

2023

# ICD<sup>®</sup>igest

journal of the european section  
international college of dentists

**Sustainability  
in Dentistry**

**Fellowship, Science,  
Humanitarianism and  
Recognising Service**

**Dentistry  
2023**

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INTERNATIONAL COLLEGE OF DENTISTS

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The International College of Dentists is the preeminent global dental honor society recognising outstanding professional achievement and meritorious service while advocating for humanitarian and educational initiatives.

### Motto

Recognising service as well as the opportunity to serve.

### Core Values

**Leadership:** Uphold the highest standard of professional competence and personal ethics.

**Recognition:** Recognise distinguished service to the profession and the public worldwide.

**Humanitarianism:** Foster measures for the prevention and treatment of oral disease by encouraging and supporting humanitarian projects.

**Education:** Contribute to the advancement of the profession of dentistry by fostering the growth and diffusion of dental knowledge worldwide.

### International Professional Relations

Provide a universal forum for the cultivation of cordial relations within the profession and to assist in preserving the highest perception of the profession worldwide.

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# Welcome to ICDigest 2023!

As the new Editor of the ICDigest, I must first and foremost, thank and pay tribute to my predecessor Nairn Wilson. Nairn has worked tirelessly during his 5 years as Editor to promote the activity of the Section and produce an informative and attractive journal. It is an honour to have been asked to be the new Editor and my aim is to build on the hard work of Nairn and the other predecessors.



A decision was made at the beginning of my period of tenure to move from a printed journal to an e-Journal. This reduces production costs, but also reflects where many international publications are moving exclusively to a digital format which can be accessed and read more easily than a printed copy. I have aimed with

this edition to produce a publication with a mixture of reports and articles that I hope the readership will find of interest.

In going forward, I will need the help and support of an Editorial Board and the Fellows of the Section. There is the opportunity to refresh the Editorial Board to help me keep the ICDigest contemporary and relevant. I will be most pleased to receive expressions of interest in joining the Editorial Board. Please contact me if you have an interest in this. I shall also be actively recruiting whilst in Amsterdam this June. In addition, if you wish to contribute an article, a report of a meeting, or submit a letter or other short communication for consideration for publication in the 2024 ICDigest, please do not hesitate to contact me. Ideally, the ICDigest should be by the Fellows for the Fellows, reinforcing the core values of the College: leadership, recognition, humanitarianism, education and professional relationships.

Institutionally, culturally, and geographically, Europe consists of 51 countries, 44 of which fall entirely within the borders of the European continent. The European Union (EU) is made up of 27 countries. The Council of European Dentists (CED) represents about 345,000 dentists in

the EU, and it is estimated that there are about 440,000 practising dentists in Europe. As many countries as there are in Europe, so many different languages are spoken. So are different ethnicities, religions, and political systems. All this makes the ICD European Section (V), which currently has 40 countries, special.

***We are all aware of the tremendous political and social challenges that are taking place currently.***

We are all aware of the tremendous political and social challenges that are taking place currently. Of course, these present us with threats within a changing dental world. However, it is how we, as individuals and collectively, respond to the challenges that present which defines us and provides the opportunities to deliver the core values of the College. I have always enjoyed meeting colleagues and making friends within the College with this being a pluralist rather than a specialist society, and the egalitarian fellowship that is found is very unique to the ICD. Our challenge is to build on these core values and this should be an encouragement for new Fellows to be recruited and to drive the College forward in an ever-changing world.

**Michael Thomas – FICD**  
Editor-in-Chief



# News from the Districts 2023

2022 saw face to face activities returning to the districts. The news from the Districts feature was revived in the 2020 issue of ICDigest. This was well received and hence has been restored as a regular feature of ICDigest.



**Michael Thomas – FICD**  
Editor-in-Chief

**District 10** (Italy) held a meeting in Genoa from 16<sup>th</sup> to 17<sup>th</sup> September, chaired by Prof Mauro Labanca, Registrar European Section and Regent of the Italian District. On the Friday evening, a great fun and family dinner was arranged in an authentic seafood restaurant. Saturday from 9 a.m. to 1 p.m. was spent listening to fascinating lectures by Sergio Borra on team building, Christina Brondoni on patient profiling, Mauro Labanca on human errors in decision making and Alice Luna Zanel on branding and digital communication. After a nice lunch, the meeting of the Italian district was held in the afternoon when new candidates were also introduced for Fellowship of the ICD and the meeting ended in the evening with a marvellous dinner. The camarade-

rie within the Italian District was very special. Section President, Walter van Driel, was also present at all the events.

Within **District 1** (Spain), on November 12, the 3<sup>rd</sup> ICD-FOS Scientific Solidarity Meeting was held in Seville, in benefit of the Philip Dear Foundation with the participation of the University of Seville and with the presence of the Dean of the Faculty of Dentistry, Professor José Luis Gutiérrez Pérez.

Several high-quality presentations took up the morning. Dr. Roberto Aza (U.A.X.) "Dynamic navigation in endodontics", Dr. Jesús Santos (U.B.) "Evidence in the clinic through CBT", Dr. Pere Riutord (Vice-Dean of the Degree in Dentistry of the University School ADEMA-UIB) "Introduction to haptic and holographic simulation in the planning of real dental treatments" and Dr. Ignacio Barbero (U.S.) "Microscopy in endodontics - Current status". At the closing of the event Dr. Santiago Jane Noblom, Regent for Spain, in addition to thanking everyone for their presence, recalled the motto of the ICD "Recognizing the service and the opportunity to serve".

The event was attended by more than 150 people, mainly students from the University of Seville in their



Images from the Italian district meeting in Genoa.





The event was held at the Real Círculo de Labradores and was presented by Dr. Antonio Castaño, Professor at the University of Seville, Fellow of the I.C.D. and president of the Fundación Odontología Social Luis Seiquer (F.O.S.).

final year of undergraduate and master's degrees, along with members of the ICD from different parts of Spain.

**District 4** (England, Scotland and Wales) held their annual dinner at The Royal Society of Medicine in November, attended by 38 Fellows and guests. The Regent, Mark Wright, gave an update of the work of the College along with an update of future meetings. A presentation was also received from Fellow Dr. Sunita Verma regarding Project Mwanga which helps Masai communities in Africa with access to education across all age groups as well as providing lighting to villages. District 4 also had the honour of hosting the European Section Board Meeting in London at the Royal Thames Yacht Club on 10<sup>th</sup> December 2022 where 24 Executives and Regents attended in person and 4 further Regents joined the meeting via Zoom, to deal with business matters, finalising the annual meeting in Amsterdam and planning the next two successive meetings.

At the European Section Board Meeting, two Fellows of **District 3**, Scandinavia, were accepted as Life Members. Dr. Ivar Hoff was inducted as a Fellow in London in 1990. His Life Membership was granted for his long-standing work as vice Regent and Regent for District 3. Dr. Hoff has been a teacher in periodontics at the University of Bergen for many years. Dr. Knut Meyer was inducted as a Fellow in 1982 and was presented with the King of Norway's silver medal for his long-standing teaching of periodontics, again at the University of Bergen, and also for his work to uphold the history of Norwegian odontology in the Gamle Bergen museum and also at the school museum in Bergen.

On 20<sup>th</sup> September 2022, a small conference of the Caucasian subdistrict of **District 15** (Central and North East Europe) was held with the participation of ICD Fellows from Georgia and candidate Fellows who plan to join the ICD this year. The conference was organised and moderated by Professor Maryna Mamaladze, Vice Regent of District 15. This conference was held as part of the events dedicated to the opening of the academic year of the Tbilisi State Medical University where Dr. Serhiy Radlinsky, Regent of District 15, was presented



The Real Círculo de Labradores is one of the oldest societies in Spain, founded in 1859, with more than 160 years of history, by concession of H.M. Alfonso XIII. It holds the title of Royal, which was granted in 1917 and offers a spectacular setting for the celebration of events such as this one, full of history and solemnity.





Dr. Olga Ponomarenko presents the course on Biomimetic Dentistry.

as a Honorary Doctor of this university. The Tbilisi State Medical University is the largest and oldest traditional medical educational institution in Georgia. District 15 have also planned to hold 3 more sub-district ICD conferences in Chisinau (Moldova), Riga (Latvia) and Lodz (Poland). Serhiy also reports that he had been able to complete a four-day training programme in Ukraine at the "Apollonia" training centre. At the time there was no electricity supply to the building and the teacher, Olga Ponomarenko, gave the theoretical part of the course on biomimetic dentistry in the phantom head classroom using a local Ecoflow charging station to provide a power supply and certificates were handed out by candlelight. Our colleagues in Ukraine live in frightening and challenging times and we look forward to hearing more from them in subsequent editions of this journal. ■



Candlelight is used for the presentation of the certificates.



Candlelight is used for the rest of the building.



# Reflections from Por

After two postponements, the European Section was eventually able to hold its 65<sup>th</sup> Annual Meeting in Oporto, Portugal between 8th and 12th June 2022. Fellows celebrated meeting together for the first time since the 64th meeting of the section in Thessaloniki in 2019. The term of the President of the section, Gil Alcoforado, was unique in lasting three years and involved three attempts to hold the meeting. The Section was also honoured by the International president Richard Smith and the Secretary General Joseph Kenneally who attended the meeting.

The atmosphere in Oporto was therefore remarkable as old friends were reunited and new friends made as several intakes of new fellows were welcomed. The venue of the Palácio do Freixo Hotel on the north bank of the river Douro, with its Italian garden and poolside area, allowed fellows to relax in comfort as well as attending the welcome reception and dinner on the first evening.

