BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SUMMER, 1987

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PRESIDENT'S MESSAGE

It is a privilege to follow in the footsteps of my distinguished predecessors as the 13th President of CSPD. We all owe a debt of gratitude to Warren Brandli for his superb leadership last year. He leaves a big set of shoes to fill. I promise to do my best to continue his fine example. The quality of our membership continues to amaze me. The chance to serve with so many dedicated Pediatric Dentists, who are willing to help our fine organization, is truly an honor.

The specialty of Pediatric Dentistry has changed a great deal during the 25 years since I first started as an enthusiastic "Children's Dentist". To start with, we have achieved the recognition and respect we deserve as "Pediatric Dentists", dedicated to the preservation of the dental health of the children and adolescents that we serve. We are a relatively young organization, but our accomplishments during the past 13 years have been many.

Our specialty is coming up for review by the ADA in 1989. During this time we will have to prove to the ADA that we deserve recognition as an approved specialty. There are many who feel that "Children's Dentistry" is a simple task and not deserving of a special category. Those of us involved in the specialty know differently. We know that we are the best trained, most knowledgeable and best equipped to provide the care to the young patients entrusted to us. It has taken many years for the public and the profession to recognize our unique qualifications, and much hard work by those who preceded us to achieve our specialty status.

We must continue to support our specialty organizations by becoming active members of the Academy as well as CSPD. We need the strength of numbers when we appear before the ADA. If any of you have colleagues that are not members of both CSPD and the Academy, please urge them to join. It is especially important that our younger colleagues join, even if it means a considerable financial sacrifice, to assure that they will have a specialty to practice in the coming years. I have heard a term that aptly describes those who do not join the groups that are actively seeking the recognition that we so justly deserve; "Parking on our nickel". There are many who are "parking on our nickel" and leaving the work to someone else. We need the support of every Pediatric Dentist in California and the United States!

At the New Orleans meeting in May, the Academy membership voted to divide up into districts for the purpose of electing a director from each geographical area. District VI, of which we are a member, is comprised of Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming. It is a large district and we attempted to initiate a dialogue by asking representatives from these states to meet at our recent Annual Conference at the Claremont. Unfortunately, the response was nil. We shall continue to try to establish a dialogue and liaison with the other states in the District to work on our common problems and to try to develop mutually satisfactory candidates for the Academy Board. This is another good reason to join the Academy. The formation of this new District enables us to have a greater voice in Academy affairs than ever before.

Our Committees and Board are actively at work on the myriad of tasks that keeps CSPD the vital organization that we have become. We are addressing the problems of conscious sedation, TDIC premium classification, peer review, dental care, CSPD sponsored research, Pediatrician liaison, membership development, Pediatric Dental practice promotion and the continuing quality of our Annual Conference. We are moving forward with your help and the help of many fine Pediatric Dentists who serve on the Board and Committees of *your* CSPD. There are too many to mention by name, but they all deserve our thanks. If any of you have any concerns, questions or problems, please let me or any member of the Board know. We will do our best to

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Past President's Perspective

CSPD's *Purpose* is: "The advancement of the specialty of pediatric dentistry for the benefit of the health of the public." This is taken right out of our constitution and it is a challenging goal!

CSPD has matured into a strong and active organization, representing the pediatric dentists of California, and standing for excellence in Health Care. We serve proudly in California, and plan on doing the same for many years into the future. I was honored to serve with your Board and Committees this past 1986-87 year. They are a dedicated and creative group of professionals. As with most organizations, most of the real work occurred in Committee — such was the case with CSPD. We achieved what we did through the efforts of a large number of CSPD members. Their list of accomplishments is impressive — the total time that they gave was tremendous.

I want to ask each of you to consider what a critical time this is for our specialty, a time which requires that we address the many existing issues of vital importance to our future. I join you in a pledge to our future. I join you in a pledge to do our best for CSPD during the 87-88 year.

There are many areas in which CDPD must focus its attention — *each area having to do directly or indirectly with the quality of patient care:*

1. We must continue our exchange of ideas and information with the pediatricians of California, and act in unison with them as child advocates.
2. We must continue to gain equity with TDIC, the professional liability insurance carrier for most CSPD members.
3. We must continue our membership efforts in CSPD for one strong voice in California for our specialty.
4. We must keep a watchful eye on independent hygiene practice efforts, and stand ready to preserve the delivery of the quality oral health care that we stand for.
5. We must continue our fine Peer Review program coordinated with the California Dental Association.
6. We must make a greater effort to support research with our active and student CSPD membership, and foster more of a pioneering spirit in the research area.
7. As a component of the Academy, we must:
   A. Encourage Academy membership for a unified national voice.
   B. Work in concert with the Academy on its *future planning* efforts.
   C. With AAPD regionalization a reality, CSPD must play a leadership role within the newly formed District VI.

Our Academy truly has a new dedication and strength, with emphasis clearly given to realistic and productive *future planning.* TO A GREAT DEGREE, CSPD'S EFFECTIVENESS IN THE FUTURE LIES WITHIN ITS STRENGTH AND COHESIVENESS WITH THE ACADEMY.

