information in addition to the severe health problems encountered on a routine basis and general health to present in advocating for the inclusion of oral health on healthcare agendas.

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Dr Burton Conrod
FDI President

Council meeting
The FDI Council held its mid-year meeting at the FDI Head Office on 14–16 May. Councillors from around the world engaged in a three-day meeting to discuss and review such matters as finances, FDI’s action plans and priorities, the search and selection for a new executive director, funding for new projects, current membership status, applications for membership, policy statements as well as a work of standing committees, sections and regional organisation.

The FDI Council and head office staff took the opportunity to update the FDI on the Council’s day-to-day activities, the development of the FDI’s new office and the achievements of the FDI Council during the mid-year meeting held at the FDI Head office.

FDI Council nominations
The nominations deadline for FDI standing committees is now closed, but there is still time left for members of the FDI’s regional organisations to submit nominations for the FDI Council. There are five Council vacancies and one Speaker vacancy this year. Nominations for Council must be submitted to the FDI Head Office by Saturday, 28 June. For more information about the nomination process, please contact Ms Claudia Recouveur at crecouveur@fdiworldental.org.

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