The scientific programme and humanitarian forum took place in the adjacent venue of the Riverside Hotel. The humanitarian forum was conducted by Mariana Dolores, the President of Mundo A Sorrir. In addition, the visit to a local Mundo A Sorrir clinic, where disadvantaged individuals receive dental care was a wonderful opportunity to experience first-hand the activities supported by the section's Philip Dear Fund.

The accompanying guests enjoyed a tour of the highlights of Porto using tuk-tuks to transport them around the city and surrounding neighbourhood. This included lunch at the Fuga restaurant with its wonderful views from the terrace of the river.

1. Ponte Dom Luís I bridge crossing the river Douro.
2. Views of the reception at the Palácio do Freixo Hotel.
3. Welcome dinner at the Palácio do Freixo Hotel.
4. Departing the Palácio do Freixo Hotel in one of the fleet of Tuk Tuks.
5. Tour of the city of Porto.





to



The Section Executive met with International President Richard Smith and Secretary General Joseph Kenneally. Left to Right: Dov Sydney, Walter van Driel, Gil Alcoforado, Joseph Kenneally, Richard Smith, Werner Lil, Mauro Labanca.









All were reunited for the conference dinner which took place at the Real Companhia Velha Winery. The evening commenced with a port tasting and dinner took place in the cellars of the oldest wine producer in Portugal, on the south bank of the river.

Fellows and their guests enjoyed a morning of relaxation the following day before convening at the magnificent Palácio da Bolsa, the stock exchange palace, in the heart of the city. The Arab Hall, with its magnificent stucco and gold labelled adornments, provided a memorable setting for the induction ceremony prior the dinner in the Hall of Nations. Walter van Driel accepted the presidency of the section from Gil Alcoforado. An emotional highlight of the ceremony was Regent Serhiy Radlinsky from Ukraine presenting his inductees for Fellowship and thanking ICD for all the support he had received subsequent to the Russian invasion of Ukraine. A resounding standing ovation followed.

6. Lunch at the Fuga restaurant.
7. Reception before the conference dinner at Real Companhia Velha Winery.
8. Induction ceremony in The Arab Hall, Palácio da Bolsa.
9. The conference dinner at Real Companhia Velha Winery.
10. Ceremony dinner in the Hall of Nations, Palácio da Bolsa.
11. Regent Serhiy Radlinsky from Ukraine is acknowledged by the Fellows.
12. Smiles present after the induction ceremony.

On the final day of the meeting, Fellows and their guests enjoyed the wonderful sight of the São Bento train station before taking the train along the Douro valley towards Régua for a guided tour and lunch at the Quinta da Pacheca winery followed by a leisurely boat trip from Pinhão along the river followed by a return road trip to the Palácio do Freixo Hotel. ■



- 13. Ceremony dinner in the Hall of Nations, Palácio da Bolsa.
- 14. Fellows and their guest view admire the azulejos, those beautiful Portugese tiles depecting historical scenes at the São Bento railway station.
- 15. Fellows and guests are shown around Quinta da Pacheca winery.
- 16. The group embark on a boat tour along the Douro river.
- 17. Fellows and guests are shown around Quinta da Pacheca winery.
- 18. A fun time was had!







# ICD and its Role in Humanitarian and Educational Aid

It is a pleasure to be able to include the following article within ICDigest 2023. This article was originally published in Journal of Dental Reports\* last year. Phillip Dowell is a Master Fellow and Life Member of the International College of Dentists. He has been a past president of the European Section and International president. His focus now is in highlighting and promoting the role of the college in humanitarian and educational aid.



Phillip Dowell

## **International Professional Relations**

Provide a universal international forum for the cultivation of cordial relations within the profession and to assist in preserving the highest perception of the profession worldwide.

The above is a summary of what the ICD is about and highlights its core values. The College is more than 100 years old and was founded by the friendship between two Fellows, Dr. Louis Ottofy from the USA and Dr. Tsurukichi Okumura of Japan.

The International College of Dentists is the Preeminent Global Dental Honour Society recognizing outstanding professional achievement and meritorious service while advocating for Humanitarian and Educational Initiatives. The core values of the college are:

### **Leadership**

Uphold the highest standard of professional competence and personal ethics.

### **Recognition**

Recognize distinguished service to the profession and the public worldwide.

### **Humanitarianism**

Foster measures for the prevention and treatment of oral disease by encouraging and supporting humanitarian projects.

### **Education**

Contribute to the advancement of the profession of dentistry by fostering the growth and diffusion of dental knowledge worldwide.

There are more than 12,000 Fellows now in 125 countries worldwide consisting of academicians, researchers, clinical specialists, and general practitioners. There are 15 ICD Sections and 15 Regions encompassing the Globe, and it is this network that provides the College with the ability to spread and share educational and humanitarian information worldwide. The College has a number of foundations which carry out both educational and humanitarian projects, and there is a college-wide fund called the Global Visionary Fund (GVF), which is the charitable arm of the International Council. Its initiatives in fundraising and programming allow ICD to achieve its social mission of providing oral health care for the underserved, as well as the delivery of educational programs where they are most needed. Created in 2013, the ICD GVF is a tax-advantaged (U.S. IRS 501c3) charitable organization owned and operated by the College. Originally created to receive contributions from other corporations who share our values, it has developed a following of loyal individual donors and supporters. Today these supporters allow ICD to make a difference in the face of huge unmet dental care needs worldwide. The College leverages its impact by collaborating with likeminded foundations, charitable groups, and

\*This article was originally published in the Journal of Dental Reports, 2022; 3(1): 1-5. DOI: [https://doi.org/10.37191/Maps-ci-JDR-3\(1\)-022](https://doi.org/10.37191/Maps-ci-JDR-3(1)-022)



Figure 1: The ICD global footprint.

partners to achieve the maximum betterment of the oral health of the public we serve. A perfect example of this is the donation of US\$ 3.6 million of PPE to the College by Henry Schein Cares during the Covid-19 pandemic. There have been both political and legislative protocol difficulties in delivering this donation to countries where it is most needed.

However, the College has done extraordinarily well in delivering to the most underserved communities. The ICD has many volunteers who give of their time and talent but often this is not enough because there are real costs in providing humanitarian care, which includes materials, equipment, venues, transportation, medicines etc. The GVF removes these barriers. When the GVF receives a request for funding, the application must adhere to proper clinical and research guidelines, including well-documented outcome reports. Most importantly the rationale for support should comply with the following:

#### Simplicity

Complicated procedures are more time consuming and are not beneficial on a cost/health basis if we are to connect with as many patients as possible. Simple procedures as outlined in the WHO Basic package of Oral care (BPOC) should where possible be utilized.

#### Sustainability

There are many papers that extoll the virtues of achieving sustainable projects in underserved communities.

#### Suitable to local needs

Demographics and epidemiology need to be considered when formatting projects. The ICD European Section liaised with the World Health Organization in getting basic

methods published, and it is available online at: [www.icd-europe.org](http://www.icd-europe.org)

The message is clear that measurements need to be taken both pre and post treatment to adequately assess the outcomes.

#### Supported by a written protocol

It is important that all applications provide information on need and are written in such a way that is scientific and evidence based. All projects must provide outcome measurements and documented photographic images of the work carried out.

#### Serviced by a local contact

Having a local person on hand to receive materials, help with potential language difficulties and facilitate local help is important.

#### Social Inclusion

This relates to every human being's right to have housing, sanitation, good nutrition and, of course, health care provision.

Many ICD Sections support humanitarian projects. These projects throughout the world are visible evidence of our presence to the public and to the profession. In fact, the College has created a projects world map, which is interactive and can be used by ICD Fellows, humanitarians, educators, volunteers, and leaders worldwide: <http://www.icd.org/projects-2/>

The College has a number of educational programs including a Dental Safety Program, which is an international educational initiative designed to increase

knowledge, improve attitudes and implement the safer practices of oral health professionals/personnel to meet standards in infection control and occupational safety. The emphasis of this educational and capacity building initiative is towards developing nations. The goal is to control the spread of infectious diseases from patient to patient, oral health professional to patient and patient to the oral health professional during the provision of dental care. This was particularly important during the pandemic.

The ICD also has an Understanding Antimicrobial Resistance Program. Antibiotic and antimicrobial resistance are critical issues to public health systems worldwide. Because of it, infections that were once easily treated with antibiotics are becoming more dangerous, causing treatment failure, prolonged suffering or even death. The College formed a partnership with the United States Centers for Disease Control and Prevention (CDC) Be Antibiotics Aware Program. The mission is to disseminate critical information on antibiotic and antimicrobial resistance and appropriate antibiotic use to ICD Fellows globally. The College maintains working relationships with other important international healthcare organizations. The goal is to collaborate in ways where we are well positioned to play a meaningful role in advancing oral health care and dental education globally.

### Recent updates

#### Alliance for Oral Health Across Borders (AOHAB)

As an Associate Member of this organization, we have sent ICD representatives to their working sessions. The focus is to increase collaboration between dental schools in different nations whose governments do not have strong working relationships, in an effort to improve dental education overall.

#### Centers for Disease, Control and Prevention (CDC)

We have a formal Memorandum of Understanding in place which authorizes ICD to consider the CDC an official partner within their global Antibiotics Awareness program. We use their science as the underpinning of the ICD Understanding Antimicrobial Resistance program.