Time and evolution themselves will not advance CSPD into the future. Only through our creative thinking, our hard work, and our 100% dedication to excellence in patient care will we advance. I look forward to an exciting and productive future for pediatric dentistry, and for CSPD.

Warren E. Brandli, DDS, MS

BULLETIN

CALIFORNIA SOCIETY
OF PEDIATRIC DENTISTS

Published semi-annually, with Winter and Summer issues.

EDITOR
Suzanne P. Berger, D.D.S.

CONTRIBUTIONS

CSPD Members are encouraged to contribute to the Bulletin. Articles, letters to the editor, or other items of interest are welcome.

To Our Sponsors

CSPD would like to thank all our sponsors who generously supported and participated in the 12th Annual Meeting.

Alpha Health Care of California
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Our sponsors' ads are displayed throughout the *BULLETIN.*

Additional thanks are given to **Healthco** for its $200.00 donation to CSPD.

The membership is reminded to support the businesses who support us.

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take care of them. We also need fresh ideas. Please do not hesitate to bring them up and to volunteer your services. I would like to involve as many people as possible in our efforts, especially the younger members. They are the "life's blood" of our group and we need them to sustain the growth and vitality that has been CSPD's trademark for our short 13 years of existence.

Again, it is a privilege to serve as your 13th President. Pediatric Dentistry is a fine specialty with dedicated, caring professionals. We should all be proud of our specialty — I certainly am!

Donald J. Dal Porto, DDS
President

Children's Museums Have Dental Exhibits

Following the success of approximately 100 participatory museums in cities across the nation, two California cities, San Jose and La Habra, have provided "hands-on" dental exhibits for children to explore. The Children's Discovery Museum of San Jose has recently completed a permanent "Kids' Clinic" which enables children to assume the role of a dentist in a positive environment. The Children's Museum of La Habra had a "Smilesavers" exhibit during the months of February through April 1987, that also provided an enriching educational experience. Funding for the San Jose "Kids' Clinic" included the Santa Clara County Dental Society and Women's Auxiliary. The La Habra "Smilesavers" exhibit was produced in cooperation with the Auxiliary to the Orange County Dental Society, and included donations from local dentists.

"Smilesavers" served as a resource for parents, educators, and dental professionals to teach proper dental care to young children, and included numerous special presentations by dental educators. A simulated dental office setting, complete with lab and x-ray facilities, a pediatric dental bay, videotapes, models, and supplies, enabled role playing to be very realistic. Children could wear lab coats, work with patient bibs, surgical gloves and masks, and play with safe dental instruments, as well as lab materials. The non-threatening atmosphere also provided the chance for operating dental chairs, taking pretend x-rays (complete with lead aprons), viewing x-rays, and observing models of teeth.

Children's museums are places where children learn by doing, where "hands-on" experiences lead youngsters to discoveries about the world around them. Dental exhibits in children's museums serve our profession well by presenting dentistry in a fun and positive way to young children.

Bob Dorfman, DDS

DANGER IN INFANT SWIM CLASSES

Within the last few years, parents have been filling the local infant swim classes with children as young as three months of age. Toddler swim programs can be risky and parents should be warned against swimming instructors' claims that children less than three years of age can be pool safe or "drownproofed." While it may be possible to teach toddlers to propel themselves and keep their heads above water, parents cannot expect toddlers to learn the rules of true water safety or to know how to act in an emergency.

Parents should be urged not to select programs in which toddlers are submerged under water, as small children run the risk of "water intoxication." This condition, in which quantities of water are swallowed, can be dangerous as it changes the electrolyte balance, resulting in diluted body sodium. This can lead to swelling of the brain causing seizure, coma, and even death.

Physicians also should encourage parents to make sure the swim program they select meets important health and safety requirements as toddler swimming programs can be unsanitary. Even high chlorine levels cannot effectively clean pools soiled by fecal material from incontinent infants.

Parents should weigh the risks against the rewards of toddlers swim classes. The CMA recommends that parents should avoid programs that recommend submersion of the infants and that good programs promise water fun as a special time to enjoy the baby — not teach the toddler to swim as the primary objective.

Harriet M. Opfell, M.D.
Medical Director

EDITOR'S NOTE: Dr. Warren Brandli arranged to provide this article for the CSPD **Bulletin**. It appeared in a 1986 issue of Childrens Hospital of Orange County's **MEDICAL STAFF BULLETIN.**

ANNOUNCEMENT

Any members who have changes in membership status, address, or phone number should ***PLEASE*** send this information to our Executive Secretary, Shirlee Adams.

ARTICLE EXCHANGE FOR THE PEDIATRICIAN PROJECT

The second article written by CSPD for publication in the *CALIFORNIA PEDIATRICIAN* goes to press this summer. The title is "The Use of Fluorides in Dental Caries Prevention". Contributors to the article, listed in alphabetical order, were: Suzanne Berger, Steve Blain, Bob Dorfman, John Groper, Bob Isman (from the State Department of Dental Health), Phil Trask and Len Traubman.

Check the Winter *BULLETIN* for information about its availability to the membership.

