A friend of mine recently had a bacterial infection. In telling me about his problems, the first thing he mentioned was that he had experienced symptoms of dry mouth and matured biofilm. He had also suffered from hypersensitive teeth.

My friend’s example, though trivial in nature, is a good example by which to demonstrate the way the oral cavity functions as a window to the whole world. The latest research has shown that the salivary glands themselves can be from sites of disease, or the information. These biomarkers can be from sites of disease, or the salivary glands themselves can produce surrogate biomarkers of disease. The good news is that the information provided by these can be obtained non-invasively, painlessly, and with no embarrassment to the patient—without needles or cringing.

Owing to these salivary properties, a dental examination today is no longer only about teeth and gums. Dentists should be aware that they are probably the first to detect signs of systemic diseases in their patients. Take HIV/AIDS for example: despite new, effective medication, the latest infection rates still demonstrate a continued increase in poor and developing countries alike. According to a recent report by UNAIDS, for example, an estimated 50 million women in Asia alone are at risk of becoming infected with HIV/AIDS by their intimate partners in the next decade. Early detection could significantly reduce morbidity here.

Oral fluid testing technologies are under development and already in use in several dental offices in Europe and the US. This new test for HIV/AIDS is taking place prior to forging ties with our ASEAN neighbours.

The ASEAN member countries’ decision on foreign reciprocity or the Mutual Recognition Agreement comes at the heels of the economic global recession. The need for economic survival for everyone amidst these stressful times has become a primary concern; hence, it is likely that many view this agreement as addressing a most important issue.

"In-depth consultation [...] should have taken place prior to forging ties with our ASEAN neighbours"

On a broader aspect, I see cooperation at work amongst the member countries because we come to the assistance of professionals in need of employment and patients with professional health care needs wherever they may be. The Philippines boasts of quite a number of dental professionals every year and we see this as an opportunity for us to alleviate the growing need for health workers in the ASEAN region. This reciprocal act of employing health workers internationally signals the need to apply a standardised guideline to the delivery of health services, thus raising the level of care to a level consistent with that in the rest of the world. This minimises errors and malpractice.

As a member of the academe, a part of me views the agreement as a noble programme; yet, the other part disagrees because not all member countries are on an equal footing. The accumulation of Continuing Professional Education (CPE) units is an obligation of the professional in his or her desire to further his or her skills. This ensures patients of a high level of quality of treatment. Unfortunately, not all participating countries in the ASEAN region have established guidelines set by the professional regulating bodies of their particular governments on this matter. I include countries such as Singapore, Taiwan, Japan and Korea, to name a few, who had these guidelines long before this agreement took place, the system in the Philippines was stopped for almost ten years, owing to a bill filed by a senator who argued that earning CPE units be optional rather than mandatory. Recently, owing to the passage of the new dental law in the Philippines, the acquisition of CPE credit units became mandatory again, for which we are so thankful, but unfortunately, the almost ten-year hiccups away precious credit units earned by our dentists.

As a certain amount of CPE units is required of an applicant, it is possible that dentists from countries with no clear set of rules on their acquisition and recording may be denied employment, simply because their governments have not taken steps to ensure that all credit units earned by attending seminars, symposiums, conventions and the like have been properly recorded in the educational programme of their professional regulating bodies.

If indeed in-depth consultation with the various heads of professions involved in this agreement should have taken place prior to forging ties with our ASEAN neighbours. This could have led to further ironing out of kinks in the programme, thereby making it a better-paid foreign reciprocity programme, which is fairly beneficial to all the health care providers in our region.

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