#### FDI World Dental Federation

ICD has been an Associate Member for the last 10+ years. We represent our interests by sending a representative to their annual meeting, staying in contact by means of document exchange or other personal correspondence between officers of both groups.

#### World Health Organization (WHO)

The Fellows of Section V Europe developed and are financially supporting a health survey platform which WHO, the health programs arm of the United Nations, uses in its relative initiatives.

#### World Economic Forum (WEF)

ICD is invited each year to send representatives to an annual WEF meeting in New York City during the United Nations General Assembly. Together with other health organizations, ICD provides input to the group's ongoing efforts to get oral health included in the U.N.'s political declarations in order to raise the awareness of global oral health issues.

#### United Nations Economic and Social Council (ECOSOC)

The College is in Special Consultative Status with the NGO (Non-Governmental Organizations) branch of this United Nations department. We expect to be in position to provide direct input to this division of the UN on oral health-related topics, very soon.

#### Organization for Safety Asepsis and Prevention (OSAP)

The ICD holds a Non-For-Profit-Organization membership with OSAP. The purpose of this membership is to receive important and updated information and resources related to dental safety, asepsis and prevention, and infection control, for use and dissemination to Fellows worldwide.

#### Conflict of interest

There is no conflict of interest. ■

### References

<http://www.icd.org/projects-2>

## The Philip Dear Foundation

The Philip Dear Foundation (PDF) is a charitable fund for educational and humanitarian purposes which the European Section established in June 2005 to celebrate its 50th anniversary and to commemorate Philip Dear, considered by many to be one of the key Founding Fathers of the European Section. Anyone wishing to make a donation, or give notice of a legacy to the PDF, possibly in memory of a family member, friend or colleague, in the event of some monetary good fortune, or simply out of personal generosity to allow the Foundation to expand and enhance its activities, may do so by contacting the Treasurer of the European Section, Maren de Wit (medewit@witmede.nl), or by making an electronic transfer to ICD European Section NL22 ABNA 0414 5452 81. It is always enriching to give!



# Growing need to embrace a greener approach

# Sustainability in Dentistry

Despite all the good you're doing for your patients, don't you ever feel concerned about the environmental damage caused by delivering that care? If you are, you will be relieved to know that you are not alone. More and more, we, as a profession, are realising that the provision of oral healthcare has a potentially unsustainable environmental impact.



**Davinder Raju**  
Dentist and Founder  
Greener Dentistry

For example, the ubiquitous use of disposable, single-use devices come with a high environmental cost. On average, every routine adult primary care dental procedure in the UK uses 20 single-use plastic devices (SUPD).<sup>1</sup> A mean of 20 SUPD items per dental procedure translates to a conservative estimate of over 720 million dental SUPD per year that ends up in the waste stream in the UK alone. Furthermore, high-temperature incineration of these plastics releases the carcinogens dioxin and furan into the environment. Additionally, a further burden is placed on the environment from travel by staff and patients. Travel is responsible for 60% of a practice's total CO<sub>2</sub> emissions and also contributes to air pollution through the emission of fine particulate matter (PM2.5), which studies have linked to increased rates of chronic bronchitis, reduced lung function and increased mortality from lung cancer and heart disease.<sup>2, 3, 4</sup>

**Engage your team to think and take positive actions towards the environment**

So, knowing oral healthcare's impact on the environment, we must address the growing need to embrace a greener approach to dentistry.

And as an eco-friendly dental practice owner, I want to demonstrate in this article how eco-friendly dentistry doesn't need to be difficult, intimidating or expensive.

## Teamwork

Andrew Carnegie said: "Teamwork is the fuel that allows common people to attain uncommon results."

Start by identifying members of your team who are passionate about the environment and appoint them Sustainability Champions. Then, together with the Sustainability Champions, share your vision of delivering sustainable dentistry with the rest of the team; educate the team on what and where the practice's environmental impacts are and what can be done to address them. Finally, encourage the whole team to think about improving your dental practice's green credentials further and create a workplace culture where pro-environmental behaviour is the norm.

Encourage Pro-environmental behaviour changes.

Although personal behaviour change isn't always easy, the good news is that we can change any of our behaviours with some degree of sustained effort.

According to the behavioural psychologist Sean Young<sup>5</sup>, if we want to master the process of changing our behaviour for the long term (towards sustainability), we need to adopt the following strategies:

### - **Bite-size** chunks

Break down your dental practice's sustainability vision into goals. Then break those goals down into smaller achievable steps. The more straightforward and smaller the steps, the better.

### - **Community**

Connect with other dental practices and organisations that are embracing sustainability and who can support



Proud member of Green Dentistry UK.

your practice's transition to sustainable oral healthcare.

#### - **Remember your "why."**

Including your "why" you're an advocate for environmental sustainability in your vision and mission statements is the emotional drive that will encourage you and your team to consider the environment in making decisions.

Furthermore, allow time to discuss environmental-related matters at every monthly practice meeting. During these meetings, keep in mind your "why" and focus on improvement because small changes add up.

#### - **Neurohacks**

Most people think they need to change their mindset to change their behaviours. But social psychologists now know that our minds will follow if we change our actions. By adopting pro-environmental actions, your brain will think you're the kind of person who sees the environment as a key stakeholder. So, it's not surprising that some of my team have disclosed that they have become greener at home after conducting pro-environmental actions at work.

#### - **Make it easy**

Make embracing sustainability easier in your practice by picking the low-hanging fruit first and gain some momentum on your greener pathway. Then, continuously build on the change.

### Low Hanging Fruit

Within a dental practice, there are plenty of opportunities to mitigate the environmental impacts through some very simple changes.

### Travel

As stated above, dental-associated travel effects are responsible for more than 60% of a practice's CO<sub>2</sub> emission and reducing air quality. So, encourage active travel for both team and patients by installing secure bike racks. In the UK, the "Bike-2-work scheme" is available, employees can save money on the purchase price of a new bike, and employers can save some NI contributions too. Additional measures to reducing the impacts of travel include:

1. Minimise car travel by encouraging the team and patients to use public transport.
2. Reduce the number of journeys required by booking consecutive appointments for family members.
3. Booking consecutive appointments for patients who require appointments with different oral healthcare team members.
4. Completing patient care plans in as few visits as possible.
5. Recalling patients in accordance with their risk status rather than to a generic recommendation.
6. Reviewing patients by tele-dentistry whenever possible.

### Reduce, Re-use & Recycle

Procurement accounts for approximately 19% of a practice's CO<sub>2</sub> emissions and hence is the second largest contributor after travel. Acquiring goods and services from sustainable sources and then ensuring that we don't waste unnecessarily will have significant impacts on reducing our environmental impact. In an ideal circular economy, all waste is recycled. In healthcare, however, a fully circular economy isn't feasible without compro-



misusing patient or staff safety, and so we have to accept that some items are, by their nature, unsuitable to be reused. Nonetheless, it's crucial that thought is given to reusing where appropriate and recycling at every opportunity and not to automatically categorise all devices as single use for fear of litigation. A simple tip is to audit the clinical waste generated and search for an alternative, more environmentally friendly or reusable options. The upfront costs may be a little higher, but in the long term, there are cost savings and the outcome is better for the planet.

- Autoclavable aspirator tips.
- Autoclavable 3-in-1 tips.
- Digital intra-oral scanners (thus eliminating/reducing the amount of polymer impression materials used).
- Autoclavable dappens pots.
- Washable surgical gowns.
- Offering patients paper cups to rinse from and only providing these when necessary rather than routinely.

A photograph showing two black recycling bins with red labels, positioned next to a white pedestal sink in a public restroom. The bins are on a grey carpeted floor against a white wall. The sink has a chrome faucet and a paper towel dispenser mounted above it.

ICDigest 19



Digital intra-oral scanners eliminating/reducing the amount of polymer impression materials used.

Outside the clinical rooms, pro-environmental changes to the reception and patient waiting areas can leave a lasting impression on your patients and increase positive brand association.

#### Here are a few steps to get started:

1. Make administration and communication digital. Paper production is resource intensive and accounts for 7% of all global greenhouse gas emissions. Practice management software can reduce paper consumption by creating electronic documents such as medical histories and consent forms. Additionally, e-mailing patients their appointments and receipts also conserves resources.
2. Only use certified recycled paper for all stationary, e.g. practice leaflets.
3. Carry out duplex printing when printed material is required.
4. Recycle used toner printer cartridges.
5. Use A5-sized paper for printing where practicable, e.g. for prescriptions.
6. Consider purchasing stationery products manufactured from recycled products, e.g. pens from recycled plastic bottles.
7. Make a recycling point available for patients to dispose of their plastic toothbrushes, toothpaste tubes and power toothbrushes.
8. Decline toothpaste samples from manufacturers (the amount of plastic relative to the amount of toothpaste product is high).
9. Offer an alternative to plastic and styrofoam cups for patient beverages.
10. Offer recyclable/compostable toothbrushes and

plastic-free oral healthcare products in the dental practice shop.

11. Provide magazines on sustainability in the reception/patient lounge to increase general public awareness.

#### Energy

The energy use of buildings makes up 15% of the carbon footprint of primary dental care, and with energy prices rocketing, improving energy efficiency will reduce your practice's environmental impact and your bills.

##### Reduce heat loss

- Ensure your boiler is energy efficient and regularly serviced for maximum efficiency.
- Adequately insulate your loft space.
- Draught-proof all windows and doors.
- Insulate your hot water cylinder.
- Fit thermostatic valves to each radiator.
- Bleed your radiators regularly (at least before the cold spell).
- Install secondary or double glazing.
- Optimise heating by controlling on a zonal and time basis.