Meanwhile, our first article, "Pediatric Dental Injuries" (copyright California Society of Pediatric Dentists) is available to all CSPD members and component members of the American Academy of Pediatric Dentistry. Members can request a copy of the article and guidelines for use from the CSPD Executive Secretary.

Suzanne P. Berger, DDS
Editor

CSPD Representation Within The Academy

It was a pleasure representing CSPD at the New Orleans Academy meeting in May, 1987. There are now 28 AAPD components, with approximately 9 additional components having applications pending. CSPD has clearly made a significant contribution at the Academy level with regards to Academy regionalization and other component activities. The following is a summary of important items addressed at the New Orleans AAPD meeting:

1. *Regionalization:*
   A major bylaws change passed the Academy general assembly calling for district representation on the Board of Trustees. CSPD as a part of the newly formed district 6 (along with 10 other western states) will be invited to submit names of CSPD Academy members to the AAPD nominating committee prior to October, 1987 for consideration of both a trustee and an at-large board trustee position. Each AAPD board trustee will serve for three years. Many thanks go to Mel Rowan for his successful work on this effort.

2. *Independent Hygiene Practice:*
   The AAPD Board has accepted and will support the ADA statement on the independent dental hygiene practice issue.

3. *Behavior Management:*
   The AAPD will sponsor a behavior management workshop free to members within the next year. Full-time educators as well as private practitioners are encouraged to attend. Look for announcements in the AAPD *NEWSLETTER.*

4. *Newsletter Exchange:*
   All AAPD components publishing newsletters are encouraged to forward a copy to the AAPD central office for duplication and distribution to the presidents of all other component organizations. In this way, a better understanding of component activities can be attained.

5. *Specialty Review:*
   An important survey will be forwarded to all AAPD members requesting information about the special character of pediatric dental practices. This is another important step by the TASK FORCE of the Academy in preparation for the ADA's recertification of our specialty. David Good respectively requests that all AAPD members complete and return this survey.

Warren E. Brandli, DDS, MS
AAPD Liaison

MEMBERSHIP

New Active Members:
Steven Aylard
Ann Azama, DDS
Robert Berson, DDS
Conchita Cabral, DDS
Guei-Mei Chiang, DDS
Robert Lawson, DDS
Wesley Morikawa, DDS
Gary Nelson, DDS
Kazuo Ota, DDS
Mitchell Poisett, DDS
Keith Serxner, DDS
William Trefry, DDS
R. Brian Yoshida, DDS

Reinstated Members:
Patrick Billion, DDS
Mary Moore, DDS
Gus Petras, DDS
John Wong, DDS

New Associate Member:
Ronald Higgins, DDS

Resigned Members:
Barbara Cretan, DDS
Alphonso Faison, DDS
David Haag, DDS
Warren Sturla, DDS
Elverne Tonn, DDS
Barry MacDonald, DDS
Salomon Mussali, DDS
Eduardo Ovadia, DDS

Students (1988 Grads)
Andrea Bauman, DDS
Charles Low, DDS
Shi-Lin Gary Niu, DDS
Mark Dal Porto, DDS
Gary Okamoto, DDS
Paul Styrt, DDS
Maryen Vemuri, DDS
Ching Chun Hu, DDS

Announcement: On May 19, 1987, STEVEN CHAN, DDS, was installed as the 30th President of the Southern Alameda County Dental Society for the 1987-1988 year.

NEW MEMBERS

CSPD is presently in the process of recruitment of new members. If you are aware of any Pediatric Dentists in your area that are nonmembers, please let me know. Even if you are not sure of their status, contact me.

Our greatest strength as a specialty lies in our unified voice. Consequently, we are obliged to maintain as many Pediatric Dentists as possible as CSPD members. Please help us find nonmembers, won't you?

Marty Steigner
(707) 763-1548
51 Maria Drive, Suite 823
Petaluma, CA 94952

MEMBERSHIP CERTIFICATES

Have you received your CSPD Certificate of Membership? If not, please let CSPD's Executive Secretary, Shirlee Adams, know so we can get one in the mail to you. The number to call is (714) 842-9561.

Future Direction of Pediatric Dentistry

This article and the following reader comment has been reprinted with permission from the *Journal of the California Dental Association.*

Pediatric dentistry, one of the youngest recognized dental specialties, was not thought to be on firm ground during the last decade. Through careful redirection and goal setting its future is guaranteed and the dental health of children will improve.

About 10 years ago the prognosis for pedodontics as a dental specialty was guarded. The specialty, it was surmised, would soon feel a shortage of demand for its services due to its own success. Caries prevalence had decreased and the improved education of the dental graduate in the treatment of children appeared to be reducing the need for pedodontists.

Fluoride, it was predicted, would wipe out all decay making the need for restorative dentistry minimal. These events would leave orthodontics as the only substantial treatment needed by children.

At that time the recognition of periodontal disease in children was in the early stages. In addition, the baby boomers were reproducing at rates lower than planned, decreasing the number of potential patients.

