

Availability of emergency dental treatment – a question of organization

EDITORIAL

A few issues ago I wrote an editorial called “How is dental trauma emergency care organized in your country?” where I asked colleagues to share their experience from their own countries. After receiving many emails I decided to also go out with questionnaires to all IADT members which were distributed in February. Thanks to all who responded.

The results are interesting and will be presented at the IADT conference in Verona in June and later in the form of an article. In summary, resources allocated for emergency management vary from country to country and from place to place within a country. There are excellent models but also places where dental trauma emergency management is less well functioning. Moreover, there seems to be a worldwide need for training in trauma treatment.

We all know that for severe dental injuries the prognosis is decided during the time immediately after the accident. The possibilities for an injured patient with a severe dental injury to receive correct and competent emergency management seems to be more depending on

the organization of local resources than the economical situation or concentration of specialists. It is noteworthy that, there are some places even in less developed countries which seem to have a good dental trauma emergency organization, whereas in some places in many rich countries emergency treatment is not available due to shortcomings in the organization. In some places there is high interest for treating trauma but only during weekdays between 9 AM and 5 PM, and outside office hours treatment is not available. We all need to reflect a minute and put ourselves in an injured patient's situation in our own city. Is the emergency treatment up to date and well organized so a patient with a severe dental injury always can get competent advice and management also during weekends, evenings and nights? If not what can we do better locally.

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