##### Reduce energy loss/needs

- Consider replacing your dental water distiller with an efficient reverse osmosis system.
- Ensure your computers and peripherals are switched off at the end of the day. Unplug phone chargers etc even when not in use as they still consume power.
- Replace all your regular light bulbs with LED bulbs.
- Consider PIR sensors for those less frequently occupied rooms.



- Consider replacing that ageing fridge (>10 yrs old) with a more energy-efficient successor.
- Position your fridge away from the wall to keep it cooler, defrost it regularly and check the seals.
- And sometimes it's the simple things like not boiling more water in a kettle than you need.

Undertaking these simple measures will reduce your energy bills and your carbon footprint from energy. As an additional initiative to help reduce your environmental impact, consider swapping to a renewable energy provider or offsetting your carbon footprint.

### Clinical Care

Prevention of oral disease should be recognised as the most sustainable way to ensure optimal oral health with minimal environmental impact for the duration of a patient's lifetime. After all, the most effective way to reduce the environmental impact of oral healthcare activity is to avoid needing to do it at all.

Furthermore, with a growing body of evidence supporting the relationship between periodontal disease and systemic diseases such as cardiovascular disease, colorectal cancer, diabetes mellitus, etc., prevention of periodontal disease will not only positively improve our patients' long-term quality of life but also reduce the healthcare's overall environmental impacts throughout the patient's lifetime by not having to manage non-oral systemic diseases. Adopting a prevention-based ethos and delivering high-quality minimally invasive interventions only when necessary is the cornerstone of sustainable contemporary dentistry.

Of course, in dentistry, we are accustomed to detecting deteriorating restorations. At my practice, we adopted the '5-R' protocol to manage such restorations<sup>6</sup>, and this minimally invasive approach also has a ranked environmental cost. Priority is given to options with the lowest biological and environmental impact:

1. Review minor defects which will not benefit from operative intervention.
2. Refurbish by removing plaque-retentive defects or improving the aesthetic appearance of composites by polishing.
3. Reseal open margins to reduce the risk of caries.
4. Repair where possible rather than replace the filling in its entirety. Evidence has shown that the long-term survival of repaired defective restorations is as good as that of replaced defective restorations.
5. Replace only when outcomes cannot be achieved using the first four points.

In conclusion, as members of the dental profession, we need to recognise the connection between healthcare and its impact on the climate and ecosystems. And dental practices can play an important role in helping to mitigate that impact. By incorporating sustainability into the heart of your practice's business model and looking at how you



Offer recyclable/compostable materials.

choose to run your dental practice, you can make a positive difference. Start small and make some simple pro-environment changes because small changes add up and collectively help to build a more sustainable healthcare strategy. ■

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# The rationale behind Dr Heff's Remarkable Mints™

What are Dr. Heff's Remarkable Mints all about? The developer of these, Dr. Michael Heffernan, explained that invariably whenever someone is interested in the "Remarkable Mints" the first question is: "What makes them so remarkable?" He will try and clarify that in this article.



**Michael Heffernan**  
Specialist Prosthodontist

What makes them so remarkable?" My standard answer is: "People know they need to brush their teeth morning and night, but tooth decay happens throughout the day, as we're eating and drinking, so if we can stop the decay process as it happens then the risks of decay (and erosion) are reduced.

This is why we invented Remarkable Mints to carry with you and prevent tooth decay/erosion as it happens... and they taste great too!"

I appreciate this very simplistic answer does not really give the details behind a complex series of events that leads to caries and tooth surface loss and I will try and clarify that further below with a degree of background to their creation.

## Summary

Behaviour change is more straightforward if we offer simple, enjoyable measures and we see Dr Heff's Remarkable Mints as an adjunct to help dental teams deliver on dental health challenges for their patients.

## Author Information

Michael Heffernan graduated from Guy's Hospital (UK) and completed his Masters Degree in Prosthodontics at the University of Iowa (USA). His research won the prestigious John J. Sharry Research Prize from the American College of Prosthodontists. Michael was awarded a scholarship at the University of Florida in a dedicated implant fellowship. He returned to the UK and works clinically as a Specialist Prosthodontist. He has lectured internationally on implant dentistry and co-founded Dr Heff's Remarkable Mints in 2014. His passion remains in research and spreading the preventative dentistry message and he has taken up a post as Clinical Lecturer in Prosthodontics at UCL Eastman Dental School in 2023.

Contact Info: [mike@drheffs.com](mailto:mike@drheffs.com)

## Aspiration and Background

Preventing caries as it happens is the origins of Dr Heff's Remarkable Mints. Our frustration in the dental profession of seeing our patients attending with previously well controlled oral health and, following a change in their general health necessitating prescription medication, we note the side-effect of hyposalivation and rapid deterioration with caries. Or with the loss of teeth and the insertion of a denture and reduction in the patient's ability to maintain excellent oral hygiene they suffer from root caries and the domino effect of further tooth loss (Photo 1).

The final frustration to both these scenarios is when an unknowing patient attends sucking on sugar mints or candy to mask halitosis but are just increasing the dental damage.



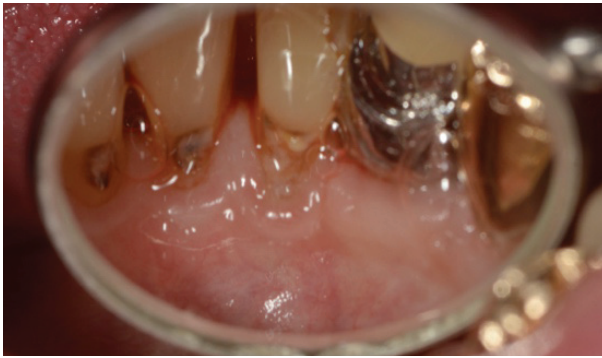


Photo 1: Cavitated root caries lingual of lower incisors associated with poor denture hygiene and restored with Resin-modified glass ionomer. Remineralisation would be more favourable than any restoration.



Photo 2: Tooth surface loss through combination of erosion and attrition.

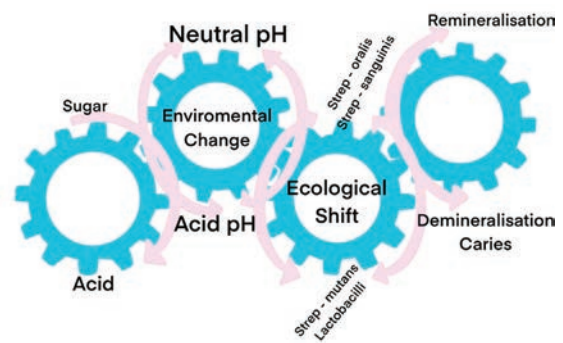


Figure 1: Inter-relationship of factors in "Ecological Plaque Hypothesis" of Caries.

At the same time in 2012 that I was noticing a number of my older patients suffering dental decline my wife had started creating her own "green juices", a blended mix of acidic fruits and vegetables. She had noticed her teeth becoming sensitive and "hairy" and not being in the dental profession she wondered why. Given the pH of these solutions can be around 2.0 it is not surprising that her dental sensations were actually related to tooth surface loss through erosion and bruxism (Photo 2).

The "Ecological Plaque Hypothesis",<sup>1</sup> which was first outlined by Marsh (1994) can be applied to caries science (Photo 1). Carbohydrates are metabolised in the biofilm to create acids, the acidic conditions shift cause a dysbiosis, shifting the bacterial composition of the biofilm favouring cariogenic bacteria and the loss of calcium/phosphate ions from both enamel and dentine. On exposed dentine the low pH activates the collagenase enzymes (MMPs) from both the host and bacteria, with collagen breakdown<sup>2</sup> ultimately resulting in cavitation requiring operative interventions.

#### Research behind Dr Heff's Remarkable Mints

Dr Heff's Remarkable Mints have been specifically tested in both in-vitro and in-vivo research. The Dental School at University of Chicago (USA) published their findings in Caries Research (2018) demonstrating that the Remarkable Mint were more effective than xylitol alone or artificial saliva in remineralisation of root caries in-vitro<sup>3</sup>.

The Remarkable Mints are formulated to disrupt the pathway to caries in the ecological plaque hypothesis with:

- Xylitol
- Green tea extract (EGCG)
- Calcium phosphate

Xylitol reduces plaque and modifies the biofilm to make it less acidogenic by reduction in bacteria like *Streptococcus mutans*. The clearest evidence of the benefits comes from the three-year, double blind, multi-centre randomised controlled trial in adults in the USA<sup>4</sup> which showed 40% less root surface caries incidence per year and this is in a society where water fluoridation is common. The final sentence of this paper is exceptional: "We believe that these results, combined with those of previous studies, support the clinical recommendation that patients use xylitol lozenges – given their low cost, low risk, and ease of use – to help prevent root caries."