Economic downward trends were keeping patients from all dental offices and approximately five years ago, the question of "busyness" was raised. General practitioners with schedule books less filled than previously tended to view children as the obvious patients to fill their available schedule time. Recently, Machen reported that 80 to 90 percent of all children receiving dental care are treated by the general practitioner.

The report of the ADA Council on Dental Education Special Committee on the Future of Dentistry recognized an emerging problem. Based on dental demographics, the committee reported a need for highly trained pedodontic trained specialists, but noted that the scope of some programs is too limited to allow the specialty to flourish. A decrease in the number of specialty programs was recommended.

The prognosticators were only partly correct. Pedodontics has passed away in name only. At the 1984 American Academy of Pedodontics Annual Session, the members voted to change the name of their organization to the American Academy of Pediatric Dentistry.

This was done not only to correct many years of mispronunciation and incorrect spelling, but also to emphasize the evolutionary changes and the expanding horizons which the specialty has undergone as well as to indicate the direction it will take in the future.

In 1989, the ADA Council on Dental Education will review pediatric dentistry as it has the other dental specialties. The purpose of these reviews is to demonstrate the uniqueness and rationale for each boarded specialty.

It is now clear that with the past changes in training and practice, and with a well-planned future, pediatric dentistry will not only survive but will continue to evolve. According to Meskin, and corrected by the current data of Machen, by the year 2000 there will be approximately 4,000 to 5,000 practicing pediatric dentists.

Why, then, is the future still promising although the statistics appear pessimistic? Perhaps the definition as currently approved by the Commission on Dental Accreditation is helpful.

"Pedodontics is the practice and teaching of comprehensive preventive and therapeutic oral health care for children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical and/or emotional problems."

According to Wei, the classical pedodontic practice provides "dentistry for the healthy wealthy child." Children are also properly treated in the offices of a well-trained general practitioner. The population that does not fall into this category is the area where the future of pediatric dentistry lies, and by virtue of their training, where pediatric dentists perform best.

Where are future pediatric dental patients coming from? While there is an increase in the birth rate, the ratio of adults to children will remain constant. Childbearing is occurring later in life for many career-oriented families. The number of healthy children will be increased by a new population of children.

These children will be those who now live, but who would have had minimal chance of survival before recent advances in neonatalogy. From this population will come patients who require special care through their lives.

The addition of fluoride to many water systems, one of the cheapest, safest and

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most efficient public health measures, is not totally successful in the eradication of children's decay. Primary teeth and first permanent molars are sometimes more susceptible to decay because of the absence of systemic fluoride during formative years. Children's dietary habits have not changed and perhaps worsened. Adequate systemic fluoride concentration is not always achieved in bottle and breast fed infants. Caries-prone children are still allowed to sleep and to feed ad lib on bottles filled with cariogenic liquids.

It was once thought that the first dental visit should be between the ages of two and one-half and three years, and in some communities four years and older. A major thrust within the dental community presently is for infant dental visits. Early recognition and treatment of dental problems, as well as improved education, will provide better health care for the child.

The National Health Survey data on orthodontic needs of 6 to 11 and 12 to 17 years olds show the manifestation of malocclusions to be 76 percent and 89 percent respectively. There is still a tremendous need for orthodontic care in the mixed and permanent denition.

After reviewing the above, what is the role of pediatric dentistry in the future? In response to the ADA Future of Dentistry Report, Brown presented a paper at the AADS Pedodontic Section Meeting in 1978. He identified those areas in which the pediatric dentist should show proficiency beyond that of the generalist as: Prevention, bring patients to adulthood caries free; patient management, more effective and safer methods; restorative, more conservative and more esthetic restorations; growth and development/orthodontics, improved understanding of the growth process and increased skills to intercept developing malocclusions through the period of mixed dentition; genetics, increased ability to counsel families; sick or handicapped children, Oncology patients; periodontics and children; temporomandibular joint problems; and Speech problems.

Wei stated that though "pedodontists will continue to provide primary care for a significant percentage of the normal child population, as more general practitioners are better trained in the management of children . . . they will share this responsibility. Pediatric dentists will be the primary care providers for acutely ill children, chronically compromised children in institutions or at home, and for mentally and physically compromised children."

McDonald reported that because of a paucity of pediatric patients at dental schools, the pediatric dentistry learning experience of dental school students will decrease leading to a shunting of patients back to the pediatric dentist.

What then is the future of pediatric dentistry that is emerging from these somewhat divergent yet convergent views? What role will the pediatric dentist play in the treatment of children? What will be the profile of the pediatric dentist in the future?

The pediatric dentist has become an integral part of the health care team. Prevention is the primary role, but the pediatric dentist, well trained in hospital dentistry and protocol, is responsible for a part of the total health care of the child.

Because of the education received in anesthesia, sedation and other behavior management modalities, the child less than four years of age exhibiting dental disease may be treated safely in and out of the hospital.**

The pediatric dentist will assume an active part in perinatal counseling and care. He or she will take a larger role in the treatment of patients with oncologic, hematologic, pulmonary and cardiovascular diseases. Recognition of periodontal diseases in children and adolescents will assume a role of greater importance.

