Specialty Recognition for Dental Anesthesiology

As I sat down to write this editorial, I wondered how many people could say they received specialty recognition from the American Dental Association (ADA) as a birthday gift? My initial thought was that there were likely not many. This past March 10th marked your current editor's 39th year on planet Earth; a day which passed relatively uneventfully, aside from the delightful customary celebration with my immediate family, involving a few small gifts and a cake topped with a candle or two. However, on March 11th, the news of the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) decision was released, confirming the approval of the American Society of Dentist Anesthesiologists' (ASDA) application for specialty recognition. It was official: Dental Anesthesiology was the 10th and newest dental specialty recognized by the ADA. This pronouncement was certainly a gift for me to remember. To many, ADA specialty recognition for Dental Anesthesiology is well deserved and long overdue. Others likely feel quite the opposite. The road to specialty recognition for Dental Anesthesiology has been quite long and convoluted.

Historically, the American Dental Society of Anesthesiology (ADSA) was formed in 1953, in part to attain ADA recognition of anesthesiology as a specialty of dentistry. Later, the ADSA determined that, organizationally, it was best to maintain a neutral stance on Dental Anesthesiology as a specialty, opting instead to focus on continuing education and advancing the art and science of sedation and anesthesia for all of dentistry. Not only has the ADSA been extremely successful in those specific endeavors, but it has also grown to become the largest forum for all dental providers with a passion for local anesthesia, sedation, and general anesthesia to meet and discuss these common interests. I believe that as your editor, it is my solemn duty to remain steadfast to that mission. With that in mind, I view March 11, 2019, as an ideal time for all of dentistry to come together, to become stronger, and to grow substantially as a united profession. It is my belief that all dental providers can and should provide local anesthesia, sedation, and general anesthesia to the greatest allowable extent dependent upon their individual levels of education, comfort, and licensure. The number of patients who can and do positively benefit from our use of sedation/general anesthesia services is vast, and it is our professional obligation to those same patients to ensure

that these services occur in a safe and effective manner. This basic tenant, that no patient should be harmed during the provision of anesthesia care, was deeply engrained in me as a young dental anesthesiology resident by my attending faculty and mentors. It remains an unwavering cornerstone upon which I've built my career and should be the primary goal for all who use sedation and general anesthesia within dentistry.

Dentistry's privilege to utilize the full spectrum of sedation and general anesthesia for patient care has occasionally been externally questioned. Recently, those inquiries have grown to include intense public and political scrutiny often stemming from highly publicized poor patient outcomes occurring in dental offices. Far too often, a clear and concise response from a united profession has seemed to be lacking. Whether this can be directly attributed to the sustained in-fighting within the various facets of our profession is unclear. However, the decades-old contentious debate and political maneuvering related to whether there should be an anesthesia specialty is finally over. It is my hope that dentistry will now stand unified and proudly continue to proclaim that sedation and general anesthesia in the dental office has, is, and always will be thoroughly within the purview of our profession.

As a dental anesthesia provider, I readily acknowledge that the utilization of sedation and general anesthesia has inherent risks. However, by properly adhering to our standards of care, those risks can be effectively minimized. The time is now for organized dentistry to work cohesively to protect all dental sedation and general anesthesia providers' right and ability to safely provide the full spectrum of anesthesia care by ensuring our patients only benefit from the use of sedation and general anesthesia. A critical aspect of that mission to safeguard our profession's right to fully utilize advanced anxiety and pain control measures must be a sustained dedication to patient safety from all who provide these services. The first and most critical step towards fulfilling that responsibility certainly begins with formalized education, such as postdoctoral residency training programs and predoctoral instruction, as well as high quality continuing education courses. These educational vehicles must continually reinforce the necessity for comprehending and appreciating the nuanced art and science of anesthesia for dentistry.

It is equally essential for all clinicians practicing sedation and/or general anesthesia to continually expand their individual knowledge bases and remain current with any and all technological and scientific advancements relevant to patient care within their

respective practices. Introspective assessment involving our individual clinical practices is critical to ensuring the standards of care are not only being optimally met, but also advanced wherever possible. If organized dentistry is unable to “keep up with the times,” systemically failing to provide sedation and general anesthesia safely, we risk losing a great privilege. Surely, we can all agree that any failure of our profession to satisfactorily maintain and elevate our standards only serves as an invitation for those external to dentistry to intervene as they deem necessary. One only need look across the Atlantic at our dental colleagues practicing in Great Britain to see the possibilities that could befall our profession, should we belie our duties.

However, I remain steadfast that dentistry is a deeply principled profession that is beyond capable of deciding its own fate. I am a firm believer in not only working

hard but also working smartly. By working together as a cohesive group, despite differing opinions and perspectives stemming from various practice modalities and educational backgrounds, organized dentistry can effectively address current and future challenges facing our profession. It is my hope that all dental organizations who utilize aspects of the anesthesia spectrum will band together to better address our shared goal of assuring patient safety. It is the obligation of all who wield these remarkable gifts to do so respectfully and humbly. In this way, March 11, 2019, will serve as a significant date when organized dentistry in the United States cemented the fact that sedation and general anesthesia are fundamental to the practice of dentistry.

Kyle J. Kramer, DDS, MS
Editor-in-Chief, *Anesthesia Progress*