Unfortunately, at a similar time to the publication of this paper by Ritter et al, the Cochrane review on xylitol was being published<sup>5</sup>. This Cochrane review suggested that there was no evidence to conclude that xylitol was of benefit in preventing caries in infants, older children or adults unless in fluoride toothpaste. However, the Ritter et al paper was not considered in the evidence and in a personal communication with the lead author of the Cochrane Review, Professor Philip Riley responded: "My personal thoughts on this research: if it was currently

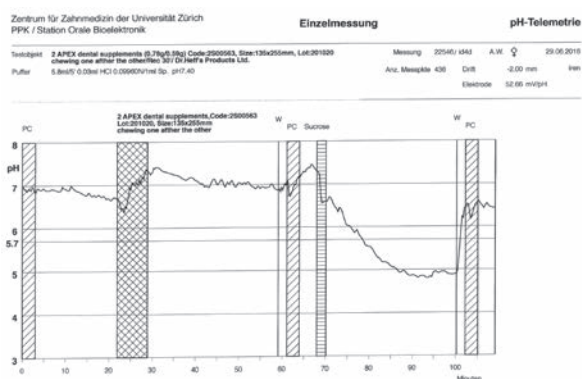


Figure 2: In-vivo Testing of Dr Heff's Remarkable Mints for Cariogenic and Erosive Potential in Humans (2016) Tooth friendly International at University of Zurich, Switzerland.

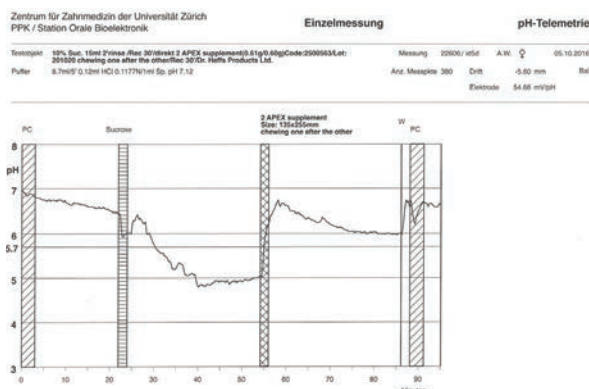
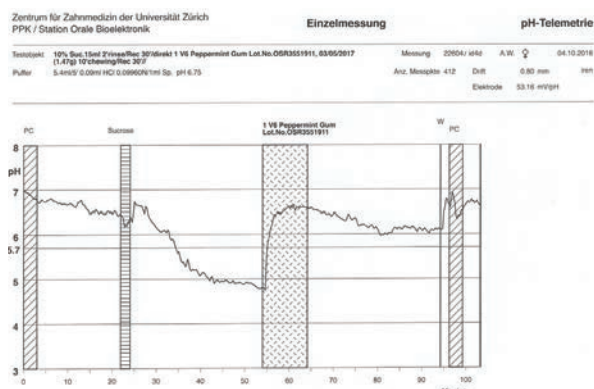


Figure 3: In-vivo Testing of Sugar Free Gum and Remarkable Mints in Humans Toothfriendly International at University of Zurich, Switzerland.

included in the review, I suspect we would rate the evidence (that xylitol may reduce root caries) quite favourably considering the reasonable size and low risk of bias (the study is very well conducted and has high internal validity)."

Therefore, in patients at high risk of root caries with dry mouth, using xylitol has real benefits particularly if administered regularly throughout the day as occurred in the USA trial.

In acidic conditions calcium and phosphate ions are stripped from the collagen in dentine. Acidity also causes collagenase enzymes produced by bacteria and within our saliva to be activated and start to breakdown the exposed collagen scaffold. EGCG prevents the enzymes from becoming activated and therefore maintain the collagen scaffold.

Saliva naturally contains bioavailable calcium and phosphate ions which help to remineralise teeth from the attack of acids. However, with poor quality and quantity of saliva, there are a deficit of calcium phosphate ions, so increased bioavailability of Calcium and Phosphate ions will help neutralise acids and provide a reservoir to remineralise teeth.

In-vivo research with a pH electrode in 3-day old plaque adjacent to natural teeth following a sucrose-challenge shows immediate neutralization of the bacterial acid in a thick biofilm using Dr Heff's Remarkable Mints. This acid neutralization, collagen protection and remineralisation potential demonstrate the immediate effectiveness in caries protection, as it happens, which was the original goal in the creation of this dental supplement (Figure 2). Similarly, when tested in volunteers against sugar-free gum the mints showed a more rapid acid neutralization than the gum even in thick plaque. This means Dr Heff's can be an ideal solution to high-risk caries patients who do not like chewing gum (Figure 3).

The benefits for tooth erosion are similar to that for caries as the potential to neutralise acid and protect the dentine against collagen breakdown is akin to the caries process. In addition, in-vitro research at University of Illinois showed protective results to an erosive challenge with Remarkable Mints similar to sodium fluoride (Figure 4). The conclusion to this study states, "The research findings indicate an anti-erosive property of the mint containing epigallocatechin-3-gallate in the presence of an enzymatic challenge (collagenase condition)."



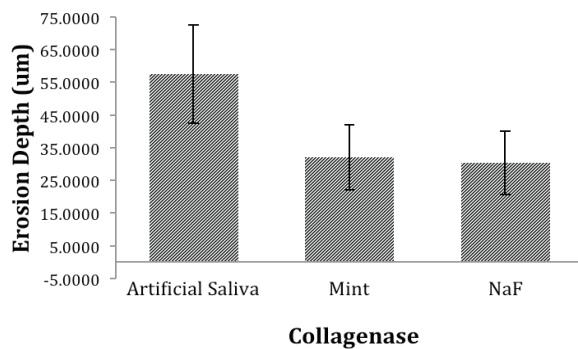


Figure 4: In vitro anti-erosion property of a mint containing epigallocatechin-3-gallate in root surfaces (2018).

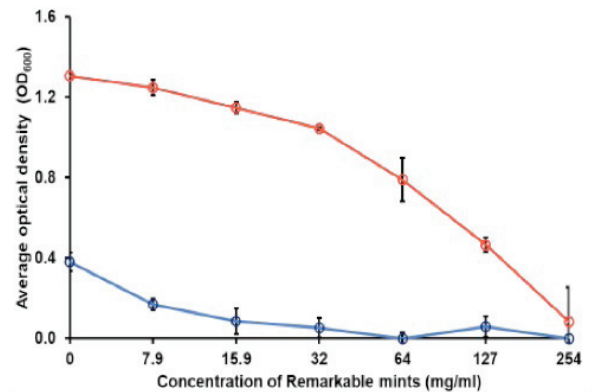


Figure 5: Inhibition of Growth Streptococcus mutans and Lactobacilli casei.

Further research was carried out at the University of Birmingham (UK) to determine the antimicrobial potential against the cariogenic bacteria (*S. mutans* and *L. casei*). Both of these organisms are associated with acidogenic biofilm and caries in both adults and young. The reduction of both of these organisms were demonstrated with a single mint therefore changing the biofilm towards a healthier oral microbiome (Figure 5).

### Clinical Applications

Remarkable Mints can be recommended as an adjunct to be used throughout the day when application of fluoride is inconvenient. They are ideal as a method to rapidly reverse acidity in patients suffering from reflux, bulimia or after cariogenic beverages. They can be recommended for high-risk patients with dry mouth, susceptible to root caries or tooth erosion and in some patients this can be happening in the same time. Finally, there are some patients that are against the use of fluoride and the natural ingredients in the Remarkable Mints can be provided as an additional supplement to these anti-fluoride patients (Photo 3). ■



Photo 3: Bulimic patient with erosion and caries due to poor plaque control on cavitated surfaces.

## Future Research applicable to Dr Heffs

1. Growing evidence of efficacy of EGCG against *Porphyromonas gingivalis* biofilms (periodontal disease and peri-implantitis)<sup>6</sup>.
2. Potential use in denture population suffering from candidiasis.
3. Use in orthodontic patients where unable to sufficiently clean teeth leaving "white spot" lesions.

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# Meet the President, Dr. Walter van Driel

Dr. Walter van Driel is the President of the European Section of the International College of Dentists and will host the annual meeting of the section in Amsterdam this June. ICDigest was pleased to conduct an interview with Walter to discover more of his background and journey to becoming President.



**Michael Thomas - FICD**  
Editor-in-Chief

## Please could you tell me why you became a dentist and how your dental career has progressed since your initial training?

Most people live their lives, alone or with a family. And to make a living, you usually must earn money through your work. The work you do may be in a career you have consciously chosen, learned, and trained for, and sometimes it may be a hobby. This is nice, but the reality is usually different, I now know. Many people do work that has somehow come to them, grown into them, and without thinking about it, it is part of their life. Just like the income it provides. The question 'why' is rarely asked. But education and care are different. It seems to appeal to the imagination so much that people are curious about it. Why did you become a teacher, a doctor, or a dentist?

I like caring, but how did that happen? You ask me why I became a dentist. To give you a meaningful answer, I must first tell you something about my childhood and my family.

I was born in 1959, the sixth child in a family of nine children, with an age difference of 20 years between the oldest and the youngest. It was a lively family, with lots of noise and fun in a house where everything was possible. Many of our friends came to visit us, partly because we were the only ones in the neighbourhood with a black and white television, which was something special at the time. My mother was relaxed, caring, practical and kind to everyone. Every Wednesday, for only 5 cents a bag, she would buy biscuits that were broken and no longer fit

to sell. The children didn't mind, the taste was the same. This taught us to cut our cloth according to our cloth, by having a good time with limited means. Wednesday afternoons in the Netherlands were always free of school for children and a party at the Van Driel family.

We saw very little of my quiet and reserved father. He was a development engineer and scientist, working for the physics laboratory of the world-famous Philips group. At home he had his own study, the 'balcony room', with a library. It was the only room that was off-limits to both young and older children. It was not forbidden, but the study was sacred, it was simply not to be entered.