The pediatric dentist will treat patients with physical and emotional handicaps and be involved in the diagnosis and treatment of genetic and orofacial anomalies. The pediatric dentist will be responsible for his or her share of the treatment of pediatric oral trauma and the identification of child abuse.

Interceptive orthodontics and guidance of eruption during the mixed dentition stage of dental development is perhaps the most controversial issue because it appears to cross into the realm of the orthodontist.

Of the malocclusions in the pediatric population cited above, a significant number are not so severe that they require the skills of an orthodontist.

In summary, the realm of the pediatric dentist must expand and yet become more focused. It must accept those patients who receive no care now.

The pediatric dentist must assume the role of a health care team member able to utilize hospital facilities and provide comprehensive dental care to all children.

This is especially true for those children in the neediest groups, those less than four years of age and those medically and physically handicapped in all age groups.

The pediatric dentistry education provided in the future will emphasize pediatric medicine, growth and development, handicapped dentistry, hospital dentistry and sedation and anesthesia.

It will also teach the other important aspects of dentistry to create in the words of Meskin a superspecialist. Increased training will thus become necessary.

In conclusion, the future of pediatric dentistry is clearer and brighter now than it has ever been in the past. It had better be, the health of our children is at stake.

David L. Rothman, DDS

***This statement is true only if malpractice insurance premiums stabilize and become more reasonable for sedation and general anesthesia cases and if hospitals continue to recognize the importance of the hospital-trained dentist.*

TAKES EXCEPTION

Although enjoying and agreeing with the majority of Dr. David L. Rothman's article in the December, 1986, *CDA Journal,* "The future direction of pediatric dentistry," I must take exception with Dr. Rothman's ascertion that "Of the malocclusions in the pediatric population cited above, a significant number are not so severe that they require the skills of an orthodontist." It would be of interest to me to know which, and the frequency of, problems Dr. Rothman feels fall into this "not so severe" category.

Dr. Rothman seems to have underestimated the complexity and severity of diagnosing as well as treating orthodontic problems in general. It has been my experience as a practicing pediatric dentist and orthodontist that the vast majority of malocclusions I see require the expertise of an orthodontist for their management and treatment. Pediatric dentistry has a very important role to perform, but based on their past and present curriculums it is not in the management and treatment of malocclusions

Gus Charles Petras, DDS
Redding, CA

Whose Profession Is This?

The American Dental Hygiene Association (ADHA) has established and publicized as a national goal the desire to allow dental hygienists to practice independently.

The primary purpose of this goal is for the hygienist to become a primary care provider, to be the first person to see the patient, to make a diagnosis, to render prophylactic and periodontal care, and then refer the patient to a dentist for treatment.

Hygienists choose to categorize this treatment as independent practice. This is a good choice from their point of view. Independent practice connotes to the casual reader a striving to get ahead, the desire to be independent, to chart one's own course.

The dental profession, however, takes a more realistic view of the hygiene proposal in characterizing it as unsupervised practice, since that is clearly what it is if the hygienist is placed in the position of being the primary care provider without the supervision of the dentist.

There is nothing in the training of hygienists to indicate that they have the

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skills, training or background to function in this manner. Quite the contrary is true. Hygienists, throughout their training, are prepared to practice their discipline only under the supervision of a dentist.

Recently, Assembly Bill 844 was heard in the Assembly Public Health Committee. This bill would have allowed dental hygienists to practice in nursing homes without the supervision of a dentist.

The issues were heard from the committee, and the committee voted five to zero in favor of reporting the bill out to the Assembly floor. It failed because it takes seven positive votes in order for a bill to come out of committee.

The hygienists presented testimony relating to one basic and simple proposition: the supervising dentist (each nursing home must have one) allegedly seldom sees the patients treated by the hygienist. In addition, hygienists report to the legislature and every place else they go, that in many offices where they provide services, the dentist does not see the patient — either before or after the prophylactic service is rendered.

It is my opinion that this statement is too often true. Too many dentists, because of the pressure of economics and/or convenience, are abrogating to dental hygienists the obligatory role of the dentist.

It never has been acceptable, it is not acceptable now, nor will it be acceptable in the future, for a patient to walk into a dentist's office, have a service rendered by an auxiliary, and not see the dentist for a review of the work performed by the auxiliary.

Those dentists who are practicing in this manner are giving our profession away to the hygienists and equally as bad, not properly serving their patients.

The issue thus goes beyond state law and association policy. It is a matter of the best dental care that must be provided patients. It is wrong to state that the best care can be provided to patients by dental hygienists who perform their services in the absence of a dentist supervising that service.

Dentists practicing in California must change their direction, must change their method of operation, must once again assume the responsibility given to them by the state when they receive their license to practice. Note the following, quoted from the Dental Practice Act, Section 1625, Practice of Dentistry Defined:

"Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation."

If the current pattern of dentists failing to provide proper supervision and rendering diagnoses for their patients continues, dentists will have given away the profession to the hygienist auxiliary; and the question, "Whose profession is this?" will be answered.

The answer will be, "It's not ours."

