ADA SEDATION-ANESTHESIA GUIDELINES REVISIONS DESERVE OUR SUPPORT

Just before the deadline for submitting my editorial to our publisher, the American Dental Association released their final revision of their total re-write of the Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, their Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia For Dentists and their associated Policy Statement on sedation and anesthesia in dentistry. Your editor carefully read through the entire proposed major revision of these documents. They have been masterfully crafted compared to the original rough draft that was submitted to the entire ADA membership for scrutiny and suggested changes earlier this year. More than 1400 comments were received by the ADA, including multiple pages of both major as well as minor changes with explanations sent by your editor, and all of that collective input provided the background for these latest revisions. It is remarkable that a group of individuals from diverse backgrounds could create such an outstanding document from an original rough draft that had many deficiencies.

These documents are now much more clearly written with less chance for misinterpretation. Particularly the portions related to oral sedation are less limiting in their impact to many dentists who are already using oral sedation and those who may start using this modality in the future. When the guidelines are followed however, they still protect the public from overzealous dosing of sedative drugs that may result in attaining a deeper level of sedation than what the dentist intended and what the dentist is able to safely manage. Patient safety has always been a major concern of the ADA and its anesthesia experts, and these guidelines properly address that issue without inappropriately limiting access of the public to sedation services for their dental healthcare.

The educational components of the teaching guidelines indicate that the sedation/anesthesia course instructor **MUST** certify competence rather than merely certify attendance by the dentist at a course designed for the dentist to actually start doing the sedation procedure (competency course). Likewise, the clinical practice portion of such courses where competency is attained **MUST** be held in an appropriately equipped healthcare facility to ensure patient safety. The new definitions concerning titration, supplemental dosing, and incremental dosing and their incorporation into the documents at various places gives the dentist some addi-

tional latitude in giving additional drug when appropriate, particularly for prolonged procedures when the initial dose may have dissipated and more drug is needed to maintain the safe level of sedation and comfort for the patient.

It is very unfortunate that a highly vocal group of dentists who have their own personal agendas at stake are spewing out a significant amount of vitriol and misinformation concerning these proposed changes. Their misinformation includes allegations that specialists are the driving force for these changes that will take away the right of dentists to use oral sedation and that the U.S. Surgeon General is backing their group in its struggle against the ADA. Nothing could be further from the truth. The revisions have included representation of all anesthesia-related groups including oral sedation dentists. They also include appropriate grandparenting (grandfathering) clauses. The U.S. Surgeon General's letter to the radical group actually indicated that they should work within the ADA to achieve their goals and absolutely never indicated any type of support for their cause against the ADA. My hope is that this group will calm down once they have read the latest revisions. However, they may not understand or may not wish to acknowledge the difference between the words "should" and "must" when they discuss the proposed guidelines. For instance the teaching guidelines say that the course director of a competency course **SHOULD** have advanced training in anesthesia, so obviously those who have been teaching for years without the benefit of formal training can still keep teaching if the guidelines are followed, but of course the casual reader or one who is intent on misrepresenting the truth will state that this will suddenly exclude experienced teachers who are not specialists or do not have advanced accredited training in anesthesia.

Your editor is absolutely thrilled with this version of the guidelines, and I sincerely hope that the ADA House of Delegates will vote to accept the revisions this fall after additional open reference committee hearings and floor debate that are always a part of the ADA process. Your individual support of the ADA revisions to its sedation/anesthesia documents is absolutely necessary to keep dentistry in sync with the rest of the healthcare organizations and to maintain our leadership in sedation/anesthesia safety among all the other healthcare fields. Please be vocal in your support of the revisions guidelines to your ADA Delegates.

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