As I grew older, I became increasingly curious about my father's books. Under the guise of doing my homework, I also went to 'visit' my father more often, and gradually discovered how lonely and sensitive he was. I also developed a great sense of pity for him, seeing how my father had to read all those mysteriously difficult books in a foreign language. With his eye defect (maximum positive in one eye and maximum negative in the other) in a room where the noise of the packed house penetrated, it must be difficult, I thought. It bothered him and I could see it. As a young boy, I used to walk through every room in the big house, asking my older brothers to turn down the music. Can you imagine? A boy, one of the little ones, telling the big boys to be quiet because father must read difficult books. Anyway, as the only child in the large family, from the age of 11 to 17, I spent my evenings in my father's room. I would sit behind his desk and do my homework,





and at the same time I would watch my father sitting quietly in an armchair with a side lamp in the corner of the room, studying. His glasses perched on his head, a hand in front of his left eye to cover it and a book less than 10 centimetres from his right eye to read. The movement of his head from left to right to read a page with one eye was my measure of whether he was doing well. If this stopped because of the noise outside, I would go back out to make sure it was quiet. You might think that this would get me into trouble with the other children, especially the older ones. But nothing could be further from the truth, it made me feel valued. I became increasingly aware that by looking after my father and taking on his duties, I was making it easier for my mother to manage the large family. I did it with pleasure and conviction, and I noticed that the family functioned well as a result. I carried this attitude into the last two years of primary school and then into secondary school. Caring brought me a lot; I saw good results both at home, in sports and games, at school and in dealing with friends, and this made me a happy and satisfied person. Experts in psychology call my behaviour parentification and find it worrying when a child takes on the role of an adult far too early, both emotionally and socially. This would put the child in the role of advisor, comforter, or mediator at a young age when they are too young for that. It did not bother me at the time, and in my memory, I enjoyed it.

I didn't know any better than that I liked caring, and that led me to study and later to become a health care professional. And the fact that I ended up in dentistry had more to do with environmental factors and coincidences than a conscious choice. I always thought it was a special spectacle when the whole family went to the dentist at the same time. Even my two eldest brothers, who had already left home to study in Amsterdam, came back to our birthplace, 3 hours south, just for this! The dentist took his time, the whole waiting room was ours, and one by one we went into the consulting room. All the equipment, materials and beautiful shiny instruments, the atmosphere, and the typical eugenol smells. I loved it and found it impressive as a child. I knew it, I was going to be a dentist.

Well, now you also ask about the beginning of my dental career and how it developed. This is difficult for me to describe. I have been a dentist for 39 years now and it doesn't really feel like a career, more like an experience!

My dental studies in Amsterdam were based on the so-called old curriculum and took 6 years in theory. In practice, this meant that in the first three years there was little dentistry and more of a focus on biomedical sciences in parallel with the study of medicine. It was only in the second half of the course that there was a distinction between dentistry and the treatment of dental patients. I soon realised that general dentistry was not really my thing. Unfortunately, I lacked the courage, energy, and perseverance to turn around and start a new course. At the time, I felt that I would have been better off studying medicine, which was more to my liking. However, I

continued with my studies and in the final stages discovered that I was particularly interested in endodontics. The profession also suited me well. Listening to patients' problems, taking their pain complaints seriously, solving them, showing empathy with misunderstood pain complaints, in short caring for this category of patients, gave me satisfaction. It also suits my nature, I can be self-confident and I have no need to show anything visible like beautiful aesthetic dental work. I discovered that all this was enough to keep me going, inspired, and motivated by my teacher Paul Wesselink, Professor of Endodontology, who recognised my preference and talent for this profession. Shortly after my graduation in 1984, Professor Wesselink made sure that I continued to master the profession of endodontology, and he continues to help me to do so. I worked at the University of Amsterdam for 20 years, teaching both undergraduate and postgraduate courses in the Department of Cariology and Endodontology. I have also found my own way as a specialist dentist in my endodontic referral practice. I deliberately work in a small team with Carla, who has been my faithful and loyal right hand in the practice for over 20 years. It is simply in my nature to be able to take full responsibility for the care of the patients entrusted to me.

After twenty years at the university, I found it necessary to leave. My time as a university teacher was over. I did not want to stand in the way of the new generation of teachers and hinder their own development and freedom. Teaching is something I can't let go of, passing on knowledge, skills and experience is simply in me. It is also a way of caring, I think. Together with my good friend and colleague Michael Smulders, we run a training centre that focuses on the use of the surgical microscope in dentistry. We organise practical courses where young dentists can acquire further practical skills.

I am pleased with the appreciation I have received from many people where I have made a small contribution to oral health and well-being. I cherish the appreciation of my colleagues who have made me an honorary member of the Dutch Association of Endodontology.

### How did you become aware of the International College of Dentists and when did you become a member?

I first became aware of the existence of the International College of Dentists in 1997. Several members I knew from different disciplines and organisations told me about the ICD in passing. And always with a different perspective and commitment. At the time, it all seemed a bit disjointed, vague and a bit mysterious, because it was an 'invitation only' society. And even somehow required bravado, which I don't like at all. I had not yet developed a real interest, but it grew as I got a better understanding of who was a member in the Netherlands. And then I got a call from Dr Jan Pameijer who wanted to make an appointment to visit me at home. And that's when I was asked. Dr Pameijer is known to everyone as an authority on dentistry and has an incredible stature as a practi-

sing prosthodontist, as a lecturer and course provider, as an author and as a speaker. At the same time, he has a unique personality, is genuinely interested in people and is an exceptionally kind, humorous and warm person. You can't say no to Dr Pameijer. Jan and I have become good friends through the ICD and have had many experiences together, both at home and abroad. Even now, at his high age of 91 years, we frequently meet each other with great pleasure and fun. In 2000, I was installed as a Fellow by Dr Frans Kroon in Bilbao, Spain, who was then Regent of the Benelux District. President Jaime Gil extended the right hand of fellowship to me!

### Since being a member of ICD, what has been your most memorable moment?

As I mentioned earlier, I became a Fellow in June 2000 at the age of 41 (my birthday). I became active in the Benelux District almost immediately, partly because I knew well several prominent ICD members in the Netherlands who had long made their mark. They were important teachers and mentors for me, such as Dr Dick van der Harst (International President of the College), Dr Jan Pameijer (President of the European Section) and Dr Frans Kroon (President of the European Section). As a young dental practitioner, I also knew Dr Charley Nord and Dr Frans Lankhof (co-founders of the ICD European Section and International Presidents). At the international level, I was already well acquainted with Dr Philip Dowell (International President of the College) and Dr Peter Pré (President of the European Section). The fact that I already knew these gentlemen a little helped, and I consider it a great privilege and honour that these Fellows have helped and supported me so much in my development as a person, colleague, and Fellow. I still wear Frans Lankhof's gown with his name tag respectfully at official ICD meetings! I have held all the positions within the ICD governance, Regent Benelux, Treasurer, Editor and now President and International Councillor. Apart from two (due to surgeries that prevented me from travelling) I have attended 21 Annual Meetings since becoming a Fellow and every one of them has been wonderful. I have been to places I would not otherwise have gone and met people I would not otherwise have met. I have made friends for life. You ask me about my most memorable moment since joining the ICD. It is an impossible question and is like asking me which is my favourite grandchild. All four are equally dear and precious to me, I love them all very much!

Instead, I prefer to mention two major highlights during my membership of the ICD, one on a human level and the other on an executive level, that is receiving the Honorary Membership of the Italian District from the hands of Dr Mauro Labanca and the position of Editor from the hands of Dr Dov Sydney.

### What are you most looking forward to during the year of your Presidency of the European Section?

I do not claim to be a visionary by any means, but to give a substantive answer to this question, I would refer the reader to the ICDigests editorials I wrote from 2013 to 2017





and please reread them. I deliberately wrote the following titles at the time: constancy amid change (2013), bringing out the best (2014), transforming traditions (2015), keep talking (2016) and please hold ... I will connect you (2017). This series can be read as one story. I think that change in general makes sense and is something that is necessary. Change is not always good or positive, but it is necessary to motivate and inspire, to adapt to a changing world, to ensure inclusivity, to move forward, to learn and to do better. "If you continue to think as you have thought, you will continue to do as you have done, creating the same thing over and over again", is a clear statement in this context. In my year as President, I look forward to continuing to engage and listen to each other to ensure that we remain attractive to a new generation of dentists in the future.

#### **Your presidential meeting is in Amsterdam in June. What are the highlights of this meeting?**

First, the fact that the meeting is back in Amsterdam after a quarter of a century is something special. The city is known for its multicultural character, open and free, chaotic yet safe and friendly, and above all tolerant of everything and everyone. In short, Amsterdam is an old city to love. There are plenty of opportunities for everyone to explore the city centre and have dinner in one of the many lovely restaurants. Plenty of choice!

The ArtZuid exhibition is special. Held only once every two years, this event includes a stroll along large art sculptures of internationally renowned quality. And it doesn't get much better than starting at the doorstep of the conference hotel! And then to take company on nostalgic lounge boats on Amsterdam's canals to admire the city from the water and enjoy lunch.

But there is also a spectacle to be seen and heard in the conference hall. A highly distinguished team of specialists in injury prevention, care, treatment, and aftercare will be discussing everything to do with dental and maxillofacial trauma. I am also eagerly awaiting the next open forum on injuries in the context of humanitarian aid. When everyone is full of new experiences and knowledge, we take a boat from the hotel to a party. There is something for everyone at the barbecue. An alumni band, led by Fellow Rob Barnasconi, will keep everyone moving. For those who still have energy on Saturday morning, there will be organised visits to the Van Gogh Museum, which will be celebrating its 50th anniversary. A museum you will never forget. And for the more adventurous, a bike tour of Amsterdam's old city will be organised. For those who are not used to cycling, this will be the experience of a lifetime, believe me. All these highlights build up to the climax of the induction ceremony and gala dinner.