The practicing, trained, qualified dentist will have transferred this primary fucntion of the profession to the dental hygienist, who has two years of training. The result of this transfer will ultimately result in a lowering of the quality of care provided to the public.

The choice is ours. We must make the correct one.

J. David Gaynor, DDS

This has been copied by permission of the *Journal of the California Dental Association.*

Conscious Sedation

Presently, the legislature is working to enact legislation that will create a *parenteral* conscious sedation permit in California. Those dentists using a parenteral conscious sedation technique will be required to obtain the necessary permit. A permit presently exists for the use of general anesthesia. At the present time, there is uncertainty about what will be required to obtain and retain a conscious sedation permit. There are two competing pieces of legislation (one in the Senate; one in the Assembly) that are in committee hearings. CSPD will continue to follow this process closely and will inform the membership as things develop.

Meanwhile, there have been two more deaths in dental offices involving the use of *parenteral* conscious sedation. One of the victims was a child in a setting where the sedation was administered by a nurse anesthetist. The dentist was a general dentist. It is probable that criminal charges will be filed against both the dentist and the nurse. The other death (involving a 28-year-old woman undergoing third molar extractions in a general dental office) led directly to an investigative report aired by television station KPIX in San Francisco. The report focused on the existing lack of state regulation of conscious sedation. It appears that now after 3-4 years in the political arena of the California legislature there is a "mandate" that conscious sedation be regulated. You can expect to see the necessary legislation passed and signed into law sometime this year.

It is likely that this year the media will bring to the public's attention the question of the safety of conscious sedation. As a result, those of us using sedation (parenteral or *non* parenteral) in our practices may expect even more questions from the parents of our patients. Details of the two most recent deaths again reveal that the tragic outcomes resulted from negligence and poor operator judgment.

As welcome as the conscious sedation permit legislation will be; the fact remains that it will never be possible to legislate "good judgment":

Geoffrey Groat
Ad Hoc Committee
Conscious Sedation

THERE WAS A "THERE" THERE AT THE CLAREMONT!

The 138 people who attended the 12th Annual CSPD Conference at the Claremont Resort can attest to the fact that there is, indeed, a "there" there in the Oakland/Berkeley hills! Aided by cooperative weather, they were treated to one of the most fantastic views in the entire Bay Area. The Resort was outstanding, with excellent food, quaint rooms and a friendly staff.

The fellowship began on Thursday night with a welcoming cocktail party featuring scrumptious hors d'oeuvres, continued at the Friday luncheon highlighted by an address by the AAPD President, Heber Simmons, and ended on a high note with our installation and awards banquet on Saturday night. The spouse/guests were treated to a fantastic luncheon at the California Culinary Academy in San Francisco, with time for shopping afterwards. It was great to see old friends and make new ones.

Our scientific program started on Friday with a presentation by Jay Bauer, an attorney from Breckenridge, Colorado, that will help us organize our practices and our lives by learning to say "no" at the proper time. He also gave a most interesting talk on "tort reform". Saturday was devoted to an outstanding program on Pediatric Pathology and AIDS update by Sol Silverman, Chairman of the Department of Oral Medicine at UCSF. We wound up on Sunday with an overflow crowd to hear a superb panel discussion on "Promotion of the Modern Pediatric Dental Practice". Mike McCartney and Mark Lisagor moderated a panel consisting of Betty Barr, Jac Pedersen and Ken Whitcomb. Tapes are available of the discussion. Contact Shirlee Adams for details.

In addition, the "Fun Run" was held in the Berkeley hills with a 180 degree view of the entire Bay Area. Our thanks to Richard Sobel for organizing the run. Dick Pace coordinated a small but mighty group of golfers who hacked up the Lake Chabot golf course. Harry and Kirstin Plett were in charge of the tennis tournament held at the excellent Claremont Tennis Club. Geoff Groat attempted to set up a windsurfing group, but the turnout was rather small. All who participated in the sports events had a great time. My thanks to all the chairmen for their hard work.

There was plenty of free time to enjoy the numerous attractions of the Bay Area. Many took a drive to the Napa Valley, others enjoyed the museums, restaurants and excellent shopping available in the area.

For those of you who could not attend, you missed a great meeting! I would like to thank all of you who did attend, especially the many who helped plan and worked at the meeting. A special thanks to our Executive Secretary, Shirlee Adams, and to my wife Shirley for their help.

Plan now to attend our 13th Annual Conference at the Mission Resort Hotel in Rancho Mirage, April 7-10, 1988. John Groper is planning an outstanding meeting. See you there!