#### **Following your year of president, what are you next looking forward to achieving?**

It is no secret that I look at the position of president in a slightly different way. In my opinion, a year is too short to do politics, it is more a process of years. In my term as president, I see it as my responsibility to create a positive atmosphere so that district leaders and executives can work at a good level. The commitment I feel to everything the ICD stands for is a complete journey for me. I also have never hidden the fact that I am ambitious because I truly believe in the spirit of the Fellowship. For me, the long journey began with the ratification of my membership during the induction ceremony and will most likely end with my final term as International Councillor. In this whole governance journey, the presidency is a year in which you are placed in the limelight as a token of appreciation for your years of service to the College. I am very grateful for this and enjoy it to the full. This position has given me the opportunity this year to engage more with the Regents and Districts of the European Section and to get to know them better. The hospitality that has always been extended to me is a testament to the good atmosphere and the friendship in the ICD. In turn, I hope I have been able to inspire and motivate the Section Leaders that changes and adjustments are needed to future-proof the ICD with a rejuvenated membership. I will continue to work towards this after my presidency and hope to achieve a good balance between investing in and mentoring young Fellows and caring for our less fortunate fellow members of society. ■

ICD Europe Amsterdam 2023

# Introduction to the meeting in Amsterdam

The 66th Annual Meeting in Amsterdam will be held from 22 to 25 June 2023. It is now almost a quarter of a century since Amsterdam was chosen to host such a meeting of the ICD. The congress is organised in such a way that no precious time is lost on transfers. Everything can be reached on foot or by readily accessible public transport. Moreover, there is free time in the programme to visit the city of Amsterdam and its surroundings.

On Thursday 22 June, the welcome reception will take place in the conference Hilton Hotel. With some typical Dutch delicacies accompanied by sparkling wine, there will be a convivial atmosphere to meet and catch up with friends, get to know new Fellows and set the tone for what will hopefully be a memorable conference. Afterwards, there will be ample opportunity to enjoy the exciting nightlife of the historic centre. The scientific congress will be held on Friday 23 June. The theme will be traumatic dental and maxillofacial injuries. Such injuries are unfortunately common, and the cost to society and individuals, including emotional costs, are high. The aetiological factors vary between countries and age groups. Traumatic injuries have important implications for the affected individuals and for public health. Important questions such as how best to organise emergency care and how to prevent dental injuries, reduce costs and increase knowledge and awareness among the public will be discussed by a team of experts. After lunch, we will reconvene for the not-to-be missed humanitarian session to receive updates on the humanitarian activities supported by the Section. Hopefully this session, as in previous years, will encourage engagement and donations towards the humanitarian activities of the Section.

The accompanying persons program will run synchronously with the scientific program. The program will start with a tour of Art Zuid at the entrance to the hotel. This well-known event takes place in Amsterdam every other year. Impressive works of art, both in beauty and size are exhibited in the open air. Afterwards, there will be a cruise on nostalgic lounge boats to enjoy the view and a delicious lunch on board. On Friday evening, there will be the conference party with a barbecue and entertainment at the Strand Zuid restaurant.

On Saturday afternoon the 2023 Induction Ceremony

will be held in the Diamond Room of the Hilton Hotel. The setting ensures a memorable inauguration. Afterwards there will be a cocktail party to congratulate the new Fellows. Finally, the Gala Dinner will be held in the Diamond Room, which by then will have been transformed to ensure a beautiful dining experience. Finally, on Sunday morning, we say goodbye at a farewell breakfast. Hopefully we will meet again in Jerusalem in June 2024. Hopefully this annual meeting, planned to build and strengthen the fellowship of the College in Europe, while providing an educational programme, an update on the humanitarian activities of the Section, and a celebration of the induction of new Fellows, will contribute to realising the mission of the College – recognising outstanding professional achievement and meritorious service while advocating for humanitarian and educational initiatives. ■



Strand Zuid in Amsterdam.



# 2022 International Council Meeting - Summary

The International Council of the ICD met in October 2022. This meeting is summarised in this article.

The International Council, the governing body of the International College of Dentists (ICD), collaborated recently in Houston, Texas, USA, on October 15-16 2022 for the first-ever hybrid Council meeting. Twenty-one Council members participated in person, and eight joined virtually through Zoom. All but one Section of the College was represented, and several guests visited the meeting to observe, contribute or meet the Councillors. At this first in-person meeting since before the COVID-19 pandemic, Councillors shared accomplishments and challenges of their respective Sections, discussed membership recruitment and retention tactical strategies, approved new initiatives and programs, participated in vision-building exercises, adopted a 2023 budget and authorized the College to proceed with the transition to a U.S. 501c3 non-profit organisation. A key focus during the meeting remained around how best to position the ICD around the world to attract and retain the most deserving and leading dentists everywhere.

Because of its dedicated leadership, volunteers and personnel, the College has endured through the pandemic and many other cultural and socioeconomic struggles occurring globally. To remain vibrant and relevant to Fellows, potential Fellows, supporters and partners, it needs to continually evaluate its progress and evolve accordingly, while keeping aligned with the ICD mission. The efforts of all who participated in the 2022 hybrid Council meeting were truly reflective of a cohesive ICD leadership, and we thank everyone for their time and attention to the important matters of the College. The Council meeting was held directly after the USA Section's annual meetings and convocation, also held in Houston. Council members, guests and staff were provided several opportunities to engage with Fellows and staff of the USA Section, enjoy local cuisines and culture, and even witness the Section induct over 300 new Fellows into the organization at its convocation ceremony and fiesta celebration.

## Membership Recruitment and Retention

Membership recruitment and retention were a major talking point during the Houston Council meeting. The Membership Committee, led by Chair Jackie Robinson, was very productive throughout the year discussing successes,

challenges and best practices of recruiting and retaining Fellows. Membership issues vary widely across the many Sections and Regions of the College, but all Sections and Regions have a few underlying membership themes in common:

- Impact of COVID-19
- Ageing membership
- Attitudes of younger dentists
- Debts of new graduates
- Need for cohesive and clear "ICD value proposition"
- Maintaining standards in recruitment

To begin to address these challenges in membership, the committee discussed tactical plans and best practices being utilized throughout the Sections. Sharing best practices and experiences between Sections and Regions is just one way that membership efforts can begin to be more broadly understood and addressed. Another effort by the committee this year included asking each Section to consider membership in terms of goals. In alignment with the College Strategic Plan Goal number 1, *"The College will engage the Sections to maximize the identification and nomination of deserving colleagues for Fellowship and to improve the retention of current Fellows"*, each Section was asked to consider what percentage they intend to grow their active net membership. In doing this, Sections were to set a goal total or percentage of increased active net membership for the end of 2024; calculate how many active members must be inducted and retained each year to reach the goal; develop an action plan; and submit a progress report to the committee.

Another topic of review for the Council was to identify and clearly define the four pathways to fellowship that already exist, as well as the proposed standing rules changes that would define these pathways to Fellowship more accurately. The primary pathway to Fellowship involves Fellows of a Section nominating deserving dentists within the country(s) of their Section, and those nominated dentists being approved and inducted into that Section. There are secondary pathways to Fellowship, which are less common but still utilized, and they include: Fellows of a Section nominating deserving dentists outside of the country(s) of their Section; Fellows of a Section nominating deserving



The 21 attendees at the International Council meeting in Houston.

dentists of a country outside of any Section jurisdiction; and Nominations received first through the College Office.

### New ICD Countries

This year witnessed several new countries added to the ICD map. During a virtual convocation in March, a new Fellow was inducted from Suriname, St. Lucia and Niger. Then, in Houston the Council approved adding the country of Georgia under the Section V Europe jurisdiction, and the following countries were approved to be added under the Section VIII Australasia jurisdiction: Timor Leste, Fiji, Cook Islands, Kiribati, Nauru, Niue, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Western Samoa. We can now all say there are over 12,000 ICD Fellows in 138 countries!

### Fellow Assistance Programme

The newly developed Fellow Assistance Programme was proposed and approved by Council in Houston. This initiative is intended to assist Fellows who are facing financial hardship to be able to remain active and current in the College, while simultaneously aiding in membership retention and embodying the spirit of Fellowship and ICD Core Values. The primary objectives of the programme are to improve membership retention and dues income; foster value, collegiality and goodwill amongst membership; improve overall active membership numbers for Sections; provide a way for Fellows to directly support Fellows; and celebrate the ICD Core Values of Humanitarianism and International Professional Relations. The program will operate by ICD Fellows, referred to as Supporters, voluntarily signing up to sponsor the 2023 capitation fee payment for ICD Fellows, referred to as Beneficiaries, who are seriously struggling or facing severe financial implications. The College Office will work directly with the Sections to implement and promote this. The results of the program will be evaluated and reported on at the end of 2023.

### Life Membership Changes

The College Standing Rules grant the governing bodies of Sections the flexibility to determine the requirements for Life Fellowship amongst their members (Standing Rule V.C.2.a). However, these rules give specific requirements for a certain demographic of Fellow (Standing Rule V.C.2.b). When the Fellows covered under SR V.C.2.b retire, they lose their primary source of income in most cases. Many, rather than remaining in Fellowship, chose to resign. Therefore, Section I USA proposed Standing Rules language changes that would create consistency in Life Fellowship at the Section level, as well as retain more Life Fellows.