Donald J. Dal Porto, Chairman
CSPD 12th Annual Conference

BOARD BRIEFS

BOARD OF DIRECTORS' MEETING — January 24, 1987

1. MOTION 1.24.87.1 GROAT/FAIA. Moved that CSPD approve the following policy as outlined below regarding the Board of Directors' Meeting that precedes the CSPD Annual Meeting:
   A. CSPD will pay for the first night's hotel room for any CSPD officer or any member of the CSPD Board of Directors who wishes to arrive at the meeting site the day before the Board of Directors' Meeting.
   B. CSPD will pay only for the room rent. Those staying at a hotel other than the designated meeting hotel will be reimbursed for one night's stay up to a maximum equivalent to one night's stay at the meeting site hotel.
   C. Attendees will decide for themselves if they wish to arrive the day of or the day preceding the Board of Directors' Meeting. DEFEATED
2. MOTION 1.24.87.2 McCARTNEY/LISAGOR. Moved that for the Board meeting, associated with the Annual Meeting, the Board members be reimbursed for travel in full *if* they are attending the Board meeting only and be reimbursed for ½ the travel expense if they are attending the Board meeting and Annual Meeting. DEFEATED
3. MOTION 1.24.87.3 REGGIARDO/McCARTNEY. Moved that Dr. Edith Strauss be invited to submit an application for Life Membership status which will be voted upon at the next Annual Meeting. UNANIMOUSLY PASSED
4. MOTION 1.24.87.4(A) RYAN/STEIGNER. Same as No. 2 (Annual Meeting Motions). PASSED UNANIMOUSLY.

   MOTION 1.24.87.4(B) RYAN/STEIGNER. Same as No. 3 (Annual Meeting Motions). PASSED BY MAJORITY VOTE

BOARD OF DIRECTORS' MEETING — April 2, 1987

1. MOTION 4.3.87.1 KIRSHBAUM/RYAN. Moved that our annual dues be increased from $65.00 to $90.00. PASSES
2. MOTION 4.2.87.2 McCARTNEY/RYAN. Moved that CSPD print and distribute a new directory for 1987. Print 500 directories; bid $1,230.00. PASSED
3. MOTION 4.2.87.3 REGGIARDO/DORFMAN. Moved that CSPD adopt and accept, as revised, the first six chapters of the Administrative Policy and Procedure manual as presented this date and to, therefore, begin using this document beginning with the 1987-88 Board. PASSED

ANNUAL BUSINESS MEETING — April 3, 1987

1. MOTION 4.3.87.1 KIRSHBAUM/RYAN. Moved that our annual dues be increased from $65.00 to $90.00. PASSED
2. MOTION 4.3.87.2 McCARTNEY/SPITZ. Moved to change Chapter V, Section 1(A), line 4 of the Bylaws to read, "The three members-at-large shall be nominated and voted upon by the general membership *at the Annual Meeting*. PASSED
3. MOTION 4.3.87.3 KIRSHBAUM/GROPER. Moved to change Chapter IV, Section 2, line 5 of the Bylaws to read, "The President Elect shall be alternately chosen from *either* Northern or Southern California. DEFEATED
4. MOTION 4.3.87.4 PACE/GROPER. Moved to accept Life Membership status for Dr. Edith Strauss. PASSED

SUMMARY OF TREASURER'S REPORT JUNE 1987

	1986-1987	Projected Budget 1987-1988
Income	$19,802.00	$30,671.00
Expenses	26,287.00	25,650.00
Cash	30,335.00	——

For the previous four years, we have enjoyed an excellent balance between expenses and and income. During the 1986-87 year, the expansion of our programs, especially into the areas of the pediatric projects, have increased our expenditures substantially. Our recently enacted dues increase shall adequately provide for these activities without eroding the cash reserves needed by our organization.

For more detailed information regarding CSPD income and expenditures, members may contact me at (415) 757-4220.

Richard S. Sobel, DDS

CSPD Annual Meeting 1987 Table Clinics

CSPD would like to give special acknowledgement to the following Table Clinic participants at the 1987 Annual Meeting:

Dr. Neil Katsura
2nd year Grad Student, UCSF
"Dental I.D. and Missing Persons"

Dr. Mark Dal Porto
1st year Grad Student, UCSF
"A Case Study of Midazolam Sedations"

Dr. Maria Aganon-Fu
1st year Grad Student, UCSF
"Parental Attitudes and Responses Before and After Sedation of Their Child"

Dr. Richard P. Mungo
Faculty, USC
Dr. Brad Tucker
2nd year Grad Student, USC
Dr. Karen Sue
1st year Grad Student, USC
"Management of Intraoral Bleeding via Laser Cauterization"

Dr. J. Brian Putman
Private Practice, Novato
"Dental Volunteers for Israel"

Public and Professional Relations Committee, CSPD
"Availability of Informative Brochures"

American Academy of Pediatric Dentistry 1988 Annual Session Hotel del Coronado San Diego, CA May 14-17, 1988

Approximately five weeks following the 1988 CSPD annual session in the Palm Springs area, the American Academy of Pediatric Dentistry will meet at the Hotel del Coronado May 14-17.

Local arrangements for the AAPD meeting will be coordinated by members from CSPD in an all out effort to extend warm greetings from California to the rest of our Academy.

An outstanding program of speakers and other activities is being planned for both Academy members as well as for their families and guests.

David Good is the general meeting chairman for the APPD 1988 annual session and Warren Brandli is the local arrangements subcommittee chairman.

Mark your calendars today for both the CSPD annual session April 7-10, 1988, and for the AAPD annual session May 14-17, 1988!

1988 ANNUAL MEETING

Now that another successful annual meeting has been completed, it is time to look forward to the 1988 meeting. The 1988 meeting is to be held at the Mission Hills Resort Hotel, Rancho Mirage, California. The dates are April 7-10, 1988.

As 1987 winds down, you will be receiving literature in the mail about the 1988 meeting. We do hope you will be able to attend because it promises to be the best meeting ever.

John N. Groper, DDS
Chairman, 1988 Annual Meeting

DENTAL VOLUNTEERS FOR ISRAEL

Who would spend $1,000 on airfare and a week or more of their hard won vacation time doing dentistry on needy kids in an unstable area? You, I hope! DVI's free clinic for underprivileged children in Jerusalem is desperate for pediatric dentists to join their GP volunteers from around the world.

I promise you there is no more challenging pathology, stimulating environment or rewarding experience available anywhere. If you go (and your spouse and children too, if you like), DVI will put you up in a nice flat. They will also work you really hard for five hours a day, and then they will work even harder to show you their appreciation and hospitality. It's an unforgettable way to see and experience the Holy Land.

Please give me a call if you are at all interested.

J. Brian Putman, DDS
(415) 892-1580

News From The Dental Schools

CSPD is pleased to congratulate and acknowledge the 1987 graduating pediatric dentists from the three California programs.

The five graduates from USC are **Drs. Victor Diaz-Alvarez, Jari Faison, Jorge Godoy, Osamu Tokiwa** and **Brad Tucker.**

Dr. Neil Katsura is the sole graduate from the USCF program.

UCLA is graduating two pediatric dental residents: **Drs. Stella Koletic** and **Paul Seo**; and two Pediatric-Orthodontic residents, **Drs. Cappie Baker** and **Wanda Claro.**

Classified Advertisements

Seeking an associateship or office to purchase in Orange County. Send responses to CSPD office.

Pediatric dentist completing two year orthodontic residency at Loyola University **desires association** with well-established, quality So. California pediatric dental practice. Write or call:
Marvin Rosenberg, DDS
20746 Tiara
Woodland Hills, CA 91367
(213) 713-1965

Practice for Sale: Los Angeles-Hancock Park area. Newly remodeled, fully equipped, beautiful office. Good gross on a 2½ day week. Outstanding growth potential. Perfect opportunity for ambitious young pedodontist. Owner moving but will assist with transfer. Contact: Dr. Steven N. Mascagno (213) 463-8322.

Hawaii — **Opportunity to buy one or both pediatric dental offices** on Kona Coast of the Big Island. Both are modern offices with completely separate patient clientele. Offices are fifty (50) miles apart. Association with intent to purchase is welcome. Excellent opportunity to live on beautiful, quiet, peaceful neighbor island. Please contact Michael Delaney, DDS, MS, Box 1507, Kamuela, Hawaii 96743. (808) 885-6011. 329-7351.

All members are invited to place free classified ads. Nonmembers must pay $25.00. Send information to the Editor. **If you do not contact the Editor to continue your classified ad, it will automatically be discontinued.** Display advertisements that appear throughout the *BULLETIN* are reserved for sponsors of the CSPD annual meeting.

From The Recording Studio. . . .

The recent CSPD Annual Meeting contained a presentation entitled "Promotion of the Modern Pediatric Dental Practice". The panel was organized and moderated by Mike McCartney and Mark Lisagor and also included members Ken Whitcomb and Jac Pedersen. Betty Barr, a pediatric dentist in Denver, Colorado, also participated on the panel. The entire presentation is available on audio cassettes and an outline will also be sent with the tapes. The cost of the tapes to CSPD members will be minimal and depends on the cost of duplication and postage. If you would like to order a set of these tapes, notify Shirlee for further details.

Officers and Members of the Board of Directors — 1987-1988

PRESIDENT:	Donald J. Dal Porto, DDS, 516 Remington Drive, #2, Sunnyvale, CA 94087	(714) 838-9120
PRESIDENT-ELECT:	John Groper, DDS, 10921 Wilshire Blvd., #1101, Los Angeles, CA 90024	(213) 208-6684
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EXECUTIVE SECRETARIES:	American Business Image: Shirlee Adams and Patricia Noorigian 16541 Gothard St., Suite 103, Huntington Beach, CA 92647	(714) 847-3130
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DIRECTOR '89S:	Mike McCartney, DDS, 18102 Irvine Blvd., #101, Tustin, CA 92680	(714) 838-9120

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Barry Cantor
Chuck Spitz
Martin Steigner
Warren Brandli
Keith Ryan

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Barry Cantor
Marc Grossman
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Hugh Kopel, (USC)

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Warren Brandli

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Geoff Groat, Chairman
Dave Markle
Dave Taylor

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Michael McCartney, Chairman
Jack Faia

MISSING AND ABUSED CHILDREN
Stephen Blain, Chairman
Steven Chan
Denis Weintraub

MOTION AND POLICY MANUAL REVIEW
Paul Reggiardo

NEW MEMBERSHIP
Martin Steigner, Chairman
Jac Pedersen
Ken Whitcomb

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS
16541 GOTHARD STREET, SUITE 103
HUNTINGTON BEACH, CA 92647