### Awards Advisor and Award Guidelines Form

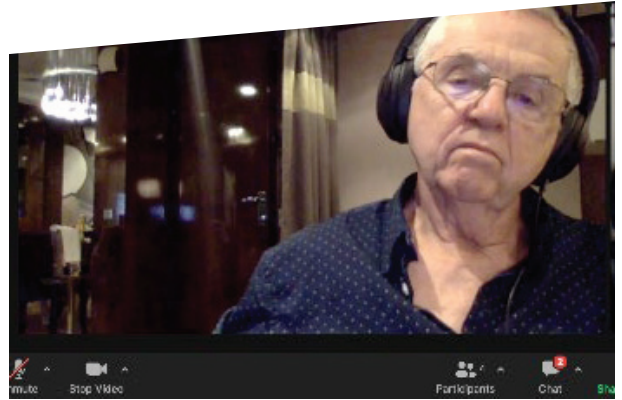
The College Awards Committee worked throughout the year to determine how best to improve the composition of the committee. They proposed Standing Rules language changes that would define how committee members are selected and their terms. The intention of these changes would be to balance the committee of both experienced and new Council members. Additionally, this year the committee piloted a new role called Awards Advisor. This new role requires Sections to submit their nominations to the Awards Advisor for guidance before the nominations are sent onto the Awards Committee.

The Advisor provides a clear understanding of the awards and their appropriate usage to the Sections. After a year of testing this new process out, former Vice President Argirios Pissiotis reported the process seems to be straight-forward and well-received by the Sections and is so far proving successful. It allowed him to make more personal and direct correspondences with Sections about their award nominations, which helped some Sections to better understand College awards and the criteria and appropriateness of each. In Houston, the Council approved to officially incorporate an Awards Advisor into the College awards process.





L/R Treasurer Keith Suchy, Secretary General Joseph Kenneally, President Ho-Youl Chang, Past President Richard Smith, President Elect Argirios Pissiotis and Editor Dov Sydney.



Joining virtually, Vice President Ian Doyle.

### Council Mentorship Program

There was no existing training or onboarding provided to new members of the International Council, other than the guidelines given in the Bylaws and Standing Rules, as well as the Orientation and Leadership Manual. Because the Sections select their International Councillors and determine their term limits, the Council does not have much input into the Councillor selection process. Therefore, the idea of a Council mentorship program was born as a way to match experienced Councillors with new Councillors, to be of assistance to the new Councillors throughout their first couple of years on the Council.

### College Awardees, Announcements and Officer Installation

Many other matters were discussed during the 2022 International Council meeting, such as the value of Fellowship to all membership audiences, promotional materials to help with membership recruitment, governance of the Global Visionary Fund and how to address struggling Sections. The 2023 Council meeting will be held in Seoul, South Korea, from November 3rd -5th.

The Officer Installation & Awards Luncheon took place at the conclusion of the meeting on October 16th. Past President Smith presented a Meritorious Award to Section XV Vice President Arshad Malik (Pakistan) for his educational and humanitarian project contributions within his community and Section, to Fellow Sam Zwetchkenbaum (USA) for his dedicated service to the ICD Understanding Antimicrobial Resistance program, to International President Elect Argirios Pissiotis (Greece) for his years of service as an International Councillor, and finally to Past International President and Councillor Clive Ross (New Zealand) for his outstanding leadership and contributions to the College over the past decade, including in his many roles on the Council. International Councillor Hsin-Cheng Liu (Taiwan) received the first-ever Platinum Donor Award this year for his gracious donation totalling US \$131,000. Finally, Dr. Smith exchanged the presidential gavel and chain with incoming President Ho Chang, and the new officers were installed. The 2022-2023 International Officers are as follows: President Ho-Youl Chang (South Korea), President Elect Argirios Pissiotis (Greece), Vice President Ian Doyle (Canada), Immediate President Richard Smith (USA), Treasurer Keith Suchy (USA), Editor Dov Sydney (Israel). ■

## ICD Understanding Antimicrobial Resistance Webinar for CE

*By Wendy Thompson, Samuel Zwetchkenbaum and Christine Benoit*

ICD Global promotes the ICD Understanding Antimicrobial Resistance program to Fellows worldwide. Antimicrobial resistance is an urgent global public health threat. Worldwide there were an estimated 1.27 million deaths attributable to bacterial Antimicrobial Resistance (AMR) and 4.95 million deaths associated with bacterial AMR in 2019 (The Lancet: Vol.399, Feb. 12, 2022). Both appropriate and inappropriate antibiotic prescriptions contribute to resistance. Dentists write approximately 10% of antibiotic prescriptions in the outpatient setting.

To learn more, ICD Global invites you to watch the one hour free webinar "Antibiotic Prescribing in Dentistry: Guidelines and Patient Outcomes" (<https://icd.org/antibiotic-prescribing-in-dentistry-guidelines-and-patient-outcomes/>). One hour of CE is available, pending completion of short quiz, and printing your certificate. The International Panelists are ICD Fellows Dr. Anirudha Agnihotry (University of the Pacific, California), Prof. Michael McCullough (University of Melbourne, Australia) and Dr. Wendy Thompson (University of Manchester, United Kingdom). The webinar highlights prescribing dilemmas practitioners face and will assist you to provide the best care to your patients.

# New Fellows 2022

57 new Fellows from 13 Districts were inducted during the ceremony in Porto. In addition, new Fellows who were inducted during individual ceremonies within each District in 2021 or in virtual ceremonies were also in attendance and able to join in the traditional induction ceremony in the grand setting of the Arabic Hall in the Palácio da Bolsa. The section therefore welcomes the 2022 entry of new Fellows who have provided their portrait photographs.

1



Dieter Busenlechner



Rudolf Fürhauser



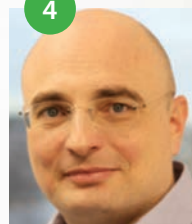
Prof. Robert Haas

2



Dr. Jan de Lange

4



Professor Igor Blum



Dr Ana Neumann



Dr Koray Feran



Dr Michael Horton



Dr Fraser Morrison



Dr Abhijit Pal



Dr Wendy Thompson



Professor Elizabeth Kay

5



Dr Boris JACKUBOWICZ



Dr Alexandra Kerner



Dr Stéphane Kerner



Dr Anne LONGUET TUET

Dr Thomas-Olivier  
McDONALD

Dr Laurence PEREIRA

6

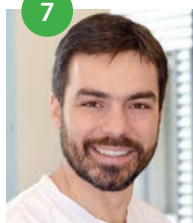


Dr. Felix Jung



Dr. Natascha Jung

7

Dr. Nikolaos Nikitas  
GiannakopoulosDr. Alexandros  
Th. Moullas

Dr Aspasia Sarafianou

Dr. Savvas  
Kamalakidis





Dr. Peter Ramsay-Baggs



Dr. Denis Daly



Dr. Kate Farrell



Dr. Susan Nelson



Dr. Antonio Barone



Dr. Carlo Arcara



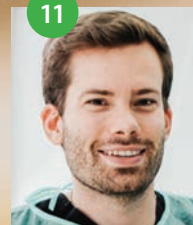
Dr. Stefano Palmieri



Dr. Fabio de Pascalis



Dr. Mario Scilla



Dr. Gonçalo Manuel Bártolo Caramês



Dr. Paulo Jorge Coutinho Campos



Dr. Teresa Canadas



Dr. Ana Rita Costa



Dr. Miguel Meira e Cruz



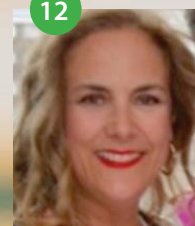
Dr. Inês Francisco



Dr. Maria João Ponces



Dr. Helder Jorge C. Moura Teixeira



Dr. Begoña Lopez Areal



Dr. Conchita Curull



Dr. Jesús Santos



Dr. José Luis De La Hoz



Dr. Margarita Lopez Areal



Dr. Juan Ignacio Rodriguez



Dr. Monica Taboada



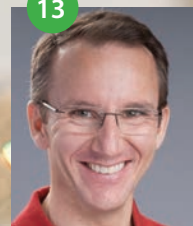
Dr. Roberto Aza



Dr. Santiago De Leon Gonzalez



Dr. Vanessa Paredes



Dr. Stéphane Pessotto



Dr. João Pitta



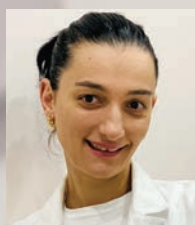
Dr. Gordan Čok



Dr. Karmen Salamun Čok



Dr. Dea Vadachkoria



Dr. Manana Ustiazhvili

- District 1 Austria
- District 2 The Netherlands
- District 4 England, Scotland and Wales
- District 5 France
- District 6 Germany
- District 7 Greece and Cyprus
- District 8 Ireland

- District 10 Italy
- District 11 Portugal
- District 12 Spain
- District 13 Switzerland
- District 14 Central and Southern Europe
- District 15 Central and Northern Europe



# Future Annual Meetings of the European Section International College of Dentists



**2023 Amsterdam**  
The Netherlands, 22nd – 25th June 2023

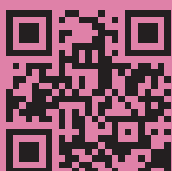


**2024 Jerusalem**  
Israel, 17th – 20th June 2024



Photo Alex Hufnagl (Unsplash)

**2025 Salzburg**  
Austria



See [www.icd-europe.com](http://www.icd-europe.com) for further information on the Annual Meetings of the Section.